

A STUDY ON INFLUENCE OF ENVIRONMENTAL FACTORS AMONG HEALTH CARE EMPLOYEES IN BAPTIST HOSPITAL, BANGALORE

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Abstract—An external factor, biological factor or eco factor is any factor, a biotic or biotic, that impacts living life forms. A biotic factor incorporates surrounding temperature, measure of daylight, and pH of the water soil in which a creature lives. Absence of satisfactory inclusion by the social insurance framework in India implies that numerous Indians go to private medicinal services suppliers, even though this is a choice by and large out of reach to poor people. To help pay for medicinal services costs, protection is accessible, frequently gave by businesses, yet most Indians need medical coverage, and cash-based costs make up an enormous segment of the spending on clinical treatment in India. The purpose of this study is to analyse work environment factors that can influence wellbeing of healthcare employees presentation incorporate, work helps, objective setting, boss help, working environment motivating force, execution criticism, characterized forms, and other physical, social and ecological variables in Baptist Hospital. The analysis of the available data will be based on the tools and techniques used in market management and statistics. Mainly MS Office Excel Package would use to carry out the testing and descriptive statistics. The environment factors also play a major role in the health care industry. It will influence the working condition of the doctors, nurses, and other health care professionals. This study helps to overcome the environment factors responsible in the health care professionals.

Keywords—Employee Engagement, Employees Welfare, Health Care Professionals, Productivity, Work Environment.

INTRODUCTION

Wellbeing laborers' execution can be affected by compensation increment and rewards, yet this is fleeting and have a constrained impact contrasted with the effect working environment condition has on the presentation of the worker. It is the nature of the representative's work environment condition that most effects on their degree of inspiration and ensuing execution. How well they draw in with the association, particularly with their prompt condition, impacts, as it were, their mistake rate, level of development and cooperation with different workers, non-appearance and at last, to what extent they remain in the activity. The most significant working environment factors that can influence wellbeing laborers' exhibition incorporate; work helps, objective setting, boss help, working environment motivator, execution criticism, characterized forms, and other physical, social, and natural components. Healthcare has become one of India's largest sectors both as far as income and business. Human services contain emergency clinics, clinical gadgets, clinical preliminaries, re-appropriating, telemedicine, clinical the travel industry, medical coverage, and clinical gear. The Indian human services division is developing at a lively pace because of its reinforcing inclusion, benefits and expanding consumption by open too private players. Indian medicinal services conveyance framework is ordered into two significant parts - open and private. The National Health Policy was embraced by Parliament in 1983. The arrangement focused on all-inclusive social insurance inclusion by 2000, and the program was refreshed in 2002. The social insurance framework in India is principally managed by the states. India's Constitution requests that each state give human services to its kin. Realizing the Indian human services framework and taking sensible wellbeing and security precautionary measures should help guarantee that your time in India is a solid and agreeable one! To study the different protection plans accessible for understudies going to India, if it is not too much trouble see the accompanying plans:

- ❖ India Student Insurance
- ❖ Human services System in India
- ❖ Medical coverage in India
- ❖ Worldwide Student Visas for India

Understanding the purposes behind the spatial examples of wellbeing inside nations may reveal insight into ecological variables that may add to contrasts across nations. A few variables may clarify the solid spatial examples that are seen inside nations. The factors in the physical environment that are important to health include harmful substances, such as air pollution or proximity to toxic sites (the focus of classic environmental epidemiology); access to various health-related resources (e.g., healthy or unhealthy foods, recreational resources, medical care); and community design and the “built environment” (e.g., land use mix, street connectivity, transportation systems). Level of employment fulfilment of wellbeing experts was low. Level of occupation fulfilment was impacted by the age of the wellbeing experts, kind of wellbeing office in which they were working, long periods of administration they had in the wellbeing parts, their workplace, proficient recompense and advantages like money related rewards and advantages of being utilized. It has been progressively perceived that these wellbeing determinants cannot be completely comprehended (or impacted) in confinement from the natural settings that shape and support them. Conversely with conventional natural wellbeing approaches that attention essentially on harmful substances in air, water, and soil, this later methodology conceptualizes the earth all the more extensively to envelop a scope of human-made physical and social highlights that are influenced by open arrangement. These financial, social, urban or country, transportation, and different strategies that influence the earth were not generally thought of as applicable to wellbeing arrangement yet are presently drawing in more noteworthy consideration since leaders are starting to perceive their wellbeing implications. The factors in the physical condition that are critical to wellbeing incorporate destructive substances, for example, air contamination or nearness to poisonous locales (the focal point of great natural the study of disease transmission); access to different wellbeing related assets (e.g., sound or undesirable nourishments, recreational assets, clinical consideration); and network structure and the "fabricated condition" (e.g., land use blend, road availability, transportation frameworks). Lighting and different variables like ergonomic furniture has additionally been found to have positive effect on workers wellbeing and thusly on profitability. Encompassing highlights in office situations, for example, lighting, temperature, and presence of windows, free air development and so forth, propose that these components of the physical condition impact representative's perspectives, practices, fulfilment, execution, and profitability. At the point when the representatives truly and sincerely want to work, at that point their presentation results will be expanded. Non-attendance can be diminished by having a legitimate work environment condition, which can thusly expand worker execution and profitability. Chandrasekhar expressed that the association or connection between the work, working environment, and devices of work had become the most significant angle in their work itself. The administration has a test to set up a domain that will influence, impact, draw in, hold, and inspire its representatives toward expanded profitability.

There are numerous components that can incline a populace to expanded or diminished use of social insurance administrations. They include financial status, physician supply, policies and convictions of a nation, risk practices of a populace, and wellbeing status.

LITERATURE REVIEW:

The collected secondary literature is reviewed as under.

Ashok vikhe patil, et al (2002) published an editorial entitled “current health scenario in rural India” in ‘Australian journal of rural health’. in this look at seven that. About 75% of fitness infrastructure, clinical man strength and other fitness resources are focused in urban areas where 27% of the population lives. Contagious, infectious, and waterborne diseases consisting of diarrhoea, amoebiasis, typhoid, infectious hepatitis, computer virus infestations, measles, malaria, tuberculosis, whooping cough, respiration infections, pneumonia and reproductive tract infections dominate the morbidity pattern, in rural areas. However, non-communicable diseases which include cancer, blindness, intellectual illness, hypertension, diabetes, HIV/aids, injuries, and injuries are also on the rise. The fitness status of Indians is still a cause for grave concern, specifically that of the rural population. This is pondered in the lifestyles expectancy (sixty-three years), infant mortality rate (80/1000 live births), maternal mortality rate (438/a hundred 000 live births); however, over a period some development has been made. To improve the winning situation, the hassle of rural fitness is to be addressed both at macro (country wide and state) and micro (district and regional) levels. This is to be carried out in a holistic way, with a proper effort to carry the poorest of the populace to the centre of the fiscal policies. A paradigm shift from the contemporary ‘biomedical model’ to a ‘sociocultural model’, which ought to bridge the gaps and improve exceptional of

rural existence, is the modern-day need. A revised national health policy addressing the triumphing inequalities, and running towards selling a long-time period attitude plan, particularly for rural health, is imperative.

Ranganayakulu bodavala (2002) writes on “ICT packages in public health care system in India: a review” in ‘ASCI journal of management’. India’s public healthcare community is five many years old. It is plagued by using many issues like absenteeism of doctors, lack of right facilities and most importantly lack of right referral services to urban hospitals and expert centers. Due to these motives the utilization and self-belief in the public healthcare gadget is very low. Successive governments have tried to enhance the diverse measures in the system with marginal success. Application of ICT gear will improve access and transport of healthcare services to vast majority of bad people residing in rural regions in India.

Rychetnik, et al (2002) published “criteria for evaluating evidence on public health interventions” in ‘journal of epidemiology and community health’. Public fitness interventions tend to be complex, programmatic and context dependent. The evidence for their effectiveness must be sufficiently complete to embody that complexity. This paper asks whether and to what volume evaluative research on public health interventions can be adequately appraised by way of applying properly mounted criteria for judging the fine of proof in scientific practice. It is adduced that these standards are useful in comparing some factors of evidence. However, there are other vital factors of evidence on public fitness interventions which can be not blanketed by using the mounted criteria. The assessment of evidence ought to distinguish between the constancy of the evaluation manner in detecting the achievement or failure of an intervention, and the fulfilment or failure of the intervention itself. Moreover, if an intervention is unsuccessful, the evidence must assist to determine whether the intervention changed into inherently faulty (that is, failure of intervention concept or theory), or just badly delivered (failure of implementation). Furthermore, right interpretation of the proof depends upon the provision of descriptive information at the intervention and its context, so that the transferability of the proof can be determined. Study layout on my own is an insufficient marker of evidence excellent in public health intervention evaluation.

Narayana (2003) published an editorial entitled “changing health care system” in ‘economic & political weekly’. To enhance the financial viability and quality of fitness care in public hospitals, the Andhra Pradesh government initiated a chain of reforms. However, because of lack of assets, there was stagnation in the size and decline in the first-class of public health care. The state’s patronage of the private quarter in health care has been justified on the floor that it would ease the strain on government hospitals. But in fact, private hospitals are replacing alternatively than complementing public hospitals by way of weaning away assets from government hospitals.

Vijaya Kumar yadavendu (2003) published a paper “changing perspectives in public health: from population to an individual” in ‘economic & political weekly’. This paper makes a specialty of the overriding influence of methodological individualism in the ancient production of public health. While proof of a holistic approach to fitness is observed within the writings of humans like Hippocrates, the developments next to the

established order of the Cartesian paradigm, contained strong elements of individualism. In fact, systematic epidemiological studies inside the nineteenth century rightly justified epidemiology’s claim because the basic ‘science’ of public fitness.

OBJECTIVES:

The objective of the study is to evaluate the environmental factors influencing health care employees.

- To identify and prioritize environmental factors affecting the hospital employees' productivity.
- To understand the complexity and magnitude of changes required to positively affect workers, their environment, and patient outcomes.

METHODOLOGY:

The analysis of the available data will be based on the tools and techniques used in market management and statistics. Mainly MS Office Excel Package would use to carry out the testing and descriptive statistics. The purpose of this study is to analyse work environment factors that can influence wellbeing of healthcare employees presentation incorporate, work helps, objective setting, boss help, working environment motivating force, execution criticism, characterized forms, and other physical, social and ecological variables in Baptist Hospital. Numerous investigations have uncovered that most representatives leave their association due to the relationship with their prompt administrator or chief, or on the grounds that the physical condition is not, at this point helpful. The work environment involves a domain wherein the specialist plays out his work. The Sample size was 123, questionnaire was prepared, and data collected through Google forms. The analysis of the available data will be based on the tools and techniques used in market management and statistics. Mainly

MS Office Excel Package would use to carry out the testing and descriptive statistics. The Percentage analysis is done, and data analysis is explained in detail manner.

TABLE1: GENDER

<i>Gender</i>	<i>No. of respondents</i>	<i>%</i>
Male	58	47.2
Female	65	52.8

From the above table we can see that out of 123 respondents we are choose for the study, about 47.2% respondents said male and about 52.8% respondents said female.

TABLE 2: AGE OF THE RESPONDENTS:

<i>Age</i>	<i>No. of respondents</i>	<i>%</i>
25-35 years	35	28.5
35-45 years	30	24.4
45-55 years	40	32.5
55 years above	18	14.6

From the above table we can see that out of 123 respondents we choose for the study, about 28.5% respondents said 25-35 years, about 24.4 said 35-45 years, about 32.5% said 45 – 55 year and about 14.6% respondents said above 55 years.

TABLE 3: WORK EXPERIENCE

<i>Work Experience</i>	<i>No. of respondents</i>	<i>%</i>
Below 1 year	09	7.3
1 – 2 years	14	11.4
2-3 years	21	17.1
3-4 years	30	24.4
5 and above	49	39.8

From the above table we can see that out of 123 respondents we choose for the study, about 7.3% respondents said below 1 year, about 11.4% said 1-2 years, about 17.1% said 2-3 years, about 24.4% said 3-4 years and about 39.8% respondents said 5 years and above.

TABLE 4: WORKSPACE AND FACILITIES REQUIRED FOR THE JOB:

<i>Workspace and Facilities</i>	<i>No. of respondents</i>	<i>%</i>
Highly satisfied	32	26%
Satisfied	48	39%
Partially satisfied	27	22%
Dissatisfied	12	9.8%
Highly dissatisfied	04	3.2%

From the above table we can see that out of 123 respondents we choose for the study, about 26% respondents said highly satisfied, about 39% said satisfied, about 22% said partially satisfied, about 9.8% said dissatisfied and about 3.2% respondents said highly dissatisfied.

TABLE 5: ENVIRONMENTAL FACTORS LIKE TEMPERATURE, VENTILATION, NOISE LEVEL ETC....

<i>Environmental Factors</i>	<i>No. of respondents</i>	<i>%</i>
Strongly agree	34	27.6
Agree	52	42.3
Neutral	22	17.9
Disagree	11	8.9
Strongly disagree	04	3.3

From the above table we can see that out of 123 respondents we choose for the study, about 27.6% respondents said strongly agree, about 42.3% said agree, about 17.9% said neutral, 8.9% said disagree and about 3.3% respondents said strongly disagree.

TABLE 6: RELATIONSHIP BETWEEN THE SUPERVISOR AT THE WORKPLACE

<i>Relationship between supervisor</i>	<i>No. of respondents</i>	<i>%</i>
Strongly agree	36	29.3
Agree	44	35.8
Neutral	19	15.4
Disagree	19	15.4
Strongly disagree	05	4.1

From the above table we can see that out of 123 respondents we choose for the study, about 29.3% respondents said strongly agree, about 35.8% said agree, about 15.4% said neutral, 15.4% said disagree and about 4.1% respondents said strongly disagree.

TABLE 7: COMMUNICATION SYSTEM AT WORKPLACE

<i>Communication System</i>	<i>No. of respondents</i>	<i>%</i>
Very good	48	39
Good	45	36.6
Neutral	14	11.4
Not good	11	8.9
Bad	05	4.1

From the above table we can see that out of 123 respondents we choose for the study, about 39% respondents said very good, about 36.6% said good, about 11.4% said neutral, about 8.9% said not good and about 4.1% respondents said bad.

SUGGESTIONS:

Doctor satisfaction is related to intent to remain, and doctor retention is important for the supply of top-quality health care. The results from this study have shown the effect of workplace environmental factor on doctors' performance and productivity and suggest that efforts should be geared towards improving the physical environment, social environment, and work system related to the workplace. Effort should specialize in providing healthcare workers with the infrastructure and tools they must try to their jobs. This includes sufficient job aids, supervisor support, proper ventilation, lighting, incentives, recognition and reward system, and general infrastructure. Additionally, to being necessary for doctors to deliver top quality care.

This might foster doctor satisfaction, increasing the advantages of the investment. This is vital to think about within the context of the various on-going experiments with buy performance, which are unlikely to spice up satisfaction if weak infrastructure prevents doctors from successfully fulfilling their tasks.

CONCLUSION:

The environment factors also play a major role in the health care industry. It will influence the working condition of the doctors, nurses, and other health care professionals. This study helps to overcome the environment factors responsible in the health care professionals. Employees working in software houses needs attractive, peaceful, and cooperative working environment to realize higher performance level. A happy, industrious employee is significant for IT industry and adequate lightning, noise free and clean office, comfortable seating are the factors of physical environment, considered in current study. Study revealed that, of these factors are vital in affecting employee health. Tea and lunch breaks, involuntary overtime and friendly working environment were taken as components of behavioural environmental factors. it has been found these factors help in improving employee health and a healthy mind and healthy body leads towards enhanced employee performance. Organizations must maintain a far better physical environment to reinforce employee productivity as employee performance features direct relationship with workplace environment and employee's productivity and physical also as a behavioural environmental are linked through employee health.

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