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**TURNOVER INTENTIONS OF EMPLOYEES: AN EMPIRICAL REVIEW**

**Dr. K. G. SENTHILKUMAR**  
**PROFESSOR**  
**DEPARTMENT OF MANAGEMENT STUDIES**  
**KGISL INSTITUTE OF TECHNOLOGY**  
**COIMBATORE**

**ABSTRACT**

*Intention to leave, also known as turnover intention, is a necessary condition for quitting a position or organisation. A resignation is the notification and planning for a person to leave their present position and employer. It is challenging to identify the specific causes of employee turnover because of the implicit nature of turnover intention. Therefore, the purpose of this theoretical study was to provide a summary of the factors that have been found by academics and researchers to affect workers' decisions to quit their occupations. Several empirical studies were reviewed by the researcher to determine the nature of the relationship between job satisfaction, stress, organisational culture, commitment, justice, and climate in the workplace. However, this theoretical research also zeroed in on other contributors to employee churn like employment resources, social support in the workplace, work overload, job autonomy, employees' perks, and opportunities for professional development and training.*

**KEYWORDS**

intent to leave, turnover intention, social support, work overload and job autonomy.

**JEL CODES**

M12, M54, J20, J28.

**INTRODUCTION**

The term "Turnover Intention" refers to the planned movement of employees over a given time frame. It's a way to assess how fast former workers abandon a company over a given period of time. Turnover can be either voluntarily or involuntarily caused. When an employee decides to leave the firm of their own will, it is considered voluntary turnover, but when an employer fires an employee, it is considered involuntary turnover. The voluntary turnover rate of qualified professionals is both a critical issue and a priority issue that affects organizations in different ways.

Many academics have been interested in turnover intention for quite some time, seeking to explain the central concerns of organisational studies, such as "why employees wish to leave their firms" or "why they continue to remain" (Zhang, M. et al., 2012; Holtom, B.C. et al., 2008). In order to address these concerns, we must have a firm grasp on the factors that might pose both threats and opportunities to the long-term viability of organisations and the growth and development of those organisations. Increasingly, practitioners and academicians, not just in developed nations but also in developing nations like India, are concerned with the high employee turnover rate. A high turnover rate is a severe issue from the standpoint of management for a number of reasons. The high turnover rate has financial repercussions, impedes the company's productivity, and generates a sense of discontinuity in the workplace. Therefore, companies are likely to lose their competitiveness over time. As a result of these negative effects, it is essential for businesses to get a deeper understanding of the elements that contribute to employee turnover.

**OBJECTIVE**

The objective of this research is to identify the factors influencing turnover intentions of employees.

**RESEARCH METHODOLOGY**

This investigation, being a review, required the use of secondary sources. The researcher was aware of the value of secondary sources, as they would be in any study. Information about the methods, breadth, and perspectives of prior researchers and industry experts was gleaned from secondary sources in the early phases of the research process. The information collected helped the researcher determine the nature of the study's stakeholders and define the study's variables. Using the secondary data, researcher was able to supplement the qualitative aspects of the study with more in-depth information. The secondary data used here came from a wide variety of related sources, such as:

- Research journals, magazines and periodicals.
- Web sources such as websites.
- Libraries of reputed universities and institutes in and around Tamil Nadu

**REVIEW OF LITERATURE ON TURNOVER INTENTION**

Mobley (1977) devised a withdrawal decision process in an effort to comprehend how people choose to leave their companies. According to this concept, individuals first determine if they are satisfied or dissatisfied with their current employment. When discontent is experienced, the idea of quitting occurs. Before searching for alternatives, individuals attempt to determine the cost of leaving their current position and the anticipated benefit of the search. If the anticipated benefits are deemed worthy of quitting, a search for alternatives is conducted followed by a comparison of the alternatives to the current situation. If the alternatives are more desirable, quitting intent is established, followed by withdrawal.

Turnover intention is the intention of employees to leave their current firm. The intention to leave is a strong determinant of future turnover. Today's firms are extremely interested in determining why employees depart or plan to leave their jobs. Many studies use intention to depart rather than actual turnover as their primary outcome variable for two primary reasons: First, there is evidence that workers often make a deliberate decision to leave their occupations prior to actually quitting. Second, it is more practical to interview employees about their intention to leave in a cross-sectional survey than to seek them down in a longitudinal study to determine if they have really left (Barak et al 2001).

A number of studies have examined job satisfaction as a predictor of intention to leave the company (Ghiselli et al 2001; McBey & Karakowsky 2001; Khatri & Fern 2001; Barak et al 2001). These studies demonstrate a significant inverse relationship between job satisfaction and intention to leave an organisation. Ghiselli et al. (2001) discovered that intrinsic job satisfaction, life satisfaction, and age were negatively related to short-term turnover intentions. Ahmad Faisal Mahdi et al. (2012) reported that intrinsic and extrinsic forms of job satisfaction have an inverse relationship with turnover intentions among Malaysian employees. Another study among Indian IS professionals developed a model and discovered that job satisfaction affects turnover intentions. However, organisational commitment was not found to influence employees' intentions to leave their jobs.

Rohani Salleh et al. (2012) examined the links between job satisfaction and organisational commitment in relation to intention to leave the organisation. They reported that all aspects of job satisfaction (with the exception of coworkers) and organisational commitment were strongly and negatively connected to intention to leave the company. Vincent Cho & Xu Huang (2012) also explored the influence of organisational commitment and professional commitment on the intention of computer specialists in Hong Kong to leave their firms for professional progress. The findings indicate that organisational affective commitment would be more

effective in reducing employees' intentions to leave their organisations for professional growth. There is a replacement effect of professional affective commitment and professional continuation component in terms of their effects on intention to leave their companies for professional progress in the context of interactions between different commitment components.

McKnight et al. (2009) examined whether job or workplace characteristics were a more significant factor of turnover and its antecedents, job satisfaction and work exhaustion, among one large corporation's IT professionals. They concluded that workplace characteristics were the more significant factor of turnover. The effects of job features on employee turnover were totally mediated by job satisfaction and work exhaustion. This indicates that organisational workplace characteristics are crucial to employee retention, particularly for programmer/analysts.

Noor & Maad (2008) & Khurram et al. (2011) found that the work-life conflict and work-life imbalance had a significant impact on an employee's intention to resign. Distributive justice tended to be a stronger predictor of all of the study variables than procedural justice, according to Nadiri and Tanova (2010), who studied the relationship between organisational justice and various work-related variables, including organisational citizenship behaviour, turnover intention, and job satisfaction. The perceived fairness of a company's procedures may have a lesser impact on employee turnover intentions, work satisfaction, and OCB than the perceived fairness of a firm's procedures.

According to a study of Information Technology Professionals, nonmonetary recognition and competency development, as well as, to a lesser extent, fair compensation and information-sharing procedures, are directly and negatively related to turnover intentions. According to Paré & Tremblay (2007), procedural justice, affective and continuous commitment, and citizenship behaviours modify the effect of high involvement human resource practices on turnover intentions. Moreover, investments in high-involvement HR practices may facilitate the formation of a happy work environment, hence reducing both turnover intentions and actual turnover (Rogg et al 2001; Way 2002). In the public sector, Ing-San Hwang & Jyh-HuiKuo (2006) discovered a significant positive relationship between perceived alternative work options and intention to quit. Individuals will actively seek new employment based on their perceptions of external market opportunities if organisations fail to provide significant growth potential (Negrin & Tzafirir 2004).

Additionally, emotional exhaustion can have an effect on turnover intent [(Cropanzano et al 2003; Korunka et al 2008; Nguyen Gia Ninh 2014). Korunka et al. (2008)] constructed a conceptual model that evaluated the hypothesis that the quality of working life mediates the relationships between job/organizational variables and turnover intention in two national samples of information technology and information technology manufacturing work. With the exception of role ambiguity and emotional exhaustion, American and (blue-collar manufacturing IT work) Austrian samples differ significantly in most job and organisational features and quality of working life. The strongest relationships exist between job demands and emotional exhaustion, as well as between emotional exhaustion and job satisfaction and intention to leave.

Carmeli (2003) investigated the relationship between senior managers' emotional intelligence and their intention to leave the workplace. He observed a negative correlation between emotional intelligence and intention to quit. The absence of superior support was found to be the most accurate predictor of turnover intent (Hatton & Emerson 1998). Everd Jacobs & Gerrit Roodt (2007) evaluated the association between information sharing behaviour and turnover intentions among a sample of registered professional nurses in South Africa and determined that a substantial negative relationship existed between the two variables. Roshidi Hassan (2014) investigated the factors that influence the intention to leave among Technical employees and found that all seven independent variables, namely organisational commitment, job stress, job characteristics, promotion opportunities, pay level and rewards, quality of work life, and job satisfaction, are significantly associated with intention to leave. Except for occupational stress, all other variables showed a negative and significant connection. There is a negative and significant association between job stress and intention to leave an organisation.

Different dimensions of QWL have unique effects on organisational and career commitments and turnover intentions, according to the findings of a review of the relevant research (Tung-Chun Huang et al 2007). Almalki et al. (2012) investigated the association between QWL and turnover intention of PHC nurses in Saudi Arabia and discovered that turnover intention was substantially correlated with QWL. They found that the work context dimension is the most influential unique factor in explaining intention to leave the organisation. The 'work context' component covers factors such as management and supervision, colleagues, professional possibilities, and work environment.

Even at a lower cost, the search for a talented and competent faculty member is too expensive, despite the fact that turnover brings in new blood. Typically, faculty members who depart are individuals whom the institution would have preferred to retain. To retain highly competent faculty members, institutions must have a thorough understanding of the causes of faculty turnover. Several studies have been undertaken in this direction (Johnsrud & Heck 1998; Manger & Eikeland 1990; Matier 1990). These studies have attempted to identify the primary causes for academic members to leave their current institutions.

Noor (2011) examined the relationship between perceived work-life balance satisfaction of academics in Malaysian public higher education institutions and their intentions to leave the organization. They reported that job satisfaction and organizational commitment are partial mediators for the relationship between work-life balance and intention to leave. Naeem Alsam et al (2013) examined the effect of work family conflict and family work conflict on turnover intention and revealed that there exist a positive and significant impact of work family conflict and family work conflict on turnover intention.

Most studies conducted earlier to Covid 19 pandemic have focused on the impact of attitudinal factors such as job satisfaction and organizational commitment on turnover intentions. The pandemic of COVID-19 has had a significant impact on companies and employees in several industries. Uncertain is how the present changes will influence the IT employment market and the career decisions of information technology (IT) professionals. Barbara P & Helmut K (2021) revealed that social support at work reduces the perceived negative impact of the COVID-19 pandemic on professional life and increases the impression of job security during a crisis. In addition, IT professionals with a high level of social support in the workplace have fewer instances of negative emotions such as anger and fear. This consequently reduces the propensity of IT employees to quit their jobs. Al-Mansour K (2021) also revealed that stress is associated with turnover intention among healthcare workers in Saudi Arabia and social support had a mitigating effect on the relationship between stress and turnover intention.

During COVID-19, Rebecca J. Collie (2022) examined the role of two job resources (relatedness with students and relatedness with colleagues), two job demands (time pressure and disruptive student behavior), and their unique and moderated associations with subjective work vitality and, resultantly, turnover intentions among Australian instructors. According to structural equation modeling (SEM), negative time pressure and positive instructor relatedness were associated with subjective liveliness. It was discovered that disruptive behavior and time pressure (both positive) as well as relatedness with students and subjective vitality (both negative) are connected with the intention to quit an institution. In addition to these substantial correlations, a significant interaction revealed the buffering effect of relatedness with students on turnover intentions. The findings provide information on employment resources that may aid instructors during future COVID-19 outbreaks and other disruptions.

During the pandemic, the fear of contracting the virus and dying from it, as well as the fear of infecting family, friends, and coworkers, has had severe mental effects and elevated the stress levels of workers (Monterrosa-Castro et al., 2020). The stress caused by work fatigue and overload, which is often the result of long shifts and the need to cover for absent coworkers, has a negative impact on the quality and stability of the organization and can lead to increased discontent and quit intentions (Kim et al., 2011). Furthermore, employee turnover increases the pressure to work beyond contracted hours, resulting in errors and a loss in worker morale (Fasbender et al., 2019). For this reason, turnover intentions — a precursor to actual turnover (Lee and Kim, 2020) — have received much attention over the years, as they may be crucial for the organizations' productivity and employees' well-being.

## CONCLUSION

Employees are, of course, a company's greatest asset. As a result, companies can't function without consistently showing care for them. Companies care for their employees only enough to learn whether or not they plan to leave and what variables might cause them to do so. Reviewing and researching relevant material is one method for achieving this goal. The author of this conceptual article sought to provide scholars, researchers, and businesses with insight into the issue of employee turnover by reviewing a variety of empirical studies that examine the factors that affect the likelihood that workers will leave their current position. This theoretical research zeroed in on universal contributors to employee churn: job satisfaction, job stress, organisational culture, organisational commitment, organisational justice, leadership styles, and organisational climate. However, you should also think about things like employment resources, social support in the workplace, work overload, job autonomy, employees' perks, and opportunities for professional development and training.

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## RELATIONSHIP BETWEEN BARRIERS AND CLIENT SATISFACTION: PERFORMANCE OF HEALTHCARE UNIT AS A MEDIATOR

**R. PUNNIYASEELAN**

**Ph. D. RESEARCH SCHOLAR**

**DEPARTMENT OF COMMERCE**

**ST. JOSEPH'S COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)  
CUDDALORE**

**Dr. R. KRISHNAKUMAR**

**ASSOCIATE PROFESSOR**

**DEPARTMENT OF COMMERCE**

**ST. JOSEPH'S COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)  
CUDDALORE**

### ABSTRACT

*In the recent phenomena, considering the increasing importance of healthcare in well-being of people, it is necessary to identify the factors that affect client satisfaction. Most of the time, we encounter some barriers in the healthcare industry and the present paper is aimed at identifying the potential barriers and their effect on client satisfaction. A conceptual model is developed, and propositions are offered. The implications for healthcare management are discussed. The study revealed that, as providing affordable healthcare is one of the objectives of WHO (World Health Organization), it is necessary for developing countries like India to take care of rural population who contribute to significant chunk to GDP (Gross Domestic Product).*

### KEYWORDS

healthcare, satisfaction, rural population, world health organization, gross domestic product.

### JEL CODE

M30

### INTRODUCTION

The health needs of population are rapidly increasing day by day. According to Indian Brand Equity Foundation Report (IBEF), healthcare market in India is around \$100 billion in 2015; \$160 billion in 2017 and is expected to skyrocket to \$280 billion by 2020 (Ganesan & Veena, 2018). This explains phenomenal growth of healthcare spending in the country. Considering this, it is important to see that the amount spent is properly utilized for the benefit of customers (hereafter known as clients). Though the demand for healthcare is increasing, the major shortfalls in Indian health system include lack of physical infrastructure, adequate manpower, lack of transportation facilities to carry patients from rural areas to the nearby cities or towns, lack of quality of healthcare etc. These shortcomings keep India below the benchmark when compared to international standards. Some of the strengths of the healthcare system in India include growing health awareness among population, increased willingness on the part of the consumers to pay higher money for quality of the health care. These gave rise to the scope of several corporate hospitals. But unfortunately, there is growing exploitation of these corporate hospitals and lower income people cannot afford to get treatment from these hospitals. The only alternative for the lower income and middle-income groups is the access to government hospitals. In this context, we develop a conceptual model that shows the effect of potential barriers on performance of healthcare unit and client satisfaction.

Several researches have studied in different parts of the country about the quality of healthcare (Kermani et al, 2019; Jennens et al, 2013; Levesque et al, 2006). Some researchers focused on accountability (Gaitonde et al, 2019), whereas some others attempted to examine the patient satisfaction (Gaur et al, 2020). Employers need to be aware of the importance of quality of work life and work life balance in achieving organizational effectiveness (Aruldoss, A. et al. 2020) It is also necessary for the organisation to motivate the employees by providing the welfare measures to promote the work-life balance in the workplace without compromising productivity and efficiency (A, Alex & V, Sundar, 2019). The study is majority of the employees are satisfied in their job and their company benefits. The study depicted that the promotion opportunity in the company was disappointed among the employees. The company properly providing salary and other monetary benefits, fringe benefits, and facilities benefits to the employees at satisfactory level (Sembiyan, R., Baranidharan. S & Balamurugan, K., 2020)

Despite volumes of research which is spread around different aspects of healthcare, there is no one unified study that examines the interrelationships between the potential barriers and outcomes. The rationale for the present study stems from the need for identifying the important variables that need to be considered for efficient utilization of health services.

### OBJECTIVES OF THE STUDY

Despite volumes of research which is spread around different aspects of healthcare, there is no one unified study that examines the interrelationships between the potential barriers and outcomes. The rationale for the present study stems from the need for identifying the important variables that need to be considered for efficient utilization of health services. The main objective of the study is to identify the relationship between barriers (personal, health care system & professional) and Client's satisfaction.

### METHODOLOGY OF THE STUDY

The present study is review based one and descriptive in nature. Seventy-five research articles were collected for the purpose to identify the variable of personal, health care system and professional barriers which have close relationship with client satisfaction. After a deep analyze of research articles, the researcher presents the barriers in access to the healthcare by the clients first. Secondly, the relationship between these barriers and healthcare outcomes will be examined. Thirdly, as the reputation plays a major role in influencing the outcomes of healthcare barriers, the connection between reputation and the health outcomes will be examined. This study is novel in the sense that there are no prior researches available that studied the importance of reputation of healthcare units in reducing the effect of barriers on healthcare outcomes. In this sense, this is exploratory study and first of its kind in India. Based on the review a conceptual model is framed to test its fitness in accessing health care services.

### SIGNIFICANCE OF RESEARCH ON HEALTHCARE

World Health Organization categorically stated that health services are a major part of the basic social services of any country (WHO, 1971). Recognizing this, India has introduced rural health services in 1978, following the recommendations of Bore Committee (Park, 2007). Government of India has come with a set of standards for all the community hospitals under the National Rural Health Mission (NRHM).

According to the World Health Report (2011), there are three important goals of a good healthcare system. These are: (a) achieving good health for the population, (b) health services should be responsive to the public demands, and (c) there should be a fair payment system. To achieve these goals, healthcare units (hospitals) play a vital role (McKee & Kealy, 2002). Overall performance of any healthcare unit is assessed in terms of achieving these goals.

First the barriers in access to the healthcare by the clients will be presented. Secondly, the relationship between these barriers and healthcare outcomes will be examined. Thirdly, as the reputation plays a major role in influencing the outcomes of healthcare barriers, the connection between reputation and the health outcomes will be examined. This study is novel in the sense that there are no prior researches available that studied the importance of reputation of healthcare units in reducing the effect of barriers on healthcare outcomes. In this sense, this is exploratory study and first of its kind in India. Reputation of healthcare units depends on the trust being built by the units and available empirical evidence suggests that trust is an important factor in positively affecting the health outcomes (Hall et al, 2001; Mahon, 2013).

## VARIABLES IN THE PRESENT STUDY

Variables in the present study include the independent variables (barriers) and dependent variables (performance of healthcare unit and client satisfaction) and moderator variable (reputation of healthcare unit). These are described as under:

### INDEPENDENT VARIABLES

Independent variables in the study include client personal barriers, healthcare system barriers, healthcare professional barriers, and paramedical staff barriers.

#### *Client personal barriers*

These include behavioral, social, cultural, and financial barriers.

#### *Healthcare system barriers*

These include availability of services, quality of services, availability of medicines, and availability of equipment.

#### *Healthcare professional barriers*

These include availability of doctors, availability of skilled and specialized knowledge personnel, and attitude of doctors towards patients or clients.

#### *Paramedical staff barriers*

These include availability of nurses, availability of skilled and specialized personnel, and attitude of nurses towards patients or clients.

### DEPENDENT VARIABLES

Dependent variables in the present model are performance of healthcare unit, and client satisfaction.

#### *Performance of healthcare unit*

Assessment of performance of healthcare units is a complex task as it includes several variables. The performance needs to be reflected in terms of efficiency and effectiveness of the services offered to the clients. Though healthcare units are not profit-making ventures, it is reasonable to expect to cover the cost of medical treatment, paying salaries to the doctors, nurses, and personnel. Efficiency is related to least-cost-combination of resources whereas effectiveness is concerned with reaching the organizational goals. Some researches contend that for effective performance management of healthcare a sophisticated strategic system for assessment of balancing the interests of stakeholders (Aidemark, 2001; Kollberg & Elg, 2011). The quality of work-life is directly associated with nature of employment and family structure of the employees (A, Alex & V, Sundar 2019).

Performance of healthcare units is a multi-dimensional construct. According to WHO there are six dimensions that need to be evaluated and these are: (i) Clinical effectiveness, (ii) Efficiency, (iii) staff-orientation, (iv) Responsive Governance, (v) safety, and (vi) patient centeredness (Veillard et al, 2005).

The first and foremost important assessment of performance of healthcare unit is the clinical effectiveness which is concerned with delivery of clinical care to the clients to their full satisfaction. Efficiency deals with the input-output ratio and optimal utilization of costs. Healthcare units attempt to achieve goals by minimizing costs and using the available resources, especially once they have resource constraints. Staff orientation refers to the degree with which hospital staff are adequately qualified to meet the requirements of patients. What is important here is the training and development and creating positive conditions for patient care. Responsive governance refers to the degree to which hospitals respond to the needs of the community and promoting health to everyone without any discrimination on the basis of race, gender, socio-economic and demographic characteristics. From the viewpoint of clients, safety is another important dimension which is concerned with the delivery of healthcare without causing any risk to the patients and the clients should feel safe in the hands of doctors, nurses, and hospital environment. Since patients are the purpose why healthcare units are established, patient centeredness is another important dimension which includes taking care of patient's needs, protecting autonomy and secrecy of the medical records of patients i.e., confidentiality, and rendering timely and prompt care.

#### *Client satisfaction*

The very purpose of healthcare units is to provide customers or clients with the adequate and necessary healthcare services. In general, the client satisfaction includes convenience, costs, coordination, courtesy, and information quality.

## RELATIONSHIP BETWEEN BARRIERS AND PERFORMANCE OF HEALTH CARE UNITS

Several researchers documented that barriers adversely affect the performance of healthcare units (Scheppers et al, 2006). In one study by Sodani & Sharma (2011) it was found that infrastructure facilities and investigative services were available in most of the community health centers in Bharatpur District of Rajasthan State. However, the researchers found that there was acute shortage of manpower. According to Indian Public Health Standards (IPHS), infrastructure facilities in community health centers should include operation theatre, laboratory facility with easily accessible telephone, labor room, and cold chain facility room (IPHS, 2010). It is also essential to have adequate number of human resources available and these include both medical and support staff. According to IPHS (2010), there should be at least five specialists viz., one pediatrician, one anesthetist, one gynecologist, one physician, one general surgeon and six medical officers. In one study by Sinha et al (2019) the neonatal mortality rate was in due to out-of-pocket expenditure which the patients could not afford. By comparing the facilities in two different states (Assam and Karnataka) Zaman & Laskar (2010) found some deficiencies in infrastructure and emergency services results in poor performance of primary health care units.

One of the primary barriers of healthcare is the 'cost' of treatment. Since the cost is reflected in terms of 'price' which clients pay is a major hindrance for shying away from healthcare units, this is a major concern particularly for low-income group of clients (Ager & Pepper, 2005). Some researchers report that around twenty percent of Indians depend on personal borrowings to meet their hospitalization needs (Arokiasamy & Pradhan, 2013; Levesque et al, 2006; Mohindra et al, 2010). It is also reported by WHO that out-of-pocket expenditure of Indians is higher than in other countries (WHO, 2012). When compared to international average of 44%, out of pocket expenditure in India was 65% of the health expenditure (CBHI, 2018; Xu et al, 2018). To help poor people, Government of India has increased expenditure on health (Ministry of Health and Family Welfare, 2017). It has been documented by some researches that access to health services to lower strata of clients in India is very low when compared to higher strata of Indian society (Arokiasamy & Pradhan, 2013).

Though sometimes government offers incentives, some researchers report that the costs does not cover the benefits (Mondal et al, 2015). In another study by Sahu and Bharati (2017), the out-of-pocket costs were beyond the capacity of the clients. Some scholars contend that administrator's competency model is related to performance of hospitals (Kermani et al, 2019), it is widely believed that performance depends on skills and competency of the entire management team is instrumental in assessment. Several researchers reported that the barriers have significant negative relationship to performance of healthcare unit (Sodani & Sharma, 2011; Sinha et al, 2019; Zaman & Laskar, 2010).

## RELATIONSHIP BETWEEN BARRIERS AND CLIENT SATISFACTION

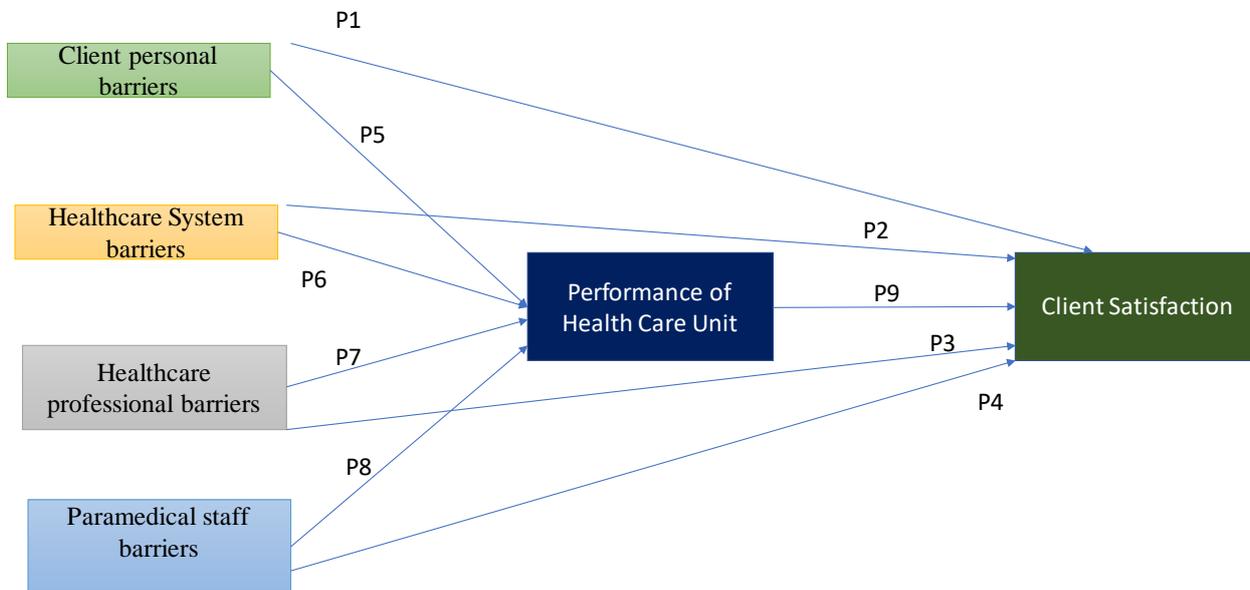
Research by Gaur et al (2020) revealed that main reasons for the dissatisfaction of patients (clients) were the lack of facilities and long waiting times. The authors suggest a strategy of addressing the waiting time, better hospitality and proper grievance redressal system. It has been documented in other countries that quality of patient care is positively related to the patient satisfaction (Dansereau et al, 2015). In another developing nation Nigeria, the researchers Onyeajam et al (2018) reported that clinical care adequacy, the availability of adequate equipment and drugs, empathic and equitable environment, and ease of access to treatment in

healthcare facilities are important factors contributing to the client’s satisfaction. India is not an exception to this. With regard to Tamilnadu, some researchers contend that there should be accountability in the health systems itself so that clients are satisfied with the services (Gaitonde et al, 2019).

Further, in primary healthcare programs from rural Tamil Nadu, Jennens, Ramasamy, & Tenni (2013) reported that financial problems, transportation, fear of scolding from medical staff, side effects of medicines offered by the doctors were the causes of dissatisfaction among the clients. Because of these reasons, some clients prefer alternative methods of treatment such as homeopathic or ayurvedic. To counter these problems, it is suggested to improve communication between health workers and patients. Since infrastructure is very underdeveloped in Tamilnadu, a report by National Rural Health Mission (NRHM, 2013) suggested infrastructure development should be done in an integrated manner so that clients will be more satisfied than at present. One of the biggest problems in Tamil Nadu is the utilization of health services. A study by Rushender, Balaji & Parasuraman (2016), revealed that the utilization of primary health services is better for preventive care but for treatment of acute illness the utilization is very low. Some of the reasons could be dissatisfaction with regard to the services rendered by the healthcare units.

Based on the literature review, we proposed the conceptual model as follows (See Figure 1).

FIGURE 1: CONCEPTUAL MODEL



**PROPOSITIONS**

- P1: Client personal barriers are negatively related to client satisfaction.
- P2: Healthcare system barriers are negatively related to client satisfaction
- P3: Healthcare professional barriers are negatively related to client satisfaction
- P4: Paramedical staff barriers are negatively related to client satisfaction
- P5: Client personal barriers are negatively related to performance of healthcare unit
- P6: Healthcare system barriers are negatively related to performance of healthcare unit.
- P7: Healthcare professional barriers are negatively related to performance of healthcare unit.
- P8: Paramedical staff barriers are negatively related to performance of healthcare unit.
- P9: Performance of healthcare unit is positively related to client satisfaction
- P10: Performance of healthcare unit partially mediates the relationship between barriers and client satisfaction.

**CONCLUSION**

The conceptual model we presented has several implications. First, researchers can test these propositions and empirically examine the relationship between the independent variables (barriers) and dependent variables (performance of healthcare unit and client satisfaction). The model also helps the healthcare units as to develop strategies to address the barriers in order to increase the performance and also make the clients satisfied. Especially in very competitive healthcare industry where corporate hospitals are dominating the scenario and exploiting the clients, only rich can afford such healthcare costs. Since population in villages who are poor cannot afford the rich healthcare costs, it is necessary for the government hospitals to avoid the pitfalls in system and see that clients are satisfied. As providing affordable healthcare is one of the objectives of WHO, it is necessary for developing countries like India to take care of rural population who contribute to significant chunk to GDP.

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