Journal of Positive School Psychology http://journalppw.com
2022, Vol. 6, No. 6, 3722-3735

Employee Engagement In Hospitals: A Study Of An IA-Based Approach Adopted By Select Organisations In Times Of Pandemic

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Abstract

The COVID-19 outbreak has subjected medical staff and their households to an unimaginable high-risk rate. The strain and losses triggered by the COVID-19 outbreak, with caregivers carrying the heaviest workloads, emotional fatigue, and the occupational danger of illness and an elevated risk of morbidity and death, have enormously disrupted the hospital industry across India and globally. Given the significant relationship between employee engagement and their willingness to stick with the organization regardless of the aforementioned working conditions caused by the COVID-19 pandemic, this study aimed to examine the relationship between cognitive activation of employee engagement as mediator and Information Architecture as a moderator for employee retention in the hospital. The data collected from two groups of healthcare professionals: clinical clinical staff such as nursing staff, physicians, and specialists; and non-clinical staff such as HR managers, line managers, and workers were analysed both both manually and with the use of QDA Miner software. It was found that, while some of the motivations elements like sufficient resources for both psychological and physical health appeared to have a significant effects on employee engagement, the psychological dedication between the two groups of respondents appeared to vary significantly. There are two major contributions this study ought to make to the growing body of research on talent management. The first is to challenge the universality of the strategic HRM competency model in order to enhance staff engagement in this industry. And, the second is to provide implications and suggestions for the service industry in attempting to create policies and interventions that will enhance staff commitment to the organizational vision and mission.

Keywords: Information Architecture (IA), HRH, COVID-19, Employee engagement, Employee retention.

1. Introduction

The COVID-19 pandemic is not only a global health crisis but has, overtime, amplified highRisks and uncertainties in the hospital industry which have resulted to an extensive workloads, perceived stress, emotional exhaustion, and strain, with an elevated risk of morbidity and death of healthcare staff (Labrague, L. 2021; Şahin, C. And Kulakaç, N. 2022). Furthermore, as a result, many healthcare organizations, especially in countries with an already compromised health system and high turnover rate, begin to shift their focus from employees' mental and emotional needs and jeopardise employee engagement, which has a negative impact on the turnover intention. However, when it comes to ensuring an organization’s performance and

agility in times of crisis, especially in service enterprises like hospitals, both skilled and resilient employee engagement is essential(Love, A., 2021; De-la-Calle-Durán et al., 2022). A study conducted by Jung (2021) and others affirmed the predictive association between employee engagement and the likelihood of turnover. It has been found that employee engagement and turnover intention have a positive effect on productivity, work efficiency, and the overall success of an organization.

Although employee engagement has been widely discussed by academicians as a means of decreasing employee turnover rate, there is still a gap in the universal definition of engagement as a whole and a clear understanding of the key factors that lead to it in times of crisis. Employee engagement as per the academic literature refers to a loyal and full-participating workforce willing to embrace organizational principles on behalf of the company for purposes other than the traditional pay and benefit strategy (Chanana, N., 2021; Bailey, C., 2022). Employee engagement is vital to organizational success, particularly in the service sector where workers meet consumer needs. This may involve physical, cognitive emotional reactions such as dedication and a pervasive state of mind that trigger an employee toward the organizations and holds them for long periods of time (Bailey, C., 2022). Human resources management in healthcare requires support and engagement from employees who receive training and skills development so that they might provide high-quality contributions to the patient care environment (Agarwal et al. 2011). In India, human resource management capabilities must expand to improve delivery and promote higher quality care for its growing population with an increasingly driven and motivated workforce to accomplish the goals of this process through practical solutions and decision-making (Agarwal et al. 2011a). Therefore, critical knowledge and expertise are essential in healthcare organizations of all sizes and across all locations. Given the significant relationship between employee engagement and their willingness to stick with the organization regardless of poor working conditions caused by the COVID-19 pandemic, it is necessary to understand employee engagement theories to comprehend the key factors that are responsible for the emotional commitment of employees to the organization, their role in their respective departments, their fellow employees, and the healthcare community.

1.1. Problem statement

For the past 18 months, the COVID-19 outbreak has subjected medical staff and their households to an unimaginable high-risk rate. The strain and losses triggered by the COVID-19 outbreak, with caregivers carrying the heaviest workloads, emotional fatigue, occupational danger of illness, and an elevated risk of morbidity and death, have enormously disrupted the hospital industry across India and globally. It is estimated that nurses constitute about 60 percent of the global health workforce; they have had to bear the continuous overtime work and exhaustion at considerable rates. Even before the pandemic hit the globe, the rates of burnout for nurses, especially in India, ranged from 51% to 85% (Mukherjee, et al. 2020). This is a situation that has been aggravated by a problem that was there before COVID-19; a startling shortage of health workers. According to the World Health Organization, there is a possibility of the world experiencing a shortage of 18 million health care providers by 2030, and this is likely to affect mainly the low and lower-middle-income nations; of this total possible shortage, nurses constitute nearly half. The effect of this shortage on healthcare providers and the entire healthcare system is usually augmented by the poor conditions of work and inadequate compensation, together with partial or unequal distribution of the workforce resulted from low engagement.

The World Health Organization approximated that the healthcare workers made up more that 20 percent of the total infections by mid-2021, whereas it reached a high of 40 percent in some countries. This is a worrying trend considering the fact that healthcare workers only constitute less that three percent of the populations in several nations. In most nations, nurses recorded the highest numbers of infections of all the groups of healthcare providers. Such countries included India and Mexico. By mid-2021, more than 17000 health workers worldwide had been reported deal as a result of the infections; however, it is believed that the number could be higher owing to the

numerous cases that go unreported in most countries (Mukherjee, et al. 2020). It is evident that managing the current issues related to medical staff is found to be more complex than it was prior to the pandemic. Researches on employee engagement in crisis management argued that employees may value traditional rewards in the form of bonuses and merit increases(Dal Poz et al., 2006; Gabriel et al., 2021; Olds et al., 2022). However, other factors, including the ability to achieve a greater work-life balance and to obtain adequate paid time off from work, promoting training to prepare staff for uncertainty are essential for the modern workforce to provide the capabilities that are necessary to improve performance and to accommodate the needs of patients with a variety of health challenges(Koch et al., 2021; Gabriel et al., 2022). In this regard, the actions and measures taken by small and large-scale health organizations must reflect the importance of meaningful approaches to decisions that encourage employee involvement as well as other factors that influence and promote both the mental and physical wellbeing of healthcare workforces (Santarone et al., 2020; Svold et al., 2021). In view to accomplish the goal of employee engagement, the researchers attempted to address the following research questions and develop solutions that will have a positive impact on employee retention in times of crisis.

- What are the challenges of employee engagement in times of crisis?
- Why are these key drivers relevant for employee engagement in the context of employee retention in times crisis ?
- How can health organisations address these key determinants to enhance employee engagement in
- times of COVID-19?

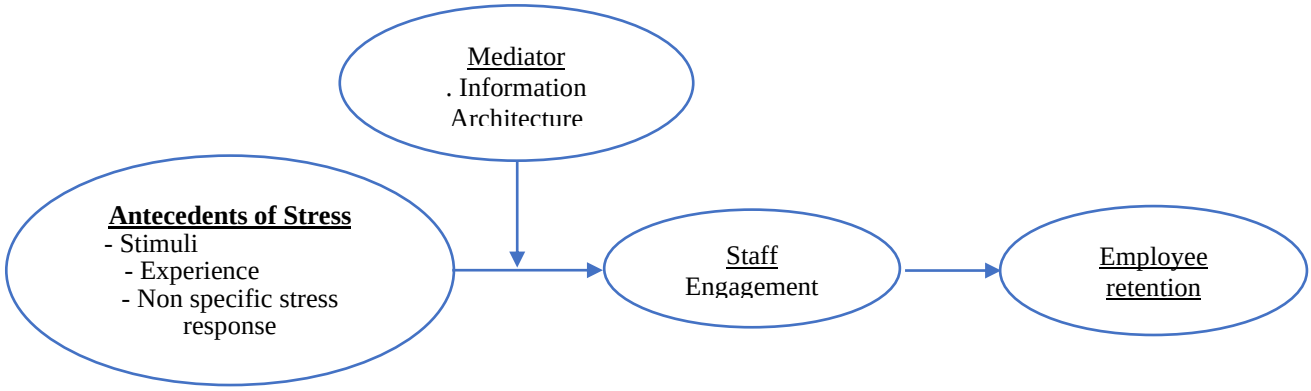

Figure 1: Theoretical framework

1.2. Theoretical Framework

This study utilized stress theories to comprehend the challenges that are faced by the healthcare providers in India during the pandemic, which has caused the HRH shortages. The pandemic has generally brought about public stress as individuals go through various psychological and physical challenges that impacts their individual subjective evaluations (Hodgins, Stephen, et al. 2021). The term ‘stress’ is used to represent four different perceptions, which are stimuli, experience, non-specific general stress response and stress response experience. Cognitive Activation Theory of Stress stipulates that individuals need information when dealing with crises, and a normal properly balanced stress during such instances should be common. Reactions to stress is vital as it offers the vigor that allows them to battle against the odds. Nonetheless, when there is a difference between the anticipated and real situations, then the mechanism of stress response begins to struggle. Whereas stress response is fundamental in dealing with challenges, increased levels of unrelenting stress can result in psychological and physical conditions. As such, continued workload and psychological stress of the health workers during the pandemic cause an acquired expectancy called ‘hopelessness (Saks & Mike, 2021).

2. Literature Review

Frontline care providers all over the globe have carried the heavy burden of dealing with the global pandemic while continuing with their offering of critical health services, such as providing clinical aid or other testing, they have also been at a greater risk of getting infected with the virus. Workload during the pandemic has risen and medical facilities have increased their bed capacity for the purposes of taking in more patients, leading to the health workers being stretched to the limits. Most facilities in India reported that a single health worker served five to six patients, but during the pandemic, the figure tripled to about 18 patients. At the same time, the ratio for the intensive care unit beds was a single health worker per bed, but now it is about three beds for a single staff. There have been increasing protests from the nurses and doctors as well as community health workers about increased pay and better facilities in the country (Bhattacharyya, et al. 2021).

> The nurses have increasingly shouldered the heaviest burden in the pandemic,

whereby it is expected that most of them are poised to leave the practice early. Moreover, 90% of healthcare associations worldwide registered their concerns that the pandemic is causing a rising number of nurses to quit the practice, or reporting their intention to quit immediately the pandemic is gone. Because of the considerable psychological and physical strain from the pandemic, as well as the rising rates of exhaustion worldwide, ICN projected that the nursing workforce along may experience a deficit of about 13 million by the year 2030 (Walton-Roberts & Margaret, 2020). Whereas the pandemic has revived attention to the crisis of health workforce globally, with campaigns like the World Health Organization declaring 2021 as the year to celebrate health and care workers, world health leaders have been trying to create a more synchronized approach to the shortage for several years.

> In addition, the country is grappling with a serious shortage of health care workforce,

which is seriously affecting the response of the country to the pandemic. To close this gap, different stage and local governments have started recruitment campaigns, but this has not been very successful. For instance, after a nurses strike in Bihar, the local government decided to hire more nurses, however, despite advertising 9000 posts for new recruits, only about 5000 positions were able to be filled (James And T. C., 2021). In Pune, which is located in the western state of Maharashtra that has at some point was the leading region in the rates of infections, the shortages in the health workforce lead to the new centers that had been established to deal with the increasing number of patients, getting overwhelmed (Mishra, M., and R. Singh, 2020).

> With millions of confirmed cases, India is on course to overtaking the United States as

the nation that has recorded the highest number of infections. The initial strict containment measures did little to improve a healthcare system that was not well-prepared, and the health force of the country is now in a bad position as it struggles to deal with the burden (Nanda, et al. 2021).

> However, while some health organisations across the national territory (NCT) of Delhi

failed to retained their valuable staff in the wake Covid outbreak than others, past and recent studies have clearly shown that employee engagement ensure a full-participating and resilient workforce that would be willing to embrace organizational principles on behalf of the company for purposes other than the traditional pay and benefit strategy. (Einwiller et al., 2020; Jung et al., 2021; Bajrami et al., 2021; Kokubun et al., 2022). Even though the existing literature on the importance of employee engagement has relied on the subjective issues related to turnover intention in times of crisis, there are just a few works that offer factual and qualitative evidence on how to improve employee engagement. While cross-disciplinary research by Bailey and colleagues (2022) outlined the fundamental aspects of an organization with an engaging workforce, this study specifically looked at how hospitals across the national territory of Delhi implemented employee engagement policy as a means of retaining healthcare staff and what key drivers were used by these organizations to ensure a motivated workforce in a wake of outbreak.

The issue of the shortage of health care workforce is not new in India and has some serious consequences on the access to health care. The World Health Organization sponsored a study in the country in 2016, and it

findings showed that lack of trained health experts was clearly a key constraint on the ability of the country to attain health care delivery. This is a matter of the health systems, according to the Anant Bhan, a global health researcher. With the highly hyped national health mission, HRH have not also been considered. Much of the attention has been given to the generation of physical infrastructure, construction of hospitals, and purchasing of new equipment, but no much effort on the development of health professional capacity. This has been mirrored and strengthened in the response of the country against the pandemic. There is a lot of debate about the number of beds that have been created, acquiring ventilators, and the oxygenated beds (Charoenngam, et al. 2021). Despite all these questions and debates, the major questions that the stakeholders and leaders are asking is where to get the workforce to manage the newly acquired infrastructure, since human resource cannot just be created in one day. The situation is even expected to become worse as the pandemic continues to increase, as most of the new infections are now originating from the rural areas.

> The problem is not only the shortage of health care workers, but the concentration of

these workers is in the urban centers, which leaves the rural areas in an awkward situation with lack of adequate caregivers. For instance, a study by the World Health Organization established that the density of health professionals in the urban centers was four times more than that of rural India, while in China, it was as twice as that of the rural areas (Zodpey, et al. 2021). This shows that there is a serious problem of health inequalities, according to Anjela Taneja, of Oxfam India. It is astonishing that the regions that greatly needs more medical experts is the one that is grappling with shortages. Supporting the sentiments of Bhan, she claimed that much attention has been put on tertiary care rather than the primary and secondary care in the rural areas, and on raising the number of specialized workforce when what the country actually is in need of is frontline health professionals (Bolan, et al. 2021).

> This has been a serious matter in the country for several years. A study published in

the International Journal of medicine and Public Health highlighted the reasons for the lack of sufficient resources in the rural areas. The lack of adequate workforce in the rural areas of the country was as a result of skewed prioritization and resource allocation. This could be resolved by reversing the urban-focused planning ensuring equity in social development. One of the major reasons for this impartial or one-sided concentration of health professionals in India is that the postings to the rural areas are not incentivized (Pandey, et al. 2021). Either, health professionals that are trained in the urban areas do not want to work in rural regions or do not stay there for longer periods.

> The government, in this year's budget, suggested the creation of a medical college

attached to each district hospital that would ultimately help in training of more medical professionals. However, the bigger challenger is making them to stay in the rural areas. Some states in the country have formed a bond system to help solve the challenge, whereby health professionals are bound by contract to stay in the area for a period of between three to five years. However, many position still remain unoccupied in the remote areas despite these efforts or programs. According to Teneja, it is important to encourage and train individuals who come from the local areas or communities because they are the ones that could be able to survive or stay in their home areas, rather that hiring people from the urban centers that may not stay there for long.

A review of the literature was conducted in order to address these research questions that are instrumental in shaping the future direction of employee engagement and how to achieve the specific goals and objectives of expanding human resource capabilities in the healthcare industry. To this end, taking into account the perceived stress, emotional exhaustion, and strain, with an elevated risk of morbidity and death that impact the working climate in the COVID-19 era, the present study suggests a model to assist HR departments in improving employee engagement in times of crisis. It is necessary to explore various concerns that lead to defining the potential course of the healthcare sector and reducing the incidence of turnover in many health care institutions throughout India and world-wide. In addition, the discussion throws light on the

best employee engagement techniques to offset high turnover.

3. Methodology

This was an exploratory qualitative experiment that was used to understand the detailed understanding of the challenges experienced by health professionals in various hospitals in New Delhi that cause the acute shortage in the workforce. The participants in the study were willing doctors and nurses that offered treatment at various medical facilities in the city. A total of 15 respondents were chosen for the study via the snowball sampling method. The recruitment of the subjects was done via referrals of healthcare experts from the past acquaintances. This method was employed since it was not quite easy to find healthcare experts that were willing to take part in the experiment during this time of the pandemic.

The method of data collection was through in-depth interviews that was done via telephone. The researcher created in-depth interviews guide that was meant to probe questions for the process. The items contained in the in-depth interview guide were obtained by searching the available literature. The researcher only picked the items that were relevant to the current study for consideration, whereas leaving out those of pure medical literature. The guide had questions related to the barriers associated with workload, severity of the disease and the related stress, the quality and availability of PPE, challenges related to the pandemic and the mechanisms for coping.

4. Data Analysis

Whereas analyzing the results, the focus was on the meaning, context, phrases, rate, and the weight of the subjects' statements. The data was analyzed both manually and with the use of QDA Miner software. This software is helpful in the management of large quantities of data to extend the range of the manual analysis. It is mainly utilized by professionals and researchers for performing qualitative experiments globally. Standard ethical standards were maintained throughout the experiment. The research protocol was approved by the individual that blinded for peer review. Before the interview process was started, the researcher sought informed consent from the subjects after being given a brief about the purpose of the study and how the information given by them was going to be utilized. The personal details of the participants were kept private, and they were given an assurance that all the information that they were going to provide would not be used for any purpose other than the intended.

5. Results

A total of seven themes came up from the interviews as discussed below:

5.1. Increased workload

The respondents showed that the sector of health experiences a shortage of medical workforce. Furthermore, most registered physicians do not practice medicine, which results in increased workload by those medical professionals in practice, both in private and public hospitals. In the private hospitals, physicians were always given a break of one day every week. Medical doctors were at work for long hours during their working days and on holidays through telecommunication. Besides bearing too much physical pressure, extreme workload also results in enhanced psychological stress.

Healthcare facilities also do not have adequate staff, whereby the few available were forced to work for 15 to 16 hours per day. More so, most workers were not willing to go to their places of work due to the fear of getting infected. Medical experts who were younger said that they were having a heavy workload. This may have been because of being assigned a lot of work due to their age as well as an increased outbreak of the infections in the city.

5.2. Lack of PPE

The respondents reported that the PPE that were being provided by their health facilities were either not sufficient or of substandard quality. Although the government claimed that nearly all medical facilities had been given the needed number of the protective gears, the truth on the ground was totally different. This is particularly true according to the respondents who work in the private facilities who said that some of them had been forced to purchase their own because they were not sure about their availability in their respective medical facilities. The PPEs that were given by the government were made of a kind of plastic material, although the shortage of the PPEs reduced with time as the

government provided more of them for distribution. Another issue that came up from the participants was that the nurses were not given enough PPEs because the first priorities were given to the doctors.

5.3. Social Acceptance

One serious problem that has hit the healthcare workforce during the pandemic is social stigma. According to the respondents, those around them, especially their neighbors viewed them a bother and always avoided communicating with them for fear of getting infected. In some instances, house rents were raised by the landlords for the health workers and forced them to vacate their premises in the event that they go infected. At times, their keeping of social distance turned out to be rather harsh, and this is something that really pushed them to the wall. This made their parents to be more concerned about the safety and welfare of their children in terms of their working conditions as they were working in a very dangerous environment. They usually attempted to bargain with them not to leave their homes, but this was only a parental concern, they carried on with their duties after being appeased. The respondents reported that their friends and relatives kept a social distance and avoided visiting their homes. However, the interviewees perceived this as positive to guarantee the safety of both the members of their families and relatives.

5.4. Mental Health Issues

Individuals that work in the medical sector know how to think and act steadily in any health-related emergency. Notwithstanding that training, the respondents said that they were forced to cope with various mental challenges such as anxiety, insomnia, stress and fear of untimely death during the pandemic.

The healthcare providers work in an environment where there is a serious fear of infection. However, the respondents were more worried about the members of their families getting infected by them, instead of getting the infection by themselves, which increased psychological stress. Others said that seeing sudden death of their colleagues brought about a sense of hopelessness among the care providers, which resulted in most of them experiencing trauma. The lack of recognition by their colleagues also resulted in psychological pressure, as some of the nurses said that they are not being appreciated by the doctors adequately.

5.5. Incentives

All of the respondents knew that there was no additional incentive for them despite being forced to work for more shift hours. The government had promised some of the incentives, like the provision of treatment in the event that they got infected and offering an isolation room to enable safe inhibition. However, most of them were not honored whey they were needed. Moreover, the interviewees had a strong belief that the implementation of these incentives was not possible in the short-run. Whereas the incentives offered by the government for the workers in the public facilities were not satisfactory enough, the working conditions for the health workers service in the private facilities were not any better, as they were reported as being the worst. Other respondents reported that there were little or no monetary incentives for the healthcare providers in the private hospitals in the event that they got infected or even passed on while offering their services. The interviewees were stressed about the biasness between the private and public workers. They were also not enjoying the basic amenities like breaks between their shifts or enough meals to keep them going, leading to more frustrations.

5.6. Proper Coordination

The World Health Organization and government guidelines concerning the handling of the pandemic were being changed constantly considering that this was a new disease and there was very little previous knowledge (Masis, et al. 2021). As a result, doctors were not sure about how to handle the treatments effectively. These uncertainties lead to more psychological stress among the healthcare providers. The subjects said that the patients were not aware of any safety measures. The patients testing positive usually came to the hospitals for standard medical consultations, and this posed a greater risk to the other patients who were negative as well as the medical staff. In numerous occasions, medical doctors and nurses got infections since the patients did not disclose their statuses. There was a serious failure in the coordination within the healthcare administrations.

Furthermore, healthcare professionals were not contented with sone biasness that the administrations practiced. The respondents cited the issue of the banking sector in which workers served for just less than 30 days a month. This is contrary to the health sector whereby the workers served for double shifts as others did triple shifts, and this caused a lot of stress and depression. In addition, they were not sufficiently trained on how to work properly in a virus outbreak as it was a completely new thing to them. It was also thought that more administrators were involved by the authorities and limited number of experts to deal with the pandemic.

5.7. Coping Strategies

The respondents said that what kept them going was the fact that they had a strong belief in God who was protecting them. Another fundamental coping strategy was the support that they got from their colleagues, members of the family and friends. The participants reported that constant communication with their colleagues keeping social distance and trying to be companionate and kind with one another in their place of work. This conducive and supportive atmosphere enabled the health workers greatly in reducing their psychological stress.

Ensuring that they kept the sacred oath that they took, they were normally more worried about their patients more that they thought about themselves. This great concern for the welfare of the general public also served as a coping strategy on its own. On top of getting psychological support from the members of their families and friends, healthcare workers attempted to adhere to every medical policy and regulation in trying to stay safe so that they could also not get infected. Other respondents said that they used meditation as a way of improving their mental strength. In general, the respondents believed in a greater force in the pandemic and kept reminding themselves about it as they were putting their lives on risk to serve the welfare of humanity.

6. Recommendations

6.1. Support for the Nursing Education and management Structures

There still exists a lot of work to do by the government, financiers, and partners in dealing with the issue of nursing shortage in India. This requires the consistent dedication from the high-level political players and considerable local and foreign financing to effectively fulfil the human resource needs of the Indian health system. Where there are considerable gaps in training, more investment is necessary to enhance pre-service training for the nurses together with other health care providers in making sure that the government is able to train adequate care service providers to fulfil the demand for services. In addition, it is essential to offer opportunities for the improvement of the level of skills of the nurses via the establishment of upgrading or specialized programs. In areas that already have strong training capacity, it is important to invest in regulatory bodies and nursing councils to offer improved management and supervision of the available workforce to deal with the challenges associated with retention and burnout.

The pandemic has turned the focus of the globe on the lifesaving duties of nurses and other care providers on a daily basis. It is time for the Indian government and financiers to strengthen its healthcare system, which supports the care providers. It is vital to protect the existing healthcare workers and deal with the increasing gap in the health workforce, not only at the present, but also after the pandemic is gone. The government should not wait until another pandemic hits the world and the country for it to deal with the urgent need to sufficiently offer training and deployment as well as retention of health workers. Investments should be done in the health sector now to help in bridging sustainably the gap for future purposes; there should also be sufficient protections to ensure the wellbeing of the health workers and their intention to remain in practice (Afzal, et al. 2021).

6.2. Preparedness for Uncertainties

Whereas investing in training capacity is regarded as one of the fundamental components of creating a stronger health system and workforce, Covid 19 has also highlighted the need for the Indian healthcare system to have greater preparedness for emergency. It is important for the government to plan for health emergencies together with other disasters that increase the demand for healthcare workers. That preparedness should make provisions for sufficient staffing and proficiency whereas making sure that there is enough protection for

the healthcare providers. The World Health Organization, in December 2020, released guidelines for the policy and management of health workforce in the context of the Covid 19. The key recommendations talk about various domains such as supporting and safeguarding health workers, improving and consolidating health workforce teams, raising capacity and strategic distribution, and strengthening of the human resources and health system.

Whereas long-term solutions in scaling up a health workforce do not deal with the existing needs of the health system in the event of an emergency, improving renumeration and the conditions of working can also offer the required motivation, morale, and safeguarding to those who are already in practice, and whose psychological and physical health are always put on the line. Furthermore, emergency responses to disasters and other public health challenges could also encompass contingency plans for budgets intended at covering for the overtime compensation to motivate workers that work for additional hours during disasters, for hazard allowance, as well as for comprehensive insurance covers for care providers where there is none.

The pandemic has also compelled the government of India to think about how to deploy health workers to give an effective and efficient response to disasters; some of these are the adjustment of the deployment of health workforce in optimizing tasks and responsibilities of the healthcare workers, like making use of the nurses at the community level to support rudimentary health services, referrals and contact tracing. Other roles could entail offering training to the members of the community to support non-clinical work at home or health facilities.

6.3. Building Public Trust in Health Systems Before Pandemic

Having a careful planning for both sufficient health worker safeguarding and adequate and proper deployment during and before a disaster is critical in helping form a solid workforce that is in a good position to handle crises. Investment in the improvement of the quality, availability, efficiency and responsiveness of the workforce is also a sure way of enhancing the overall health results and can lead to the creation of more trust from the public in the health system. The creation of trust in the healthcare system implies making sure that the healthcare services are easily accessible and readily available to anybody that needs it, and that the primary interaction of an individual with the health system via the providers is a positive one (Dinesh, et al. 2021).

The results of the first HRH program in the NCT of Delhi, India played a big role in establishing public trust and confidence in the country's health system. Public trust is a fundamental aspect especially during the management of a crisis. Where there is trust, it is very easy for individuals to seek healthcare services, adhere more easily with the established public health measures and no stigmatization. To achieve this, public trust should not be built during a crisis, but before when it is not too late.

It is not known when the pandemic will come to an end; as such, it is still important to ensure that the healthcare organisations provide the care providers with adequate personal protective equipment (PPE) as well as vaccinations as they continue to handling the new and ever-increasing cases of infections. Whereas in nations where the programs of vaccinations have continued to grow faster are hopeful of returning to normal by 2022, there are overwhelming rises in the infections in India and this is likely to go on across the country as well as the entire world whereas many nations wait for adequate vaccines to reach anything near herd immunity.

There two key areas that have been established for the immediate attention by the stakeholders. The first one is that the financiers need to invest now in the education and training of healthcare workers to keep on building the country's workforce both during and after the crisis. This is very critical in the reduction of the country's shortage of health workforce and establishing a solid health system. The second one is that the government together with other players in the health sector need to integrate the health workers into their emergency preparedness planning now and even for any emergencies in the future.

> This is critically important to reduce the global shortage of health workers and build

stronger health systems. This must include making sure that the presence of adequate PPE for health workforce, making provisions for those who work overtime in terms of incentives and pay, and exploring strategies of emergency to fulfil the urgent needs for health services for

the minimization of attrition and exhaustion. It is important to make sure that healthcare providers are in a position of staying safe as they continue to bear the burden of Covid 19, even as the relevant stakeholders work to deal with the long-term shortages in the health workforce.

7. Strengths and Drawbacks

This study derives its strength in utilizing the exploratory qualitative design to examine the manner in which the government can solve the HRH shortages in the health sectors by means of key employee engagement strategies in India, which has been amplified by the Covid-19 pandemic. Although a greater limitation to the study was the fact that it was quite not easy to get a larger sample to work with, the researcher tried everything possible to counterbalance this drawback. This was achieved through following the standard criteria for the reporting of qualitative study (COREQ) worksheet for the in-depth interviews as well as for the reposting the experiment. The interview questions were open-ended and also not limited to particular subjects, and this enabled the collecting of comprehensive answers from the respondents since they were allowed to respond to as many questions as possible and give explanations as they wished. The use of the snowball sampling method was helpful as it was not possible to get many healthcare workers that were willing to take part in the study in the course of the pandemic. Due to the tight schedule of some of the healthcare professionals, it was important to ensure that the interviews were kept as brief as possible in some instances. Nonetheless, the researcher was able to attain the desired number of respondents necessary for the experiment. Since a qualitative study is reliant on the information depth rather than the number of respondents, the 15 subjects that took part in the experiment were sufficient for data saturation. Also, conducting qualitative research via telephone interviews comes with its own drawbacks, and all these were noted by the researcher and the necessary measures taken to address such shortcomings. However, the researcher recognizes that methodological triangulation and direct observation methods may have offered additional insight into the subject.

8. Conclusions

This study examined an IA-based approach adopted by healthcare providers to solve the HRH deficit induced by Covid-19 in India. The study explored the challenges that the healthcare professionals have experienced during the pandemic in India as some of the major causes that have led to low employee engagement and caused this shortage in the healthcare workforce. The study established that there is a real shortage of staff and this has led to a heavy workload on the active care providers. Other factors that have resulted in the shortage that has pushed off medical professionals from the practice are shortages of PPE, fear of getting infections, social exclusion or stigma as well as mismanagement, which all combined to put them on the age considering that they are the ones shouldering the burden of the pandemic. A lot of recommendations had been made on the enhancement of skilled workforce and logistical support, but this has not been the case on the ground during the pandemic period, which has exposed a lot of shortcomings and inconsistencies in the Indian and global healthcare system.

In order to resolve the shortage of HRH caused by the pandemic, it is important that the healthcare workers are provided with all the necessary support that they need. They should be given sufficient resources for both psychological and physical health. Whereas the burden of workload needs to be reduced, a proper coordination together with access to information, both during and after the pandemic is fundamental as this is the surest way of ensuring quality healthcare services. Moreover, the government should ensure that there is proper training and management structure. This requires commitment from the top level of administration. The nurses want to feel safe and comfortable working. As such, building public trust would also go a long way in ensuring hiring and retention of the workforce.

It also appeared that lack of incentives is a major concern for the healthcare professionals. The government should understand that the healthcare professionals have emerged as the real warriors, and they need to be appreciated. This is the norm in other industries where employees are motivated by their employers in terms of monetary gifts or

promotions. In order for the government to close the gap of worker shortage in the health sector, the workers need to feel appreciated for their hard work. This would make many qualified students to want to join the practice through training, as well as making those who want to retire to reconsider their decisions. This would also stop those who look for jobs in other countries where there is good pay, as well as those who quit for other professions due to frustrations. Lastly, the government should recognize that the healthcare professionals have been overstretched during this pandemic, hence then need psychological support and counselling. Establishing such programs would help in reducing the number of healthcare professionals who quit the practice due to mental health issues.

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