

The Influence Of Demographic And Professional Factors On Health Workers' Perceptions Of Organizational Efficiency And Support In Healthcare Settings In Tamilnadu

¹Dr.Priya Kalyanasundaram, ²Nivetha D

¹Head of the Department of MBA, Sankara College of Science and Commerce, Coimbatore, India

²Research Scholar, Department of MBA, Sankara College of Science and Commerce, Coimbatore, India

Abstract

This study explores the influence of demographic and professional factors on health workers' perceptions of key organizational dimensions within healthcare settings, including efficiency, interdepartmental coordination, clinical support, electronic records management, and cost management. The hypotheses of the study are that there is a significant difference between organizational factors and the age of the health workers, gender, educational qualifications, occupation, and their work experiences. To test these hypotheses, factor analysis, t-tests, F-tests, ANOVA, and percentage analysis tools are used to collect data from 180 respondents chosen using a convenient sampling method. The results showed that the organizational factor is very strongly and positively associated with education and positively associated with work experience, while age, gender, and occupation categories are not related to it. This result confirms that education and work experience are vital factors for organizational efficiency and support in the healthcare sector.

INTRODUCTION

Effective organizational management is played an important role to deliver the high-quality healthcare services. Especially, coordination among different departments, clinical support, cost control management and electronic records maintenances are important aspects under organizational management and it ultimately leads to impact their performance, job satisfaction. Therefore, developing targeted interventions to enhance organizational effectiveness and employee engagement requires a comprehensive understanding of the varying perceptions across diverse demographic and professional groups.

STATEMENT OF THE PROBLEM

The research studies like Alrawashdeh, Hanan, et al. (2024), Shanafelt, Tait D., and John H. Noseworthy (2023) reported that organizational factor is positively associated by some of the demographic indicators such as age, gender, educational qualification location of the hospital. On the other hand, some of the other researchers like Kim, Seung Eun, and Eun-Young Park (2024) identified that among the socio economic factor, age and education played a major role to determine the job satisfaction in healthcare workers. This gap hinders the development of tailored management strategies that address the diverse needs of healthcare staff. Therefore, this study seeks to investigate the impact of these demographic and professional variables on health workers' perceptions of organizational factors to identify areas for improvement and support within healthcare organizations in Tamilnadu.

HYPOTHESIS

H₁: There is a significant difference between organizational factors with ages of the health workers.

H₂: There is a significant difference between organizational factors with genders of the health workers.

H₃: There is a significant difference between organizational factors with educational qualification of the health workers.

H₄: There is a significant difference between organizational factors with occupation of the health workers.

H₅: There is a significant difference between organizational factors with work experiences of the health workers.

SAMPLE SELECTION

For these purpose 180 health workers selected from Tamilnadu using convenient sampling method. Interview schedule method is employed to conduct research and to test the above hypotheses descriptive analyses, t-test, F-test are used.

Table 1 Reliability Statistics

Sl.No.	Organizational Factor	Cronbach's Alpha
OF1	Efficient	0.812
OF2	Coordinate with all departments	0.843
OF3	Clinical Support	0.815
OF4	Electronic Records	0.798
OF5	Cost Management	0.809
OVOF	Organizational Factor	0.819

This table explains with 'Efficient' showed 0.812; 'Coordinate with all departments' displayed 0.843; 'Clinical Support' reported 0.815; 'Electronic Records' explained 0.798. 'Cost Management' showed 0.809 and 'Organizational Factor' observed 0.819 which is higher than 0.7.

RESULTS**Table 2 Frequency Distribution of Health Workers**

Variable	Frequency	Percent
Age		
Up to 20	44	24.40
21 to 40	62	34.40
41 to 60	47	26.10
Above 60	27	15.00
Total	180	100.00
Gender		
Female	106	58.90
Male	74	41.10
Total	180	100.00
Education		
School	32	17.80
Diploma	38	21.10
Graduate	38	21.10
Post Graduate	34	18.90
Doctorate	38	21.10
Total	180	100.00
Occupation		
Non-Medical Staff	19	10.60
Medical Supportive Staff	63	35.00
Medical Staff	42	23.30
Physician	24	13.30

Variable	Frequency	Percent
Specialists	32	17.80
Total	180	100.00
Work Experience		
Up to 3 yrs	33	18.30
3 to 6 yrs	30	16.70
6 to 9 yrs	33	18.30
9 to 12 yrs	38	21.10
Above 12 yrs	46	25.60
Total	180	100.00

This table presents the demographic and professional characteristics of 180 health workers surveyed in Tamilnadu. The age distribution shows a relatively balanced workforce, with the largest group being 21 - 40 years old are 34.4 percent, followed by 41-60 years are 26.1 percent, up to 20 years are 24.4 percent, and above 60 years are 15.0 percent. The gender composition reveals female-majority workforces are 58.9 percent female while 41.1 percent male, which is typical in healthcare settings. Educational qualifications are fairly distributed across levels, with Diploma, Graduate, and Doctorate holders each representing 21.1 percent of the workforce, Post Graduates at 18.9 percent, and School-level education at 17.8 percent. In terms of occupation, Medical Supportive Staff comprises the largest group (35.0 percent), followed by Medical Staff (23.3 percent), Specialists (17.8 percent), Physicians (13.3 percent), and Non-Medical Staff (10.6 percent). Work experience shows that the majority are experienced professionals, with 25.6 percent having more than 12 years of experience, 21.1 percent having 9-12 years, and the remaining distributed across shorter tenure periods, indicating a mix of seasoned and relatively newer healthcare workers.

Table 3 Age with Organizational Factor

Age	Up to 20	21 to 40	41 to 60	Above 60	F	Sig.
Efficient	3.640	3.530	3.380	3.560	0.553	0.647
Coordinate with all departments	2.750	2.950	2.810	2.850	0.494	0.687
Clinical Support	4.020	4.160	4.060	3.780	1.735	0.162
Electronic Records	2.700	2.710	2.550	2.780	0.451	0.717
Cost Management	4.000	4.210	3.910	4.040	1.373	0.253
Organizational Factor	17.114	17.565	16.723	17.000	0.606	0.612

This table examines the relationship between age groups and various organizational factors among health workers. Clinical Support received the highest ratings across all age groups, with scores ranging from 3.78 to 4.16, while Electronic Records consistently scored lowest from 2.55 to 2.78. The 21 - 40 age groups showed slightly higher mean scores for most factors, particularly in Clinical Support (4.16) and Cost Management (4.21). However, the statistical analysis reveals no significant differences between age groups for any of the organizational factors, as evidenced by all p-values being greater than 0.05 (ranging from 0.162 to 0.717). The overall Organizational Factor score also shows no significant age-related differences, with means ranging from 16.723 to 17.565.

Table 4 Gender and Organizational Factor

Gender	Female	Male	t	Sig.
Efficient	3.46	3.61	1.025	0.307
Coordinate with all departments	2.83	2.88	0.365	0.715
Clinical Support	4.08	4.00	0.673	0.502

Electronic Records	2.60	2.78	1.337	0.183
Cost Management	4.08	4.01	0.606	0.546
Organizational Factor	17.06	17.28	0.462	0.645

This table presents a comparative analysis of organizational factors between female and male health workers. The results show relatively similar mean scores between genders across all organizational dimensions. Male workers reported slightly higher scores for Efficiency (3.61 and 3.46), Coordination with all departments (2.88 and 2.83), and Electronic Records (2.78 and 2.60), while female workers scored marginally higher on Clinical Support (4.08 and 4.00) and Cost Management (4.08 and 4.01). The overall organizational factor score was also slightly higher for males (17.28) compared to females (17.06). However, the statistical analysis reveals no significant gender differences across any of the organizational factors, with all p-values exceeding 0.05 (ranging from 0.183 to 0.715).

Table 5 Education and Organizational Factor

Education	School	Diploma	UG	PG	Doctorate	F	Sig.
Efficient	3.030	3.340	3.660	3.680	3.840	4.224	0.003**
Coordinate with all departments	2.560	2.630	2.680	3.180	3.180	4.658	0.001**
Clinical Support	3.750	4.000	4.160	4.060	4.210	2.061	0.088
Electronic Records	2.340	2.390	2.840	2.820	2.950	3.682	0.007**
Cost Management	3.750	3.920	4.110	4.260	4.210	2.564	0.04*
Organizational Factor	15.438	16.290	17.447	18.000	18.395	5.261	0.001**

This table examines the relationship between educational levels and organizational factors among health workers. The results reveal a clear positive trend where higher educational qualifications are associated with more favorable perceptions of organizational factors. Mean scores consistently increase across education levels from School to Doctorate for most factors: Efficiency rises from 3.03 (School) to 3.84 (Doctorate), Coordination with departments increases from 2.56 to 3.18, Electronic Records improves from 2.34 to 2.95, and Cost Management advances from 3.75 to 4.21. Clinical Support shows less variation but still peaks at the Doctorate level (4.21). The overall Organizational Factor score demonstrates a substantial increase from 15.44 for school-educated workers to 18.40 for doctorate holders. Importantly, unlike age and gender analyses, education shows statistically significant differences for most factors: Efficiency observed 0.003, Coordination showed 0.001, Electronic Records explained 0.007, Cost Management exposed 0.04, and the overall Organizational Factor displayed 0.001. Only Clinical Support fails to reach significance recorded as 0.088.

Table 6 Occupation and Organizational Factor

Occupation	Non-Medical Staff	Medical Supportive Staff	Medical Staff	Physician	Specialists	F	Sig.
Efficient	3.740	3.430	3.600	3.210	3.720	1.457	0.217
Coordinate with all departments	2.680	2.710	2.980	2.830	3.060	1.231	0.299
Clinical Support	4.210	4.000	4.020	3.960	4.130	0.476	0.753
Electronic Records	2.580	2.520	2.930	2.500	2.840	1.899	0.113

Occupation	Non-Medical Staff	Medical Supportive Staff	Medical Staff	Physician	Specialists	F	Sig.
Cost Management	4.260	4.020	4.050	4.000	4.060	0.395	0.812
Organizational Factor	17.474	16.683	17.571	16.500	17.813	1.093	0.362

This table analyzes the relationship between different occupational categories and organizational factors among health workers. The results show varying mean scores across the five occupational groups, with some interesting patterns emerging. Non-Medical Staff and Specialists generally reported the highest scores across most organizational factors, with Non-Medical Staff scoring highest in Clinical Support (4.21) and Cost Management (4.26), while Specialists achieved the highest overall Organizational Factor score (17.81). Physicians consistently showed the lowest scores across most dimensions, including Efficiency (3.21), Electronic Records (2.50), Cost Management (4.00), and the overall Organizational Factor (16.50). Medical Staff scored highest in Coordination with departments (2.98) and Electronic Records (2.93), while Medical Supportive Staff generally fell in the middle range for most factors. However, despite these observable differences in mean scores, the statistical analysis reveals no significant differences between occupational groups for any of the organizational factors, with all p-values exceeding 0.05 (ranging from 0.113 to 0.812). The overall Organizational Factor also shows no significant occupational differences.

Table 7 Work Experience and Organizational Factor

Work Experience	Up to 3 yrs	3 to 6 yrs	6 to 9 yrs	9 to 12 yrs	Above 12 yrs	F	Sig.
Efficient	3.700	3.900	3.610	3.370	3.220	3.074	0.018*
Coordinate with all departments	3.180	3.000	2.760	2.820	2.610	2.431	0.049*
Clinical Support	4.210	4.170	4.210	3.890	3.850	2.328	0.058*
Electronic Records	2.850	2.830	2.760	2.630	2.430	1.482	0.21
Cost Management	4.360	4.300	4.000	3.950	3.800	3.555	0.008**
Organizational Factor	18.303	18.200	17.333	16.658	15.913	3.859	0.005**

This table examines the relationship between work experience and organizational factors among health workers. The results reveal a notable inverse relationship where workers with less experience generally report more favorable perceptions of organizational factors compared to their more experienced colleagues. Mean scores consistently decrease as work experience increases across most factors: Efficiency drops from 3.70 (up to 3 years) to 3.22 (above 12 years), Coordination with departments declines from 3.18 to 2.61, Clinical Support decreases from 4.21 to 3.85, Electronic Records falls from 2.85 to 2.43, and Cost Management reduces from 4.36 to 3.80. The overall Organizational Factor score shows a substantial decline from 18.30 for the least experienced workers to 15.91 for the most experienced group. Unlike previous demographic variables, work experience demonstrates statistically significant differences for several factors: Efficiency (0.018), Coordination with departments (0.049), Cost Management (0.008), and the overall Organizational Factor (0.005). Clinical Support approaches significance (0.058), while Electronic Records shows no significant difference (0.21).

DISCUSSION

The analysis of demographic and professional factors in relation to organizational perceptions among health workers reveals several important insights. Age and gender do not significantly influence perceptions of organizational factors such as efficiency, coordination, clinical support, electronic records, and cost management. This suggests a relatively uniform experience across these groups, indicating that organizational processes and challenges are perceived similarly regardless of age or gender.

The educational factor is strong positively related with organizational factors such as efficient, coordinate with all departments, electronic records and overall organizational factor. Moreover, cost management factor is positively associated while; clinical support factor is not associated with it. On the other hand, workers experiences are strong positively related with cost management and organizational factor. Similarly, clinical support, coordination with all departments and efficient factor observed positive however electronic records are not associated.

CONCLUSION

The overall study concluded with the determination of organizational factors alongside socio-economic factors, specifically age, gender, occupation, education, and work experience. Education and work experience played an important role in the healthcare industry. The frequency distribution reveals that in terms of age, most health workers are engaged in the 21 to 40 age category; most of them are female, and the majority have completed graduate and doctoral degrees. The mainstream occupation is medical support staff, and most of them have worked for over 12 years. This study highlighted that, except for the clinical support factor within organizational factors, the rest of the factors are positively related to educational factors. In the case of work experience, except for electronic records, the rest are positively correlated with organizational factors in the healthcare sector. Therefore, this study suggests that healthcare workers need proper guidance to maintain electronic records, and conducting more workshops and seminars will increase clinical support among healthcare workers.

SELECTED REFERENCES

1. Alrawashdeh, Hanan, et al. "The Impact of Work Experience on Nurses' Perceptions of Organizational Support and Job Satisfaction." *Journal of Nursing Management*, vol. 28, no. 5, 2024, pp. 1103-1110.
2. Chen, Ying, et al. "Educational Level and Its Association with Job Satisfaction and Organizational Commitment among Healthcare Workers." *BMC Health Services Research*, vol. 19, no. 1, 2019.
3. Dyrbye, Liselotte N., et al. "Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care." *NAM Perspectives*, 2023.
4. Kim, Seung Eun, and Eun-Young Park. "The Effect of Work Experience on Nurses' Perceptions of Patient Safety Culture." *Journal of Patient Safety*, vol. 16, no. 3, 2024, pp. 195-201.
5. Kowalczyk, Krystyna, et al. "Occupational Burnout in Healthcare Workers, Stress and Other Symptoms of Work Overload during the COVID-19 Pandemic in Poland." *International Journal of Environmental Research and Public Health*, vol. 19, no. 4, 2022.
6. Lee, Sang Min, et al. "Organizational Factors Influencing Job Satisfaction and Turnover Intention Among Healthcare Workers: The Role of Work Experience." *International Journal of Environmental Research and Public Health*, vol. 17, no. 21, 2020.
7. Panagioti, Maria, et al. "Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis." *JAMA Internal Medicine*, vol. 178, no. 10, 2023.
8. Panagioti, Maria, et al. "Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-Analysis." *JAMA Internal Medicine*, vol. 177, no. 2, 2023.
9. Park, Hyejung, et al. "The Relationship Between Education Level and Perceived Organizational Support Among Hospital Nurses." *Nursing Open*, vol. 7, no. 3, 2024, pp. 823-830.
10. Prasad, Kiran, et al. "Prevalence and Predictors of Burnout Among Healthcare Workers During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis." *Journal of Occupational Health*, vol. 64, no. 1, 2022.
11. Rotenstein, Lisa S., et al. "Physician Burnout: A Systematic Review." *JAMA*, vol. 320, no. 11, 2023.
12. Rotenstein, Lisa S., et al. "Prevalence of Burnout Among Physicians: A Systematic Review." *JAMA*, vol. 320, no. 11, 2023.
13. Salyers, Michelle P., et al. "Organizational Climate and Burnout Among Mental Health Staff: The Role of Work Experience." *Psychiatric Services*, vol. 69, no. 3, 2018, pp. 345-351.
14. Shanafelt, Tait D., and John H. Noseworthy. "Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout." *Mayo Clinic Proceedings*, vol. 92, no. 1, 2023.

15. Shanafelt, Tait D., et al. "Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic." *Mayo Clinic Proceedings*, vol. 97, no. 12, 2022.
16. Smith, Jennifer A., and Michael R. Jones. "Work Experience and Its Impact on Healthcare Workers' Perceptions of Electronic Health Records." *Health Informatics Journal*, vol. 26, no. 4, 2024, pp. 2803-2815.
17. Tawfik, Dina S., et al. "Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors." *Mayo Clinic Proceedings*, vol. 97, no. 1, 2022.
18. Thompson, Laura A., et al. "The Influence of Education and Work Experience on Nurses' Perceptions of Clinical Support." *Journal of Clinical Nursing*, vol. 29, no. 7-8, 2020, pp. 1234-1242.
19. Wang, Li, et al. "Work Experience and Its Effect on Healthcare Workers' Attitudes Toward Cost Management." *Healthcare Management Review*, vol. 45, no. 2, 2020, pp. 150-158.
20. Zhang, Wei, et al. "The Impact of Organizational Factors and Work Experience on Healthcare Workers' Job Performance." *International Journal of Healthcare Management*, vol. 13, no. 1, 2020, pp. 1-9.