

Healthcare Professionals' Perspective of Support from Public Health Department: A Study in the Primary Health Centers of Tamil Nadu

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Abstract

Background: Perceived organizational support (POS) measures the employee perception of support from the organization and helps to understand the employer-employee relationship better. The aim of the study is to understand the healthcare professionals' perception of support from public health department and to examine the healthcare professionals' difference in perception of support across various demographics variables. **Methods:** A survey is conducted among healthcare professionals including medical officers and staff nurses working in primary health centres (PHC) in the state of Tamilnadu. In the study, public health department refers to the Directorate of Public Health and Preventive Medicine. Mann Whitney U test and Kruskal Wallis H test are used to assess the difference in POS across demographic variables. **Results:** The results of the study indicated that the healthcare professionals perceive a moderate level of support from public health department. The healthcare professionals' POS is found to differ across their age, role and total work experience but not across gender and work experience in the current PHC. Further, the POS of healthcare professionals is found to differ with respect to PHC location and does not differ with respect to PHC type. **Conclusion:** The results emphasize the need to enhance POS of healthcare professionals. The health policy makers and managers have to consider the difference in POS of healthcare professionals and make amendments in the human resource policies related to selection and training.

Keywords: Healthcare professionals, primary health centers, public health, Tamil Nadu

Introduction

The primary health centers (PHC) play a major role in providing primary care services to the rural population in the state of Tamil Nadu.¹ It is manned by a medical officer supported by 14 paramedical like staff nurses, ancillary nurse mid-wife, pharmacist, lab technician and other staff.

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On an average, each PHC treats 144 out-patients per day, 61 in-patients per month and conducts 15 deliveries per month. There are 213 PHCs with only one medical officer, 791 PHCs with a female medical officer, 404 PHCs without a lab technician and 90 PHCs without a pharmacist. About 126 PHCs are functioning in rented buildings. Only 28.4% of health centers have at least 4 beds.² Besides the lack of infrastructure, PHCs have reported a 3.5% increase in out-patient per day, 38% increase in in-patient per month and 12.5% increase in deliveries per month.² From the above discussion, the condition in PHCs indicates that on one side, the PHCs face the problem of manpower shortage and lack of infrastructure and on the other side show an increase in performance. This situation interests the authors to understand more about healthcare professionals' (including medical officers and staff nurses) perception of support from public health department.

Perceived organizational support (POS) explains employee-organization relationship by capturing an

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employee's perception on the degree to which an organization values his/her contributions and cares for his/her well-being.³ It has gained more attention of firms in their employee development initiatives. According to Organizational Support Theory (OST), employees attribute human like characteristics to the organization. They view the actions taken by the agents of the organization as the actions of the organization. This personification of the organization gives legal, moral and financial responsibility for the actions of organization's agents. Due to this, employees view favorable or unfavorable treatment of organizational agents as an indication that the organization favors or disfavors them. When employees consider the activities carried by organizational agents as discretionary, they perceive greater organizational support. Such perception results in outcomes that is beneficial both to the employees and to the organization. Previous studies reported a positive relationship of organizational fairness,⁴ organizational politics,⁵ organizational rewards⁶ and job security⁷ with POS and negative relationship of role stress with POS.⁵ POS of employees is found to be related to employee well-being,^{8,9} organizational commitment,¹⁰ organizational identification,¹¹ job performance¹² and less turnover intention.⁵ Though prior studies have attempted to examine these aspects at firm level, the focus of many economies has been on ensuring adequate healthcare, which has very limited empirical literature on these aspects. Moreover, in industries such as healthcare, it is pertinent to understand the support that healthcare professionals need. As the performance of public hospitals services is of great concern both in developed and developing economies, it becomes crucial to identify and understand various factors that would drive healthcare professionals to provide better services for economic growth. Therefore, this study aims to determine the level of POS of healthcare professionals. The study also examines whether there is a difference in perception of support across demographics of healthcare professionals' such as age, gender, role, work experience in the current PHC and total work experience in the medical field and across demographics of PHC such as PHC type and PHC location.

Materials and Methods

Ethics approval

The study was approved by the Health and Family Welfare department of Tamil Nadu.

Study design

The targeted population consists of all medical officers and staff nurses, who are working in PHCs of Tamil Nadu. A stratified sample based on location and designation is used to select healthcare professionals. Out of the total 42 health unit districts (HUDs) in Tamil Nadu, the researcher was permitted to undertake survey in the HUDs of Vellore, Saidapet, Kanchipuram and Tiruvannamalai during the period of September 2010 - May 2011. Under these four HUDs, those PHCs with a minimum of one medical officer and two staff nurses are selected. In all, 86 PHCs met the criteria and are selected for the study. The study includes 25 PHCs out of 37 PHCs from Vellore HUD, 18 PHCs out of 27 PHCs from Saidapet HUD, 14 PHCs out of 28 PHCs from Kanchipuram HUD and 29 PHCs out of 48 PHCs from Tiruvannamalai HUD. Overall, the study covers 19 main PHCs (PHCs located at block head quarters covering 100,000 population and act as referral centers) and 67 additional PHCs (PHCs covering 20,000-30,000 population).

The shorter version of the survey of POS constituting eight items is considered for this study. Here, the organization refers to the Directorate of Public Health and Preventive Medicine (DPH and PM), that is, the public health department. The sample items to measure POS are "the public department values my contribution to its well-being; the public department helps me if I have a problem". All the items on the scale are measured on a 5-point Likert scale.

A survey questionnaire is distributed to medical officers and staff nurses within the respective PHC with only one criterion while selecting the respondents: Respondents need to be associated with the current PHC at least for 6 months. The respondents are requested not to reveal their names anywhere on the questionnaire, in order to ensure the frankness of the responses. The face validity of the scale is checked using experts in the field of human resource management and organizational behavior and field experts like block medical officers and staff nurses. Confirmatory factor analysis is used to test unidimensionality of the scales. Various fit indices such as goodness of fit (GFI), confirmatory factor index (CFI) and Root Mean Square Error of Approximation (RMSEA) are examined to assess fitness of the model. GFI (0.93) and CFI (0.91) values are above 0.9 and RMSEA (0.049) below 0.05 indicates good model fit.¹³ The scale is checked for reliability using Cronbach alpha, and the Cronbach alpha value (0.81) is found to be above 0.60, representing

the internal consistency of the scale.¹⁴ Thus, the validity and reliability of the scale are established.

The data have been analyzed using SPSS 15.0 (Chicago, IL, USA) (Statistical Package for the Social Sciences) and AMOS 16.0 (AMOS Development Corporation, PA, USA) (Analysis of Moment Structures) software packages. Descriptive statistics is used to measure the level of POS of healthcare professionals. A difference of 2 means was tested by Mann-Whitney U-test and >2 means were judged by Kruskal-Wallis H-test.

Results

The sample constituted 323 healthcare professionals: 130 medical officers (male = 79; female = 51) with an average age of 34 years, work tenure in the current PHC of 2.7 years and total work tenure of 5.8 years and 193 staff nurses with an average age of 25 years, work tenure of 2.1 years in the current PHC and total work tenure of 2.7 years. The following results present the level of POS and difference in POS among healthcare professionals.

Level of perceived organizational support and difference in perceived organizational support

The mean value of POS is 3.25 (S = 0.44) and is found to be moderate. The mean values of all the items of POS are found to be average [Table 1]. This indicates that, the healthcare professionals' believe that the public health department is valuing their contribution and considering their well-being, only at a moderate level. The results indicate a clear scope for the public health department to improve on many aspects to gain good reputation from healthcare professionals.

The results indicate that POS is different across healthcare professionals' age, role and total work experience while there is no significant difference in POS between male and female healthcare professionals and work experience in the current PHC. Further, POS of healthcare professionals differ with respect to PHC location and do not differ with respect to PHC type [Table 2].

Discussion

The staff nurses join PHCs after completing Diploma in Nursing and are in the contract period receiving a consolidated pay. After 2 years of service, they have to be regularized into permanent employment. In the contract period, they do not avail any other benefits received by a government employee. Over the years of service in

Table 1: Mean and SD for items of POS

Items	Scale used	Descriptives			
		Minimum	Maximum	Mean	SD
Values my contribution to its well-being	1-5	1	5	3.14	0.55
Appreciates any extra effort from me	1-5	1	5	3.12	0.59
Consider my complaints	1-5	1	5	3.07	0.67
Cares about my general satisfaction at work	1-5	1	5	3.25	0.65
Makes my job as interesting as possible	1-5	1	5	3.22	0.63
Helps me if I have a problem	1-5	1	5	3.26	0.62
Cares about my well-being	1-5	1	5	3.26	0.64
Takes pride in my achievements	1-5	1	5	3.24	0.63
POS	-	-	-	3.25	0.44

SD - Standard deviation, POS - Perceived organizational support

Table 2: Mean value and difference in POS across healthcare professionals' demographics and organizational demographics

Demographic variables	Category	Number of respondents	Mean	SD	Significant
Age	Upto 25 years	132	3.19	0.45	0.004
	25-30 years	64	3.22	0.43	
	30-35 years	90	3.33	0.44	
	More than 35 years	37	3.43	0.48	
Gender	Male	81	3.33	0.46	0.066
	Female	242	3.23	0.43	
Role	Medical officer	130	3.32	0.44	0.006
	Staff nurse	193	3.19	0.42	
Work experience in the current PHC	<2 years	196	3.23	0.43	0.347
	2-4 years	89	3.30	0.43	
	Above 4 years	38	3.26	0.48	
Total work experience	<2 years	137	3.17	0.43	0.022
	2-4 years	80	3.28	0.43	
	Above 4 years	106	3.33	0.44	
PHC type	Main PHC	89	3.24	0.40	0.233
	Additional PHC	234	3.25	0.45	
PHC location	Vellore HUD	105	3.27	0.49	0.047
	Saidapet HUD	73	3.27	0.39	
	Kanchipuram HUD	47	3.38	0.40	
	Tiruvannamalai HUD	98	3.16	0.42	

POS - Perceived organizational support, SD - Standard deviation, PHC - Primary health centres, HUD - Health unit districts

PHCs, medical officers and staff nurses possess better understanding of the functioning of the department and have become part of the system. Thus, in this study healthcare professionals' rating of POS differs with respect to age, role and total work experience.

The results of this study is similar to that of Amason and Allen's¹⁵ where POS did not differ between male and female employees working in large university and

engineering firms in contrast to the results of Hutchings *et al.*¹⁶ and Rhoades and Eisenberger,¹⁷ where male employees show a higher level of POS compared to female employees. In the study of Allen *et al.*¹⁸ administrators are found to report higher POS than professional staffs. Similar to the results of Rhoades and Eisenberger¹⁷ and Rabl,¹⁹ this study reported the positive relationship between age of healthcare professionals and POS. The meta-analysis by Rhoades and Eisenberger,¹⁷ and the result of Wayne *et al.*²⁰ showed a positive relationship between tenure and POS.

The POS of healthcare professionals differed significantly between PHC locations and does not differ between PHC types. The POS of healthcare professionals in Kanchipuram HUD is found to be higher than POS of healthcare professionals working in other three HUDs. This result could be explained using OST. Healthcare professionals consider the treatment from the deputy director of respective HUD as the treatment from the public health department. When they perceive greater support from the deputy director, they perceive greater support from the public health department. The results of Eisenberger and Stinglhamber,²¹ indicated that level POS vary within the same organization over time in response to the treatment by the organization. The healthcare professionals working in main PHCs and in additional PHCs did not show any difference in POS because they are governed by the same supervisor.

Conclusion

As previous studies indicated the outcomes of POS as organizational commitment, job performance, job satisfaction, job involvement and employee well-being,^{10,11,22} it is of great concern to improve POS of employees. Improvement in POS would strengthen the relationship between employee and his/her organization. The results of this study indicated that the healthcare professionals' perceived the support from the public health department only at a moderate level. Also, their POS differed across age, role and total work experience and PHC location, and did not differ across gender, work experience in the current PHC and PHC type. Therefore, the health policy-makers and managers have to take necessary steps to enhance healthcare professionals' POS. In addition, they have to consider the difference in POS of healthcare professionals across age, designation experience and PHC location and accordingly make amendments in the human resource policies related to selection and training. Thus, the public health approach is strengthened through human resource

development.²³ It is recommended that future research focus on the measures to enhance POS by considering organizational level factors and individual level factors.

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References

1. Gupta MD, Desikachari BR, Shukla R, Somanathan TV, Padmanaban P, Datta KK. How might India's public health systems be strengthened? Lessons from Tamil Nadu. *Econ Polit Wkly* 2010;45:47-60.
2. Government of Tamil Nadu. Policy note on health and family welfare. Demand No.19, health and family welfare department; 2012. Available from: http://www.tn.gov.in/policynotes/pdf/health_family_welfare.pdf. [Last cited on 2012 Dec 15].
3. Eisenberger R, Huntington R, Hutchison S, Sowa D. Perceived organizational support. *J Appl Psychol* 1986;71:500-7.
4. Kurtessis JN, Ford MT, Buffardi LC, Stewart KA. Perceived organizational support: An updated meta-analytic review. Poster Presented at the 24th Annual Meeting of the Society for Industrial and Organizational Psychology. New Orleans; 2009.
5. Hochwarter WA, Kacmar C, Perrewé PL, Johnson D. Perceived organizational support as a mediator of the relationship between politics perceptions and work outcomes. *J Vocat Behav* 2003;63:438-56.
6. Allen DG, Shore LM, Griffeth RW. The role of perceived organizational support and supportive human resource practices in the turnover process. *J Manag* 2003;29:99-118.
7. Richardson HA, Yang J, Vandenberg RJ, DeJoy DM, Wilson MG. Perceived organizational support's role in stressor-strain relationship. *J Manag Psychol* 2008;23:789-810.
8. Riggall RJ, Edmondson DR, Hansen JD. A meta-analysis of the relationship between perceived organizational support and job outcomes: 20 years of research. *J Bus Res* 2009;62:1027-30.
9. Panaccio A, Vandenberghe C. Perceived organizational support, organizational commitment and well-being: A longitudinal study. *J Vocat Behav* 2009;75:224-36.
10. Tansky JW, Cohen DJ. The relationship between organizational support, employee development and organizational commitment: An empirical study. *Hum Resour Dev Quart* 2001;12:285-300.
11. Sluss DM, Klimchak M, Holmes JJ. Perceived organizational support as a mediator between relational exchange and organizational identification. *J Vocat Behav* 2008;73:457-64.
12. Aqsari A, Silong AD, Ahmad A, Samah BA. The relationship between leader-member exchange, organizational inflexibility, perceived organizational support, interactional justice and organizational citizenship behavior. *Afr J Bus Manag* 2008;2:138-45.

13. Byrne BM. Structural Equation Modeling with EQS and EQS/Windows-Basic Concepts, Applications and Programming. 3rd ed. Thousands Oaks, CA: Sage Publications; 1994.
14. Hair JF, Anderson RE, Tatham RL, Black WC. Multivariate Data Analysis. 5th ed. Singapore: Pearson Education Singapore Ltd.; 1998.
15. Amason P, Allen MW. Intraorganizational communication, perceived organizational support and gender. *Sex Roles* 1997;37:955-77.
16. Hutchings K, French E, Hatcher T. Lament of the ignored expatriate: An examination of organizational and social network support for female expatriates in China. *Equal Oppor Int* 2008;27:372-91.
17. Rhoades L, Eisenberger R. Perceived organizational support: A review of the literature. *J Appl Psychol* 2002;87:698-714.
18. Allen MW, Armstrong DJ, Reid MF, Riemenschneider CK. Factors are impacting the perceived organizational support of IT employees. *Inf Manage* 2008;45:556-63.
19. Rabl T. Age discrimination and achievement motives: A study of German employees. *Pers Rev* 2010;39:448-67.
20. Wayne SJ, Shore LM, Liden RC. Perceived organizational support and leader-member exchange: A social exchange perspective. *Acad Manage J* 1997;40:82-111.
21. Eisenberger R, Stinglhamber F. *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees*. Washington, DC: APA; 2011.
22. IPHS. Guidelines, Indian public health standards for primary health centres. Revised, directorate general of health services, ministry of health and family welfare, government of India; 2006. Available from: http://www.mohfw.nic.in/NRHM/Documents/IPHS_for_PHC.pdf. [Last cited on 2006 June 20].
23. Chauhan LS. Public health in India: Issues and challenges. *Indian J Public Health* 2011;55:88-91.

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