ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

ASSESSMENT ON THE TRENDS OF EMPLOYEE ENGAGEMENT AND ITS ANTECEDENTS: THE CASE OF YEKATIT 12 HOSPITAL MEDICAL COLLEGES

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LIST OF ACRONYMS/ABBREVIATIONS

CRC - Compassionate, respectful care

EE - Employee engagement

HCP - Health care professionals/providers

HCW - Health care worker

MDT - Multidisciplinary team

POS - Perceived organizational support

PSS - Perceived supervisor support

SET - Social Exchange Theory

SPSS - Software package for social science

YHMC - Yekatit 12 hospital medical college

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

As the delivery of health care is a complex process, it often requires high level of engagement of the healthcare providers especially the Multidisciplinary team engagement in order for the healthcare service to be delivered in such a way that it proves the positive outcomes of patients. The purpose of this study therefore, was to assess the multidisciplinary team engagement trend and engagement antecedents of Yekatit 12 Hospital Medical College. The study tried to assess the trend of Multidisciplinary team engagement in general with emphasis given to antecedents based on Kahn's model of employee engagement. Descriptive type of research design with mixed approach was used. To select specific sample employees, proportionate stratified sampling technique was applied. Among the total target of 716 respondents, the sample size of the study taken as 399 health care providers which comprises of Senior Physicians, general practitioners, pharmacists and Nurses. From 399 distributed questionnaires 367 of them were correctly filled and returned from respondents. Qualitative data obtained using interviews from the management team members have been triangulated together with quantitative data. The study showed that the level of engagement of the multidisciplinary team was low with the aggregate mean value 3.23. The aggregate mean values found from the antecedents namely reward and recognition practice, perceived organizational and supervisor support, work environment and internal locus of control were also 2.69, 2.49, 2.71, 2.80 and 3.07 indicating that there is a poor reward and recognition practice, poor organizational and supervisor supports, non-conducive working environment. The moderate aggregate mean value obtained from Job characteristics which is 3.50 indicates that **skill variety, task identity, task significance, autonomy, and feedback are the core characteristics of the health care.** *A communication gap between the management and stuffs was also identified from the interview. Among others, the researcher recommends that the Hospital as an independent organization and the governmental bodies of the healthcare sector should identify what causes the disengagement in the organizational level and act on those factors accordingly. Policy makers should also observe the entire healthcare system to make improvements so that to increase the engagement level of healthcare providers.*

Key words: *Employee engagement, Job characteristics, Reward and Recognition, perceived organizational and supervisor support, work environment, Internal locus of control*

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CHAPTER 1. INTRODUCTION

1.1 Background of the Study

In everyday life, "engagement" refers to involvement, commitment, passion, enthusiasm, absorption, focused effort, and energy. Merriam-Webster dictionary describes engagement as "emotional involvement or commitment" and as "the state of being in gear." According to the definition given by the Institute for Employment Studies (Robinson, 2004) employee engagement is a positive attitude held by the employee towards the organization and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the organization's benefit. On the other hand, the organization must work to nurture, a two-way relationship between employer and employee so that to maintain and grow engagement. This definition is designed to ensure that employee engagement does not suffer from the failing of one of the elements in 'commitment', specifically, 'structural' commitment. Moreover, employee engagement also only includes those citizenship behaviors that work for the organization's positive benefit, not just those for the benefit of immediate colleagues.

Now a day, the concept of Employee Engagement (EE) has attracted a lot of attention. Emmott (2006) commented, 'Employee engagement has become a new management tune. Reilly & Brown (2008) also noted that the term 'job satisfaction', 'motivation' and 'commitment' are generally being replaced now in business by 'engagement' because it appears to have more descriptive force and face validity.

The working environments of high-performing organizations are designed to enable the development and utilization of the "people capacity" required for success. As a result, have healthy and engaged employees. Critically important in this regard is a culture that values employees, leadership commitment to the organization's people-development goals and support systems that enable people to excel in their jobs (Lowe 2010). As the delivery of health care is a complex process, it often requires cooperation of number of health care professionals. (Muller, 2006) mentioned that number of healthcare professionals (HCPs) will be involved in the care of groups of patients or individuals - each making a contribution commensurate with his/her competence. In order to fulfil this, Hospital-based "multidisciplinary teams" become important. As multidisciplinary teams often involve all levels of "staff" on the treatment pyramid including aides, nurses, physician assistants, Pharmacists, physical therapists, social workers, anesthesiologists, attending physicians and

others. These "teams" are consistently more effective than randomly assigning staffs.

Multidisciplinary care occurs when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's health and other needs as possible. This can be delivered by a range of professionals functioning as a team under one organizational umbrella or by professionals from a range of organizations, including private practice, brought together as a unique team. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psycho -social needs of the patient. (Mitchel, 2008). It is known that there is a positive relationship between staff satisfaction and patient satisfaction, echoing private sector research showing strong correlations between employee engagement scores and customer experiences (Harmon and Behson 2007; Heskett et al. 2008). A high level of engagement is a strategic goal for a growing number of organizations in many industries, including health care. Engaged employees are committed to and are satisfied with their work and are willing to give extra effort to achieve the organization's goal. These ideas of employee engagement have taken root in healthcare and are evolving. A decade ago, the focus was on creating healthier workplaces which in turn results in High- quality care. Healthy workplaces in this way: "A healthy workplace is one where workers will be able to deliver higher-quality care and one in which workers' health and patients' care quality are mutually supportive. That is, the physical and emotional health of workers fosters quality care, and vice versa, being able to deliver high-quality care fosters worker health" (Eisenberg et al. 2001: 447). By Improving engagement one can improve clinical processes and ensure a high-quality patient experience — an outcome highly dependent on the commitment, dedication and skills of a hospital's employees who have an enormous impact on the overall patient experience. It also carries another important advantage for the many hospitals already competing to find and keep a dwindling supply of people with critical skills, especially in clinical areas.

This study was conducted in one of the hospitals found under the bureau of health in Addis Ababa, the capital city of Ethiopia. Yekatit 12 hospital is found under Arada sub city, Woreda 15 around 6 kilo. It was established as Yekatit 12 hospital in 1923 E.C. as one of modern medical service delivery centers in the country. After many decades of medical service delivery, in 2011 it became a medical college by decision of the city government of Addis Ababa. The hospital comprises of total number of 1285 workers. From that 898 of them being healthcare providers and 387 of them being supportive staffs.

While this study assesses the trends of HCP's engagement and antecedents at Yekatit 12 hospital medical college, one of the general hospitals found in Addis Ababa under the administration of the Bureau of health.

1.2 Statement of the problem

As healthcare is a very stressful and emotionally demanding profession, attitudes and behaviors of healthcare workers will significantly impact the quality of healthcare services provided to the patients. Work engagement in the healthcare system is becoming significant because of a global shortage of healthcare workers who are the main group of healthcare providers; political resolve to restrain the growth of rising healthcare costs; and a medical error rate that threatens the health of people.

Sample of evidences showed that Yekatit 12 Hospital medical college besides the good progresses and expansion in Services it provides, has faced problems with regard to employees' satisfaction and engagement. For instance, it is facing employees' complaint regarding engagement related issues such that lots of Healthcare providers are engaged in personal businesses other than the service they provide in the Governmental hospitals, from total number of senior physicians only few are found on schedule where they provide their consultancy. This study is, therefore initiated to address this problem. Besides, observation made by the researcher (the researcher closely works with the HCP's) and informal discussion held with some employees of the hospital reveals that they are unhappy with their job; they put in time but not energy or passion in to their work. They seem to be emotionally detached and disengaged from their organizations. As a result, those who were demotivated had been shifting to other sectors of the economy. It needs managerial attention to retain talent, grow and compete in the future that is increasingly unpredictable environments and the findings of this research enabled the Governmental hospitals not only identify the existing strategies that have succeeded in promoting engagement but also to formulate new strategies to improve engagement and rethink the whole agenda of employee engagement. The study also contributes, initiate and encourage further investigation in the area.

Engaged employees are essential to the success of any organization. Increasingly, healthcare employers are taking steps to strengthen this people-performance link. While many studies have looked at the job satisfaction of healthcare employees, we know far less about how the broader concept of engagement applies to healthcare settings. Hence, the focus of this paper intends to deeply investigate and assesses the antecedents of engagement with that of the

multidisciplinary team engagement trend for the case of Yekatit 12 hospital medical college. Accordingly, this study tries to resolve those problems by raising the following questions.

1.3 Research questions

This study will be able to assess the trend of engagement and its antecedents of the hospital and identify the gaps in order to adequately increase the multidisciplinary team (MDT) engagement at Yekatit 12 hospital medical college. These are:

- ➢ What is the MDT engagement trend of the Hospital?
- ➢ What does the Job characteristics of the MDT look like?
- ➢ How is the MDT perceive the organizational and supervisor support?
- ➢ How is reward and recognition being practiced for the MDT?
- ➢ To what extent is the working environment conducive for the MDT?
- ➢ What are the aspects of internal locus of control of the MDT?

1.4.1 General objective

The main objective of this study was to assess the multidisciplinary team engagement trend and engagement antecedents at the case of Yekatit 12 hospital medical college.

1.4 Objective of the study

1.4.2 Specific objectives

Specific research objectives of this study are:

- ➢ To assess the employee engagement trend,
- ➢ To assess the job characteristics of the MDT,
- ➢ To examine the extent to which perceived organizational and supervisor support is aligned with the MDT
- ➢ To assess how effectively the experience of reward and recognition is being applied for the MDT
- ➢ To examine the extent to which the working environment is conducive for the MDT,
- ➢ To investigate the level of internal locus of control of the MDT.

1.5 Definition of terms

Job characteristics - Job characteristics are those tasks that provide challenging work, variety, use of different skills and the opportunity to make important contributions (Kahn, 1992).

Perceived organizational/supervisor support - Kahn (1990) defined perceived organizational and supervisor support as the amount of care and support employees perceive as they receive from their organization and supervisors.

Reward and recognition – Maslach, Schaufeli, and Leiter (2001) define rewards and recognition as the perception of benefits received from performing a role.

I V. ***Working environment*** - workplace environment that aids employees for focused work and interpersonal harmony (Anitha, 2014)

V. Internal locus of control - An internal locus of control is the perception that the individual controls his own actions and consequences, while external locus of control is the perception that others like supervisors, managers or the organization have control over the individual, and outcomes are dependent upon those with control (Jacqueline 2014).

1.6 Significance of the study

This research is helpful in many ways Firstly, studies made so far in Ethiopian hospitals or all over the health care sectors with the objective of examining the trend of healthcare workers' engagement and its antecedents are very scanty. As a result, the study makes contributions towards those concerning areas and further studies can be constructed on the antecedents whether they are contributors for the engagement or disengagement of the MDT members seen in general and for the case of Yekatit 12 hospital medical college in particular.

Secondly, it gives hospital managers, stakeholders or government bodies the opportunity to gain deep knowledge and act accordingly on those factors affecting health care worker's Engagement or disengagement in the healthcare system. Finally, it will forward future direction for further research in other hospitals and over all the health care sector.

1.7 Scope/Delimitation of the study

This study was conducted in Addis Ababa at Yekatit 12 hospital medical college. The population comprised a total of 716 Healthcare providers. The sample of the study comprises a total of 399 health professionals from various departments of the organization. The study

focused on assessing employee engagement trend and engagement antecedents namely Job characteristics, Reward and recognition, perceived organizational and supervisor support, work environment and Internal locus of control.

Though multidisciplinary team in a healthcare system involves many professions related to health, this study is only limited to those health care workers having direct contact to the patient in the primary health care. These are the "General practitioners (GP's)", "Nurses" and "pharmacists". To make the data more reliable, those healthcare providers having work experience under one year were excluded.

1.8 Organization of the Study

The study is divided into five chapters. Chapter one is the introduction, chapter two is a review of related literature, chapter three discusses the methodology employed in carrying out the study, chapter four is data presentation and analysis, while chapter five concludes the study and offers recommendations for hospital managers and governmental bodies in the health sector in order to fill the gap between the health care system and health care workers and to promote health care workers' engagement for better quality of care.

CHAPTER 2. LITERATURE REVIEW

This chapter reviews the relevant literature on "Assessment of Employee engagement trends and it's antecedents" as discussed by scholars, earlier studies and authors. The chapter also provides theory and models underpinning the area of the topic study.

2.1 THEORETICAL LITERATURE REVIEW

2.1.1 Definitions of Employee engagement

There is no single, clear and agreed definition of engagement and there is variety in the way it is described by various researchers and practitioners. The earliest definition of employee engagement was given by Kahn. He conceptualized employee engagement from Maslow's hierarchy of needs by applying motivational theories. He defined engagement as the coherent employment and expression of a person's personality in fulfilling task behaviors that can increase connections with other members and role performances. Further, he reported employee engagement as fitting employees to their work roles, and allowing the employees to express their physical, cognitive, and emotional selves during their work role performances. Kahn (1990) proposed that engagement or disengagement at work was associated with three psychological conditions: meaningfulness, safety, and availability. The Concept of 'meaningfulness' as considered by Kahn is a feeling of significance an employee perceives from work, and their feedback received from the peers and seniors. His emphasis on autonomy in employee's personal, recognition of themselves and work, clear and meaningful understandings were factors to increase an employee's in building intrinsic willingness to engage in work. Safety was the ability to show one's self without fear or negative consequences to self - image, status or career. Availability was the sense of owning physical, emotional, or psychological recourses to personally engage at a particular moment.

Further, Holbeche and others explored the correlation between meaningfulness and engagement. Their argument was that employees' perception of meaning in the workplace would determine their levels of engagement, and ultimately will affect their performance. At this point, a two-way relationship is seen that Employees usually strive to get meaningfulness from their work. Hence, unless organizations strive to create the sense of meaning and also cultivate the culture of the organization to suit same, employees are more likely to leave the organization. In other words, the best levels of engagement can be achieved through a shared goal between individuals and organization to create emotional

attachments of employees with organization and to inspire personal aspirations. (Holbeche, 2018).

Rothbard, based on Kahn's (1990) interpretations of engagement, suggests that engagement in role connects to one's psychological presence or focus of role activities. He also proposed that attention and absorption are two components of engagement. In this way the attention stands for availability of cognition and the quantum of time employees give to spend thinking about a role. Absorption refers to the intensity of one's focus on a role and being engrossed in a role.

But, the two components differ since attention is considered to be an intangible resource which is allocated in multiple ways and absorption is more of an inner motivation without emotional aspects of personality. The two components are also mutually intertwined due to their motivational constructs.

Schaufeli, et. al on the other hand, defined employee engagement as the positive, affective psychological work - related state of mind with three dimensions: vigor, dedication, and absorption. In this term, Vigor is being characterized by high levels of energy and mental resilience at work, eagerness to invest effort in one's work, and continuing the effort while facing difficulties. The term Dedication is given by a sense of enthusiasm, significance, inspiration, pride, and challenge. The term indicates a stronger involvement than normal level of identification with job. The other dimension is absorption which is characterized by being fully concentrated and deeply engrossed in the task so that times passes quickly and employees get away from work. (Shaufeli et al., 2002). Shaufeli et al., 2002, further state that engagement is not a momentary and specific state, but rather, it is "a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behavior".

According to Maslach & Leiter (1997), Work engagement is considered as the positive antithesis of burnout. Contrary to those who suffer from burnout, engaged employees have a sense of energetic and effective connection with their work; instead of stressful and demanding they look upon their work as challenging. Accordingly, engagement is characterized by energy, involvement and efficacy, which constitute the direct opposites of the three burnout dimensions – exhaustion, cynicism, and reduced accomplishment. Similarly, Kahn (1990, p. 694) defined personal engagement as "the harnessing of organization members" selves to their work roles.

In this case, people employ and express themselves physically, cognitively, and emotionally during role performances. Referring to personal is engagement which refers to "the uncoupling of selves from work roles; in disengagement, people withdraw and defend themselves physically, cognitively, or emotionally during role performances" when engagement of work is discussed one has to be present psychologically while an organizational role is performed & occupying (Kahn, 1990, 1992, p. 694)

Further, Macey and others also defined engagement as a sense of purpose with focused energy, personal initiative, adaptability, effort, and persistence toward organizational goals. The authors reported that employee engagement consisted of feelings of engagement and behaviors related to engagement. Engagement feelings are focus, sense of urgency, intensity, and enthusiasm, and similarly engagement behaviors are pro activeness, persistence, role expansion, and adaptability (Macey et al, 2019)

Robinson, and others proposed other key variables relevant to employee engagement, that included belief in the organization, attempt to achieve excellence, understanding of business content with that of bigger picture, getting respect and providing help to colleagues, willingness to give the extra effort, and keeping up with developments in the field. In order to create an engaging environment, organization should continuously reward positive endeavors so as to improve level of engagement.

Similarly, trusting and loyal relationship will turn into a mutual commitment (Demerouti et al, 2017). In employee's perspective, engagement is a concept related to their well - being and work behaviors (Maslach and Leiter, 2017). Employee engagement is a positive experience by itself for employees and this would lead to good health, happiness, and excitements for them (Rothbard, 2 0 1 7). Moreover, engagement has impacted on helping individual find positive outcomes from stressful work environment (Britt, 2018).

2.1.2 Theories of employee Engagement

Given the limited research on employee engagement, there has been little in the way of model or theory development. However, there are two streams of research that provide models of employee engagement. In his qualitative study on the psychological conditions of personal engagement and disengagement at work, Kahn (1990), found that there were three psychological conditions associated with engagement or disengagement at work: meaningfulness, safety, and availability. In other words, workers were more engaged at

work in situations that offered them more psychological meaningfulness and psychological safety, and when they were more psychologically available. In the only study to empirically test Kahn's (1990) model, May et al. (2004) found that meaningfulness, safety, and availability were significantly related to engagement. They also found that job enrichment and role fit were positive predictors of meaningfulness; rewarding co-worker and supportive supervisor relations were positive predictors of safety while adherence to co-worker norms and self-consciousness were negative predictors; and resources available was a positive predictor of psychological availability while participation in outside activities was a negative predictor.

The other model of engagement comes from the burnout literature which describes job engagement as the positive antithesis of burnout noting that burnout involves the erosion of engagement with one's job (Maslach et al., 2001). According to Maslach et al. (2001), six areas of work-life lead to burnout and engagement: workload, control, rewards and recognition, community and social support, perceived fairness, and values. They argue that job engagement is associated with a sustainable workload, feelings of choice and control, appropriate recognition and reward, a supportive work community, fairness and justice, and meaningful and valued work. Like burnout, engagement is expected to mediate the link between these six work-life factors and various work outcomes. Although both Kahn's (1990) and Maslach et al.'s (2001) models indicate the psychological conditions or antecedents that are necessary for engagement, they do not fully explain why individuals will respond to these conditions with varying degrees of engagement. A stronger theoretical rationale for explaining employee engagement can be found in social exchange theory (SET). SET argues that obligations are generated through a series of interactions between parties who are in a state of reciprocal interdependence. A basic tenet of SET is that relationships evolve over time into trusting, loyal, and mutual commitments as long as the parties abide by certain "rules" of exchange (Cropanzano and Mictchell, 2005).

Rules of exchange usually involve reciprocity or repayment rules such that the actions of one- party lead to a response or actions by the other party. For example, when individuals receive economic and socio emotional resources from their organization, they feel obliged to respond in kind and repay the organization (Cropanzano and Mitchell, 2005). This is consistent with Robinson et al.'s (2004) description of engagement as a two-way relationship between the employer and employee. One way for individuals to repay their

organization is through their level of engagement. That is, employees will choose to engage themselves to varying degrees and in response to the resources they receive from their organization. Bringing oneself more fully into one's work roles and devoting greater amounts of cognitive, emotional, and physical resources is a very profound way for individuals to respond to an organization 's actions. It is more difficult for employees to vary their levels of job performance where performance is often evaluated and used as the basis for compensation and other administrative decisions.

Thus, employees are more likely to exchange their engagement for resources and benefits provided by their organization. In summary, SET provides a theoretical foundation to explain why employees choose to become more or less engaged in their work and organization. When employees receive these resources from their organization, they feel obliged to repay the organization with greater levels of engagement. In terms of Kahn's (1990) definition of engagement, employees feel obliged to bring themselves more deeply into their role performances as repayment for the resources they receive from their organization. When the organization fails to provide these resources, individuals are more likely to withdraw and disengage themselves from their roles. Thus, the amount of cognitive, emotional, and physical resources that an individual is prepared to devote in the performance of one's work roles is contingent on the economic and socio emotional resources received from the organization.

2.1.3 Antecedents of Employee Engagement

Although there is little empirical research on the factors that predict employee engagement, it is possible to identify a number of potential antecedents from Kahn's (1990) and Maslach et al.'s (2001) model. While the antecedents might differ for job and organization engagement, antecedents for this assessment were chosen by reviewing the limited data that are available regarding employee engagement.

Job characteristics: Psychological meaningfulness involves a sense of return on investments of the self-in-role performances (Kahn, 1992). According to Kahn (1990,1992), psychological meaningfulness a t w o r k can be achieved from task characteristics that provide challenging work, variety, allow the use of different skills, personal discretion, and the opportunity to make important contributions. This is based on Hackman and Oldham's (1980) job characteristics model and in particular, the five core job characteristics (i.e. skill variety, task identity, task significance, autonomy, and feedback). Jobs that are high on the

core job characteristics provide individuals with the room and incentive to bring more of themselves into their work or to be more engaged (Kahn, 1992). May et al. (2004) found that job enrichment has a positive impact to meaningfulness and meaningfulness mediated the relationship between job enrichment and engagement. The workload and control conditions from the Maslach et al. (2001) model also suggest the importance of job characteristics for engagement. In fact, job characteristics, especially feedback and autonomy, have been consistently related to burnout (Maslach et al., 2001). From a SET perspective, one can argue that employees who are provided with enriched and challenging jobs will feel obliged to respond with higher levels of engagement.

Perceived organizational and supervisor support. Psychological safety involves a sense of being able to show and employ the self without negative consequences (Kahn, 1992). An important aspect of safety stems from the amount of care and support employees perceives to be provided by their organization as well as their direct supervisor. In fact, Kahn (1990) suggested that supportive and trusting interpersonal relationships as well as supportive management promotes psychological safety implying that members of the organization felt safe in work environments that were characterized by openness and supportiveness. In other words, Supportive environments allow members to experiment and to try new things and even fail without fear of the consequences (Kahn, 1990).

Social support is also one of the conditions in the Maslach et al. (2001) model and a study by Schaufeli and Bakker (2004) found that a measure of job resources that includes support from colleagues predicted engagement. A lack of social support has also consistently been found to be related to burnout (Maslach et al., 2001). POS refers to a general belief that one's organization values their contribution and cares about their well-being (Rhoades and Eisenberger, 2002). Regarding studies proposed by SET, POS creates an obligation on employees to care about the organization's welfare and to help the organization reach its objectives (Rhoades et al., 2001). Although POS has been found to be related to a number of favorable outcomes (e.g., job satisfaction, organizational commitment, performance) (Rhoades and Eisenberger, 2002), which leads to positive outcome of employee engagement. In other words, employees' who have higher POS might become more engaged to their job and organization as part of the reciprocity norm of SET in order to help the organization reach its objectives (Rhoades et al., 2001). Or when employees believe that their organization is concerned about them and cares about their well-being, they are likely to respond by attempting to fulfill their obligations to the organization by becoming

more engaged. In addition, because employees tend to view their supervisor's orientation toward them as indicative of the organization's support (Rhoades and Eisenberger, 2002), PSS is also likely to be an important predictor of employee engagement. In fact, a lack of support from supervisors has been found to be an especially important factor linked to burnout (Maslach et al., 2001). In addition, first-line supervisors are believed to be especially important for building engagement and to be the root of employee disengagement (Bates, 2004; Frank et al., 2004).

Rewards and recognition: Kahn (1990) reported that people vary in their engagement as a function of their perceptions of the benefits they receive from a role. In addition to meaningful work, a sense of return on investments can come from external rewards and recognition. Therefore, one might expect that employees' will be more likely to engage themselves at work to the extent that they perceive a greater number of rewards and recognition for their role performances. Maslach et al. (2001) have also suggested that while a lack of rewards and recognition can lead to burnout, appropriate recognition and reward is important for engagement. In terms of SET, when employees receive rewards and recognition from their organization, they will feel obliged to respond with higher levels of engagement.

Working Environment Studies conducted by Islam & Shazali (2011) show that physical working environment leads to better service to customers and achieve higher output. These studies also reveal that the working environment comprise good culture, working with a good team, good boss, physical surrounding, job security, sustainable compensation package, availability of food and drink in the workplace. High performance teams enrich engagement through factors, including talent, team climate, collective pride, leadership, purpose, team ethics, and team bonding (Bhogle & Bhogle, 2011).

According to Kemsley (1991) as cited in Saks (2006)," The working environment has much to contribute towards the provision of better service to the customers and employees; and this is seen as an important aspect of the internal culture in creating the atmosphere in which the relationship can flourish". As per Islam & Shazali (2011), a favorable working environment, such as working with a good team, having a good boss, and liking the physical surroundings in the workplace, is a contributory factor in motivating the workforce towards higher output. Indeed, job security, a sustainable compensation package, and the availability of food and drink in the workplace, are also considered to be principal indicators of a favorable working environment. The presence of all these factors in the workplace could gear up the morale of workers and contributes to increased manufacturing productivity.

According to Deci & Ryan (1987) as cited in Saks (2006) suggested that "management which fosters a supportive working environment typically displays concern for employees' needs and feelings, provides positive feedback and encourage them to voice their concerns, develops new skills and solve work related problems". According to Robinson (2004), employee engagement can be achieved through the creation of an organizational environment where positive emotions such as involvement and pride are encouraged, resulting in improved organizational performance, lower employee turnover and better health. A similar view was given by May et al., (2004) and Rich et al., (2010). Therefore, a meaningful workplace environment that aids employees for focused work and interpersonal harmony is considered to be related to employee engagement.

Internal locus of control: According to a study conducted by Srivastava (2009), "locus of control is a theory that states that individuals have either an internal locus of control or an external locus of control". Furthermore, locus of control is the theory that individuals perceive the world from either an internal or external locus of control. Those with an internal locus of control feel that they have the power to change their circumstances as a result of their own behavior. Those with an external locus of control feel powerless and assume that what happens to them is a result of the decisions others (supervisors) make (Jacqueline 2014). Additionally, managers with internal locus of control are more supportive and involved than managers with external locus of control. On the other hand, individuals with external locus of control are generally prone to stress and depression and may exhibit dysfunctional behaviors.

Moreover, employees with an internal locus of control generally enjoy more jobs satisfaction than those with external locus of control, as those with an internal locus of control have less role conflict, ambiguity, and overload, all of which contribute to stress. Further, employees with an internal locus of control are largely social and considerate as well as skilled at influencing others more than those with an external locus of control. (Qiang et al., 2010).

2.1.4 Advantages of Employee engagement

According to Saks (2006), advantages of EE are:

Job Satisfaction: Job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. It has been found that while the relationship between job satisfaction and performance is weak at the individual level, but is

stronger at the aggregate level.

Organizational Commitment: refers to a person's attitude and attachment towards their organization. Engagement is not an attitude; it is the degree to which an individual is attentive and absorbed in the performance of their roles.

Intention to Quit: Intention to quit includes basically the reasons why employees are going to quit the job, and what factors made the employee to leave the organization. The engaged employees do not frequently quit the job.

Organizational Citizenship Behavior (OCB): involves voluntary and informal behaviors that can help co-workers and the organization, the focus of engagement is one's formal role performance rather than extra-role and voluntary behavior.

2.2 EMPERICAL LITERATURE REVIEW

Under this section, relevant studies that had been previously performed in the Health care sectors will be reviewed.

The study of Swaminathan (2016) was focused on employee engagement level in hospitals of a rural district of India to find out the influencing factors and propose a strategic mode. His research was conducted on five key constructs of Employee engagement namely Job characteristics, supervisor/ managerial support, working environment, organizational support and customers. The present levels of engagement are 82.51% and customers are the most influencing factor for engagement since patients and their relatives are not easily satisfied and this reflects on their perceptions about the hospital and service offered. This is followed by the Team where the employee is a member. He finally suggested that the Hospital management should implement strategies that have positive effect on creating an engaged work force to offer quality service to clients. To do so, the management should ensure that the hospital environment concentrates on fair and prompt service to their customers first and then the team members so that an employee can mingle with and deliver best services which needs continuous measuring of employee engagement and modifying the existing factors continuously to achieve the highest level of engaged employees which will also increase the bottom-line profits of an organization.

Othman and Nasurdin (2012) also addressed the question of whether social support (supervisor support and co-worker support) could contribute to the variance in work engagement using 402 staff nurses working in three general hospitals in Peninsular Malaysia. Findings indicated that supervisor support was positively related to work engagement. Co -

worker support was found to have no effect on work engagement.

The Employee experience survey done by (Lowe, 2012) in 16 Ontario Hospitals involved 10,000 employees examined how job, work environment, management and organizational factors influence levels of engagement among healthcare employees. The result was strong evidence that employee engagement is relevant to healthcare. According to the result, engaged employees have strong emotional, rational and behavioral attachments to their job and their organization. They experience pride, values congruence, and job and organizational satisfaction, and they feel enthusiastic and inspired in their work. In short, the engaged employee is the ideal employee. As the Employee Experience Survey documents showed, engaged employees benefit patients and reduce the workforce costs associated with turnover.

At the end Lowe suggested healthcare leaders and policy makers, higher levels of employee engagement must help managers and employees to identify actions that will close the gap between the lowest- and highest-scoring groups by raising the lowest scores. In this study, the gap is wide, with a spread of between 45 and 73 percentage points in positive response levels on key drivers between the low-engagement and high-engagement groups. At the organizational level, focused and persistent efforts will be required to narrow this gap.

Meanwhile many studies have looked at the job satisfaction of healthcare employees in Ethiopia and failed to see how the broader concept of Employee engagement applies to the health care settings so far. we know far less about how the broader concept of engagement applies to healthcare settings. Hence, the focus of this paper intends to deeply assesses the employee engagement trend and antecedents of engagement within the healthcare setting.

2.2.1 Conceptual frame work of the study

Based on the overall review of related literature and the theoretical framework, the following conceptual model in which this specific study is governed was developed.

Fig 1.2 Proposed model of Employee Engagement
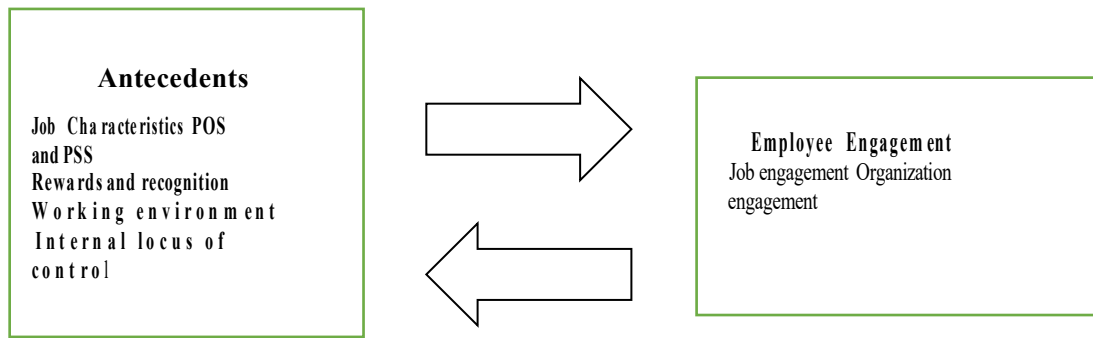
Figure 1. Proposed model of Employee Engagement based on Saks (2006) model of Employee engagement constructs.

CHAPTER 3. RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

Under this chapter research design, target population, sampling technique, sample size, data sources and data collection instruments, data analysis techniques, validity test and ethical consideration issues were briefly presented.

3.2 Research Design

Research design is a comprehensive plan for data collection in an empirical research project." (Bhattacharjee, 2012) Research design is the organization of conditions for data collection and analysis of data in method that objectives to combine importance to the research purpose with economic process. This research design is a descriptive research design and makes comparison between two departments of job satisfaction. It helps the researcher to gather, summarize, present, and interpret information by making comparison for the purpose of clarification. It also helps to describes characters; functions; forecast pattern; and deals with respondents beyond data gathering (Kumar, 2011 and Creswell, 2009).

The main objective of this research was to assess the multidisciplinary team engagement trend and its antecedents at Yekatit 12 hospital medical college. To achieve this objective, descriptive type of research design has been applied. Both quantitative and qualitative (mixed approach) was used to attain better result from the study. By using a mixed approach one can be able to capitalize the strength of both qualitative and quantitative and eliminate biases that exist in single research method. Questionnaires were distributed to specifically senior physicians, general practitioners, nurses and pharmacists and summarized quantitatively. Interview was conducted to gather information on the subject matter from the Management of the hospital (Vice provost), Pharmacy directorate and Metron (Head Nurse) to ascertain management view on how organizational support and reward and recognition has been practiced to the health care workers lately.

3.3 Target Population, Sampling Techniques and Sample Size

Under this section targeted group from the larger population, sampling techniques and sample size to be included in the study has been presented

3.3.1 Target population

The hospital comprises a total number of 898 healthcare workers. From all healthcare workers, the researcher chooses only senior physicians, general practitioners, nurses and pharmacists by convenience which counts to total number of 716.

3.3.2 Sampling techniques

The researcher used non-probability sampling method of purposive sampling techniques. Under non-probability sampling the organizer of the inquiry choose some parts of target population by purposive sampling for constituting a sample that used as representative. To reach at specific sampled participants the researcher used proportionate stratified random sampling technique.

3.3.3 Sample size

From targeted population of the multidisciplinary team members, appropriate sample size were determined by Yamane's (1967) formula of sampling technique. Accordingly, population size to be determined at 95% confidence level with 5% standard error (e), the sample size to be calculated by using formula:

$$n = \frac{N}{1+N(e)^2}$$

Where:

e = marginal standard error, 5%

N = Target population of the sample (716) n = sample size (399)

From the above form la :

$$n = \frac{716}{1 + 716(0.5)2}$$

n = 399

Accordingly, MDT members from each profession were chosen on proportionate stratified random sampling techniques within it to select samples. This was to ensure that target groups within a population are adequately represented in the sample, and to improve efficiency by gaining greater control on the composition of the sample.

Table 1- Sample size

S. N	Professionals from the MDT	No. Of targeted staffs	Sample size considered
1	Senior physicians	80	44
2	General practitioners	149	83
3	Pharmacists	39	22
4	Nurses	448	250
	TOTAL	716	399

Source: Own Survey, 2021

3.4 Sources of Data

The researcher used both primary and secondary sources of data. The primary data was collected from selected MDT members and management staffs of the hospital. The secondary data was collected through review of related literature. The secondary data sources were used to complement the primary data related to health care workers engagement practices of the hospital.

3.5 Instrument of Data Collection

Primary sources of data were collected through questionnaire from the selected MDT members and semi- structured interview made with the hospital management team members selectively Vice provost, Pharmacy Directorate and Metron. On the other hand, secondary data were obtained from reviewing relevant documents such as books, articles, previous researches and scholar writings.

Questionnaire was distributed to the respondents and filled by them. The 5-points Likert scale method was preferred to make ease for respondents and thereby enhance their cooperation. The questionnaires were developed and evaluated on a 1-5 Likert scale, where 1 to indicate strongly disagree up to 5 referring to strongly agree.

Interview enables the interviewer to establish rapport with respondents. It allowed interviewer to observe and listen, permit complex questions to be asked and allows investigating interviewee's emotions, feelings, attitudes and opinions. To get additional information for the desired result, the researcher has interviewed the Vice provost, pharmacy directorate and Metron using semi-structured interview to triangulate with those responses collected through the questionnaires from the respondents.

3.6. Procedures of data collection

The reliability and validity of research instrument has been evaluated by experts who have knowledge on Employee engagement trend and whom latter become part of the respondents and by the researcher's advisor, and then questionnaires were distributed to the respondents. The researcher personally collected and arranged the completed questionnaires and sorted as to be used for data analysis. In support to this Saunders, et al. (2009) emphasize that, self-administered questionnaires were provide reliable data. Finally, the collected data were organized in an excel and tabulated by using statistical software Program (SPSS Version 25). Semi structured interviews were also scheduled to gather information and distinguish management staffs view on the MDT engagement and its antecedents.

3.7 Pilot Testing

Before distributing the questionnaires, a pilot test was conducted to some staffs. It was conducted with the objective of ensuring employees understanding of the questionnaire as well as to become aware of that there were no problems with wording and measurement. Accordingly, vague and complex questions were excluded and revised to ensure the sample populations understand the questionnaire better.

3.8 Validity and Reliability

Validity refers to the extent to which a test measures what we actually wish to measure. The sample questionnaire was pre-tested with 20 HCPs to test the face validity of the instrument and also to check the clarity, lengthy, word ambiguity, structure and their suggestion were also incorporated before the final distribution of the questionnaires. The questionnaire used in this study was adapted by the researcher by using Kahn (1990) definition of engagement that is to be psychologically present when occupying and performing an organizational role and adapt measuring instruments which fit with the context of the study. Generally, the questions are shown in the Table 2 below.

Components of Questionnaire				
S. No.	Factors	Items	Scale	Source
1	Employee Engagement	4	Five-point Likert	Saks (2006)
2	Job Characteristics	5	Five-point Likert	Saks (2006)
3	Reward and Recognition	5	Five-point Likert	Saks (2006)
4	Perceived Organizational and Supervisor support	9	Five-point Likert	Saks (2006)
5	Work Environment	5	Five-point Likert	Bríd O'Carroll (2015)
6	Internal locus of Control	11	Five-point Likert	ICIDuttweiler, (1984)

Table 2: Components of the Questionnaires

Reliability is concerned with the degree of consistence of the instrument. For any measurement to be valid, it must first demonstrate reliability. Reliability has to do with the accuracy and precision of a measurement procedure. If the measurement is reliable then there is a lesser probability that the result is randomly and measurement error. In order to be reliable, the Cronbach's alpha coefficient should exceed .70 (Nunnally, 1978). Typically, an alpha value of 0.80 or higher is taken as a good indication of reliability, although others suggest that it is acceptable if it is between 0.6-0.7 (Hair et al 2016). Accordingly, the value of each construct and the aggregate value of constructs is shown under Table 3 as follows.

Table 3:

RELIABILITY STATISTICS		
Items	Cronbach's Alpha	No. of Items
Employee Engagement	0.792	8
Job Characteristics	0.797	5
Reward and Recognition	0.711	5
Perceived Organizational/supervisor support	0.842	9
Work Environment	0.851	5
Internal Locus of Control	0.677	11

Source: SPSS questionnaires pilot test result, 2021

3.9 Methods of data analysis

Data obtained from respondents were analyzed according to the objective of the study. To make certain that logically complete and consistency of responses, data editing and coding were carried out by the researcher. Then, data were organized and analyzed quantitatively and qualitatively. For quantitative data, Likert Scales were weighed according to the level of agreements. These data were coded, organized and tabulated by using descriptive statistics techniques with the help of Software Package for Social Science (SPSS 25 version) software and presented through frequency, percentile, mean and aggregate mean values, while the demographic analysis is presented using frequency distribution and percentages.

Finally, the results were summarized, tabulated and analyzed appropriately. Meanwhile, responses from the interview were reported in line with the questions forwarded to the interviewees and summarized together with the quantitative data.

3.10 Ethical considerations

Every person involved in the study will be entitled to the right of privacy and dignity of treatment, and no personal harm to be caused to subjects in the research. Information obtained will be held in strict confidentiality by the researcher. All assistance, collaboration of others and sources from which information to be drawn is acknowledged. The following ethical considerations will be at the base of this research. Such as; Fairness, Openness of intent, Disclosure of methods, Respect or the integrity of the individuals, Informed willingness on the part of the subjects to participate voluntarily in the research activity.

CHAPTER4:

DATA PRESENTATION ANALYSIS AND INTERPRETATION

This chapter deals with presentation, analysis and interpretation of data collected from respondents through questionnaires and interviews with Vise provost, pharmacy directorate and Metron. It presents demographic variables of respondents and, then followed by issues concerning MDT Engagement trend with its antecedents.

4.1. Response Rate of Respondents

As per the sample size of the study, questionnaires were distributed to sampled health care providers and have been collected as shown below in the table.

Table 4: Response Rate of Distributed Questionnaires

Response rate of respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	166	41.6	45.2	45.2
	Female	201	50.4	54.8	100.0
	Total	367	91.9	100.0	
	Missing	32	8.0		
	Total	399	100.0		

Source: Questionnaire Survey Data, 2021

A total of 399 questionnaires were distributed and 367 (91.9%) of the respondents were kind enough to fill and returned the questionnaires and the rest 32 (8 %) failed to return the questionnaires. Some of the filled and returned questionnaires some were excluded because of filled by health care professionals other than target population and those having work experience less than a year were also excluded. The high response rate (91.9 %) could help as a representative of the population under study to reach at valuable results. Hence, in analyzing data collected from the respondents, only the valid percent of SPSS result was used.

4.2 Demographic Characteristics of Respondents

This section is concerned with summarizing the demographic data of the respondents. The analysis intended to provide information of the respondents age, gender, profession, years of experience and their experiences as a case team leader or supervisor.

Table 5: Demographic Characteristics of respondents

Category		Frequency	Percent	Valid Percent	Cumulative Percent
Age	20-30	171	46.6	46.6	46.6
	31-40	136	37.1	37.1	83.7
	>41	60	16.3	16.3	100.0
	Total	367	100.0	100.0	
Years of experience	1-5	104	28.3	28.3	28.3
	6-10	164	44.7	44.7	73.0
	>10	99	27.0	27.0	100.0
	Total	367	100.0	100.0	
Gender	Male	166	45.2	45.2	45.2
	Female	201	54.8	54.8	100.0
	Total	367	100.0	100.0	
Profession	Senior Physician	23	6.3	6.3	6.3
	General Practitioner	90	24.5	24.5	30.8
	Pharmacist	28	7.6	7.6	38.4
	Nurse	226	61.6	61.6	100.0
	Total	367	100.0	100.0	
Worked as a supervisor or case team leader	Yes	89	24.3	24.3	24.3
	No	278	75.7	75.7	100.0
	Total	367	100.0	100.0	
	Minimum	1			
	Maximum	8			

Source: Questionnaire Survey Data, 2021

As depicted in the table above, 171 (46.6%) of the respondents are found to be between the age of 20-30 and 136 (37.1%) of them are between the age of 31-40. Those, their ages >41 cover only for 60 (16.3%) of the respondents. This indicating that majority of the

healthcare workers who participated in this study in Yekatit 12 hospital were of the young ages. 104 (28.3%) of the respondents have a work experience of 1-5 years, 164 (44.7%) of the respondents worked for 1-6 years and 99 (27%) worked for > 10 years respectively.

From the data, one could understand that 71.7 % of the sample population experienced for more than five years and above which indicate that majority of the respondents have know-how about the work they have performed and could identify their gap well to execute their job, and assumed that by using the questionnaire they provide their valuable ideas about the employee engagement trend in the hospital.

Unlike many other organizations, the number of female respondents is greater than that of the male respondents here. This is because of the hospitality and caring nature of women who are ideal for such area for helping people.

From all the respondents, 23 (6.3%) of them are the Senior Physicians, 90 (24.5%) of them are general practitioners, 28(7.6%) of them are pharmacists and 226 (61.6%) are the Nurses. From this we can see that majority of the Multidisciplinary team members are the Nurses.

Accordingly, 89(24.3%) of the respondents were at a position to be a case team leaders or supervisors at different departments they have been rotating to and their year of experience at that position as mentioned in the table ranges from 1 year to 8 years. A case team leader besides the role stated in the Hospital setting itself, plays a significant role in coordinating and creating smooth communication among all team members under Him /Her and also with in different case teams of different departments. This strengthens good flow of information within the Multidisciplinary teams. The remaining 278 (75.7%) of the respondents haven't been worked as case team leader or a supervisor either.

4.3 Descriptive statistics for Employee Engagement

In this section different statistical data analysis tools such as frequency, percent mean and aggregate mean were used to analyze the collected data. The summary of descriptive statistics of all variables that were evaluated based on a 5- point Likert scale ("1" being "Strongly disagree" to "5" Being "Strongly agree") has been presented.

As the standards set by Zaidatol & Bagheri (2009), for 5- point Likert Scale, the Mean Score Values interpreted as mentioned in the table below:

Table 6: Comparison Base for Mean Score Values of Five Point Likert Scale Instruments

S/No	Mean Score values	Description
1	≤ 3.39	Low
2	3.40 - 3.79	Moderate
3	≥ 3.80	High

Source: Zaidatol & Bagheri (2009)

4.3.1 Employee engagement

As stated before, employee engagement is a prerequisite for the success of any organization and in the face of the health care sector, it is mainly related to the patient's life and health outcomes. Here under the response of respondent healthcare providers regarding the level of their engagement to their Job and their organization has been discussed and analyzed as follows:

Table 7: Employee Engagement

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
I really "throw" myself into my job.	SD	27	7.4	7.4	7.4		
	D	89	24.3	24.3	31.6		
	N	0	0	0	0	3.47	
	A	185	50.4	50.4	82.0		
	SA	66	18.0	18.0	100.0		
	Total	367	100.0	100.0			3.23
Time passes quickly when I perform my job	SD	9	2.5	2.5	2.5		
	D	86	23.4	23.4	25.9		
	N	5	1.4	1.4	27.2	3.62	
	A	203	55.3	55.3	82.6		
	SA	64	17.4	17.4	100.0		
	Total	367	100.0	100.0			

I stay until the job is done	SD	15	4.1	4.1	4.1	
	D	101	27.5	27.5	31.6	
	N	6	1.6	1.6	33.2	3.47
	A	186	50.7	50.7	83.9	
	SA	59	16.1	16.1	100.0	
	Total	367	100.0	100.0		
I get excited when I perform well on my job	SD	7	1.9	1.9	1.9	
	D	53	14.4	14.4	16.3	
	N	3	0.8	0.8	17.2	
	A	198	54.0	54.0	71.1	
	SA	106	28.9	28.9	100.0	3.93
	Total	367	100.0	100.0		
Being a member of this organization is very captivating	SD	23	6.3	6.3	6.3	
	D	224	61.0	61.0	67.3	
	N	14	3.8	3.8	71.1	2.62
	A	83	22.6	22.6	93.7	
	SA	23	6.3	6.3	100.0	
	Total	367	100.0	100.0		
One of the most exciting things for me is getting involved with things happening in this	SD	5	1.4	1.4	1.4	
	D	205	55.9	55.9	57.2	
	N	15	4.1	4.1	61.3	2.86
	A	122	33.2	33.2	94.6	
	SA	20	5.4	5.4	100.0	
	Total	367	100.0	100.0		
Being a member of this organization make me come "alive"	SD	22	6.0	6.0	6.0	
	D	188	51.2	51.2	57.2	
	N	1	0.3	0.3	57.5	2.84
	A	139	37.9	37.9	95.4	
	SA	17	4.6	4.6	100.0	
	Total	367	100.0	100.0		
I am highly engaged in this organization.	SD	33	9.0	9.0	9.0	
	D	140	38.1	38.1	47.1	
	N	4	1.1	1.1	48.2	
	A	162	44.1	44.1	92.4	3.03
	SA	28	7.6	7.6	100.0	
	Total	367	100.0	100.0		

Source: Questionnaire Survey Data, 2021

As shown in the above table 5, the level to which respondents are into their Jobs has been gathered through the questionnaire. As a result, 27(7.4%), 89(24.3%), 185(50.4%), and 66(18.0%) of the respondents replied as strongly disagree, disagree, agree and strongly agree respectively which in return scored at a mean value of 3.47 which is moderate (Zaidatol & Bageheri, 2009).

From the individual values meaning 68.4% of the respondents gave their opinion as they are in to their jobs which implies besides challenges, they face during the day to day activities, they are happy with what happens whenever they perform their jobs which is related to the good health outcome of patients. As the respondents are comprised of different professions, the level to which they throw them selves in to their jobs could be different. This can be traced by the result found from the 32.6% of the respondents who replied as they are not really in to their jobs. Regardless of the higher percent of respondents giving a positive feedback, the moderate mean value still gives an implication that there are areas that need focus.

The respondents asked their opinion over how the time flies while they perform their Job. The result showed that 9(2.5%), 86(23.4%), 5(1.4%), 203(55.3%) and 64(17.4%) of them replied as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean value score of 3.47. This mean value score falls under moderate by the standard definition. From the majority of respondents or 72.7% are agreeing over this issue, one can conclude that the healthcare workers have few spare times when they perform their job which also implies the burden of their duties. Nevertheless, the moderate mean value implies that the burden of duty is different when it comes to individual professions.

For the question asked by the researcher for respondents if they stay until the job they are doing is done, 15 (4.1%), 101 (27.5%), 6 (1.6%), 186 (50.7%) and 59 (16.1%) of them replies as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean value score of 3.62 which is moderate. The medical and nursing care as we know is a continuous assessment. The pharmaceutical care is at some point a continuous and at some point, is a daily duty but still taking the daily and night shifts. As seen from the above responses of respondents, 66.8% of them stay until their job is done and the rest disagree with that. It seems controversial but the moderate mean value can be explained by the type of duty they are given and handing over duties for the next shift.

The other issue raised by the questionnaire is that if the respondents get excited when they perform well on their job. Accordingly, 7(1.9%), 53(14.4%),3 (0.8%),198(54%) and 106(16.1%) of the responses are strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean value is 3.93.

The high mean score value defines what is meant by "Well Done Job" for the multidisciplinary team. It is directly related to the positive health outcomes of patients giving the team mental satisfaction.

With the other question, the researcher tried to assess the level of respondents' interest of being the member of this organization. The respondents replied as follows. 23 (6.3%), 224(61%), 14(3.8%), 83(22.6%) and 23(6.3%) as strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean value of the responses is 2.62 which could be described as Low. Although 28.9% of the respondents think that being the member of this hospital has captured their interest, still from the result we can conclude that 67.3% of the respondents did not find Yekatit 12 Hospital as captivating, or it is not the place where they want to stay for long years. In other words, the intention to quit whenever they found an opportunity is high and none of the job-related engagements are not deduced from being the member of this hospital.

In relation to this, respondents were asked if they can count being involved with things happening in the organization as exciting. The responses are found to be 5(1.4%), 205(55.9%), 15(4.1%), 122 (33.2%) and 22(5.4%) as strongly disagree, disagree, neutral, agree and agree respectively with the mean value of the response being 2.86 which is low. We all know that the working environment of hospitals is by itself can be called depressing because lots of cases, traumas, people in severe pain or death is always around. The health care workers also in some cases face failure to save their patients. This leads to some kind of mental complications or depression. As depicted from the responses, the low mean value explains that the organization do not provide some kind of entertaining activities in order to keep healthcare workers in a balanced environment.

With the next question raised in the questionnaire, the researcher tried to get strong confirmation by assessing the level to which by being the member of this organization or hospital, respondents realize their alertness or energy. As a result, 22(6%), 188(51.2%), 1(0.3%), 139(37.9%) and 17(4.6%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean value of 2.84. This value shows

low. 57.2% of the respondents disagreed for this question which implies that the duties are more or less routine.

Lastly for this section, the level to which respondents think they are engaged to their organization is asked. Accordingly, 33 (9%), 140 (38.1%), 4(1.1%), 162(44.1%) and 28(7.6%) of the respondents replied as strongly disagree, disagree, neutral, agree, and strongly agree. The mean value of these responses falls under low which is 3.03. Though, comparable percent of respondents (51.7% and 47.1%) were found to agree and disagree respectively on this one, the majority of respondents do agree that they are engaged in this organization. But the mean score value and the aggregate mean value indicates the disengagement of multidisciplinary team members rather than their engagement to their organization.

4.3.2 Antecedents of employee engagement

This section presents descriptive statistics for the antecedents of employee engagement namely job characteristics, reward and recognition, perceived organizational and supervisor support, work environment and internal locus of control.

4.3.2.1 Job characteristics

As said by Hackman and Oldham's (1980) from their job characteristics model, jobs that are high on the core characteristics mentioned as skill variety, task identity, task significance, autonomy, and feedback have the tendency to make individuals to be more engaged to their jobs than those lack those properties. Here under the response of respondent employees regarding the issues has been discussed and analyzed as follows:

Table 8: Job characterstics

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
There is much autonomy in my Job	SD	27	7.4	7.4	7.4	3.41	
	D	88	24.0	24.0	31.3		
	N	1	0.3	0.3	31.6		
	A	210	57.2	57.2	88.8		
	SA	41	11.2	11.2	100.0		
	Total	367	100.0	100.0			
My job is Comprehensive that helps me to learn new	SD	9	2.5	2.5	2.5	3.89	
	D	52	14.2	14.2	16.6		
That helps me to learn new things	N	2	0.5	0.5	17.2		
	A	211	57.5	57.5	74.7		

Statement	Response	Frequency	Percent	Valid Percent	Cumulative Percent	Mean	
	SA	93	25.3	25.3	100.0		
	Total	367	100.0	100.0			
The job requires me to do many different things at work, using a variety of my skills	SD	7	1.9	1.9	1.9		
	D	57	15.5	15.5	17.4	3.75	3.50
	N	7	1.9	1.9	19.3		
	A	245	66.8	66.8	86.1		
	SA			13.9	100.0		
	Total	367	100.0	100.0			
Managers or co-workers let me know how well I am doing on my job.	SD	7	1.9	1.9	1.9	2.51	
	D	267	72.8	72.8	74.7		
	N	7	1.9	1.9	76.6		
	A	72	19.6	19.6	96.2		
	SA	14	3.8	3.8	100.0		
	Total	367	100.0	100.0			
Doing the job itself provide me with information about my work performance	SD	8	2.2	2.2	2.2	3.96	
	D	41	11.2	11.2	13.4		
	N	2	0.5	0.5	13.9		
	A	222	60.5	60.5	74.4		
	SA	94	25.6	25.6	100.0		
	Total	367	100.0	100.0			

Source: Questionnaire Survey Data, 2021

Under this section respondents were asked if their job really gives them much autonomy. Then the results are found as 27(7.4%) and 88(24%) of the respondents do strongly disagree and disagree respectively. 1(0.3%) of respondent replied as neutral and 210(57.2%) and 41(11.2%) of the respondents strongly agree and agree with having much autonomy at their job. The mean value being 3.41 which is moderate. 68.4% of the respondents agreed on having much autonomy on their job which is good. Even though, healthcare by itself needs cumulative inputs from the members of the MDT, self-governed decision is required from individual professions. The rest 31.4% of the respondents and the moderate mean value should never be underestimated since it is an indication that there are some areas within the MDT members or specific to individual profession where the autonomy of self-decisions is limited.

For the question raised as if the job itself is comprehensive to help them learn new things, the

respondents replied out of all 9(2.5%), 52(14.2%), 2(0.5%), 211 (57.5%) and 93(25.3%) as strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean value 3.89 of their response falls under high which is good indication that the job characteristics by itself can make the healthcare workers learn many new things regardless of any updating programs like trainings offered by the organization. The reason behind 16.7% of the respondents to disagree with that is that it is not the easy way to upgrade themselves.

The respondents were asked their opinion if their job requires them to use their own different skills and talents to do different things. The responses found show that 7(1.9%), 57(15.5%), 7(1.9%), 245(66.8%) and 51(13.9%) are replied as strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean score value is 3.75 which is moderate. As we can see, even though the mean value falls under moderate which is almost close to high, majority, 80.7 % of the respondents agreed that their job required their different skills and talents and one can conclude that the job is challenging. To test the inter-relationship of the MDT members, the researcher asked the respondents if their manager or co-worker let them know how well they are performing their job. Accordingly, 7(1.9%), 267(72.8%), 7(1.9%), 72(19.6%) and 14(3.8%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean score value being 2.51 and low. From the 74.7% disagreement and the low mean value found from responses of the MDT, one can deduce that the level is still facing challenges of traditional professional boundaries regardless of supports by policies and practices. Creating positive spirit measures within the MDT should be taken taking in to account that the more the interdisciplinary team work is based on good communication, respect and appreciation, the more the patient outcomes become positive.

For the question, do the job itself provides information about their performance, 8(2.2%), 41(11.2%), 2(0.5%), 222(60.5%) and 94 (25.6%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean value of 3.96 which is high. As depicted above by the high mean value and 86.1% of the respondents agreed that the job, they perform by itself provides them with information of their performance which explains that the good performance always lies on tangible outcome of life value of patients.

4.3.2.2 Reward and recognition

Table 9: Reward and Recognition

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
A pay raise, Job security, and other financial compensation packages are available for me	SD	52	14.2	14.2	14.2	2.31	
	D	240	65.4	65.4	79.6		
	N	4	1.1	1.1	80.7		
	A	51	13.9	13.9	94.6		
	SA	20	5.4	5.4	100.0		
	Total	367	100.0	100.0			
My organization provide me comprehensive health benefit	SD	19	5.2	5.2	5.2	3.48	
	D	86	23.4	23.4	28.6		
	N	2	0.5	0.5	29.2		
	A	221	60.2	60.2	89.4		
	SA	39	10.6	10.6	100.0		
	Total	367	100.0	100.0			
More challenging work assignments are available for me	SD	13	3.5	3.5	3.5	3.45	2.69
	D	91	24.8	24.8	28.3		
	N	7	1.9	1.9	30.2		
	A	230	62.7	62.7	92.9		
	SA	26	7.1	7.1	100.0		
	Total	367	100.0	100.0			
There is some form of public recognition(e.g employee of the month/year).	SD	99	27.0	27.0	27.0	2.11	
	D	202	55.0	55.0	82.0		
	N	1	0.3	0.3	82.3		
	A	56	15.3	15.3	97.5		
	SA	9	2.5	2.5	100.0		
	Total	367	100.0	100.0			
There is a reward or token of appreciation from my supervisor/case team leader	SD	85	23.2	23.2	23.2	2.09	
	D	225	61.3	61.3	84.5		
	N	5	1.4	1.4	85.8		
	A	42	11.4	11.4	97.3		
	SA	10	2.7	2.7	100.0		
	Total	367	100.0	100.0			

Source: Questionnaire Survey Data, 2021

As mentioned under table 7, questions regarding a pay raise, financial compensations and job security offered by the organization, replies are as follows. 52(14.2%), 240(65.4%), 4(1.1%), 51(13.9%) and 20(5.4%) of the respondents gave an answer strongly disagree, disagree, neutral, agree and strongly agree respectively. The mean value for the responses is 2.31 indicating low.

Regarding the raised question on reward and recognition trend, 79.6% of the respondents disagreed that no pay raise or financial compensation is offered for them by their organization and the rest 19.3% agree on the financial compensation and pay raise.

In order to get strong confirmation on this one, the researcher interviewed the Vice Provost of the Hospital, The Pharmacy Directorate and Metron (The Nurses Head). Regarding the pay raise all responded that the salary and overtime payments of all healthcare workers according to their profession and year of experience depends on the scale set by the government to the civil servants. The vice provost also mentioned that , house allowance for physicians and risk allowance for healthcare givers working on most risk areas are being made.

This clarifying that the Hospital as a single organization cannot offer such compensations by itself but an emphasis should be given by governmental bodies at top health sectors and policy makers.

Another question raised for respondents if the organization provides health care benefits. As a result, 19(5.2%), 86(23.4%), 2(0.5%), 221(60.2%) and 39(10.6%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean value 3.48 showing moderate range. As seen from the response regarding the health care benefits, 70.8% of the respondents agreed on the healthcare benefits from the organization which can be explained by the setting itself.

The respondents again were asked their opinion on how challenging work assignments are available for them. Accordingly, 13(3.5%), 91(24.8%),7(1.9%), 230(62.7%) and 26(7.1%) of respondents replied as strongly disagree, disagree, neutral, agree and strongly agree respectively with the mean score value 3.45. this moderate mean value shows that 69.8% of the respondents think that their work as challenging and the rest 28.3% think of their work assignments as routine. This depends on the type of tasks or roles of individual professions within the MDT.

As shown in the above table 4 again the researcher wanted to know if there is any form of public recognition made in the organization. The result showed that 99(27%), 202(55%), 1(0.3%), 56(15.3%) and 9(2.5%) of the respondents gave their opinion as strongly disagree, disagree, neutral, agree and strongly agree respectively. This made the mean score value 2.11 and falls under low.

In relation to the above question raised by the researcher, respondents were asked if they can get any reward or token of appreciation from their supervisor/case team leader. Accordingly, 85(23.2%), 225(61.3%), 5(1.4%),42(11.4%) and 10(2.7%) of the respondents gave their answers as strongly disagree, disagree, neutral, agree and strongly agree respectively. This made the mean score value 2.09 and falls under low.

From the last two responses collected from the data regarding the public recognition and reward from case team leaders of each departments, a negative result is found that 82% and

84.5% of respondents disagreed on the issue raised about public recognition made by the organization and reward and appreciation from their supervisors or case team leaders respectively regardless of the benefit of incorporating reward and recognition in order to increase retention and positive patient outcomes.

An interview has been made for the Vice Provost of the Hospital, The Pharmacy Directorate and Metron (The Nurses Head) regarding reward and recognition trend of the hospital.

The vice provost replied that the reward and recognition and token appreciation trend for the healthcare givers does exist but has never been made routinely. He also mentioned that in the future the hospital management is planning on incorporating this to the strategic plan. The pharmacy directorate also has the same opinion on this as that of the vice provost and added that this trend is being forgotten whenever the hospital managements are changed. The Metron on the hand has somehow different opinion on this that there is a trend of appreciating "Nurse of the week" especially on the ward areas.

As the aggregate mean value of responses under this section is low, special emphasis must be given by the hospital management in order to keep the reputation of the hospital and increase the positive outcome of patient care.

4.3.2.3 Perceived organizational support

Understanding the importance of organizational support, it has also been examined the importance of its sub element supervisor support (Eisenberger et al. 2002) as it is the supervisor's attention given to the ideas of employees, sincerity about their happiness and the thinking of their goals and values (Rhoades et al. 2001). This includes guiding, coaching with individual attention and helping subordinates to fulfil their responsibilities on job and evaluating their performance (Guchait et al. 2014).

The researcher tried to assess the perceived organizational and supervisor support trend the hospital. The overall analyses based on data collected from the respondents is summarized under table 8.

Table 10: Perceived organizational support

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
My organization is supportive of my goals and Values.	SD	31	8.4	8.4	8.4	2.54	
	D	224	61.0	61.0	69.5		
	N	12	3.3	3.3	72.8		
	A	86	23.4	23.4	96.2		
	SA	14	3.8	3.8	100.0		
	Total	367	100.0	100.0			
Help is available from my organization when I have a problem	SD	27	7.4	7.4	7.4	2.56	
	D	223	60.8	60.8	68.1		
	N	8	2.2	2.2	70.3		
	A	96	26.2	26.2	96.5		
	SA	13	3.5	3.5	100.0		
	Total	367	100.0	100.0			
My organization really cares about my well- being.	SD	41	11.2	11.2	11.2	2.35	2.49
	D	243	66.2	66.2	77.4		
	N	5	1.4	1.4	78.7		
	A	71	19.3	19.3	98.1		
	SA	7	1.9	1.9	100.0		
	Total	367	100.0	100.0			

		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
My organization shows great concern for me.	SD	22	6.0	6.0	6.0		
	D	261	71.1	71.1	77.1		
	N	11	3.0	3.0	71.1		
	A	68	18.5	18.5	80.1		
	SA	5	1.4	1.4	100.0	2.56	
	Total	367	100.0	100.0			
My organization cares about my opinions.	SD	41	11.2	11.2	11.2		
	D	225	61.3	61.3	72.5		
	N	5	1.4	1.4	73.8		
	A	96	26.2	26.2	100.0		
	SA						
	Total	367	100.0	100.0		2.43	

Source: Questionnaire Survey Data, 2021

4.3.2.4 Perceived supervisor support

Table 11: perceived supervisor support

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
My Supervisor/case team leader cares about my opinions.	SD	90	24.5	24.5	24.5		
	D	147	40.1	40.1	64.6		
	N	6	1.6	1.6	66.2	2.49	
	A	108	29.4	29.4	95.6		
	SA	16	4.4	4.4	100.0		
	Total	367	100.0	100.0			
My Supervisor/case team leader really cares about my well-being.	SD	49	13.4	13.4	13.4		
	D	223	60.8	60.8	74.1		
	N	7	1.9	1.9	76.0	2.41	
	A	70	19.1	19.1	95.1		
	SA	18	4.9	4.9	100.0		2.71
	Total	367	100.0	100.0			
My supervisor/case team leader strongly considers my goals and	SD	22	6.0	6.0	6.0		
	D	173	47.1	47.1	53.1		
	N	8	2.2	2.2	55.3	2.93	
	A	138	37.6	37.6	92.9		
	SA	25	6.8	6.8	99.7		
	Total	367	100.0	100.0			

My supervisor/case team leader shows very little concern for me	SD	26	7.1	7.1	7.1		
	D	152	41.4	41.4	48.5		
	N	6	1.6	1.6	50.1		
	A	164	44.7	44.7	94.8		
	SA	19	5.2	5.2	100.0	2.99	
	Total	367	100.0	100.0			

Source: Questionnaire Survey Data, 2021

Under table 8 and 9, questions regarding POS and PSS were raised. Respondents were asked if their organization and their supervisors are supportive of their goals and values. Accordingly, 31(8.4%), 224(61%), 12(3.3%), 86(23.4%) and 14(3.8%) of respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively for POS and 22(6%), 173(47.1%), 8(2.2%), 138(37.6%) and 25(6.8%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively for the PSS. The mean score values were found to be 2.54 and 2.93 respectively for POS and PSS.

As depicted from low mean score values and disagreement of majority of the respondents on perceived support of goals and values by the organization and supervisors, we can draw that there is a gap between the hospital management and staffs. This creates negative attitude towards individual professions and as MDT that the less their organization values their goals and values, the less they value the organization's goals and values.

For the question asked as if their organization and supervisors care about their wellbeing, the responses are found to be as follows. 41(11.2%), 243(66.2%), 5(1.4%), 71(19.3%) and 7(1.9%) of the respondents replied about the POS as strongly disagree, disagree, neutral, agree and strongly disagree respectively and 49(13.4%), 223(60.8%), 7(1.4%), 70(19.1%) and 18(4.9%) of the respondents replied for the PSS as strongly disagree, disagree, neutral, agree and strongly disagree respectively. The mean score values are 2.35 and 2.41 for POS and PSS respectively where both values fall under low. Personal wellbeing is related to health and safety of individuals in life and on their working place that may impact their performance. As a result, from this study, 77.4% and 74.2% of respondents perceive their organization and their supervisors as if they do not care about their wellbeing respectively. As from, some respondents agree on this one, the care provided from the organization and supervisors is very unsatisfactory. The low mean values imply that the health care workers

cannot risk themselves whenever necessary if they feel that their organization does not care about their safety and health.

The respondents then again asked about what they think their organization and their supervisors think about their opinion. Accordingly, 41(11.2%), 225(61.3%), 5(1.4%) and 96(26.2%) of the respondents gave their opinion as strongly disagree, disagree, neutral and agree respectively for the POS and 90(24.5%), 147(40%), 6(1.6%), 108(29.4%) and 16(4.4%) of the respondents gave their opinion over the PSS as strongly disagree, disagree, neutral, agree and strongly disagree respectively. The mean values showed 2.43 and 2.49 respectively for POS and PSS implying a score of low. As we see from the above result, although relatively better communication between immediate supervisors and subordinates is observed, the majority of disagreements and the low mean score values suggest that there is still a gap of communication between the organization and staffs and immediate supervisors and subordinates.

To strengthen the results, interview questions were forwarded for the Vice provost, the Pharmacy Directorate and the Metron. Unlike the negative responses collected from the data, the Vice provost explained the level of communication between the management and staffs as good. The Vice provost also added that the management is always open and have enough time to hear from the staffs. On the other hand, the Pharmacy directorate and Metron also share the same and said that minor conflicts between immediate supervisor and staff happens sometimes and will be solved immediately.

The researcher wishes to assess the level of perceived concern of the organization to the health care workers and asked respondents' opinion if they think their organization shows great concern for them. From the results, 22(6.0%), 261(71.1%), 11(3.0%), 68(18.5%) and 5(1.4%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively with the mean value of 2.56. In the case of PSS, respondents were asked their opinion if their supervisors showed them a little concern. Accordingly, 26(7.1%), 152(41.4%), 6(1.6%), 164(44.7%) and 19(5.2%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively with the mean value of 2.99. by definition, both dimensions of POS and PSS indicate low result.

These results above indicate that the healthcare workers as a team or individual perceive their organization and immediate supervisors gives them little or almost no concern.

Another question raised regarding availability of help from the organization to the health care

providers. From that, 27(7.4%), 223(60.8%), 8(2.2%), 96(26.2%) and 13(3.5%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively and the mean value is 2.56. This higher percent of disagreement with respondents' response shows the negative result.

In contrary, from the interview questions forwarded how the management supports the healthcare providers and what measures will be taken when HCP face problem? the vice provost answered, if one faces personal problem and we are informed, we can do what is best what we can do in order to help them. To fulfill skill- based problems, upgrading programs, short term trainings will be imp lamented. There is a CRC (Compassionate respectful care) team in order to build a positive environment and intimacy among health care professionals, patients, and families. This team deals with HCPs facing with behavioral problems.

Taking in to consideration the importance of POS and PSS in creating positive atmosphere within the organization and good patient outcomes, the controversial responses found from respondents and the management and the low aggregate mean value of this section, a big attention should be given to spot out where the real gap is and needs to act on that.

4.3.2.5 Working environment

The need for healthy working environment and great team work in the health care sectors is inarguable factor that creates good health care outcomes. Under this section, the researcher tried to assess the aspect of working environment of Yekatit 12 HMC in prediction of the MDT engagement. The collected data on this is analyzed and discussed in the subsequent table as follows.

Table 12: working Environment

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
The environment in this organization supports a balance between work and personal life.	SD	53	14.4	14.4	14.4	2.19	
	D	255	69.5	69.5	83.9		
	N	2	0.5	0.5	84.5		
	A	51	13.9	13.9	98.4		
	SA	6	1.6	1.6	100.0		
	Total	367	100.0	100.0			
I am able to satisfy both my job and Family/personal responsibilities.	SD	17	4.6	4.6	4.6	3.21	
	D	132	36.0	36.0	40.6		
	N	11	3.0	3.0	43.6		
	A	171	46.6	46.6	90.2		
	SA	36	9.8	9.8	100.0		
	Total	367	100.0	100.0			
The pace of work in this organization enables me to do a good job	SD	17	4.6	4.6	4.6	3.30	2.80
	D	158	43.1	43.1	47.7		
	N	20	5.4	5.4	53.1		
	A	119	32.4	32.4	85.5		
	SA	53	14.4	14.4	100.0		
	Total	367	100.0	100.0			
My team works effectively together to meet our objectives	SD	42	11.4	11.4	11.4	2.88	
	D	147	40.1	40.1	51.5		
	N	23	6.3	6.3	57.8		
	A	122	33.2	33.2	91.0		
	SA	33	9.0	9.0	100.0		
	Total	367	100.0	100.0			
The amount of work I am asked to do is reasonable	SD	36	9.8	9.8	9.8	2.42	
	D	234	63.8	63.8	73.6		
	N	7	1.9	1.9	75.5		
	A	87	23.7	23.7	99.2		
	SA	3	0.8	0.8	100.0		
	Total	367	100.0	100.0			

Source: Questionnaire Survey Data, 2021

As mentioned above, in order to assess to what extent is the working environment ideal for the healthcare workers, the researcher raised a question on the respondents' opinion if their work environment keeps balance between work and personal life. Accordingly, 53(14.4%), 255(69.5%), 2(0.5%), 51(13.9%) and 6(1.6%) of the respondents replied their opinion as strongly disagree, disagree, neutral, agree and strongly disagree respectively and the mean value is 2.19. As from the result, the working makes it hard for the HCPs to balance their work and their personal life.

An interview question was raised for the management team on how they explain the pace of the working environment with regard to keeping balance between work and personal life and the amount of work load given to the HCPs? The vice provost agreed that he cannot say that there is a balance between work and personal life for the HCPs since they work day and night to help their patients get better and appreciated all of them. He explained that there is a shortage of HCPs on national level with the ratio of 1 physician for 30 patients (on outpatient setting), 1 pharmacist for 35-40 patients and 1 nurse for 25 patients in average (EHRIG, 2010). He also accepted that there is a work load on his employees in recent years because of increased patient load and COVID 19 that with the same number of HCPs that the COVID and the Non-COVID cases are being addressed. The same responses were found from the Pharmacy Directorate and Metron.

The other question raised was respondents' opinion if they are able to satisfy both their job and family/personal responsibilities. As a result, 17(4.6%), 132 (36%),11(3%), 171(46.6%) and 36(9.8%) of the respondents gave their opinion as strongly disagree, disagree, neutral, agree and strongly disagree respectively and the mean value is 3.21. The moderate mean value and Comparable number of respondents giving responses as they are able to satisfy both their job and personal responsibilities which could be explained by their personal strength and as they are not be able to do same which really needs attention.

The researcher sought additional respondents' opinion on the level to which the pace of work in this organization enables them to do a good job. From all Respondents, 17(4.6%), 158(43.1%), 20(5.4%), 119(32.4%) and 53(14.4%) of them replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively. The mean score value is 3.30. This moderate mean value is an indication that not all types of works need fast pacing environment. As comparable number of respondents agreed and disagreed on the raised issue, the healthcare providers better keep their own pace in consideration of the organizational goals and patients health outcomes.

For the question raised regarding the effectiveness of team work to meet job and organizational objective, respondents gave their opinion as follows. 42(11.4%), 147(40.1%), 23(6.3%), 122(33.2%) and 33(9%) of all the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively. The mean score value is 2.88. Health care by itself is a team work. But from the data analysis result a low mean value was found meaning the team work with in the multidisciplinary team is unsatisfactory which leads to poor patient outcomes. The organization on this one should trace where the Gaps are requiring interference.

Lastly for this section, respondents were asked if the amount of work they are given is reasonable. Accordingly, the responses are found as 36(9.8%), 234(63.8%), 7(1.9%), 87(23.7%) and 3(0.8%) of the respondents replied as strongly disagree, disagree, neutral, agree and strongly disagree respectively. The mean score value is 2.42. As the majority of respondents disagreed in their responses and from the interview of the management, we can conclude that the work load has burdened the HCPs of the hospital. Unless solutions are made, this leads to unnecessary results like medical errors and increased rate of death of patients.

4.3.2.6 Internal locus of control

As defined by scholars, Locus of control is what an individual believes causes his or her experiences, and the factors to which that person attributes their successes or failures (Rotter (1966). Individuals with a high internal locus of control believe that their interactions with their environment will produce predictable results (Li, Lepp, & Barkley, 2015). The overall analyses based on data collected from the respondents regarding Internal locus of control is summarized in general under table 11.

Table 13: Internal locus of control

Statement		Frequency	Percent	Valid percent	Cumulative percent	Mean	Aggregate Mean
When faced with a problem I try to forget i	SD	26	7.1	7.1	7.1	3.20	
	D	100	27.2	27.2	34.3		
	N	57	15.5	15.5	49.9		
	A	143	39.0	39.0	88.8		
	SA	41	11.2	11.2	100.0		
	Total	367	100.0	100.0			
I like jobs where I can make decisions and be responsible for my own work	SD	29	7.9	7.9	7.9	3.77	
	D	100	27.2	27.2	35.1		
	N	52	14.2	14.2	49.3		
	A	133	36.2	36.2	85.6		
	SA	53	14.4	14.4	100.0		
	Total	367	100.0	100.0			
I change my opinion when someone I admire disagrees with me.	SD	17	4.6	4.6	4.6	2.49	
	D	129	35.1	35.1	39.8		
	N	72	19.6	19.6	59.4		
	A	108	29.4	29.4	88.8		
	SA	41	11.2	11.2	100.0		
	Total	367	100.0	100.0			
If I want something, I work hard to get it.	SD	36	9.8	9.8	9.8	3.84	3.07
	D	127	34.6	34.6	44.4		
	N	57	15.5	15.5	59.9		
	A	121	33.0	33.0	92.9		
	SA	26	7.1	7.1	100.0		
	Total	367	100.0	100.0			
I prefer to learn the facts about something from someone rather than having to dig them out myself.	SD	42	11.4	11.4	11.4	2.16	
	D	138	37.6	37.6	49.0		
	N	67	18.3	18.3	67.3		
	A	101	27.5	27.5	94.8		
	SA	19	5.2	5.2	100.0		
	Total	367	100.0	100.0			
I have a hard time saying "no" when someone tries to tell me something	SD	19	5.2	5.2	5.2	2.94	
	D	131	35.7	35.7	40.9		
	N	89	24.3	24.3	65.1		
	A	110	30.0	30.0	95.1		
	SA	18	4.9	4.9	100.0		
	Total	367	100.0	100.0			

I consider the different sides of an issue before making any decisions	SD	40	10.9	10.9	10.9	3.75
	D	114	31.1	31.1	42.0	
	N	70	19.1	19.1	61.0	
	A	111	30.2	30.2	91.3	
	SA	32	8.7	8.7	100.0	
	Total	367	100.0	100.0		
I stick to my opinions when someone disagrees with me.	SD	38	10.4	10.4	10.4	2.88
	D	126	34.3	34.3	44.7	
	N	98	26.7	26.7	71.4	
	A	83	22.6	22.6	94.0	
	SA	22	6.0	6.0	100.0	
	Total	367	100.0	100.0		
I get discouraged when doing something that takes a long time to achieve results	SD	24	6.5	6.5	6.5	2.33
	D	132	36.0	36.0	42.5	
	N	84	22.9	22.9	65.4	
	A	102	27.8	27.8	93.2	
	SA	25	6.8	6.8	100.0	
	Total	367	100.0	100.0		
When I have a problem, I follow the advice of friends or relatives.	SD	30	8.2	8.2	8.2	2.89
	D	71	19.3	19.3	27.5	
	N	106	28.9	28.9	56.4	
	A	124	33.8	33.8	90.2	
	SA	36	9.8	9.8	100.0	
	Total	367	100.0	100.0		
I enjoy trying to do difficult tasks more than I enjoy doing easy tasks.	SD	15	4.1	4.1	4.1	3.48
	D	83	22.6	22.6	26.7	
	N	78	21.3	21.3	48.0	
	A	158	43.1	43.1	91.0	
	SA	33	9.0	9.0	100.0	
	Total	367	100.0	100.0		

Source: Questionnaire Survey Data, 2021

Under this section the researcher tried to assess the healthcare providers' level of self-esteem, to what level they rely on themselves whenever facing challenge in life or work, the level to which they try their best in tiresome tasks and their attitude that lead to success or failure in general. The aggregate mean value was found to be low. This value determines the state of happiness and satisfaction of members in the multidisciplinary team at individual level and not only limited the work place but in their lives too. As a consequence, the level of internal locus of control may lead to clash with individual and/or organizational goals and patient outcomes.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

In this chapter, summary of major findings, conclusions and recommendations for the problems or gaps identified in the research topic Assessment of Multidisciplinary team engagement trend and its antecedents of Yekatit 12 hospital medical college are presented.

5.1 Summary of Major Findings

Based on the analysis of collected data the following major findings have been presented.

- The study shows that the level of engagement of the MDT members is low with the aggregate mean value of 3.23. This works for engagement to their job and to the hospital.

- Core job characteristics like autonomy, comprehensiveness, and tasks requiring different skills and talents and positive inter relationship were assessed and the aggregate value is 3.50 which is found as moderate, implying that the job characteristics by itself gave the MDT members positive attitude towards their tasks though there are gaps.

- The study indicates that the reward and recognition practice of the hospital to the MDT is low with the mean aggregate value of 2.69. However, the non-routine practice and the civil servant policy were mentioned as a reason for the poor practice.

- The controversies of positive response of management team and negative responses from respondents regarding the perceived organizational and supervisor support shows a gap of communication between management and the MDT members. The aggregate low values 2.49 and 2.71 respectively, implied the perception of the MDT members towards their organization and supervisors in the face of gaining care about them and their well- being, their values and goals is negative

- The findings also demonstrate that the inconvenience of the work environment with respect to loss of balance between work and personal life or the work load itself, it inversely may affect the overall accomplishment of the hospital.

- The low aggregate mean value traced from the respondents regarding their internal locus of control which is 3.07, determines the level of self-esteem, state of happiness, satisfaction and their positivity towards future regardless of challenges in life.

5.2 Conclusions

Based on the findings of the study the following conclusions have been drawn:

- The multidisciplinary team members are not engaged to their job and their organization in that the disengagement level is more to the organization.

- The multidisciplinary team members have a better attitude towards their job characteristics but still there are gaps to be filled.

- The hospital has a poor practice on reward and recognition to the Health care providers in-order to motivate them do better.

- The organizational and supervisor support is perceived as poor. In contrary to the perception of the respondents, the management view is different as support is being offered. There needs to be worked on the communication gap.

- The working environment is not conducive for the HCPs to help them give their best.

In general, the internal locus of control of the MDT members is less that they tend to be less achievement oriented.

5.3 Recommendations

Based on the findings and conclusions, the following suggestions have been forwarded and call for the attention of other researchers for additional in-depth research on the topic in the future.

Taking in to consideration the importance of HCPs engagement is undeniable for the positive outcome of patients, for satisfaction of HCPs and the reputation and growth of the sector, it is better to identify what causes the disengagement in the organizational level and act on those factors accordingly.

As responses gathered from the Hospital management team, incentive and payment related issues like pay raise or compensations are not decided by the Hospital it – self but by the civil service. So, it will be better to incorporate these issues in policy making. Moreover, the Hospital is better to find its own ways of appreciations and reward and recognition for especially the healthcare society in order to improve their performances.

Besides the incentives, care and psychological support for the healthcare givers is mandatory. The Hospital better apply activities that strengthen the inter-disciplinary team

cooperation and to close the gap between the management and staffs.

5.4 Limitation and Implications to Further Research

From the sampled target population some questionnaires were not responded at all and other respondents also lag in time to respond the questionnaires timely as to be used immediately for the intended purpose. The study is only limited to a single Governmental Hospital for budget and time constraints. Hence, considering all the above limitations, I forward for further additional research to come up with the most and valuable generalization on the subject matter of the topic under study.

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APPENDIX I RESEARCH
QUESTIONNAIRE
St. Mary's University School of Graduates
Masters of Business Administration

My name is Jalale Yadeta. I am currently working with the research component of the Master's Degree in General Master of Business administration (GMBA) at St. Mary's University.

The purpose of the study is to assess the multidisciplinary team engagement practice in the case of Yekatit 12 Hospital Medical College. To this end, the study intends to gather information from Healthcare practitioners of the hospital through a self- administered questionnaire. The participation is fully voluntary and your responses will be kept confidential and used for this particular research only. The results will be also reported without compromising the anonymity of the respondent.

I would appreciate your consideration in completing the enclosed questionnaire and assisting me in the research endeavor.

In case you have any questions please calls 0912342461 or
email:mercydave1991@gmail.com

Thank you in advance!!

Jalale Yadeta

Section One: Demographic Information

1. How many years have you worked in this Hospital or other?   ....

2. Age   ………….

3. Gender: Male [   ]   Female [   ]

4. Job title

 Please put "X"

   Senior Physician   Nurse   Other [   ]

   General practitioner   Pharmacist |

5. Are you working as a supervisor/case team leader?   [YES]   [NO]

6. If YES, for how long you stayed in this position? …………………..

Section Two: Questions Related to Employee Engagement

The following table in the next page consist list of items, please put "X" mark for every statement based on your level of agreement.

No.	EMPLOYEE ENGAGEMENT	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Employee engagement						
1.	I really "throw" myself into my job.					
2.	Time passes quickly when I perform my job					
3.	I stay until the job is done					
4.	I get excited when I perform well on my job					
5.	Being a member of this organization is very captivating					
6.	One of the most exciting things for me is getting involved with things happening in this organization					
7.	Being a member of this organization make me come "alive"					
8.	I am highly engaged in this organization.					

Section Three: Questions Related to Antecedents of Employee Engagement

No.	ANTECEDENTS	Strongly Disagree	Disagree	Neutral	Agree	Strongly
	Job characteristics					
1.	There is much autonomy in my job					
2.	My job is comprehensive that helps me to learn new things.					
3.	The job requires me to do many different things at work, using a variety of my skills and talents.					
4.	Managers or co-workers let me know how well I am doing on my job.					
5.	Doing the job itself provide me with information about my work performance					

No.	ANTECEDENTS	Strongly Disagree	Disagree	Neutral	Agree	Strongly
Rewards and Recognition						
1.	A pay raise, Job security, and other financial compensation packages are available for me					
2.	My organization provide me comprehensive health benefit					
3.	More challenging work assignments are available for me					
4.	There is some form of public recognition (e.g employee of the month/year).					
5.	There is a reward or token of appreciation from my supervisor/case team leader					
Perceived organizational support						
1.	My organization is supportive of my goals and Values.					
2.	Help is available from my organization when I have a problem					
3.	My organization really cares about my well- being.					
4.	My organization shows great concern for me.					
5.	My organization cares about my opinions.					
Perceived supervisor support						
1.	My supervisor/case team leader cares about my opinions.					
2.	My supervisor/case team leader really cares about my well-being.					
3.	My supervisor/case team leader strongly considers my goals and values.					
4.	My supervisor/case team leader shows very little concern for me					
Working Environment						
1.	The environment in this organization supports a balance between work and personal life.					

No.		Strongly Disagree	Disagree	Neutral	Agree	Strongly
2.	I am able to satisfy both my job and family/personal responsibilities.					
3.	The pace of work in this organization enables me to do a good job					
4.	My team works effectively together to meet our objectives					
5.	The amount of work I am asked to do is reasonable					

No.	Antecedents of Employee Engagement	Strongly Disagree	Disagree	Neutral	Agree	Strongly
Internal Locus of control						
1.	When faced with a problem I try to forget it					
2.	I like jobs where I can make decisions and be responsible for my own work					
3.	I change my opinion when someone I admire disagrees with me.					
4.	If I want something, I work hard to get it.					
5.	I prefer to learn the facts about something from someone rather than having to dig them out myself.					
6.	I have a hard time saying "no" when someone tries to tell me something					
7.	I consider the different sides of an issue before making any decisions					
8	I stick to my opinions when someone disagrees with me.					
9.	I get discouraged when doing something that takes a long time to achieve results					
10.	When I have a problem, I follow the advice of friends or relatives.					
11	I enjoy trying to do difficult tasks more than I enjoy doing easy tasks.					

Appendix II: Semi-structured Interview Questions

St. Mary's University School
Of Graduate Studies
Department Of Business Administration
Semi-structured Interview Questions

Dear Respected Managers,

Th is interview is designed to collect information on thesis topic "Assessment of Multidisciplinary team engagement trend and its antecedents at Yekatit 12 Hospital medical college". Furthermore, it valuably contributes towards the fulfillment of the researcher's Master's Degree in Business Administration /MBA/. In this regard, your valuable support in responding to the questions raised is of paramount importance to the successfulness of the study. Hence, I kindly request you in all regards to give this interview at your best level of knowledge. The accuracy of the information you provide determines the ultimate reliability of the study. I kindly assure you that our issues of discussion will be kept strictly confidential and will only be used for academic purpose.

I would like to thank you in advance for your kind cooperation and precious time.

Thank You,

Jalale Yadeta

1. How is the reward and recognition program practiced in this Hospital and at each department level? How is the pay raise and financial compensations being provided for the Healthcare Providers?

2. How can you explain the communication level between case team leaders and staffs regarding exchange of ideas, opinions as personal level?

3. What measures are being taken or how can you support your employees whenever they face problems?

4. How can you explain the pace of the working environment with regard to keeping balance between work and personal life and the amount of task load given to the healthcare providers?

DECLARTION

I, the undersigned, declare that this thesis report is my original work. All sources of materials used for thesis have been duly acknowledged. I further confirm that the thesis has not been submitted for examination elsewhere or for an award of any other degree.

_____   _____

Name   Signature

St. Mary's University, Addis Ababa   Jul, 2021

ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as university advisor.

<u>Dr. Abraraw Chane (Prof.)</u>   _____
      Advisor   Signature

St. Mary's University, Addis Ababa   Jul, 2021