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**A STUDY ON ORGANISATION CLIMATE AT
GOVERNMENT HOSPITALS, DHARMAPURI DISTRICT**

A PROJECT REPORT

Submitted by

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for the award of the degree

Of

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Kumaraguru College of Technology

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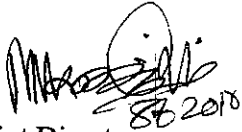
TO WHOMSOEVER IT MAY CONCERN

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The Project Duration was from 08.03.2010 to 07.06.2010.

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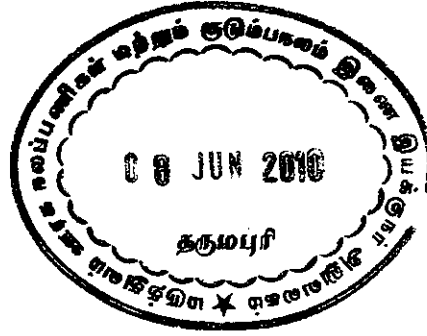
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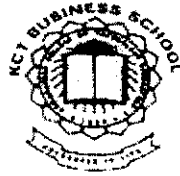
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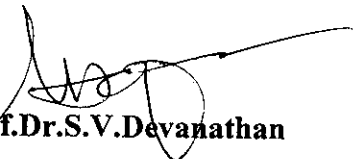
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Certified that this project titled “A STUDY ON ORGANISATIONAL CLIMATE AT GOVERNMENT HOSPITALS, DHARMAPURI DISTRICT” is the bonafide work of Ms.KAVITHA.K.V who carried out this project under my supervision. Certified further, that to the best of my knowledge the work reported herein does not form part of any other project report or dissertation on the basis of which a degree or award was conferred on an earlier occasion on this or any other candidate.

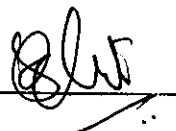
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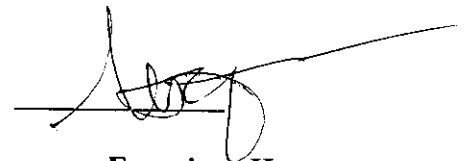

Prof.Dr.S.V.Devanathan

Director

Evaluated and viva-voce conducted on14.06.10.....



Examiner I



Examiner II

Declaration

DECLARATION

I hereby declare that the dissertation entitled ““A STUDY ON ORGANISATIONAL CLIMATE AT GOVERNMENT HOSPITALS,DHARMAPURI DISTRICT” submitted for the Master of Business Administration degree is my original work and the dissertation has not formed the basis for the reward of any Degree, Associate ship, Fellowship or any other similar titles.

Signature of the candidate


(KAVITHA K.V)

Acknowledgement

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I thank the GOD, Almighty for his blessings bestowed upon me, which gave strength, confidence and health for completing this project.

I express my sincere gratitude to our beloved correspondent **Mr.M.Balasubramaniam, M.Com, MBA (U.S.A)**, the prime guiding spirit of Kumaraguru College of Technology.

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Executive summary

EXECUTIVE SUMMARY

Organizational climate is a concept that enables the industrial/organizational psychologist to identify how the organization is a psychologically meaningful environment for individual organization members. Descriptively, it represents the individual member's perceptions of the conditions, factors, and events that occur in the organization. The concept is useful in attempting to diagnose problems in organizational settings.

In this study, efforts have been taken to conduct a detailed analysis on the government hospitals located at dharmapuri district. This particular district is chosen since it's a backward district and yet need lot of improvements for its betterment and many changes have to be incorporated in the hospital set up where initially tuning the behaviour of each individual employee to match the goals of organization becomes inevitable.

The main objective that in conducting the survey is to assess the significant difference that exists amidst the employees and to give valuable suggestions to bring a bonding, trust and respect towards the organization where both the respondents and organization would get benefited by providing essential services to the patients and will lead to a healthy organizational climate.

The data has been analyzed for few months. The nature of primary data is through observation, conducting unstructured interviews and conducting survey with the respondents in all the above mentioned hospitals. The tools used to analyze the data are Percentage analysis, Chi-square analysis, Factor analysis and Correlation analysis.

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Introduction

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Organizational climate is a relatively enduring quality of the internal environment that is experienced by the members, influences their behavior and can be described in terms of values of a particular set of characteristics in the organization. These sets of properties of the work environment are perceived directly or indirectly by the employees that are assumed to be a major force in influencing employee behavior. Organizational climate as well it's a multidimensional concept.

Hospital as a complex organization is taken to assess the organizational climate. A hospital is basically, fundamentally, above all a man system. It's a complex, Human-social system. In particular, government hospitals in a district are taken into consideration. Since these hospitals are sole refugees for lower class people, where small class of middle class people also visits for availing medical care services. The hospital staff behavior, attitude towards patients, organizational characteristics and the staff perception about the organization are closely related. The staff perception which is his/her view of the organization derives from a multitude of stimuli within themselves and the environment. With this contention study is carried out to know what is the staff perception about the various dimensions of the organizational climate.

There exists variation based on cadre, knowledge, professional and non professional skills and the type of service delivered by them. Irrespective of Hospital setting the quality of service provided by staffs and their behavior is disappointing which could be observed while carrying out the study. The difference in behaviour amidst staff is because of many demotivating factors

prevailing in the hospital set up or in other words it's because of various structural and functional variables that influences the environment which in turn reflects in employee behaviour.

The theoretical premise is that organizational characteristics are perceived and interpreted by organizational members and organizational climate are usually seen as an interaction between environmental variables and personal variables. It is seen that when employees are sub-grouped based on organizational characteristics such as age, sex, education, socio-demographic factors, they reported different perceived organizational climate.

Organisational climate is found to have an effect on organizational variables such as motivation, performance, attitude, behavior, job satisfaction of the employees. The variables identified to determine the ward atmosphere relationship, treatment and system maintenance. From the above all discussions carried out organizational climate can influence behavior, attitude and motivation of the employees. Healthy organizational climatic setup can produce better performance and better patient care from the part of hospital employees to improve the hospital effectiveness.

The outcome of this study in turn would bring in preference to the variables which would help in enlightening the employee job satisfaction and behaviour can be boosted and this would lead to better hospital functioning.

1.2 REVIEW OF LITERATURE

A.Neal¹,M.A.Griffin,P.M.Hart,Safety science ,Volume 34,Issues 1-3,February 2000,pages 99-109;The research has investigated the mechanisms by which safety climate affects safety behavior. The current study examined the effects of general organizational climate on safety climate and safety performance. As expected, general organizational climate exerted a significant impact on safety climate, and safety climate in turn was related to self-reports of compliance with safety regulations and procedures as well as participation in safety-related activities within the workplace. The effect of general organizational climate on safety performance was mediated by safety climate, while the effect of safety climate on safety performance was partially mediated by safety knowledge and motivation.

Metin Kozak², Tuncer Asunakutlu, Baris Safran,International Journal Of Productivity and Total Quality Management,Volume2 ,Number 2/2007,pages 193-207 ; This study aims to identify employees' perceptions of the extent to which TQM programs are implemented into their hospital organisations; and to explore whether or not they perceive any problems with a successful implementation of TQM programs. According to the research findings, it appears that TQM perceptions are associated in the minds of hospital employees with the importance of their own responsibility and participation, patients' satisfaction, responsibility of upper-level management, measurement and reward system, and support of upper-level management. In addition, the responsibility of both upper-level management and employees has been raised as the most significant effect on employees' perceptions about the necessity of TQM programs at hospital settings.

Agarwal J³,MalloyD. C. Journal of Business Ethics, Volume 20,1999, Pages 1-14;This paper reviews the framework and extends the study further by investigating several factors that influence the perception of ethical work climate in a nonprofit organisation. Results demonstrate somewhat unique findings regarding factors that influence ethical climate

A.Neal¹,M.A.Griffin,P.M.Hart,Safety science ,Volume 34,Issues 1-3,February 2000,pages 99-109;

Metin Kozak², Tuncer Asunakutlu, Baris Safran,International Journal Of Productivity and Total Quality Management,Volume2 ,Number 2/2007,pages 193-207 ;

perception in a nonprofit context. Specifically, the findings of this study point to the level of education, decision style and the influence that superiors and volunteers have upon ethical perception. Results also demonstrate that factors that have been employed traditionally by not for profit management, such as length of service, codes of ethics, size of the organisation and peer pressure, do not effectively influence ethical perception in the nonprofit context..

Singer⁴, Sara; Lin, Shoutzu; Falwell, Alyson; Gaba, David; Baker, Laurence Health services research, April 1 2009; In this study, the safety culture of an organization is viewed as the values shared among organization members about what is important, their beliefs about how things operate in the organization, and the interaction of these with work unit and organizational structures and systems, which together produce behavioral norms in the organization that promote safety. Although this definition is similar to definitions of organizational culture more generally (Schein 1992), it is specific to the safety culture of an organization and highlights the role of interpersonal, work unit, and organizational contributions in forming shared basic assumptions that individuals working in organizations develop over time. Like others, we adopt the view that culture is difficult to measure, and that it is more feasible to track a related construct called safety climate (Zohar 1980; Griffin and Neal 2000), the perceptions and attitudes of the organization's workforce about surface features of the culture of safety in hospitals at a given point in time (Flin 2007).

Ulrich Wienand⁵, Renata Cinotti, Augusta Nicoliand Miriam Bisagni,BMC Health Services research,2007,Pages 7-73; By means of the ICONAS project, the Healthcare Agency of an Italian Region developed, and used a standardised questionnaire to quantify the organisational climate. The aims of the project were (a) to investigate whether the healthcare institutions were interested in measuring climate, (b) to estimate the range of applicability and reliability of the instrument,(c) to analyse the dimensions of climate among healthcare personnel, (d) to assess the differences among employees with different contractual positions.

4

3-Agarwal J³,MalloyD. C. Journal of Business Ethics, Volume 20,1999, Pages 1-14;

4-Singer⁴, Sara; Lin, Shoutzu; Falwell, Alyson; Gaba, David; Baker, Laurence Health services research, April 1 2009;

Ulrich Wienand⁵, Renata Cinotti, Augusta Nicoliand Miriam Bisagni,BMC Health Services research,2007,Pages 7-73;

Sean P. Clarke⁶, PhD, RN, Douglas M. Sloane, PhD, and Linda H. Aiken, PhD, RN, Am J Public Health. 2002 July; 92(7): 1115–1119. This study determined the effects of nurse staffing and nursing organization on the likelihood of needlestick injuries in hospital nurses. We analyzed retrospective data from 732 and prospective data from 960 nurses on needlestick exposures and near misses over different 1-month periods in 1990 and 1991. Staffing levels and survey data about working climate and risk factors for needlestick injuries were collected on 40 units in 20 hospitals. Nurses from units with low staffing and poor organizational climates were generally twice as likely as nurses on well-staffed and better-organized units to report risk factors, needlestick injuries, and near misses. Staffing and organizational climate influence hospital nurses' likelihood of sustaining needlestick injuries. Remedying problems with understaffing, inadequate administrative support, and poor morale could reduce needlestick injuries.

Jessica Schuller⁷, Nursing Ethics, Vol. 15, No. 3, 304-321 (2008), Increased technological and pharmacological interventions in patient care when patient outcomes are uncertain have been linked to the escalation in moral and ethical dilemmas experienced by health care providers in acute care settings. Health care research has shown that facilities that are able to attract and retain nursing staff in a competitive environment and provide high quality care have the capacity for nurses to process and resolve moral and ethical dilemmas. This article reports on the findings of a systematic review of the empirical literature (1980 — February 2007) on the effects of unresolved moral distress and poor ethical climate on nurse turnover. Nurses always been stressed and overloaded with the work other than their duty to be performed. Although the prevailing sentiment was that poor ethical climate and moral distress caused staff turnover, definitive answers to the review question remain elusive because there are limited data that confidently support this statement.

Lephoko CS⁸, Bezuidenhout MC, Roos JH. Department of Health Studies, 2006 Nov; Volume 29(4):28-36. This article focuses on a study conducted with the purpose of exploring and describing the organisational climate as a cause of job dissatisfaction among nursing staff in selected hospitals within the Mpumalanga Province. The major objectives were to determine

Sean P. Clarke⁶, PhD, RN, Douglas M. Sloane, PhD, and Linda H. Aiken, PhD, RN, Am J Public Health. 2002 July; 92(7): 1115–1119.

Jessica Schuller⁷, Nursing Ethics, Vol. 15, No. 3, 304-321 (2008);

Lephoko CS⁸, Bezuidenhout MC, Roos JH. Department of Health Studies, 2006 Nov; Volume 29(4):28-36.

what organisational climate encompasses; ascertain which factors related to organisational climate can cause dissatisfaction among nurses; determine whether there is a difference in the way nursing management and the nursing staff perceive the existing organisational climate; and make recommendations for health service managers to improve the organisational climate in order to facilitate greater job satisfaction among the nursing staff. A quantitative approach with an exploratory and descriptive design encompassing the survey method was used. A questionnaire was applied as the data collection instrument and was distributed to 140 respondents. The results indicated that the nursing management and the nursing staff were content with the intrinsic factors of their jobs, but were dissatisfied with the extrinsic factors of the organisational climate. The outcome of this research affirms that there are extrinsic factors within the organisational climate that affect the nursing management and the nursing staff adversely.

RN⁹, BSNEileen Byrne, RN, BSNKaren Keuter, RN, BSN, OCNJocelyn Voell and RN, PhD, FAAN, CICElaine Larson ,Applied Nursing Research, Volume 13, Issue 1, February 2000, Pages 46-49; The infrastructure and organization of hospitals are changing rapidly as a result of major transitions in health care. Downsizing in hospitals has caused employees to have to take on new tasks and, often, multiple tasks with a decrease in available resources and an increase in job complexity. Naturally, such organizational changes have a profound effect on the nature and duration of patient hospitalization and on the job responsibilities and roles of inpatient staff. In many hospitals, there is a perception of chaos, sometimes resulting in frustration among the nursing personnel. The purpose of this study was to describe the relationship between nurses' job satisfaction and organizational climate.

Agarwal¹⁰ ,Malloy Agarwal, J. and Malloy, D. C. (1999) 'Ethical work climate dimensions in a not-for-profit organization: An empirical study', Journal of Business Ethics, Vol. 20, pp. 1-14. This paper reviews the framework and extends the study further by investigating

RN⁹, BSNEileen Byrne, RN, BSNKaren Keuter, RN, BSN, OCNJocelyn Voell and RN, PhD, FAAN, CICElaine Larson ,Applied Nursing Research, Volume 13, Issue 1, February 2000, Pages 46-49;

Agarwal¹⁰ and Malloy Agarwal, J. and Malloy, D. C. (1999) 'Ethical work climate dimensions in a not-for-profit organization: An empirical study', Journal of Business Ethics, Vol. 20, pp. 1-14.

several factors that influence the perception of ethical work climate in a nonprofit organisation. The multiple analysis of variance (MANOVA) procedure is employed to test nine hypotheses. Results demonstrate somewhat unique findings regarding factors that influence ethical climate perception in a nonprofit context. Specifically, the findings of this study point to the level of education, decision style and the influence that superiors and volunteers have upon ethical perception. Results also demonstrate that factors that have been employed traditionally by forprofit management, such as length of service, codes of ethics, size of the organisation and peer pressure, do not effectively influence ethical perception in the nonprofit context.

Paola Ragazzoni¹¹, Paola Baiardi, Anna Maria Zotti,Neil Anderson,M.West ,Journal Of Mangerial Psychology,Year: 2002,Volume 17,Issue:4,Page:325-336;Innovation has long been an area of interest to social scientists, and particularly to psychologists working in organisational settings. The team climate inventory (TCI) is a facet-specific measure of team climate for innovation that provides a picture of the level and quality of teamwork in a unit using a series of Likert scales. This paper describes its Italian validation in 585 working group members employed in health-related and other contexts. The data were evaluated by means of factorial analysis (including an analysis of the internal consistency of the scales) and Pearson's product moment correlations. The results show the internal consistency of the scales and the satisfactory factorial structure of the inventory, despite some variations in the factorial structure mainly due to cultural differences and the specific nature of Italian organisational systems.

Ana Cristiana Costa¹²,Personnel review Year(2003),Volume 32,Issue 5,Pages 605-622; This article aims to explore the nature and functioning of trust in work teams. Trust is defined as a multi-component variable with distinct but related dimensions. These include propensity to trust, perceived trustworthiness, co-operative and lack of monitoring behaviours. A model was tested relating trust with perceived task performance, team satisfaction, and two dimensions of organisational commitment, i.e. attitudinal and continuance. Survey data from 112 teams(n=395) was collected in three social care institutions in The Netherlands. The results are supportive of a multi-component structure for trust and of its importance to the functioning of teams and

organisations. Work team trust appeared strongly related with team member's attitudes towards the organisation. Trust between team members was positively associated with attitudinal commitment and negatively with continuance commitment. Trust was also positively related with perceived task performance and with team satisfaction. In addition, perceived task performance appeared strongly related to team satisfaction.

Joseph M. Putti¹³ ,Lee Song Kheun , International Journal of Public Administration, Volume 8, Issue 3 ,1986 , pages 337 – 344;The purpose of this study is to examine the relationship between organizational climate and job satisfaction in one of the departments in the Civil Service in Singapore. While organizational climate is conceptualized as a characteristic of organizations which is reflected in the descriptions employees make of the policies, practices and conditions which exist in the environment, job satisfaction refers to affective orientations on the part of individuals toward work dimensions. The sample includes professional, technical, and administrative people. The data collected through climate and job satisfaction instruments is subjected to correlation analysis by using Pearson Product Moment Formula. The overall finding of this study is that job satisfaction is highly correlated with organizational climate.

Swaha bhattacharya¹⁴ and Debi guta Neogi,Journal of the Indian academy of applied psychology,January 2006,Vol.32,No.1,61-65;The major findings revealed that the employees in nursing have lower goal setting tendencies than those of the officers.The employees have utmost importance over the security of jobs.The employees working for below one year have less favourable perception towards organizational climate and also lower goal setting tendencies than that of older employees.Besides this employee involvement strategies,which increase communication with others on the job,though not a boon to innovation,do improve the overall organizational climate.

Joseph M. Putti¹³ ,Lee Song Kheun , International Journal of Public Administration, Volume 8, Issue 3 ,1986 , pages 337 – 344;

Swaha bhattacharya¹⁴ and Debi guta Neogi,Journal of the Indian academy of applied psychology,January 2006,Vol.32,No.1,61-65;

1.3 OBJECTIVES OF THE STUDY

Primary Objective:

- To study the organizational climate by assessing the significant differences amidst employees (behaviour) in the organization.

Secondary Objective:

- To analyze the impact on job satisfaction and commitment of these employees.
- To find out the quality of health services delivered by these employees .
- To find out the medical ethics followed by them.
- To encourage and motivate the employees for better integration with the organization.

1.4 STATEMENT OF THE PROBLEM

- There is a delay in completing the assigned work in certain cadres like lower middle and first line employees in the management.
- There is a neglecting attitude in performing the service amidst few cadres of employees.
- The prevailing hospital set up does not prevail a way to healthy organizational climate.

1.5 SCOPE OF THE STUDY

- The study would help us to know the reasons for the difference in the behavior and attitude of the employees.
- It would help in improving the performance of the employees and to bring good relationship with other cadres in the organization.
- Factors like performance, inspiration, communication, value addition were taken into consideration.
- Questionnaire was administered for prioritizing various factors.
- Finally the important factors like trust, appreciation, Self satisfaction were identified and suggested.

- The study would provoke the interest of government to develop the infrastructure further more and to increase the intake of employees either permanently or in a contract basis.
- Overall it would pave way for healthy organizational climate for the betterment of the employees as well as for proper delivery of service to the public.

1.6 RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. It is necessary for the researcher to know not only the research methods/techniques but also the methodology. Researchers not only need to know how to develop certain indices or tests, how to calculate mean, mode, median, variance, standard deviation, chi-square and how to apply particular research techniques.

1.6.1 Type of study:

The Type of study is Exploratory in nature. Exploratory study was undertaken to better comprehend the nature of the problem since very few studies might have been considered in that area. Hence the aim of the present study is to obtain accurate information to set up a healthy organization amidst of prevailing significant differences in the employees' attitude at government hospitals in Dharmapuri district.

1.6.2. Sampling Design:

Sampling is a part of statistical practice concerned with the selection of an unbiased or random subset of individual observations within a population of individuals intended to yield some knowledge about the population of concern, especially for the purposes of making predictions based on statistical inference. Sampling is an important aspect of data collection. The type of sampling design used here is Systematic sampling. Systematic sampling is handled here because the element is conveniently available at one place (respondents payroll) which is ease and quickest way to obtain information.

1.6.3. Method of data collection

The primary data collected for research is done through observation, unstructured interviews, Questionnaire was framed underwent Pilot study and Final questionnaire was reconstructed which help to conduct survey amidst the respondents in the organization. The secondary data was available in the form of annual reports submitted by TNHSP, attendance records etc. Relevant materials were surfed through net and added to the project.

1.6.4 Tools Used for analysis

- Percentage Analysis
- Chi-Square Analysis
- Factor Analysis
- Correlation Analysis

1.7 LIMITATIONS OF THE STUDY

- The study has been conducted only with the employees in the government hospitals of Dharmapuri district, Since the employees in Public health care and rural health care was not able to study where the above mentioned two hospital setups falls under different management in the health department.
- The time duration was less and it was unable to proceed the formalities and to cover these two hospital setup.
- Certain information cannot be accessed due to its confidential nature.

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Organization profile

CHAPTER II

ORGANISATION PROFILE

HISTORY OF THE ORGANIZATION

The World Bank aided Tamilnadu health system project to develop the infrastructure and provide essential facilities to the government hospitals located in Tamilnadu. Based on this health system project, exists significant improvement in the government hospital set up for the past five years from 2005. Based on the G.O(Ms)No.33 the government of tamilnadu is committed to improve the Quality of care in government hospitals and other medical institutions. The Government hospitals have been proposed to ensure a concrete arrangement at the health care facility to enable public private partnership and involvement in upgrading and maintenance of facilities. The type of involvement may range from capital intensive to recurrent expenditures in the provision and maintenance of certain facilities.

Landscaping of entire/part of the premises of Primary Health Centre/Government Hospitals, Tree Planting and Maintenance, Provisions of drinking water booth/Stand and maintenance within the premises, Provision of medical equipment and furniture to improve the quality of care, Maintenance of medical equipment, Routine Maintenance of Specific areas in the hospital/PHC inclusive of sanitation and cleaning the premises, Improved amenities for patient welfare .Maintenance of patient waiting hall and amenities therein. Maintenance of ward, toilets and any other part of the premises .Special functions within the hospital to encourage both health care providers and patients. Any other infrastructure or service that will support the PHC/General Hospital to improve the quality of care on the premises of the health facilities. These are the facilities been incorporating in the government hospitals for betterment.

ORGANIZATIONAL STRUCTURE

Each district has got a Family and welfare department administered by Joint director the senior most and top level cadre in the concerned district. The Joint director will delegate the authority to the medical officers who will administer and take in charge of a government hospital who have more independent powers to administer the government hospital. The authority and power would be delegated to various cadres in the organization where a particular cadre will

stick onto managerial or administrative related work. The other cadre will involve in serving the public.

Down the line the upper middle respondents would occupy position immediately after medical officer. The next cadre would be divided into lower middle and First line people where Lower middle majority of the respondents would involve in service and the first line employees are those who take care of clerical and administrative work. The employees who occupy the shop floor as per the management terminology would be Last Grade Workers who takes care of the maintenance of the hospitals. In such a way the hierarchy gets splitted and each and every individual occupies a specific role to perform in the organizational set up of the hospitals.

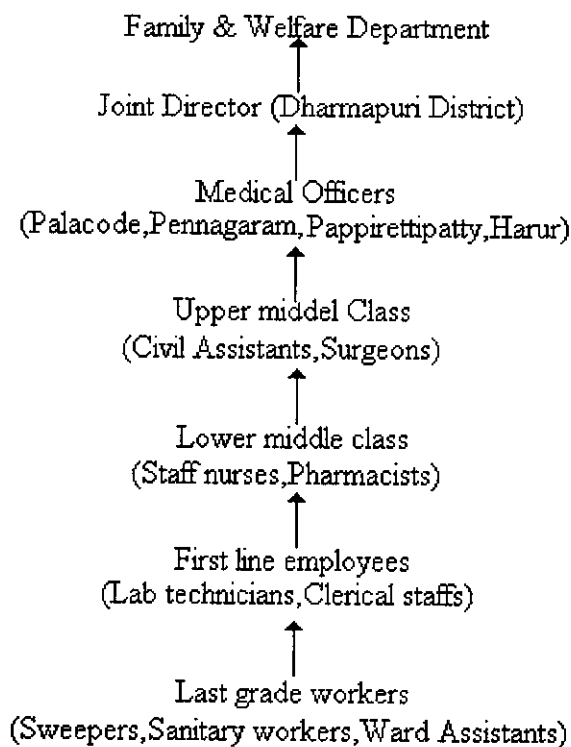


Chart 2.1.1 showing the Organizational chart of Government hospitals, Dharmapuri

STRENGTH OF THE ORGANISATION

- ✓ Casualty Services
- ✓ Labour Room

- ✓ New Born Care Services
- ✓ Lab Services
- ✓ Blood Bank
- ✓ Human Resource
- ✓ Infrastructure

The organizational setup has several positive vital services. Tamilnadu Health Systems Project (TNHSP) concentrate on developing infrastructure and providing services to maternal and child care. Few labs have been constructed under TNHSP for detecting various pathological diseases. Family welfare department and NGOs actively works for preserving rare blood groups. Human resources department functions to recruit employees in various cadre and to provide counseling and awareness training to the respondents. The future goal of TNHSP is to establish highly sophisticated infrastructure such as operation theatres, super specialty wards, and conference halls. Their ultimate goal is to bring in services to various income category of patients at a lower cost.

Data analysis and interpretation

CHAPTER III

3. DATA ANALYSIS AND INTERPRETATION

Data analysis is carried out to get a feel for data, testing the goodness of the data and testing the hypotheses developed for the research. The feel for the data will give preliminary ideas of how good the scales are, how well the coding and entering of the data and so on. The Second objective testing the goodness of data can be accomplished by factor analysis, Split half reliability of measures. The third objective is achieved by choosing appropriate menus and to test each of the hypotheses using relevant statistical test.

PERCENTAGE ANALYSIS

Table 3.1: Gender of the Respondents

The table represents the respondents' gender difference.

Gender	No of respondents	Percentage (%)
Male	37	34
Female	73	66
Total	110	100

Table no 3.1 clearly represents, majority(66%) of the respondents falls under the female gender and 34% of the respondents are in minority falls under male gender. It is concluded that in the government hospitals set up in Dharmapuri district female population is present in a majority basis.

CHART NO 3.1

CHART REPRESENTS THE GENDER OF THE RESPONDENTS

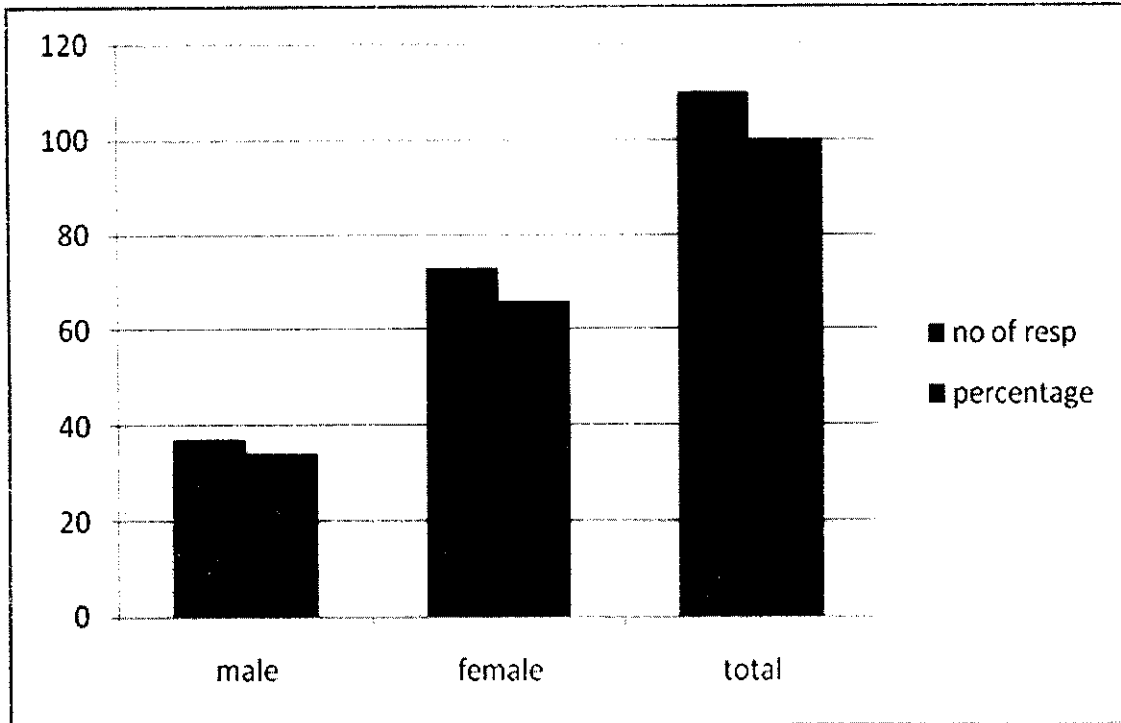


Table 3.2:Age of the respondents

The table depicts the various age groups of the respondents from 20-30years,30-40years,40-50years,50-60 years respectively

Age	No of respondents	Percentage (%)
20-30 yrs	23	21
30-40 yrs	47	42
40-50 yrs	36	33
50-60 yrs	4	4
Total	110	100

Table no 3.2 clearly depicts ,majority (46%)of the respondents falls under the age group of 30-40 years and (4%)of the respondents falls under the minority are in the age group between 50-60 years.It is concluded that most of the respondents are in the age group between 30-40 years in the organization and it could be understand from the above data the recent intake of employees have been decreased.

CHART NO 3.2

CHART REPRESENTS THE AGE OF THE RESPONDENTS

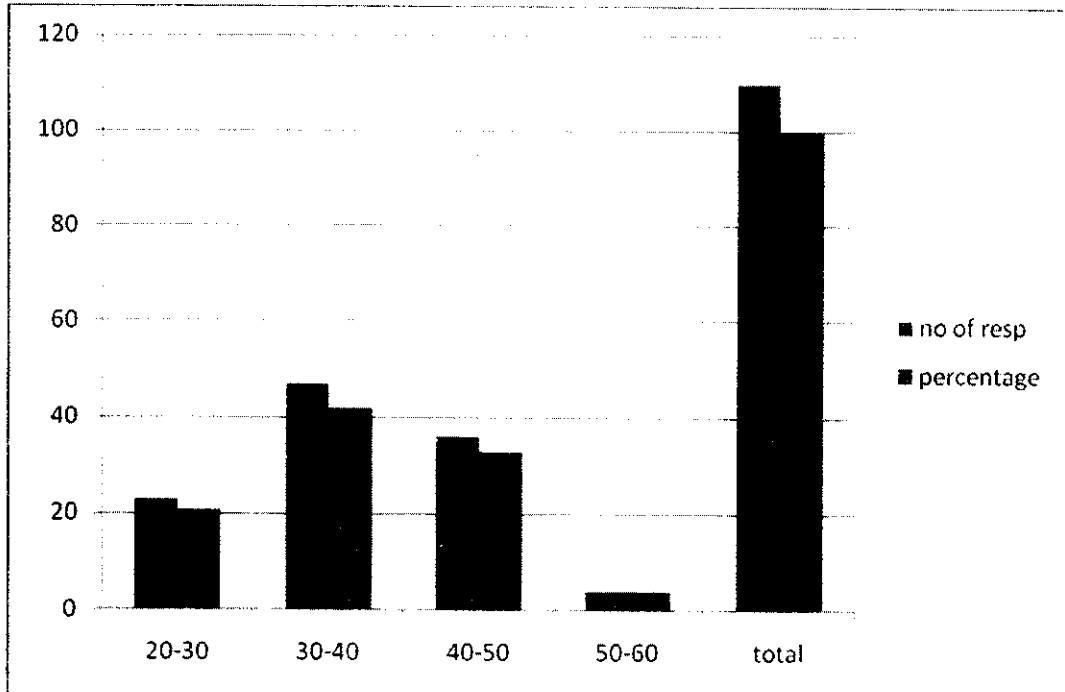


Table 3.3: Education level of the respondents

The table elucidates the educational level of various respondents who have completed their U.G degree, P.G degree, Super speciality degree and Diploma holders

Education	No of respondents	Percentage (%)
P.G.Degree	15	14
U.G.Degree	36	32
Diploma	39	36
Others	20	18
Total	110	100

Table no 3.3 clearly elucidates, majority (36%) of the respondents are diploma holders in various cadres of the management ranging from lower middle and first line respondents. minority (15%) of the respondents have completed their P.G. Degree which was noticed amidst Senior level and Upper middle level respondents in the organisation. No superspeciality degree is preavailable amidst the respondents in the organisation. Last grade workers (LGW) have completed their school education which comes under the others category.

CHART NO 3.3

CHART REPRESENTS THE EDUCATIONAL LEVEL OF THE RESPONDENTS

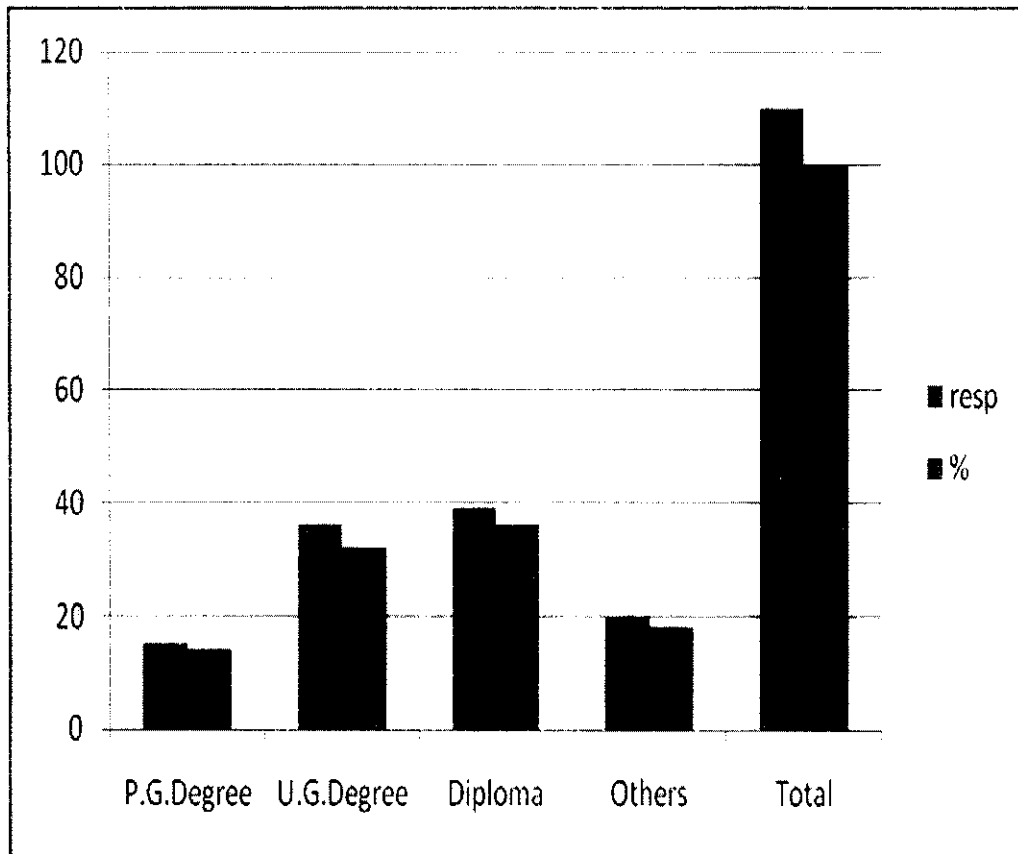


Table 3.4: Experience of the employees

The table infers the experience of the employees who has work experience ranging from 30-40 years, 20-29 years, 10-19 years, 1-9 years and less than a year respectively.

Experience	No of respondents	Percentage (%)
30-39 years	6	5
20-29 years	34	31
10-19 years	28	25
1-9 years	37	34
Less than a year	5	5
Total	110	100

Table 3.4 represents the experience of the employees. Majority (34%) of the respondents experience are from 1-9 years. Minority (5%) of the respondents experience belongs to 30-39 years as well less than a year. From the study we conclude that the employees years of experience would be 1-9 years.

CHART NO 3.4

CHART REPRESENTS THE EXPERIENCE OF THE RESPONDENTS

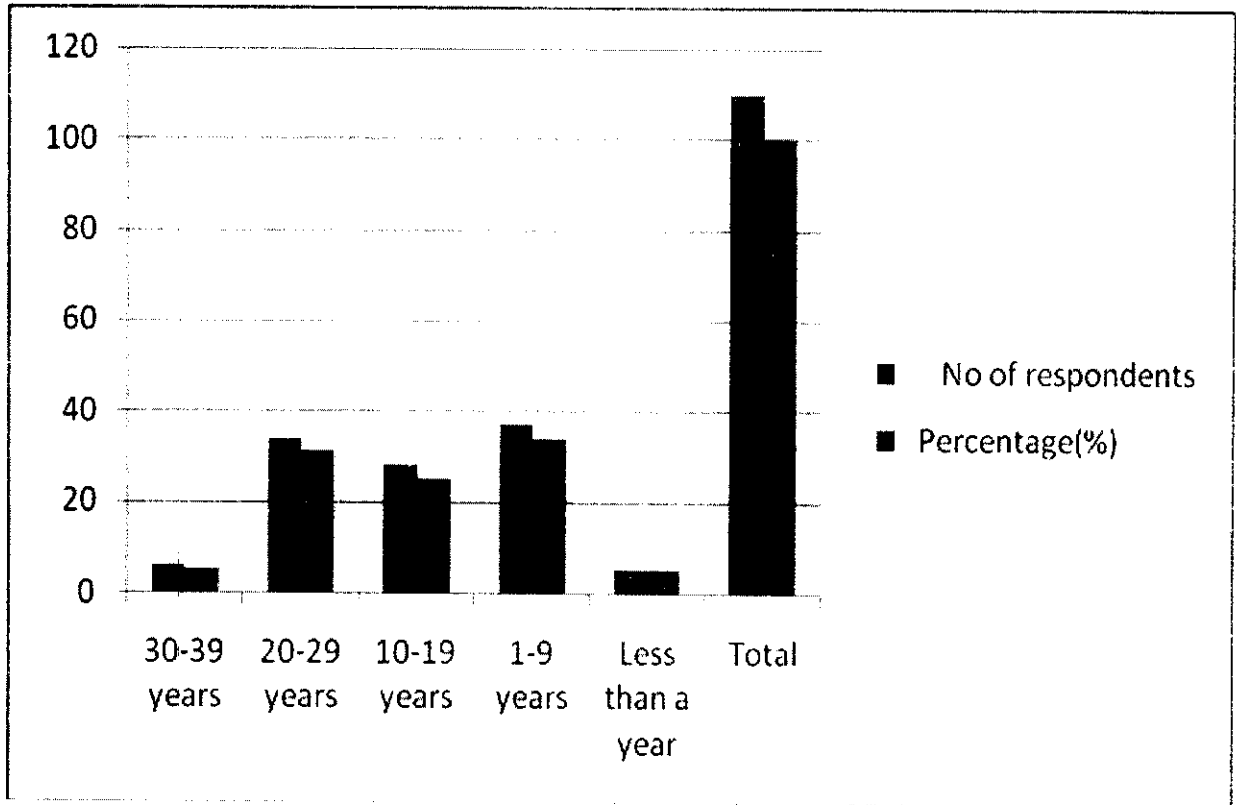


Table 3.5: Cadre of the respondents

The table 3.5 elicits the cadre of respondents in the organizational setup.

Cadre	No of respondents	Percentage(%)
Top Level	6	4
Upper Middle	19	17
Lower Middle	43	39
First line	27	25
Last grade Workers	17	15
Total	110	100

Table 3.5 elicits the cadre of the respondents where Majority(39%) of the respondents belongs to lower middle level and Minority(4%) belongs to Top level respondents. It is analysed from the study Lower middle respondents including staff nurses and pharmacist are present in a higher proportion in the organizational set up.

CHART NO 3.5

CHART REPRESENTS THE CADRE OF THE RESPONDENTS

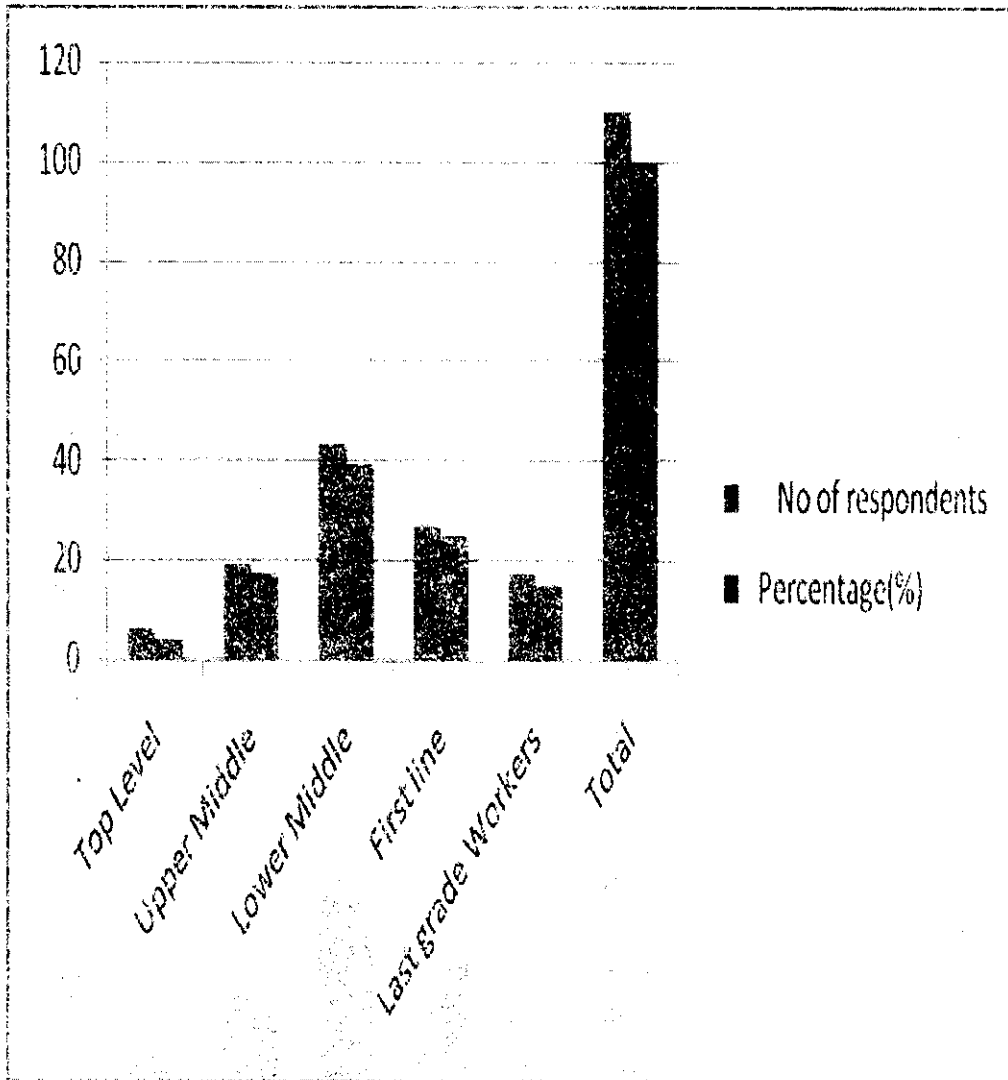


Table 3.6:Income level of the respondents

The table 3.6 explicates the income level of the respondents in the various cadre inside the organization.

Income Level (Rs)	No of respondents	Percentage(%)
1000-10000	30	27
10000-20000	47	43
20000-30000	13	12
30000-40000	4	4
40000-50000	7	6
50000-60000	5	5
60000-70000	4	3
Total	110	100

The table 3.6 explicates the income level of the respondents .Majority(43%)respondents obtains an income of Rs.10000-20000. Minority(3%)respondents gets an income of RS.60000-70000.These 43% respondents belongs to lower middle and first line cadre. Only 3% respondents draws higher income of Rs.60000-70000 who occupies senior level in the management.

CHART NO 3.6

CHART REPRESENTS THE INCOME LEVEL OF THE RESPONDENTS

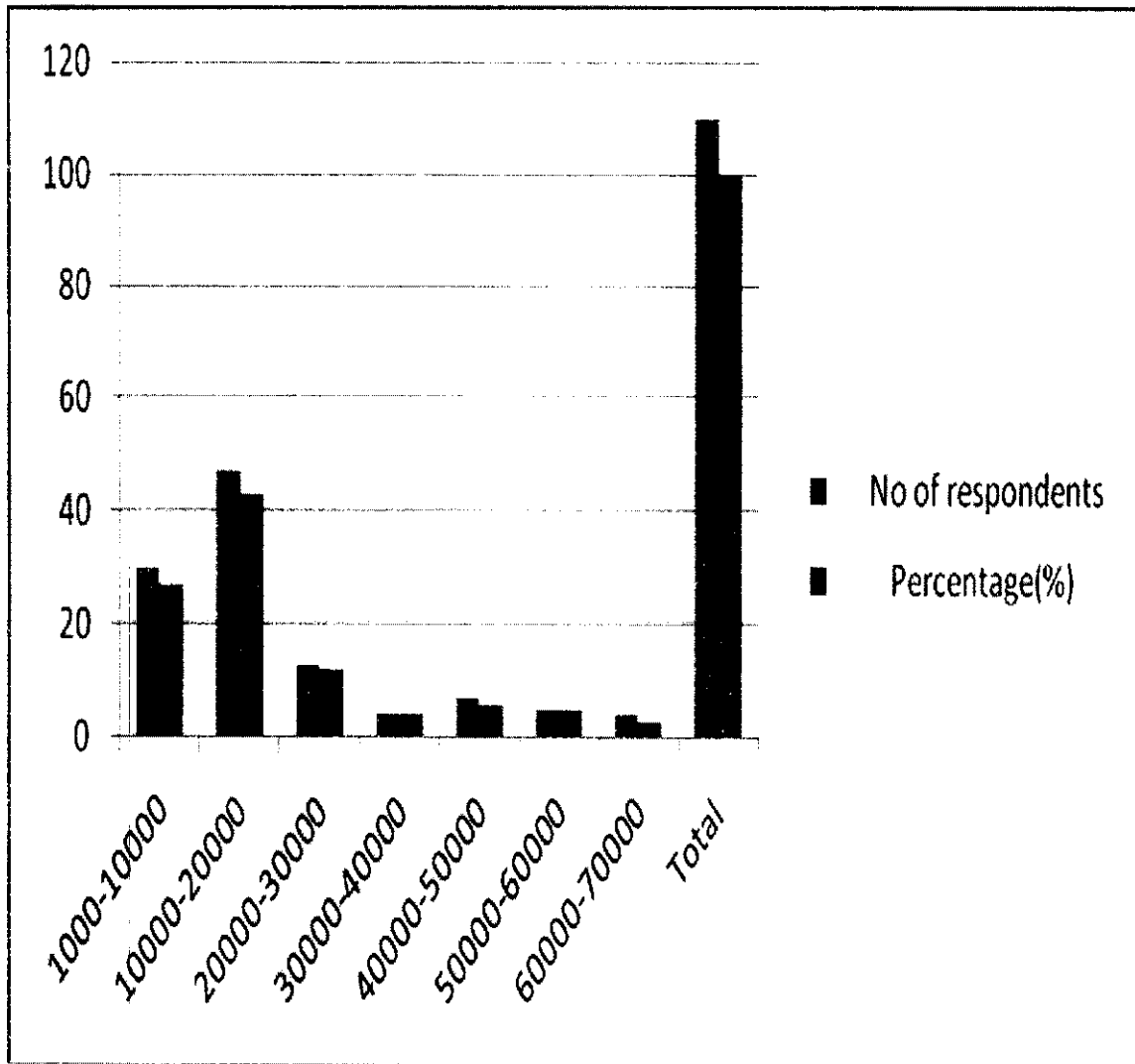


Table 3.7: Communication prevailing amidst respondents

The table 3.7 illustrates the communication prevailing amidst the respondents in the organization

Communication	No of Respondents	Percentage
Highly Satisfied	19	17
Satisfied	82	75
Neither satisfied nor Unsatisfied	7	6
Unsatisfied	2	2
Total	110	100

The table 3.7 illustrates the communication prevailing amidst the respondents. Majority (75%) of the respondents are satisfied with the communication prevailing with other respondents. Minority (2%) of the respondents say they do not have interaction amidst other cadre of the employees in the organization. The study reveals the communication is satisfactory amidst the employees in the organization.

CHART NO 3.7

CHART REPRESENTS THE COMMUNICATION AMIDST THE RESPONDENTS

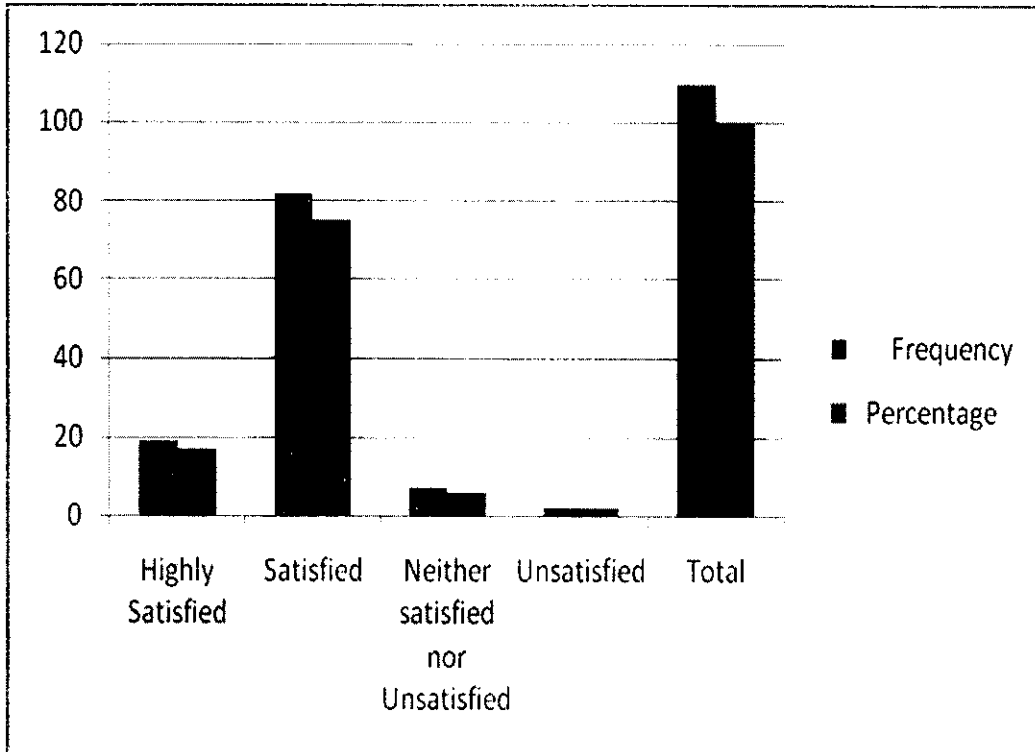


Table 3.8: Quality circle among the respondents

The table 3.8 expounds the quality circle among the respondents in the organisation

Quality Circle	No of Respondents	Percentage(%)
Excellent	10	9
Good	74	67
Average	25	23
Poor	1	1
Total	110	100

The Table 3.8 expounds the quality circle among the respondents inside the organizational setup. Majority (67%) of the respondents infers quality circle among the respondents are performing good and Minority(1%)of the respondent infers the quality circle among the respondents are poor.From the survey conducted we could infer the performance of Quality circle is Good amidst the respondents.

CHART NO 3.8

CHART REPRESENTS THE QUALITY CIRCLES AMONG THE RESPONDENTS

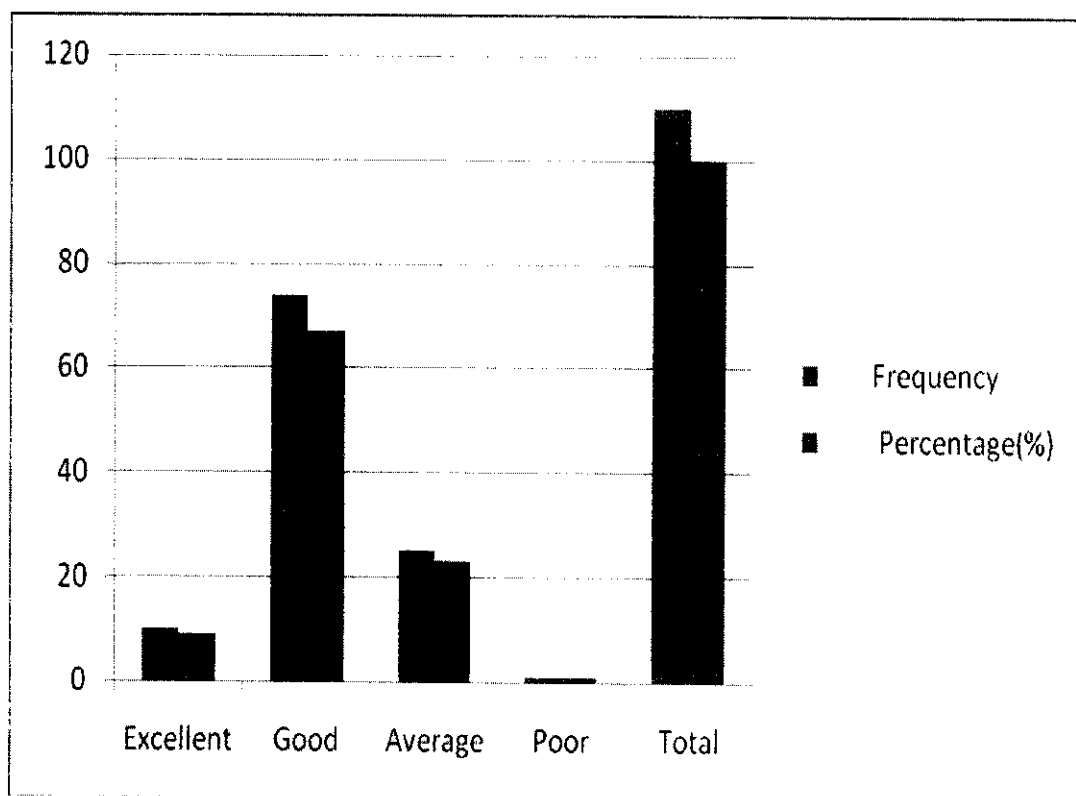


Table 3.9:Time duration of Quality circle

The table 3.9 surmises the time duration of Quality circle that is conducted in the organisation

Time duration	No of Respondents	Percentage(%)
Weekly once	4	3
Monthly once	101	92
Bi monthly	5	5
Total	110	100

The table 3.9 surmises the time duration of Quality circle .Majority(92%)of the respondents reply that the time duration for conducting the quality circle will happen once in a month whereas the Minority(3%)respondents says the quality circle is conducted weekly once. Based on the majority consideration it is clearly understood that the time duration of quality circle meeting is done monthly once.

CHART NO 3.9

CHART REPRESENTS THE TIME DURATION OF QUALITY CIRCLES

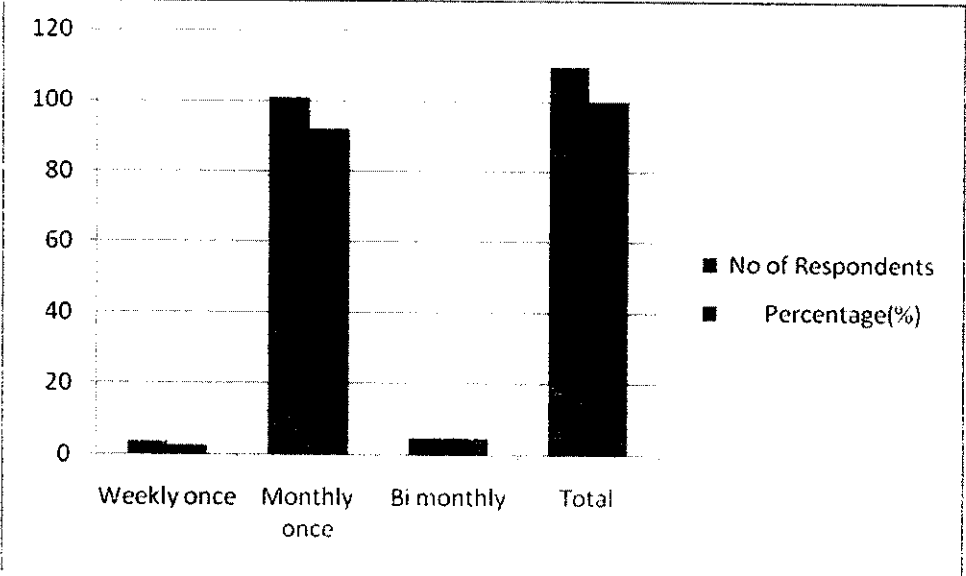


Table 3.10: Mode for improving the performance

The Table 3.10 figures out the mode for improving the performance of the respondents

Mode for improving the performance	No of Respondents	Percentage(%)
Gifts	7	6
Appreciation	60	55
Rewards	12	11
Recognition	31	28
Total	110	100

The Table 3.10 shows the mode for improving the performance in the organization. Majority(55%) of the respondents says the mode for improving the performance is appreciation. Minority(6%) of the respondents says mode of improving the performance is through gifts. Based on the survey conducted in the hospitals performance of the respondents could be improved by appreciating them. The appreciation should add as a credential for improving their performance.

CHART NO 3.10

CHART REPRESENTS THE MODE OF APPRECIATING THE PERFORMANCE OF THE RESPONDENTS

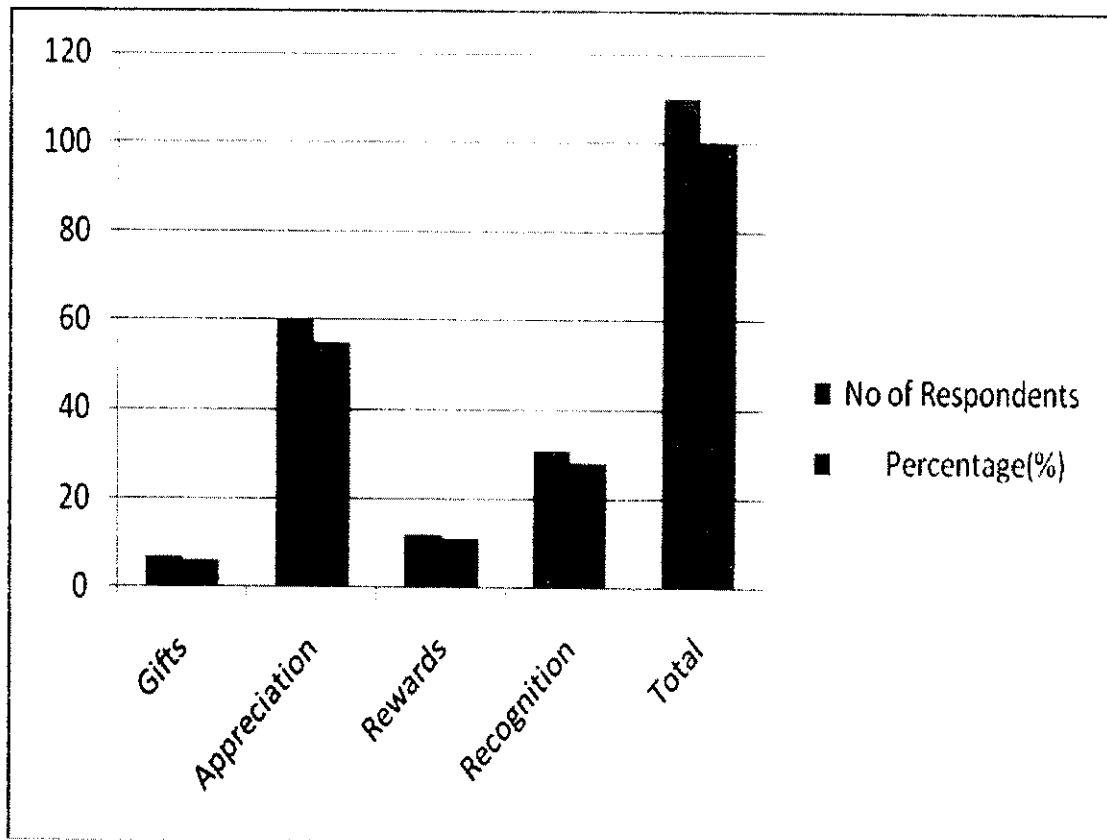


Table 3.11:Level of agreeability about improved performance

The table 3.11 indicates the level of agreeability about improved performance

Level Of Agreeability	No of Respondents	Percentage(%)
Highly Agree	19	17
Moderately Agree	85	77
Neither Agree nor Disagree	6	6
Total	110	100

The above table shows the level of agreeability about improved performance. Majority(77%)of the respondents moderately agree about the improved performance and Minority(6%)of the respondents Neither agree nor disagree. It is founded out from the respondents they have noticed that there is moderate improvement in performance.

CHART NO 3.11

CHART REPRESENTS LEVEL OF AGGREABILITY ABOUT THE IMPROVED PERFORMANCE OF THE RESPONDENTS

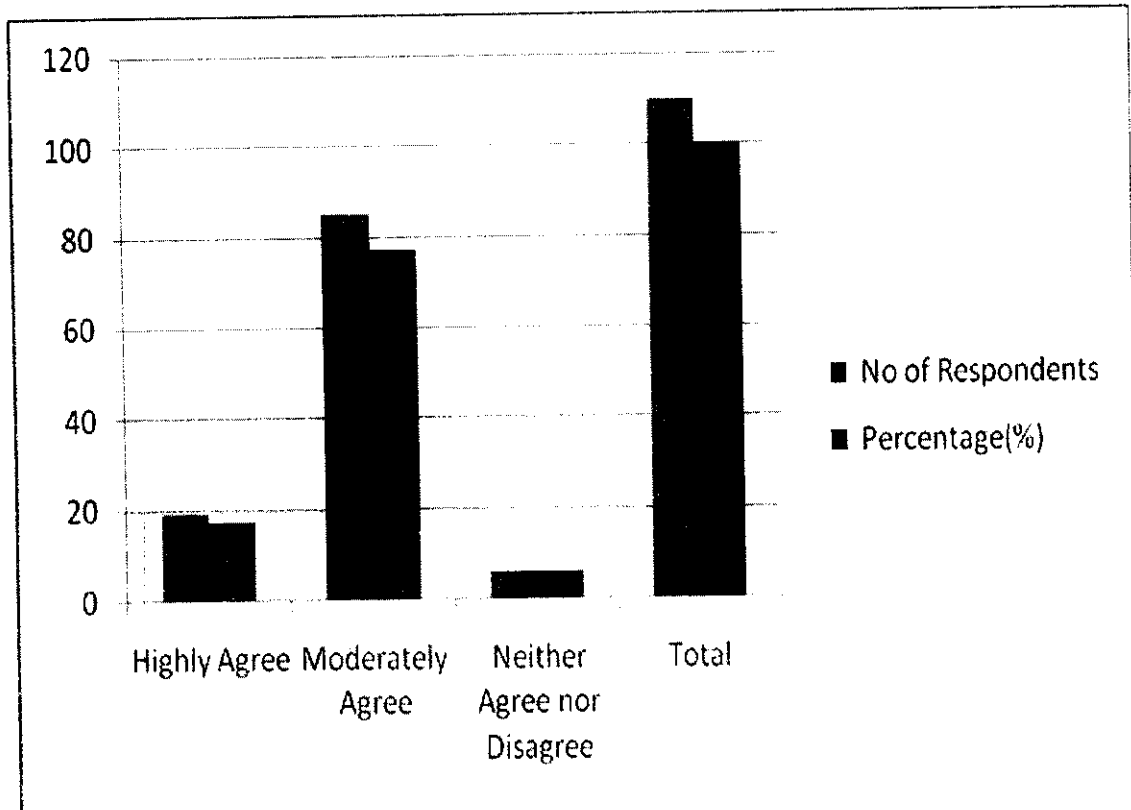


Table 3.12 Level of workload in the organization

The table 3.12 shows the workload in the organization

Workload	No of Respondents	Percentage(%)
Very High	14	13
High	47	43
Average	46	42
Less	3	2
Total	110	100

The above table 3.12 represents the level of workload in the organization. Majority(43%)of the respondents says the workload is high. Minority(2%) respondents says the workload is less. Based on the conducted survey it is found out that the workload in the organization is high. This opinion is obtained more from the lower middle and first line cadre of the respondents.

CHART NO 3.12

CHART REPRESENTS LEVEL OF WORKLOAD IN THE ORGANIZATION

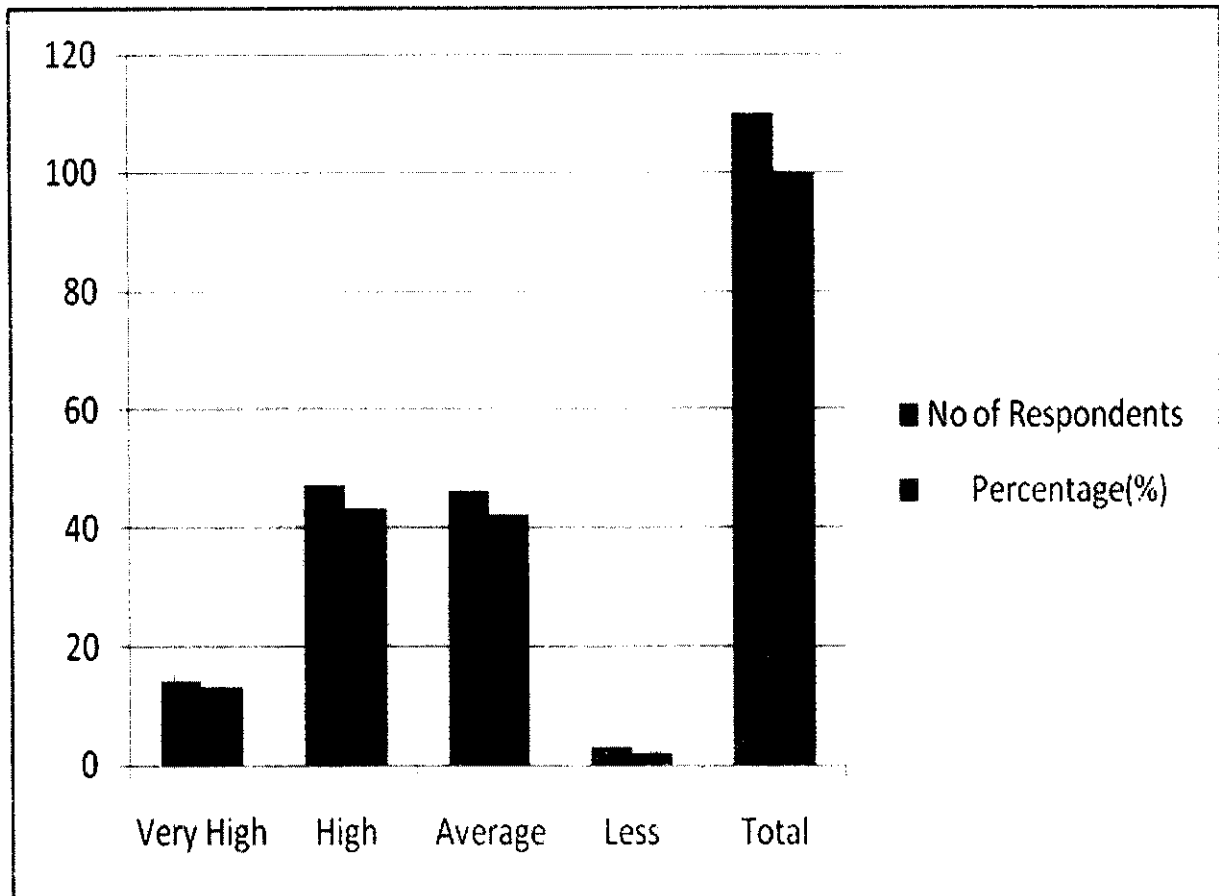


Table 3.13 Analyze good relationship amidst respondents is a valued norm

The table 3.13 shows whether good relationship amidst respondents is a valued norm in the organisation

Good Relationship	No of respondents	Percentage(%)
Highly agree	13	12
Agree	88	80
Neither agree or disagree	8	7
Disagree	1	1
Total	110	100

The above table 3.13 shows there should exists a good relationship amidst respondents and it is a valued norm. Majority(80%)of the respondents they do agree there exists a good relationship and it's a valued norm. Minority(1%) of the respondents disagree and says there doesnot have a good relationship and its not a valued norm.

CHART NO 3.13

CHART REPRESENTS PREVAILING GOOD RELATIONSHIP IN THE ORGANIZATION

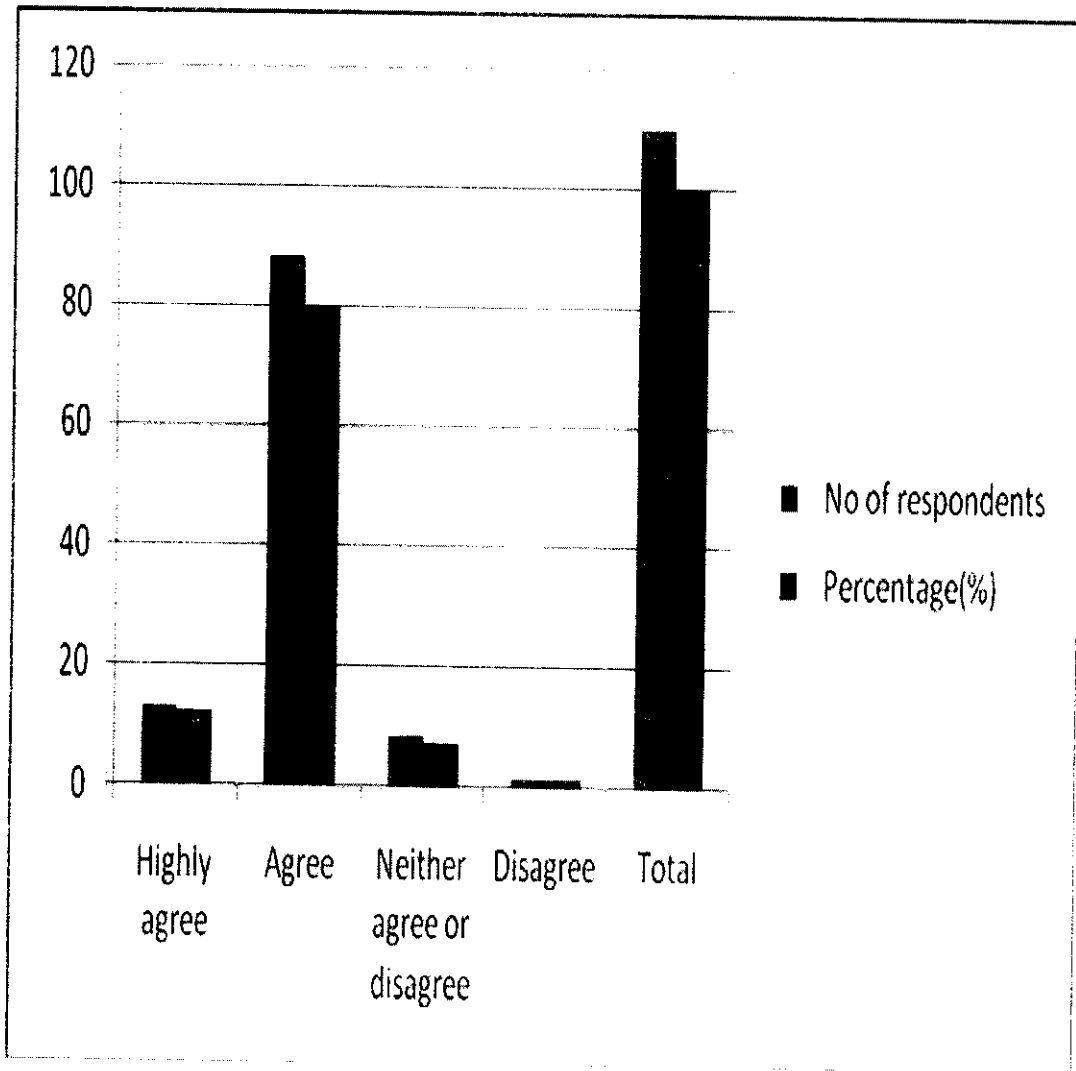


Table3.14 Adequate Number Of Employees

The table 3.14 represents adequate number of employees

Adequate no of employees	No of respondents	Percentage(%)
Yes	32	29
No	78	71
Total	110	100

The table 3.14 elucidates about the adequate number of employees in the organization. Majority(71%)of the respondents say they do not have adequate number of employees in the department whereas Minority(29%) of the respondents say they have adequate number of employees. Its been analysed from the survey that the inputn should be increased and intake of the employees should be carried out in all the cadre.

CHART NO 3.14

CHART REPRESENTS ADEQUATE NUMBER OF EMPLOYEES IN THE ORGANIZATION

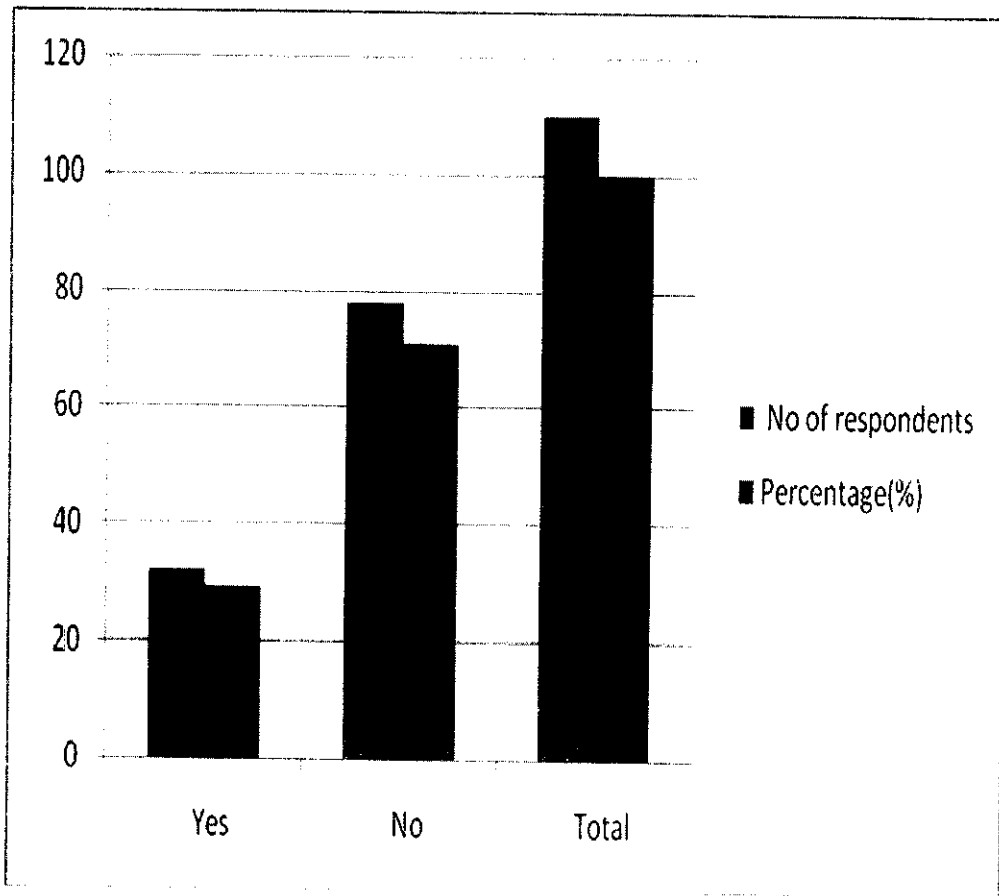


Table 3.15 :Encouraging Innovative Ideas and Techniques

The table 3.15 presents the means of encouraging innovative ideas and techniques

Innovative ideas & Techniques	No of respondents	Percentage(%)
Always	22	20
Often	50	46
Sometimes	31	28
Rarely	6	5
Never	1	1
Total	110	100

The table 3.15 presents about the innovative ideas and techniques to be encouraged in the organizational setup. Majority(46%) of the respondents have been encouraged to do their innovative ideas and techniques. Minority(1%)of the respondents says they have never been encouraged to do innovative ideas and techniques. Considering the majority basis we conclude the respondents are often encouraged to implement innovative ideas and techniques.

CHART NO 3.15

CHART REPRESENTS ENCOURAGING INNOVATIVE IDEAS AND TECHNIQUES IN THE ORGANIZATION

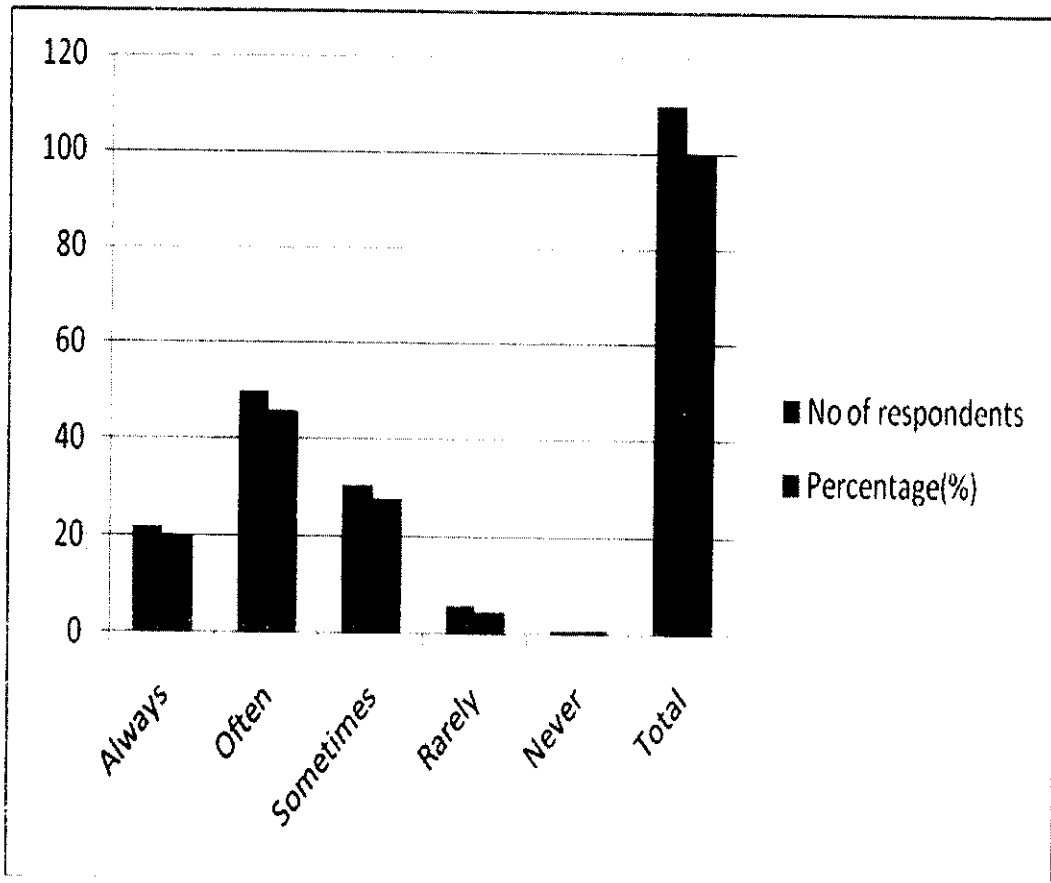


Table 3.16 Service provided to the patients

The table 3.16 depicts the service provided to the patients by the respondents

Service Provided	No of respondents	Percentage(%)
Excellent	5	5
Good	46	42
Satisfactory	39	35
Weak	18	16
Poor	2	2
Total	110	100

The table 3.16 depicts the service provided to the patients by the respondents. Majority(42%)respondents infers the service provided to the patients are good. Minority(2%)respondents says the service provided to the patients are poor. From the above analysis its been determined that the service provided to the patients are good.

CHART NO 3.16

CHART REPRESENTS SERVICE PROVIDED IN THE ORGANIZATION

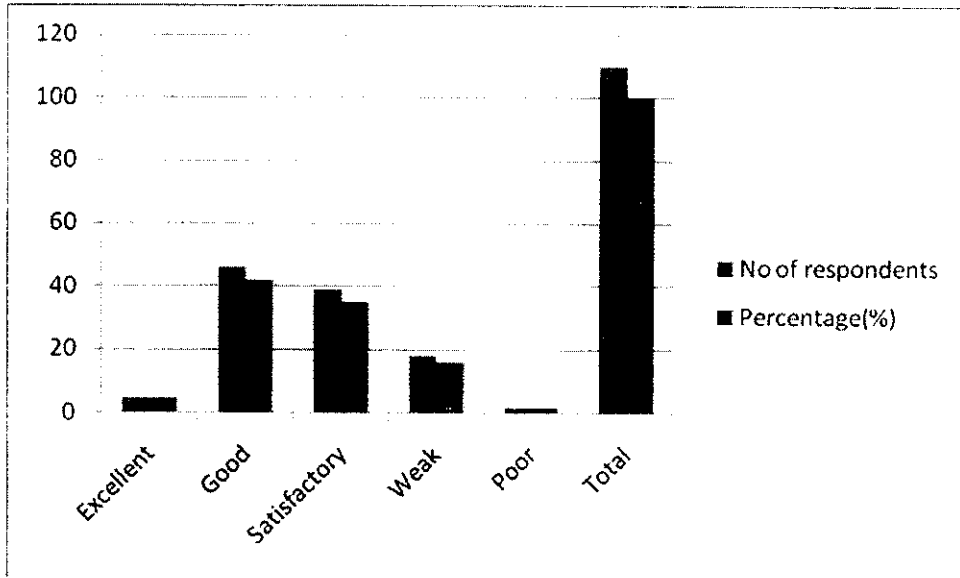


Table 3.17 Utilization of Skills and abilities from job role

The table 3.17 deducts the utilization of skills and abilities from job role in the organization.

Utilization of skills and abilities	No of respondents	Percentage(%)
Always	26	24
Often	54	49
Sometimes	24	22
Rarely	6	5
Total	110	100

The above table 3.17 deducts the utilization of skills and abilities from the job role. Majority(49%) of the respondents depicts their skills and abilities are utilized often. Minority(5%) of the respondents depicts the skills and abilities are rarely utilized from the job role. From the study conducted its been clearly depicted that the skills and abilities are utilized from their job role.

CHART NO 3.17

CHART REPRESENTS UTILIZATION OF SKILLS AND ABILITIES OF JOB ROLE IN THE ORGANIZATION

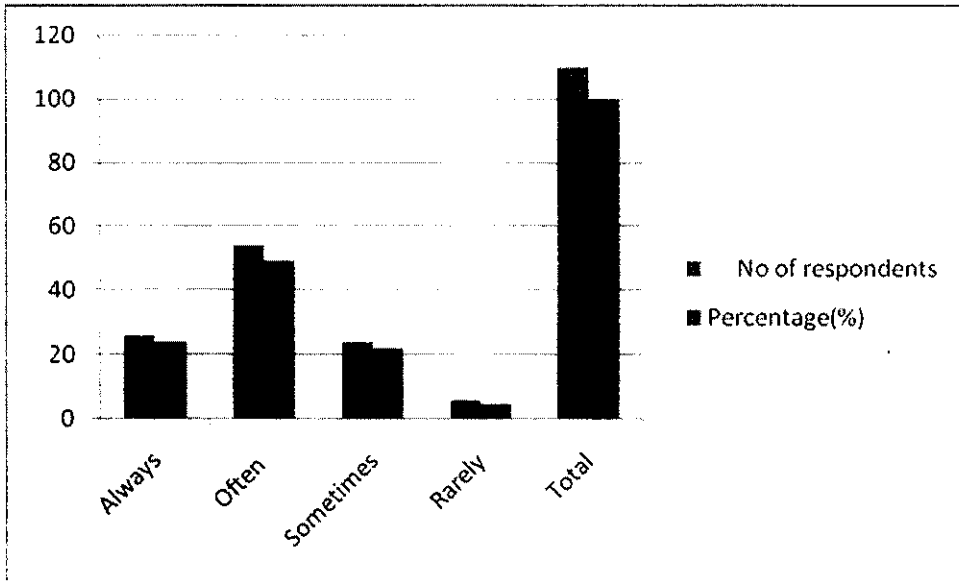


Table 3.18 Maintenance of Morale in the organization

The table 3.18 shows the maintenance of morale in the organisation

Morale	No of respondents	Percentage(%)
Highly Satisfied	23	21
Satisfied	84	76
Neither satisfied or Unsatisfied	1	1
Unsatisfied	1	1
Highly Unsatisfied	1	1
Total	110	100

The table 3.18 shows about the maintenance of morale in the organization. Majority(76%)of the respondents are satisfied with the maintenance of morale. Minority(1%) of the respondents are Neither satisfied or unsatisfied with the morale maintenance. The above conducted survey says majority were satisfied with the morale maintenance.

CHART NO 3.18

CHART REPRESENTS MAINTAINENCE OF MORALE IN THE ORGANIZATION

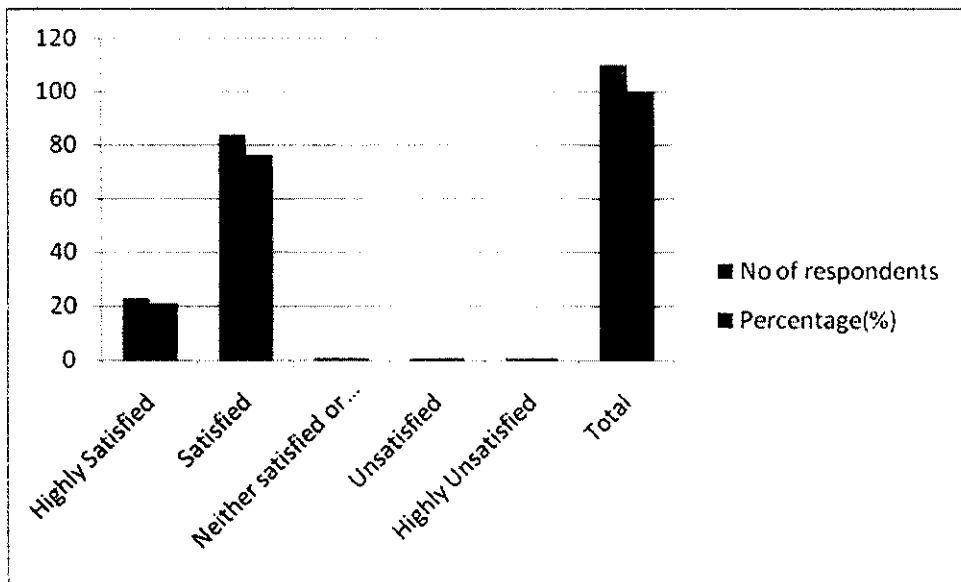


Table 3.19 Disposal of Biomedical Waste

The table 3.19 manifests the disposal of biomedical wastes

Disposal	No of respondents	Percentage(%)
Regularly	107	97
Often	3	3
Total	110	100

The table 3.19 manifests about the disposal of biomedical wastes. Majority(97%)of the respondents represents that the biomedical wastes are disposed regularly. Minority(3%)of the respondents represents the biomedical wastes are disposed often. From the conducted survey its clearly known that the biomedical wastes are disposed in an excellent way on a regular basis.

CHART NO 3.19

CHART REPRESENT DISPOSAL OF BIOMEDICAL WASTES FROM THE ORGANIZATION

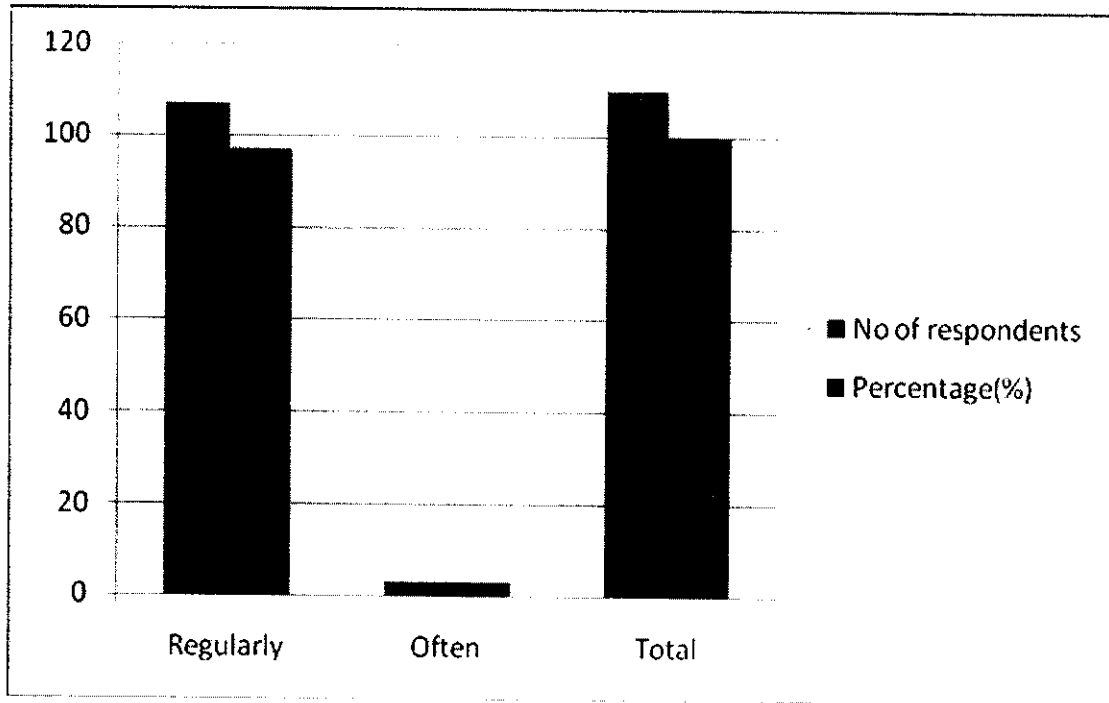


Table 3.20 Sanitary conditions at Government hospital

The table 3.20 elicits the sanitary conditions in the government hospital in the organization.

Sanitary Conditon	No of respondents	Percentage(%)
Excellent	2	2
Good	75	68
Average	33	30
Total	110	100

The above table 3.20 elicits the sanitary conditions prevailing at government hospitals. Majority(68%) of the respondents infers the sanitary conditions are good in Government hospitals. Minority(2%)of the respondents infers the sanitary conditions are excellent. The study explicitly shows the sanitary conditions are good.

CHART NO 3.20

CHART REPRESENTS SANITARY CONDITIONS IN THE ORGANIZATION

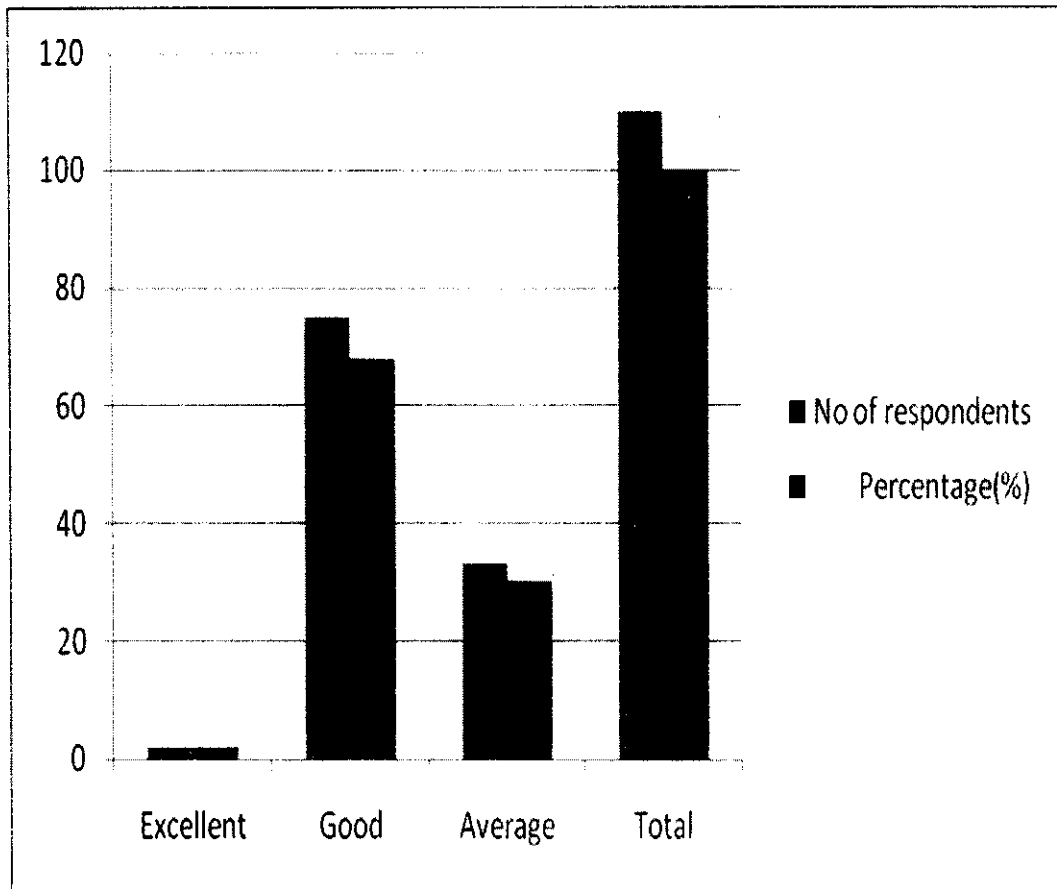


Table 3.21 Maintenance of the Government Hospital

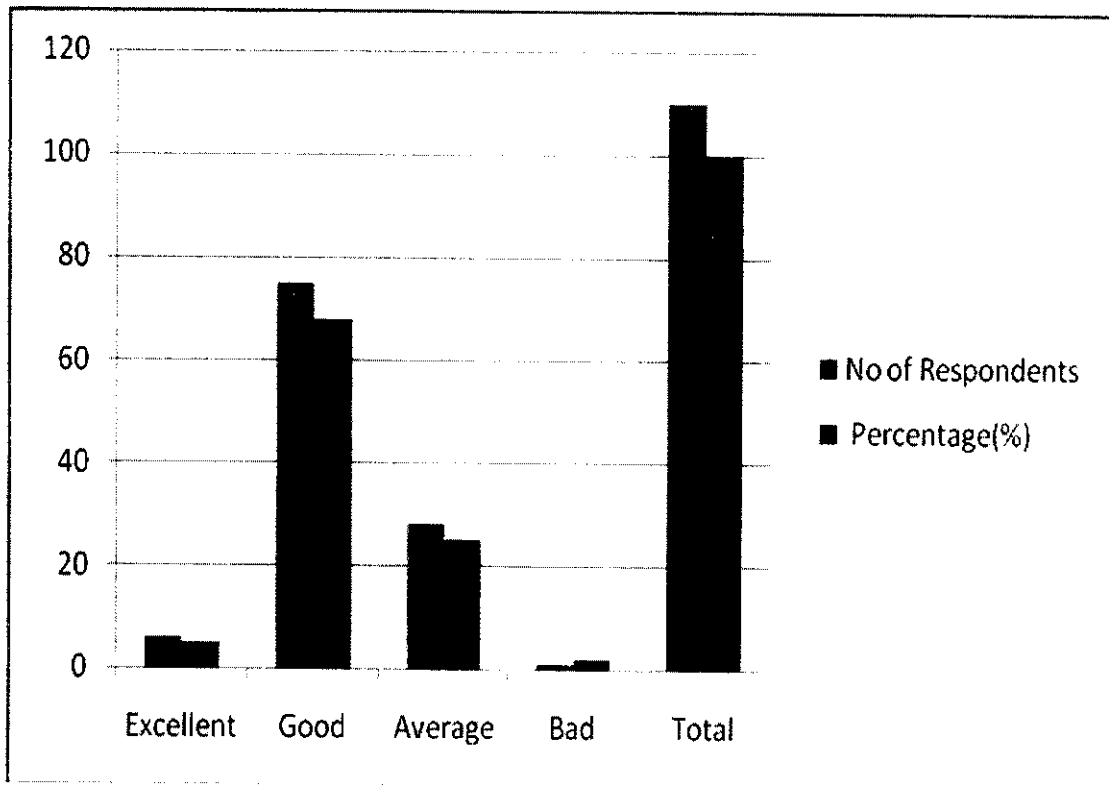
The table 3.21 elaborates about the maintenance of the government hospital

Rating	No of Respondents	Percentage(%)
Excellent	6	5
Good	75	68
Average	28	25
Bad	1	2
Total	110	100

The above 3.21 elaborates the hospital maintenance including infrastructure, safety measures in the government hospital. Majority(68%) of respondents view is maintenance of government hospital is good. Minority(2%)of respondents says the hospital maintenance is poor. The analysis conducted helps us to know that the maintenance of government hospital is good in Dharmapuri district.

CHART NO 3.21

CHART REPRESENTS RATING FOR MAINTAINENCE OF THE ORGANIZATION



CHI-SQUARE ANALYSIS

Chi-Square tests enable us to test whether more than two population proportions can be considered equal. Chi-square is used to assess two types of comparison: tests of goodness of fit and tests of independence. A test of goodness of fit establishes whether or not an observed frequency distribution differs from a theoretical distribution. A test of independence assesses whether paired observations on two variables, expressed in a contingency table are independent of each other.

Table 3.22 Level in the organization/Communication

The table 3.22 interprets the association between the various levels of respondents in the organization and communication prevailing amidst the respondents

Level/communication	Highly satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Total
Top level	0	3	1	0	4
Upper Middle	1	15	3	0	19
Lower Middle	5	35	1	2	43
First Line	9	17	1	0	27
Shop floor	4	12	1	0	17
Total	19	82	7	2	110

O	E	O-E	(O-E)²	(O-E)²/E
0	0.5	0.5	0.25	0.5
1	3.2	2.2	4.84	1.513
5	7.4	2.0	5.76	0.778
9	4.7	2.4	18.49	3.934
4	2.9	4.3	1.21	0.417
3	2.2	1.1	38.44	17.47
15	14.2	6.2	0.64	0.045
35	32.0	0.8	9.0	0.28
17	20.0	3.0	9.0	0.45
12	12.7	0.7	0.49	0.0038
1	0.2	0.8	0.64	3.047
3	1.2	1.8	3.24	2.677
1	2.7	1.7	2.89	1.07
1	1.7	0.7	0.49	0.288
1	1.1	0.1	0.01	0.09
0	0.05	0.05	0.0025	0.05
0	0.35	0.35	0.1225	0.35
2	0.78	1.22	1.48	1.89
0	0.49	0.49	0.24	0.489
0	0.30	0.3	0.09	0.3
				35.676

Interpretation

The table 3.22 explicitly shows the association between the various levels of respondents in the organization and the communication prevailing amidst them. It was found out at 0.05 significance level and at 12 degrees of freedom, the calculated chi square value is 35.676. The table chi square value is 21.03

The calculated chi-square value is greater than tabulated chi-square value Hypothesis is rejected. There exists significant relationship between various levels in the organization and communication prevailing amidst the respondents. The various levels of management in the organization has got influence over the prevailing communication. Top down and Bottom up communication in the organization would be properly channelized only when all the levels in the management interact with others.

Table 3.23 Experience vs Improved Performance

The table 3.23 determines the association between the experience and improved performance existing in the organisation

Experience/Improved Performance	Highly agree	Moderately agree	Neither agree nor Disagree	Total
30-39 yrs	2	3	1	6
20-29 yrs	9	25	0	34
10-19yrs	4	22	2	28
1-9yrs	4	31	2	37
Less than a year	0	4	1	5
Total	19	85	6	110

O	E	O-E	(O-E) ²	(O-E) ² /E
2	10.36	8.36	69.88	6.75
9	5.87	3.13	9.79	1.67
4	4.84	0.84	0.71	0.147
4	6.39	2.39	5.71	0.894
0	0.86	0.86	0.74	0.860
3	4.64	1.64	2.69	0.58
25	26.3	1.3	1.69	0.064
22	21.6	0.4	0.16	0.007

31	28.6	2.4	5.76	0.201
4	3.9	0.1	0.01	0.0025
1	0.33	0.67	0.45	1.36
0	1.85	1.85	3.42	1.85
2	1.53	0.22	0.048	0.031
2	2.02	0.02	0.0004	0.0002
1	0.27	0.73	0.833	1.97
				16.38

Interpretation

The table 3.23 elucidates the association between the experienced respondents and their improved performance in the organization at 0.05 significance level and at 8 degrees of freedom, the table chi square value is 15.51. The calculated chi square value is 16.38

The calculated chi-square value is greater than table chi-square value .Hypothesis is rejected. There exists significant association between experience and improved performance by the respondents. It is clearly evident from the chi-square analysis experience plays a vital role in in a better performance amidst the respondents. Higher experience respondents would know ways and means to improve their performance for their betterment and to deliver excellent service.

Table 3.24 Experience/Service provided in the organisation

The table 3.24 illustrates the association between the experience of the respondents and service provided in the organization to the patients.

Experience/Service	Excellent	Good	Satisfactory	Weak	Poor	Total
30-39 yrs	0	2	2	2	0	6
20-29 yrs	2	15	9	6	2	34
10-19 yrs	0	11	13	4	0	28
1-9 yrs	3	14	14	6	0	37
Less than a year	0	4	1	0	0	5
Total	5	46	39	18	2	110

O	E	O-E	(O-E) ²	(O-E) ² /E
0	0.27	0.27	0.074	0.274
2	1.55	0.45	0.203	0.1309
0	1.27	1.27	1.62	1.275
3	1.68	2.83	8.0	4.76
0	0.23	0.23	0.052	0.226
2	2.5	0.5	0.25	0.1
15	14.22	0.78	0.61	0.043
11	11.70	0.70	0.49	0.042
14	15.47	1.47	2.16	0.139
4	2.09	1.91	3.65	1.75
2	2.12	0.12	0.014	0.006

9	12.05	3.05	9.33	0.774
13	9.9	3.07	9.44	0.954
14	15.47	1.47	2.16	0.139
1	1.77	0.77	0.59	0.335
2	0.98	1.02	1.04	1.058
6	5.5	0.5	0.25	0.045
4	4.5	0.5	0.25	0.055
6	6.05	0.05	0.002	0.0004
0	0.8	0.8	0.67	0.837
0	0.109	0.109	0.012	0.11
2	0.6	1.4	1.96	3.27
0	0.51	0.51	0.259	0.508
0	0.67	0.65	0.452	0.675
0	0.09	0.09	0.008	0.092
				17.59

Interpretation

The table 3.24 represents the association between the experience of the respondents and the service provided to the patients in the organization at 0.05 significance level and at 16 degrees of freedom, the table chi square value is 26.30. The calculated chi square value is 17.59

The calculated chi-square value is lesser than table chi-square value .Hypothesis is accepted. There is no significant relationship between experience and service provided to the patients by the respondents. It is clearly evident from the chi-square analysis experience alone doesn't play a vital role in providing efficient service to the patients .New arrivals as well as experienced person would try to provide better service to save the patients live. Experience doesnot have significant impact on service provided to the patient.

Table 3.25 Level in the organization/Maintainence

The table 3.25 clearly depicts the relationship between the various levels of respondents and maintainence of the organisation

Level/Maintainence	Excellent	Good	Average	Bad	Total
Top level	0	2	2	0	4
Upper Middle	0	14	4	1	19
Lower Middle	0	30	13	0	43
First Line	3	17	7	0	27
ShopFloor	3	12	2	0	17
Total	6	75	28	1	110

O	E	O-E	(O-E) ²	(O-E) ² /E
0	0.22	0.22	0.047	0.22
0	1.036	1.036	1.074	1.036
0	2.345	2.345	5.501	2.345
3	1.472	1.527	2.333	1.585
3	0.927	2.072	4.296	4.634
2	2.729	0.727	0.529	0.194
14	12.95	1.045	1.093	0.085
30	2.93	0.68	0.465	0.158
17	18.40	1.409	1.985	0.108
12	11.59	0.409	0.167	0.014
2	2.727	0.727	0.529	0.194

4	4.836	0.836	0.699	0.145
13	10.945	2.055	4.221	0.386
7	6.873	0.127	0.016	0.002
2	4.327	2.327	5.416	0.0012
0	0.036	0.036	0.0013	0.0367
1	0.172	0.827	0.684	3.979
0	0.390	0.390	0.153	0.392
0	0.245	0.245	0.060	0.245
0	0.155	0.155	0.024	0.154
				15.91

Interpretation

The table 3.25 represents the various levels of respondents and the maintenance of the government hospitals at 0.05 significance level and at 12 degrees of freedom, the table chi square value is 21.03. The calculated chi square value is 15.91

Henceforth the calculated chi-square value is lesser than table chi-square value. Hypothesis is accepted. There is no significant relationship between level in the organisation and maintenance. It is clearly noticed from the chi-square analysis level doesn't have significant influence over maintenance and safety measures. It depends upon the concerned administration cadre to look after maintenance and safety measure.

Table 3.26 Income/Workload in the organization

The table 3.26 highlights the association between the income and workload in the organization

Income/Workload	Very High	High	Average	Less	Total
1000-10000	5	14	10	1	30
10000-20000	7	21	17	2	47
20000-30000	0	7	6	0	13
30000-40000	0	2	2	0	4
40000-50000	0	2	5	0	7
50000-60000	0	1	4	0	5
60000-70000	2	0	2	0	4
Total	14	47	46	3	110

O	E	O-E	(O-E)2	(O-E)2/E
5	3.8	1.2	1.44	0.379
7	5.98	1.02	1.037	0.173
0	1.65	1.65	2.72	1.65
0	0.509	0.509	0.259	0.509
0	0.890	0.890	0.793	0.840
0	0.636	0.636	0.405	0.636
2	0.509	0.509	0.259	0.509
14	12.81	1.18	1.396	0.109
21	20.08	0.918	0.843	0.042
7	5.55	1.45	2.089	0.376

2	1.709	0.291	0.085	0.050
2	2.99	0.99	0.9801	0.327
1	2.136	1.136	1.29	0.6039
0	1.709	1.709	2.921	1.709
10	12.55	2.55	6.503	0.520
17	19.65	2.65	7.023	0.357
6	0.56	0.56	0.314	0.057
2	0.328	0.328	0.108	0.064
5	2.073	2.073	4.297	1.468
4	1.91	1.91	3.65	1.746
2	0.328	0.328	0.107	0.0644
1	0.182	0.182	0.033	0.0403
2	0.719	0.719	0.517	0.4036
0	0.355	0.355	0.126	0.355
0	0.109	0.109	0.012	0.110
0	0.190	0.190	0.036	0.189
0	0.136	0.136	0.018	0.132
0	0.109	0.109	0.012	0.110
				13.58

Interpretation:

The table 3.26 represents the association between the income and workload in the Organization. at 0.05 significance level and at 12 degrees of freedom, the table chi square value is 28.87. The calculated chi square value is 13.58.

Henceforth the calculated chi-square value is lesser than table chi-square value .Hypothesis is accepted. There is no significant relationship between the income and workload in the Organization It is clearly noticed from the chi-square analysis level doesn't have significant

influence over income and workload in the organisation. It depends upon the individual how efficiently they are able to handle the workload and proceed the life with the present income.

FACTOR ANALYSIS

Factor analysis is a statistical method used to describe variability among observed variables in terms of a potentially lower number of unobserved variables called factors. In other words, it is possible for three or four observed variables that mainly reflect the variation in a single unobserved variable, or in a reduced number of unobserved variables. Exploratory factor analysis and confirmatory factor analysis are the two major types. Factor analysis in psychology is most often associated with intelligence research. However, it also has been used to find factors in a broad range of domains such as personality, attitudes, beliefs, etc. This was the major reason in the study to choose factor analysis to analyze all the above mentioned factors.

Table 3.27 Factors for inspiration to work in govt hospitals

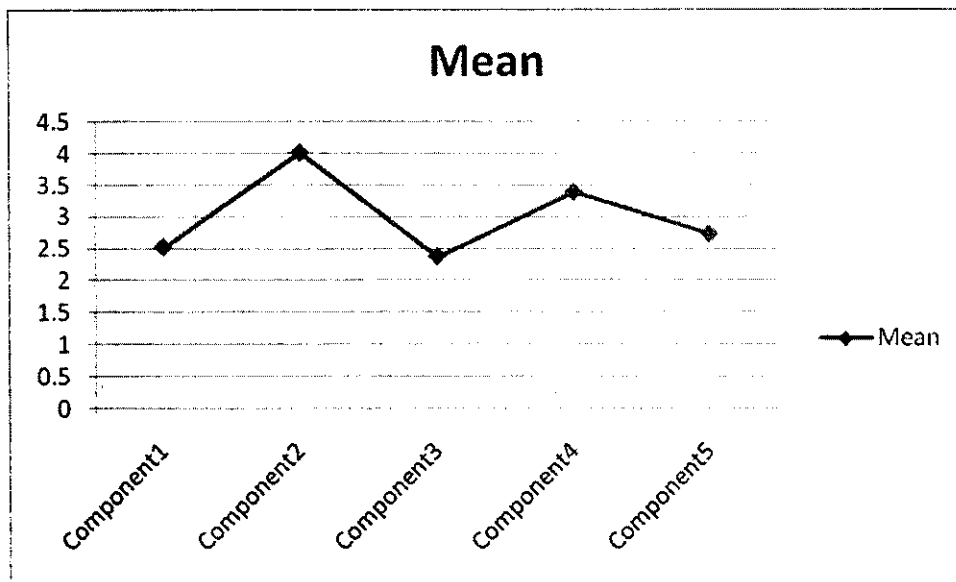
The table represents various factors indicating the inspiration to work in government hospitals. The below mentioned variables are Component1-Securedjob; Component2-Lessstress; Component3-Selfsatisfaction; Component4-High Income; Component 5-Pride which represents inspiration factors.

Component	Mean	Standard deviation	Analysis
Component1	2.5185	1.41739	108
Component2	4.0185	1.02293	108
Component3	2.3704	1.21972	108
Component4	3.3889	1.28131	108
Component5	2.7222	1.39982	108

The Table elucidates the various mean values of the above mentioned factors which contributes to the inspirational aspects to carry out the work in the government set up. Component 3 which

contributes to self satisfaction amidst other observed variables. The mean value of this unobserved variable is less than 2.5 and it is noticed from the study the factor self-satisfaction seems to be less with the respondents in the organization. Steps should be carried forward to make every respondent to carry out the work with full satisfaction.

CHART REPRESENTS THE FACTORS FOR INSPIRATION TO WORK IN GOVT HOSPITALS



Component1-Securedjob; Component2-Lessstress; Component3-Selfsatisfaction; Component4-High Income; Component 5-Pride

Table 3.28 Factors for importance of value addition in govt hospitals

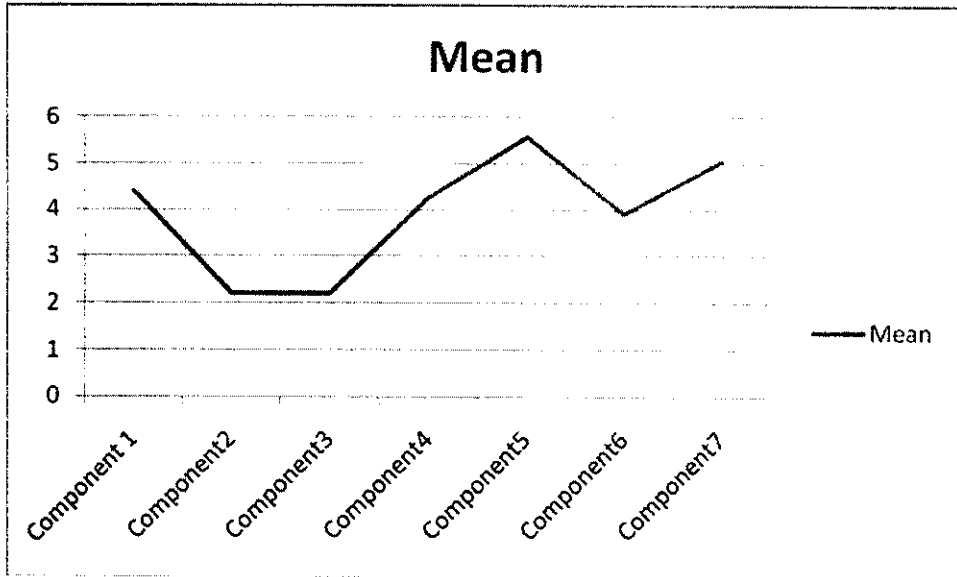
The table represents the importance of value addition in government hospitals .Five different variables are mentioned here.

Component 1=Patients comfort, Component 2= Committed care, Component3=Knowing the importance of patients live, Component4=Emergency services provided without delay, Component5= Communicating with other cadres for better treatment, Component 6= Maintaining silence/less noise, Component7=Motivating the patients.

Component	Mean	Standard deviation	Analysis
Component 1	4.4091	1.93611	110
Component2	2.2091	1.50410	110
Component3	2.2000	1.24738	110
Component4	4.2727	1.56163	110
Component5	5.5818	1.66663	110
Component6	3.9182	1.70338	110
Component7	5.0545	1.69639	110

The above table explicates the various observed variables that are related to the importance of value addition in service provided to the patients by various cadres of the respondents in the organization. Component 3 & Component 2 found to be focused mostly where both the mean values are below 2.5.Higher concentration should be given on the unobserved variable 3 which claims for knowing the importance of patients lives followed by Variable 2 where patients should be given committed care.Based on the above analysis betterment and focus should be carried out with Component 2 & Component 3.

CHART DEPICTS THE FACTORS FOR IMPORTANCE OF VALUE ADDITION IN GOVT HOSPITALS



Component 1=Patients comfort, Component 2= Committed care, Component3=Knowing the importance of patients live, Component4=Emergency services provided without delay, Component5= Communicating with other cadres for better treatment, Component 6= Maintaining silence/less noise, Component7=Motivating the patients.

CORRELATION ANALYSIS

Statistical analysis that defines the variation in one variable by the variation in another, without establishing a cause-and-effect relationship. The coefficient of correlation is a measure of the strength of the relationship between the variables; that is, how well changes in one variable can be predicted by changes in another variable. Two random variables are positively correlated if high values of one are likely to be associated with high values of the other. They are negatively correlated if high values of one are likely to be associated with low values of the other.

Pearson product-moment coefficient of correlation, r

Properties of r , include:

1. It is a bound measure that falls between -1 and 1.

$r > 1$ indicates positive association

$r < 1$ indicates negative association

2. Extreme values of r , near -1 or 1 occur only in the case of a perfect linear association.

3. The values of r does not change when the unit of measurement of x , y or both change.

4. r is dimensionless

5. Correlation only measures the strength of the linear association between two variables and does not account for curvilinear relationships. Correlations are graphically portrayed in scatter plots and tabled in matrices.

Table 3.29:Level in the organization/Work load

The table 3.29 illustrates about the bivariate correlation analysis between two variables level in the organization and workload.

Variable 1	Variable 2	Pearson's coefficient of correlation
Level in the organization	Workload	(0.45)

Interpretation

The above table 3.29 explicitly tells about the bivariate relationship between Level and workload in the organization. It is found out from the table the correlation coefficient value is to be -0.45 at the significant level of 0.643 and it is negatively correlated. Generally we could realise the work load gets more amidst the First line and Shopfloor employees rather than the senior level where the top level candidates will be having more of mental strain than the workload. Physical strain is commonly seen at a higher rate amidst middle level and bottom level rather than the top level respondents. Therefore the influence of one variable has its impact on the other. From the analysis its clearly found out that these two variables are negatively correlated with the other.

Table 3.30: Experience/Morale

The table 3.30 explains about the association between the variables experience and morale in the organisation

Variable 1	Variable 2	Pearson's coefficient of correlation
Experience	Morale	0.85

Interpretation

The above table 3.30 shows the bivariate relationship between Experience and morale in the organization. It is found out from the table that the correlation coefficient value is to be 0.85 at 0.34 significant level and it slightly correlated in the positive side. The analysis shows experience and morale have slight association ,where people with more experience will follow the morale without intention and the same attitude cannot be observed amidst fresher or less experienced employee. Even its found it would be minority extent. Morale gets developed in each individual through practice and experience where we could find an influence of one variable on the other. From the analysis its clearly founded out that these two variables are slightly correlated with the other.

Table 3.31 Education/Work life balance

The table 3.31 shows the correlation between the variables education and worklife balance.

Variable1	Variable 2	Pearson's coefficient of Correlation
Education	Work life balance	0.177

Interpretation

The above table 3.31 shows the bivariate relationship between Education and worklife balance in the organization. It is found out from the table the correlation coefficient value is to be 0.177 at the significant level of 0.064 and it is slightly correlated ,where we couldn't find any existing influence of one variable on the other. From the analysis its clearly founded out that these two variables are not correlated with the other.

Conclusion

CHAPTER –IV

CONCLUSIONS

FINDINGS:

The following inferences are obtained from tables where percentage analysis is used as a statistical tool and worked out with the help of MS Excel and SPSS.

- It clearly represents, majority(66%) of the respondents falls under the female gender and 34% of the respondents are in minority falls under male gender.
- It clearly depicts ,majority (46%)of the respondents falls under the age group of 30-40 years and (4%)of the respondents falls under the minority are in the age group between 50-60 years.
- The experience of the employees is shown were majority(34%)of the respondents experience are from 1-9 years. minority(5%)of the respondents experience belongs to 30-39years as well less than a year.
- The cadre of the respondents where majority(39%) of the respondents belongs to lower middle level and Minority(4%) belongs to Top level respondents.
- It explicates the income level of the respondents. Majority(43%)respondents obtains an income of Rs.10000-20000. Minority(3%)respondents gets an income of Rs.60000-70000.
- The study illustrates the communication prevailing amidst the respondents. Majority (75%) of the respondents are satisfied with the communication prevailing with other respondents. Minority (2%) of the respondents say they do not have interaction amidst other cadre of the employees in the organization.
- Majority (67%) of the respondents infers quality circle among the respondents are performing good and Minority(1%)of the respondent infers the quality circle among the respondents are poor.

- It surmises the time duration of Quality circle .Majority(92%)of the respondents reply that the time duration for conducting the quality circle will happen once in a month whereas the Minority(3%)respondents says the quality circle is conducted weekly once.
- The mode for improving the performance in the organization. Majority(55%) of the respondents says the mode for improving the performane is appreciation. Minority(6%) of the respondents says mode of improving the performance is through gifts.
- The study shows the level of agreeability about improved performance. Majority(77%)of the respondents moderately agree about the improved performance and Minority(6%)of the respondents Neither agree nor disagree.
- Majority(43%)of the respondents says the workload is high. Minority(2%) respondents says the workload is less.
- Majority(80%)of the respondents they do agree there exists a good relationship and it's a valued norm. Minority(1%) of the respondents disagree and says there doesnot have a good relationship and its not a valued norm.
- Majority(71%)of the respondents say they do not have adequate number of employees in the department whereas Minority(29%) of the respondents say they have adequate number of employees.
- Majority(46%) of the respondents have been encouraged to do their innovative ideas and techniques. Minority(1%)of the respondents says they have never been encouraged to do innovative ideas and techniques.
- Majority(42%)respondents infers the service provided to the patients are good. Minority(2%)respondents says the service provided to the patients are poor.
- Majority(49%) of the respondents depicts their skills and abilities are utilized often. Minority(5%) of the respondents depicts the skills and abilities are rarely utilized from the job role.
- Majority(68%) of the respondents infers the sanitary conditions are good in Government hospitals. Minority(2%)of the respondents infers the sanitary conditions are excellent.

- Majority(68%) of respondents view is maintenance of government hospital is good. Minority(2%)of respondents says the hospital maintainence is poor.

KEY FINDINGS:

- ▶ These are the below findings to substantiate Objectives.
- ✓ Knowing the importance of patient lives could be noticed at a reduced extent amidst the delinquent behaviour employees, whereas the potential employees put maximum efforts for treating the patients.
- ✓ Self-satisfaction is found in a reduced extent amidst the delinquent behaviour respondents where they neglect the given responsibilities to them. The Self-satisfaction level is higher amidst the potential employees.
- ✓ Communicating with other cadre of respondents would be less amidst Delinquent attitude respondents where interaction is extremely good amidst potential employees.
- ✓ Job satisfaction amidst the employees from the analysis is below satisfactory level. Only 49% respondents says their skill and abilities are utilized properly where rest are not satisfied with their job.
- ✓ The foremost reason these respondents cite us is there are inadequate number of employees in the organizational set up where they have to additional work and not satisfied with their performance.
- ✓ The response obtained from the employees, regarding the quality of service provided in these hospitals are good where 42% respondents have pooled out this opinion.
- ✓ The respondents follow medical ethics at a good extent which could be highlighted from the disposal of biomedical wastes.
- ✓ Majority(97%) respondents disposes the biomedical wastes regularly which plays an important role for in maintaining their ethics as well as it protects the environment from unhygienic conditions.

- ✓ The findings that supports for encouraging and motivating for better integration and healthy organisational climate are:

Attributes	Category	Majority (%)
Morale	Satisfied	76
Motivating performance	Appreciation	55
Good relationship	Agree	80

SUGGESTIONS:

SUGGESTIONS TO THE GOVERNMENT

- Intake of the employees are highly essential where we could analyse the intake has not been done for the cadre of Lower middle and First line for the requirement.
- Speciality doctors are lagging in the organisational set up where either intake or deputation should be done.
- Money should be allotted for the improvement and betterment of organizational climate.
- Contract employees can also be taken in Lower middle and firstline to reduce the inadequacy.
- Respondents suggest more blood donation camps, Training programmes to the respondents and awareness programmes to the public should be provided along with the support of Non Government organisations.
- Eco-friendly setup should be brought inside the organization campus by planting many plant samplings and establishing a park setup where o/p and others get benefitted.
- Government should introduce a low cost for Out Patients call sheets so that public may understand the worth of the governmental hospital set up.

SUGGESTIONS TO THE PUBLIC

- ▶ Public should highly be cooperative by helping the employees to carry out their work properly.
- ▶ They should avoid interference and unnecessary conflicts with the respondents.
- ▶ Public should help the Last Grade Workers to keep the sanitary conditions clean.
- ▶ Public should avoid spitting and untidy activities in the hospital.
- ▶ Public should understand the worth of medicines supplied by tamilnadu government for free of cost. Should get limited medicines and they should not waste them.

- ▶ Public should utilise the medical policies like eg:kalaignar kappitu thittam and should get benefitted out of it.
- ▶ Public should co-operate with the organizational set up while proceeding the legal procedures during uncertainties like Road Traffic Accidents, Post Mortem etc

SUGGESTIONS TO THE RESPONDENTS

- ▶ Respondents should be aware of their cadre in the organization and should not go beyond extremities.
- ▶ Few Respondents should avoid bribe from the innocent public and should realise the importance of lives and human values.
- ▶ Communicating with other cadre would help to perform better service to the patients.So interaction amidst them is highly essential.
- ▶ The Quality circles should perform activities vigorously for improving the organisational set up.
- ▶ Emergency services should be done without any delay.
- ▶ Respondents should have a proper work-life balance.
- ▶ To enhance a better organisational climate each employee should increase the attitude of building respect on the organization and a good relationship with the employees.

CONCLUSION

The above findings and suggestions clearly depicts for a better and healthy organizational climate. To enhance a better and healthy organizational climate each employee should imbibe the attitude of building respect towards the organization and a good relationship with the other cadre of respondents. Employees should carry out their duty and responsibility without postponing or depending on others to do. They should know the importance of patient lives and should provide the essential services with utmost cooperation and interaction .This bonding with the organization not only influences the hospital setup for betterment but it also paves way for the respondents to bring in significant change in their behaviour which would help to improve their performance and to maintain a strong relationship with the organization.

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Appendix

ANNEXURE

SURVEY ON ORGANISATIONAL CLIMATE AT GOVT HOSPITALS, DHARMAPURI DISTRICT

PERSONAL DETAILS OF THE EMPLOYEES:

1. Gender : a) Male b)Female
2. Age (in Yrs) : a)20-30 yrs b)30-40 yrs c)40-50 yrs d)50-60 yrs
3. Educational Qualification : a)Super Specialty b)P.G degree c)U.G degree d) Diploma e)Others Pl.Specify
4. Level in the organization (Based on Administration): a)Top level b) Upper middle c)lower middle d)first line e)Shopfloor
[Top level-Joint Director, Deputy Director, Medical officer; Upper Middle-Civil Assistant surgeon, Lower Middle-Staff Nurse, Pharmacist; First Line-Clerical staffs, Lab technicians, Shop floor-Last grade workers]
5. Years of work experience: a)30-39yrs b)20-29 yrs c)10-19 yrs d)1-9yrs e)less than a year
6. Income Level (in Rupees) : a)1000-10000 b)10000-20000 c)20000-30000 d)30000-40000 e)40000-50000 f)50000-60000 g)60000-70000

WORK CLIMATE:

7. Are you inspired working in government hospitals? a)Yes b)No
- 7.a) If Yes prioritize accordingly (1-mostly prioritized 5-least prioritized)
Feeling its secured job()
Less Stress()
Self satisfaction()
High Income()
Pride in working at government set up()
8. Indicate about the communication level prevailing amidst other employees?
a)Highly satisfied b)Satisfied c)Neither satisfied nor Unsatisfied d)Unsatisfied e)Highly Unsatisfied
9. How does quality circles function in the organization?
a)Excellent b)Good c)Average d)Poor e)Worst

10)Indicate the time duration in which the members of quality circles meet each other?

a)Weekly once b)Monthly once c)bi-monthly

11.Have you been appreciated ever for the performance?

a)Gifts b)Appreciation c)rewards d)Recognition e)Promotion

12.What is your level of agreeability about the above mentioned efforts(11)which would be a motivating factor to your improved performance?

a)Highly agree b)Moderately agree c)Neither Agree nor disagree d)Disagree e)Highly disagree

13.What is the level of work load in the organization?

a)Very high b)high c)Average d)less e)Very less

14.Whether good relationship prevails day to day in working organization where trust, support, and respect to one another is a valued norm?

a)Highly agree b)agree c)Neither agree nor disagree d)Disagree e)Highly Disagree

SERVICE DELIVERY

15.Is there adequate number of employees(nurses and Last grade workers) for each wards?

a)Yes b) No

15.a) If no what would be the alternative for it?

a) Government should undertake more new employees

b) Contract/temporary workers can be appointed by government

c)Government should allow contract to the private consultancies who would take in charge of appointing nurses and controlling LGW

d)others, plz specify _____

16.How about the innovative ideas and techniques used in the organization to encourage and increase responsibility of the employees?

a)Always b)often c)sometimes d)Rarely e)Never

17.Is there adequate tools in all the departments of the organization? a)Yes b)No

18. How is the service provided to the patients here?

a)Excellent b)good c)Satisfactory d)Weak e)Poor

19.How about the utilization of skill and abilities from your job role?

a)Always b)Often c)Sometimes d)Rarely e)Never

ETHICAL VALUES

20. What about the maintenance of morale in the organization?

a) Highly Satisfied b) Satisfied c) Neither satisfied nor Unsatisfied d) Unsatisfied e) Highly unsatisfied

21. How do you rank the following activities in the order of importance of value addition for service? 1-(most important) 7-(least important)

Patients comfort ()

Committed care ()

Knowing the importance of patients lives ()

Emergency services provided without delay ()

Communicating with other cadres for better treatment ()

Maintaining Silence/Less noise ()

Motivating the patients ()

SAFETY CLIMATE

22. How are the bio medical wastes disposed ?

a) Regularly/Always b) Often c) sometimes d) Rarely e) Never

23. What about the sanitary conditions in the government hospital?

a) Excellent b) Good c) Average d) Poor e) Worst

24. Do you strongly believe you have a work-life balance in this organizational set up?

a) Yes b) No

25. What is the rating for the maintenance, outlook and Safety measures available at government hospitals?

a) Excellent b) Good c) Average d) Bad e) Worst

26. Give your valuable suggestions for a healthy organizational climate?

Thank you