
Relationship Between Employee Engagement and Performance : A Case Study of Health Workers in Tanzania

Santap Sanhari Mishra,

Associate Professor, University of Dodoma, Tanzania

Abstract

Employee engagement is a mere psychological concept dealing with employee attitudes and behaviours, which in turn encompass job satisfaction, organisational commitment etc. There is no dearth of literature regarding the employee engagement. Many big organizations have their own research regarding this as effective employee engagement is a vital input for delivering best products/services with better cost structure inculcating up dated technologies. Many organizations; public or private treat it as a way to take competitive advantage over others.

In a growing economy of Tanzania, a country of East African Community (EAC), employee engagement holds some ground as employees' commitment is required to lift a nation. But irony is that, it is a highly neglected area more particularly in governmental sectors. In this line, this study seeks to develop and examine a relationship of health workers' engagement with their work and performance. The country is facing with the menace of HIV/AIDS. So mainly the health workers working in this field are taken into consideration. A questionnaire tool developed by Healthcare Improvement Project of United States Agency for International Development (USAID) has been used to collect opinion from the respondents.

Keywords: - Employee Engagement, Health Care

Introduction

Providing quality health care in developing countries is an audacious task due to the dearth of qualified health professionals. Fifty-seven countries have been identified as human resources for health crisis countries (WHO, 2006). With regard to qualified health care workers in rural areas, the supply is less while the demand is high. The HIV menace has further worsened the health systems in Africa. With the availability of anti-retroviral drugs (ARVs), enabling HIV patients to live longer and healthier lives, has become a persisting challenge in Africa.

Many health workers in developing countries are paid less, work in difficult conditions and often denied the necessary training and supplies to perform. As a consequence to this, health workers are becoming demoralized, and may either leave their positions in search of something easier or greener or become disengaged in their work. Traditional approaches to motivating and retaining health workers, such as providing financial and non-financial incentives (e.g. paying higher salaries or providing occasional training), have been shown to have limited impact and do not always result in closing these motivational gaps. Around the world, health care delivery organizations have struggled to implement effective and sustainable strategies against low motivation, poor performance, and high turnover.

Recently, however, the concept of "employee engagement" offers a new way of thinking about managing human resources for health. Engagement has been defined as "a heightened emotional connection an employee feels for his/her organization that influences him/her to exert greater discretionary effort to the work" (<http://www.management-issues.com>). The Gallup Work Place Audit (1996) defines engagement as "the individual's involvement and satisfaction with as well as enthusiasm for work."

When exploring engagement and its relationship with performance, it is important to differentiate engagement from motivation and job satisfaction. Motivation can be defined as "the willingness to exert and maintain an effort towards organizational goals" (Franco, Benett & Kanfer, 2002). Job satisfaction is often defined as "the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs" (Spector, 1997). While motivation and job satisfaction are both key components of engagement, the concept of engagement also encompasses employees' loyalty, psychological connection and commitment to the organization. In this study, engagement has been defined through a multi-stakeholder process. So employee engagement for health

workers is defined as 'an engaged health worker proactively self-improves and applies their competencies to provide quality services with commitment, ethics and care to achieve organizational goals.'

Literature Survey

Extensive researches were conducted across the world in service industries and it has shown that if a person is "engaged" in his or her job, he or she performs better, and the productivity of the organization improves significantly (Wellins, Bernthal & Phelps. 2007). In the health care industry, research conducted by Gallup (1996) and other organizations in the US shows that increased engagement among nurses results in increased patient satisfaction, better nurse retention and higher morale, lower avoidable mortality and complication rates, improved clinical measures such as reduced infections and reduced medication errors (Harter, Schmidt & Hayes. 2002). Another study has revealed a positive relationship between unit-level employee engagement and performance measures including customer loyalty, productivity, and patient safety incidents (Harter *et al.* 2009). Engagement is also linked to improvement on measures of absenteeism and turnover (or turnover intentions), suggesting that enhancing engagement might help health care organizations to improve employee retention (Wellins, Bernthal & Phelps. 2007).

However, there is a lack of operational research on health worker engagement in a developing country context, and its implications for performance and health outcomes remain vague. Majority of research on employee engagement has taken place in high-income countries, and it is unknown whether the outcome can be safely applied in the Tanzanian country context. So it is important to understand how different dimensions of engagement relate to employee performance so that interventions can be developed to help them retain an engaged and productive health workforce.

Statement of the problem

Given the potential significance of health worker engagement for performance and the absence of research in health worker crisis countries, further research is the need of the hour to examine the relationship between engagement and performance and identify how this knowledge may be applicable to management, development and planning in Tanzania. If, as shown in studies conducted in high-income countries, increased engagement does in fact lead to improved health worker performance, it is essential that tools exist that enable the assessment of health worker engagement that is adequately considers the relevant characteristics of engagement and factors that influence engagement. With this knowledge, Ministry of Health officials, NGOs, site managers and others involved in supporting health providers can focus efforts on improving health worker engagement, which will enable improvements in the quality of care and create a health workforce more inclined to remain in their jobs. The study seeks to fill this gap in knowledge and develop an understanding of health worker

engagement by addressing the following research questions:

- ♦ What defines health worker engagement?
- ♦ How can a health worker's engagement in their work be measured?
- ♦ What factors influence the engagement of a health worker?
- ♦ What is the relationship between health worker engagement and performance?

Objectives

General objective - The broad goal of this study is to further explore engagement among health workers in Tanzania and to gain a better understanding of the relationship between engagement and health worker performance.

Specific objective - To meet the above general objective, the study has three specific objectives:

- ♦ To develop a validated tool to measure engagement of health workers
- ♦ To explore the relationship between engagement and health worker performance

Rationale of the study

Given the less popularity of employee engagement in Tanzania, this study seeks to define and measure health worker engagement, factors that influence engagement, and to examine the relationships between engagement and performance among health workers in Tanzania.

Earlier studies have focused either on factors influencing engagement (e.g. Gallup tool) or characteristics of engagement, whilst this study examines both. Previous studies were completed in middle and high income country contexts whilst this will be in a developing country like Tanzania.

The results of this study will have a wide application and be of relevance to all countries committed to strengthening human resources in health sector. This study may have major implications for management and planning, offering a new approach for improving health worker productivity and performance by focusing on engagement of staff.

Limitations of the study

The study is not free from limitations. The data were collected from the participative health workers only. It means, the workers not willing to participate were excluded from the study. Their views may be different from the participative workers. Again the study is cross-sectional; the actual behavior has not been measured. Had it been, the study would be different. Lastly, the shortcomings of the researcher in different contexts may have limited the study.

Methodology

The researcher has used both quantitative and qualitative methods to develop a validated health worker engagement tool, and examine the relationships between engagement and performance. The researcher has taken the help of Ministry of Health Officials, NGOs in health sector, and other resource persons having depth in this sector to develop the tool for measurement of employee engagement.

Tool Development

To explore further, a working definition of health worker engagement was needed and it was developed with the help of literature review and outcome of a meeting of stakeholders in Tanzania in December, 2012. The December 2012 meeting also identified and reached consensus on characteristics of an engaged health worker and factors influencing engagement. The following characteristics of employee engagement for health workers in Tanzania were identified:

Table 1
Characteristics of employee engagement

Professionalism	Involvement	Motivation	Accountability	Dedication	Team Player
1. Lifelong learning 2. Caring 3. Treats patient with dignity 4. Ethical 5. Not corrupt 6. Good rapport with peers and clients 7. Trustworthy	1. Feels there are clear goals and expectations 2. problem solves to address challenges 3. Contribution to the decision making process	1. willing to work 2. Enthusiastic 3. Job satisfaction	1. Responsible 2. Reliable	1. Devoted 2. Loyal to organization 3. hard working	1. Team builder 2. Help team member learn and perform 3. shares information

With the help of the resource persons in the above said meeting, the researcher has identified the following factors influencing engagement. The factors were drawn from a detailed list which is in the Appendix 1. Each of the factors was well defined in the light of earlier established literatures and vital inputs from the stakeholders of the 2012 meeting.

1. Health worker's attitudes to change
2. Health worker's knowledge and skills (competencies)
3. Job recognition and reward
4. Job security
5. Job task variety
6. Job work-life balance
7. Job supervision, coaching, mentoring
8. Facility adequacy of resources (HR, equipment, supplies)
9. Facility culture of continuous quality improvement

The engagement tool also included demographic questions and items about health workers' length of employment at the facility. The draft tool, qualitative interview schedules, and questionnaire were reviewed by properly by the subject experts of USAID (United States Agency for International Development). Initially a pilot study was undertaken to know the general applicability of the existing tool. Based upon the feedbacks from the pilot study, the tool was again refined to ensure maximum validity.

After initial validation is complete, the employee engagement tool, interview schedule, and questionnaire were translated into the regional language of Tanzania, i.e. Swahili. The Swahili versions were used for all study data collection. For this, individuals fluent in both English and Swahili helped the researcher. The view from the respondents was again translated into English. Enough caution was followed for this translation process for accuracy.

Data Collection

Data collectors were trained regarding the *modus operandi* of the employee engagement tool, interview schedule, and questionnaire to gather information on performance indicators. All study tools were tested in the field with the data collectors before study data collection began. Data for the study were collected from six regions of Tanzania (Dar es Salaam, Morogoro, Iringa, Mtwara, Tabora and Kigoma). The said six regions were chosen because of the active health facility of the government/NGOs to arrest or minimise the HIV/AIDS. Each region was selected randomly and in each region, health facilities were selected randomly. It is here the word 'health facilities' is to be defined. Health facilities mean the type, i.e. tertiary hospital, referral hospital, clinic, health center, etc. The trained data collectors visited the selected facilities to distribute the engagement tool and questionnaire and to conduct interviews with the prior consent of the managers of the facilities and health workers. Within each randomly selected facility, health workers representing different cadres were invited to participate in the study and complete a survey. Data collectors tried their best to invite the participation of all

health workers at each facility. The engagement tool and questionnaire are self described and were filled out anonymously by selected health workers. All total 250 health workers were invited to come and fill the engagement tool and questionnaire, but actually 212 turned up.

To supplement further the data collectors had conducted qualitative interviews with 36 purposively selected health workers and management staff (6 per region—1 in a regional hospital, 1 in district hospitals, 2 in health centers and 2 in dispensaries) in order to understand how the relationship between performance and engagement is perceived by different players.

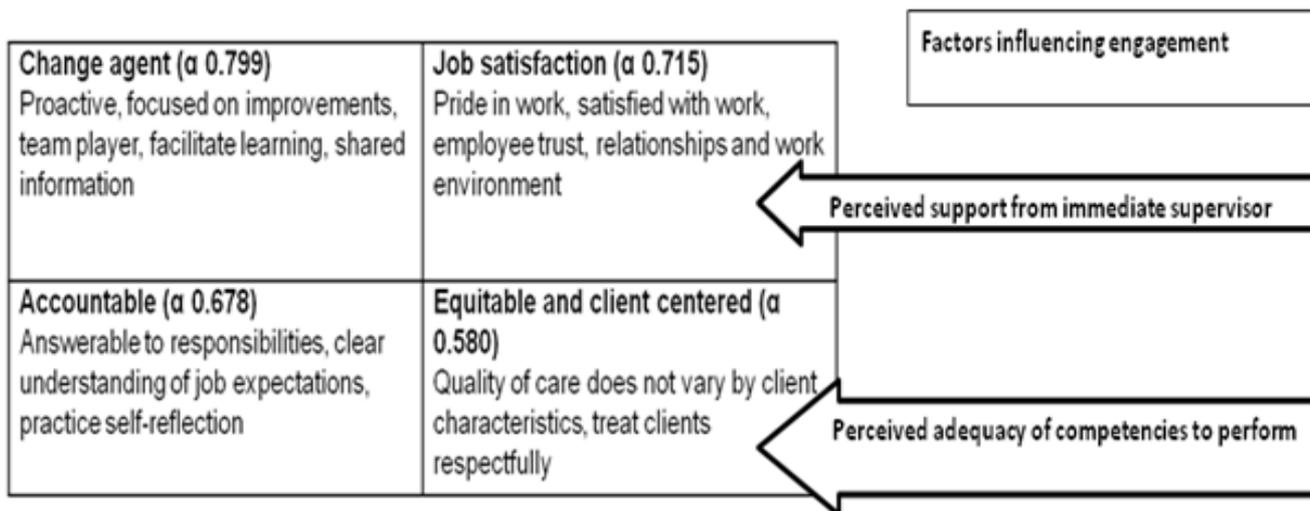
Findings and Analysis

Data from the engagement tool and the questionnaire were entered into Microsoft Excel database. It was

validated by checking a random 10% sample of the electronic data against the original hard-copy questionnaires.

Four key characteristics of engaged health care worker were identified as relevant to facility level performance through Principal Components Analysis and cluster analysis (explaining 50% variance). These included being a change agent (α 0.75), job satisfaction (α 0.72), accountable (α 0.69), and equitable and client centered care (α 0.58). The perceived support health workers felt they received from their immediate supervisor and perceived adequacy of competencies to perform were found to influence engagement. Another factor of perceived adequacy of inputs (resources) was also identified as a potential factor but was not found to influence engagement.

Figure 1
Engaged Health Worker Characteristics



The study proceeds to ask another vital question, i.e. do facilities with more engaged workers perform better?

Cluster analysis found that health facilities that had health workers with below average levels of engagement had three times the proportion of clients that were lost to follow up (35%). These facilities also did not have improvement teams. No relationship was found between health worker engagement and other performance indicators.

Conclusions

Health worker engagement is a complex construct that is influenced in the Tanzanian context by the perceived adequacy of competencies and support from immediate supervisors. Whilst it is commonly assumed that adequacy of resources may influence engagement this was not found to be the case. Engagement was associated with performance in complex tasks that require additional efforts.

Towards the improvement of health worker engagement, performance and better service

- ♦ there is a need to strengthen relationship and feedback between staff and their immediate supervisors
- ♦ Enhance on job competence building through peer based strategies
- ♦ Limited resources but number of excuse to better performances

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