



NURSE ASSERTIVENESS ON PTM AND CSF FACTORS WITH EXCEPTIONAL POSITION TO POTENTIAL SKILL DEVELOPMENT IN MULTI SPECIALITY HOSPITALS

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Abstract- Determining absolute answers is the main objective of the experimental research process. The technical research includes conducting a systematic study to prove the stated hypotheses and eventually answer particular questions arising from the research process. This chapter principally marks to develop research design which provides a framework of how the data is congregated for assessment and evaluation. The study involves studying the key variables of socio economic status with nurse's attitude on work environment attributes, Opinion on major components on PTM factors, critical success factors of nurses in connotation with competitive potential skill development. The research design comprises of title of the study, statement of the problem, research objectives, sampling techniques employed, data collection tools, data collection sources, sampling design, and research methodology. The purpose of this section stands to present in-depth examination based on completely filled and usable responses obtained from the respondents of multi speciality hospitals at selected five cities of Tamilnadu, India.

Keywords: Patient Care, Skill Development, Critical Success Factor, Intention Factor- PTM Factors

I. INTRODUCTION

Health is considered as one of the key marker of the success and advance of any country. According to WHO, "Health could be the ceremonial of total corporeal, psychological and communal prosperity and no simply nonattendance malady." Nowadays 'healthcare' envelops a much broader meaning and grasps numerous other partnered administrations like symptomatic administrations, neurotic labs, physiotherapy centers, ambulances administrations, wellness centers, wellbeing clinics etc... Though it developed as a full-fledged industry within the west a long time prior, corporate clinics in India have fair begun making their stamp. The nation needs well qualified labor not as it were for keeping an eye on the therapeutic offices at all levels, but too to address the wellbeing related challenges. Medical caretakers play a more noteworthy part in quiet care other than organization of drugs. They offer assistance the patients to oversee their physical needs, avoid and relieve sufferings by watching and observing the advance of the patient's circular the clock and record the patient history which helps in clinical decision making. Nurses need to be a critical thinker while assessing the signs and symptoms of the patient and capable of identifying potential problems. Medical attendants ought to be competent sufficient to communicate persistent wellbeing data in an exact and concise way to the doctors who regularly chooses the ultimate treatment. Nurse's proficient personality alludes to their information, specialization, mental and person duty and well created bunch awareness. In this ponder, the analyst tries to discover the nurture self-assuredness and potential expertise improvement in multi forte healing centers through experimental overview and inquire about.

II. METHODOLOGY OF THE STUDY

A decent exploration work requires a reasonable logical philosophy on the grounds that just through the use of right system in choice of examining strategies, suitable apparatuses of information assortment and so forth, so that all around established end can be drawn on the wonder viable. The legitimacy of an exploration relies

on the strategy for gathering the information and investigating the equivalent. In the current investigation, broad utilization of both essential and auxiliary information was gathered methodically. To satisfy the targets set out, an example study has been attempted utilizing organized poll and got it properly filled in by the concentrated sample defendants who are functioning as medical nurse in multi speciality hospitals in selected cities in Tamilnadu - Chennai, Coimbatore, Madurai, Salem and Trichy. Respondents from varied stratum are selected based on the aspects of age, education, income, experience and designation.

Research Design comprises the blue print of assortment, measures and examination of information. In explicit terms, an examination configuration is the course of action of conditions and investigation of information in a way that mean to consolidate significance to the exploration reason with economy in method. In this examination, the specialist planned to utilize graphic exploration plan and studies worried about explicit forecasts, with portrayal of realities.

Sampling Specification - Samples were chosen from Multi-Speciality hospital nurses.

Table No - 1 Sampling Size and Area of Sample

S. No	Name of the City	Multi-Speciality Hospitals	Total Population of Nurses	Computation of Sample Size (Nurses)
1	Chennai	19	957	253
2	Coimbatore	17	823	217
3	Madurai	9	445	118
4	Salem	7	358	95
5	Trichy	5	255	67
	Total	57	2838	750

Source: <https://www.esic.nic.in/CIRCULARS/tamilnadutieup261012.pdf>

Sampling Design - Researcher selected multi stage sampling method. It refers to a sampling procedure which is carried out in several stages. In the first stage, the researcher has chosen five cities based on the highest number of multi speciality hospitals operating in Tamilnadu. Chennai city tops the list with highest number of multispecialty hospitals followed by Coimbatore, Madurai, Salem and Trichy in Tamilnadu. In the 2nd stage from each nominated city using random technique were selected as cluster units according to the proportion of the population. In the 3rd stage from the selected clusters the sample size of 750 nurses were randomly selected based on the computation from the existing nurse population using sample calculator.

III. REVIEW OF LITERATURE

<p>1. Faizal, A.N.Y (2017) "Impact of work environment on learning transfer of skills", made an attempt to identify the elements of work environment that are needed to strengthen learning transfer of skills learnt in training to the workplace. When the peers recognize and implement the opportunities to use newly learnt skill, show patience when faced with problems because of new skills and appreciate the use of skills newly learnt the trainees feel encouraged in transferring the skills. The findings of this data have implications for practitioners in the delivery of skills training in order to shape a skilled workforce to help create a high-income economy.</p>
<p>2. Lynette Cusack (2016) Developing nurses' resilience who works in complex and stressed work environment is imperative to retain the skilled nurses in the workplace and to manage the staff shortage in nursing profession. The author developed workplace environmental resilience model which involves two concepts support and development. The support concept speaks about the workplace interventions that nurture and support nurses, while the development concept covers the empowerment aspect of nurses to enhance their professional potential.</p>
<p>3. Joseph Ayamolowo (2013) explored the relationship between the work environment and job satisfaction among nurses working in public primary health facilities in Nigeria and the factors in work environment that would increase their job satisfaction using semi structured questionnaire. Only one third</p>

of the nurses perceived their work environment as high quality and majority of the nurses reported low degree of job satisfaction. The other factors that are likely to influence the job satisfaction among nurses are found to be employing skilled staff, providing basic amenities like water, uninterrupted electricity in the workplace, sponsored seminars, and opportunity for continuing education.

4. Vilma Zydziunaite (2012) says that nurses carry out series of leadership activities in their day to day activities. Some of the nurses are able to imbibe leadership qualities and leadership styles that suits the situation effectively while find it difficult to develop leadership qualities and could not perceive themselves as effective leaders.

5. Beatrice J. Kalisch and Kyung Hee Lee (2010) "The impact of teamwork on missed nursing care" examined the effect of nursing teamwork on patient care. The study was conducted with 2216 nursing staff of 50 acute care patient care units in 4 hospitals. The findings of the study revealed that stronger the nursing team the higher is the quality of nursing care.

6. Beatrice J. Kalisch, Sallie J. Weaver and Eduardo Salas (2009) It is found that nurses decide whether to operate as a part of the team or not based on the team leadership style and leaders expectation. One of the issues faced by the nursing team was that they could not monitor the performance of other team members due to the barriers like layout of the work place, inadequate staffing, and high number of new admissions demanding more nursing care.

7. Dimitriadou et al., (2008) assessed satisfaction from collaboration among nursing staff members as well as between nurses and physicians in Northern Greece. The findings reveal that majority of the nurse work in team and there is a good collaboration among nurses and everyone respects the efforts of other members. The authors find significant relationship between level of education, salary, conflict and collaboration.

8. Norushe, Van Rooyen and Strumpher (2004) The author noted the registered nurses felt that in-service training programs were inadequate and not effectively implemented leading to low job satisfaction. Moreover, nurses who attended the in-service training programs had a negative experience as they were trained by nursing trainers who had lower qualification and experience than the trainees. Lack of support from nursing supervisors further aggravated the negative experience leading to lower level of participation in the in-service training programs. Finally the authors propose few strategies such as identifying and assessing the training needs of trainees, selection of competent trainers, creating a climate of trust and open communication between management and trainees and evaluating the effectiveness of in-service training programs.

Statement of Problem

Reviews show that a few studies have examined the perception and attitudes of nurses towards their work environment and the impact of work setting on maintenance of medical attendants, group collaboration, commitment, work fulfillment and stretch. On the other hand nurses are moreover endeavoring to work within the environment that advances competent and proficient aptitudes required to execute their work productively. It is found that medical attendants to create compelling clinical choices ought to guzzle and create choice making and clinical abilities which make them competent and certain. Medical attendants have solid urge to work beneath the nursing pioneers with compelling administration skills that can bring vital changes within the work environment to enable and hold potential abilities within the working environment. Nurses associations International Council of Nurses have also formulated certain strategies to move forward the work environment of medical caretakers through inventive arrangement systems, proceeding instruction, and independence to make openings for healthcare laborers to create required aptitudes. In this setting, the analyst has made an endeavor to ponder the environment in which multi claim to fame clinic nurse's work, how basic victory variables impact their ability improvement, work prospects for the medical caretakers with the improvement of abilities and what more can be done to move forward work environment to form the nursing job more effective in multi speciality hospitals in selected cities of Tamilnadu, India

Objectives of the Study

1. To contemporaneous the known and applicable socio economic status of nurses employed in multi speciality hospitals.
2. To evaluate nurse assertiveness and opinion on PTM factors influencing the work environment in multi speciality hospital in connection with humanization of work.

3. To analyze the foremost critical success factors of nurses in connotation with potential skill development in multi-specialty hospitals in selected cities of Tamilnadu.

IV. ANALYSIS, FINDINGS AND INTERPRETATION

Table No. - 2 Socio-Demographic Outline of Samples

Demographic Segments	Variables	No. of Respondents	% of Respondents
Age	Below 20 years	160	21.3
	21-30 years	172	22.9
	31-40 years	168	22.4
	41-50 years	123	16.4
	Above 50 years	127	16.9
Marital Status	Married	276	36.8
	Unmarried	474	63.2
Educational Qualification	Diploma in Nursing	169	22.5
	BSc Nursing	193	25.7
	MSc Nursing	261	34.8
	M.Phil CSW	101	13.5
	Others	26	3.5
Experience	Below 5 years	128	17.1
	6-10 years	298	39.7
	11-15 years	131	17.5
	16-20 years	109	14.5
	Above 21 years	84	11.2
Designation	Staff Nurse	292	38.9
	Senior Head Nurse	142	18.9
	Auxiliary Nurse	117	15.6
	Supervisor	103	13.7
	Ward in Charge	96	12.8
Monthly Income	Up to ₹10000	202	26.9
	₹10001 - ₹15000	208	27.7
	₹15001 - ₹20000	170	22.7
	₹20001- ₹25000	115	15.3
	Above ₹25000	55	7.33
Total of Each segment		750	100.0

Source: Computed from Primary data

Age - Table-2exposes the socio-demographic profile of the respondents. The result shows that out of selected 750 respondentswith reference to age, a high of 172 respondents (22.9%) belongs to the age category of 21-30 years and the low of 123 respondents (16.4%) belongs nearly age sections of 41-50 years.

Marital status - The marital status of the respondents are classified as married and unmarried. It is found that out of 750 respondents, 474 (63.2%) were unmarried and 276 respondents (36.8%) were married.

Educational Qualifications - With regard to the educational qualifications of the respondents, it is identified that out of 750 sampled nurses a high of 261 respondents (34.8%) possess M.Sc., Nursing degree and the low of 26 respondents (3.59%) were from other related background such as Cardiac, Critical Care, ER Nurse and Geriatric Nursing.

Experience - Out of 750 respondents a high of 298 respondents (39.7%) have experience in the field of health care between 6-10 years and low of 84 respondents (11.2%) have experience above 21 years who are acting as senior Head Nurse and preliminary guide in health care. Experience is studied mainly to focus on providing quality patient care and to be used as mentors in ward.

Designation - With respect to the designation of the respondents, it is acknowledged that out of 750 sampled nurses, a high of 292 respondents (38.9%) hold the position of Staff Nurse and 96 respondents (12.8%) as ward in Charge.

Monthly Income - One of the important economic variables in the present study is monthly income. It is summarized from the above table, that out of 750 respondents a high of 208 respondents (27.7%) earn between ₹10001-15000 as monthly income and low of 55 respondents (7.33%) earn above ₹25000 per month.

Table No.-3 Satisfaction Level of Nurse with Reference to Humanization of Work in Multi Speciality Hospitals

Satisfaction Level	No. of Respondents	% of Respondents
High	312	41.6
Medium	273	36.4
Low	165	22.0
Total	750	100.0

Source: Computation from Primary data

The potentiality of medical care talents, including nurse is firmly connected to lucrativeness and nature of care arrangement in medical care organisations. It is essential to distinguish factors impacting the presentation of nurse if the nature of medical care conveyance was to be improved. Nurse assume a vital job in deciding the capability, productivity and maintainability of medical care frameworks. Nurse's work fulfillment assumes a significant job in the conveyance of value medical care. With reference from the above table regarding the satisfaction level of nurse with reference to humanization of work in multi speciality hospitals, in that a high of 312 respondents (41.6%) are highly satisfied with existing humanization of work in the selected multi speciality hospitals, secondly 273 respondents (36.4%) have moderate satisfaction level and finally the low of 165 of the respondents (22%) have low satisfaction level in existing humanization of work. Nurses mostly who are working in operation theaters, emergency wards and trauma wards have low satisfaction level on humanization of work compared to other units/wards. The reasons for moderate and low satisfaction level are salary and allowance issue, current promotion policies, reward system, work load and lack of support from management.

Table No.-4 Level of Opinion of Nurse Assertiveness on PTM Factors in Multi Speciality Hospitals Work Environment

PTM Factors	Components of PTM Factor	High	Medium	Low	Total
Physical Facilities	Patient equipment availability	473(63.1)	153(20.4)	124(16.5%)	Total for Each Segment 750(100)
	Constituents stock	455(60.7)	158(21.07)	137(18.3)	
	Innocuous drinking water	431(57.5)	170(22.67)	149(19.9)	
	Basic sanitation facilities	415(55.3)	180(24)	155(20.7)	
	Intercom facilities	385(51.3)	183(24.4)	182(24.3)	
	Dress changing room	405(54)	173(23.07)	172(22.9)	
	Lighting & Ventilation facilities	424(56.5)	169(22.53)	157(20.9)	
Cafeteria	530(70.7)	123(16.4)	97(12.9)		
Task Factors	Freedom in the way of doing your work	153(20.4)	473(63.07)	124(16.5)	Total for Each Segment 750(100)
	Work load allocation	175(23.3)	389(51.87)	186(24.8)	
	Nurses to patient ratio on each shift	179(23.9)	412(54.93)	159(21.2)	
	Training Programme	160(21.3)	463(61.73)	127(16.9)	
	Performance measurement process	238(31.7)	332(44.27)	180(24)	
	Opportunities for career development	190(25.3)	376(50.13)	184(24.5)	
	Opportunities to generate new ideas	159(21.2)	375(50)	216(28.8)	
Job satisfaction	176(23.5)	336(44.8)	238(31.7)		
Monetary & Non-Monetary Benefits	Salary and Allowance	296(39.5)	312(41.6)	142(18.9)	Total for Each Segment 750(100)
	Increment	223(29.7)	334(44.53)	193(25.7)	
	Leave Salary	205(27.3)	339(45.2)	206(27.5)	
	Over time allowance	225(30)	328(43.73)	197(26.3)	
	Security of job	196(26.1)	378(50.4)	176(23.5)	
	Work schedule flexibility	192(25.6)	340(45.33)	218(29.1)	
	Free medical care provided	287(38.3)	328(43.73)	135(18)	

	Medical and Study leave	261(34.8)	248(33.07)	241(32.1)	
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Source: Computed from Primary data

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In order to add the weightage to the objectives of the research, wide range of components of PTM factors are analyzed. Prodigious medical hospital configuration coordinates utilitarian necessities with the human requirements of its differed clients. First segment, under components of Physical facilities- 'Patient equipment availability' the sampled respondent marked their opinion at high of 473(63.1%) and 124(16.5%) of low because some of the equipment like patient trolleys, vital signs monitors, pulse oximeter are in great demand within the wards which makes the nurses to wait for some time. Next regarding 'Material supply' almost 455(60.7%) of them have high opinion level and low of 137(18.3%) because some rare drugs at critical situation are not readily available and healthcare experts are trying to indulge in alternative medicine. Concerning 'Safe drinking water' 19.9% of them noted low opinion level because water scarcity in summer season exerts pressure on the hospitals too and they are forced to use filtered aero water as alternative source for drinking purpose. Subsequently basic sanitation facilities a high of 415(55.3%) of them feels good and only 155(20.7%) of the respondents marked that periodical cleaning facilities must be instigated. With reference to 'Intercom facilities' only 182(24.3%) of them had low opinion level because of lack of intercom facilities in few places of the hospital. Ensuing about 'Dress changing room', about 172(22.9%) of them have low opinion level because dress changing rooms are not available in all floors and for all the units. The seventh component, 'Lighting and ventilation facilities' 424(56.5%) of them have high opinion level and 157(20.9%) of marked low because nurses feel that the corridor lighting must be extended during night shifts as well. Finally regarding 'Cafeteria' most of them i.e., 530(70.7) noted high opinion level and only 97(12.9%) of the respondents feels that cafeteria can serve quality and variety menu to patient visitors as well since most of the cafeteria considers only the patient diet.

With reference from the above table regarding the level of opinion of nurse towards task factors, the researcher found that out of 750 sample respondents concerning 'Freedom in the way of doing your work' a high of 473(63.07%) of the respondents noted medium level, second 'Work load allocation' a high of 389(51.87%) of them shows moderate level, following this next 'Nurses to patient ratio on each shift' a high of 412(54.93) of them shows their medium opinion level. With reference to 'Training programme' a high of 463(61.73%) of them marked medium level and 127(16.9%) of noted low level because only senior nurses are allowed to attend the training programme on duty basis during their shift. Virtually on 'Performance measurement process' a high of 332(44.27%) of them recorded medium level and low of 180(24%) because they are unaware of task credentials. In 'Opportunities for career development' a high of 376(50.13%) respondents marked medium level and 184(24.5%) have low level opinion because many multi speciality hospitals does not focus towards career development strategy in retaining its talent. Following to the above, subsequent component 'Opportunities to generate new ideas' a high of 375(50%) strike medium level and 216(28.8%) of low level opinion. Finally the lowest 'Job satisfaction' level is noted to be 238(31.7%) because respondents feel that the fringe benefits and allowances are less compared to the government run hospitals.

On the other hand the researcher tries to find out the components of monetary and non-monetary benefits. With reference to monetary factors 'Salary and allowance' high of 312(41.6%) of respondents shows their opinion at medium level and 142(18.9%) at low level. With respect to 'Increment' a high of 339(45.2%) pointed out their opinion at moderate level and 193(25.7%) at low level. Ensuing 'Leave salary' about 339(45.2%) respondents documented moderate level and 206(27.5%) at low level. In 'Over time allowance' a high of 328(43.73%) of the sampled respondents noted modest level and 197(26.3%) at low level. Concerning with 'Security of job' a high of 378(50.4%) of respondents feel that because of their commitment and involvement hospital organization is giving maximum priority for job security and only 176(23.5%) have low opinion level. 340(45.33%) of the respondents show moderate level opinion in 'Work schedule flexibility', around 328(43.73%) of respondents recorded moderate opinion level for 'Free medical care provided' and 135(18%) at low level and finally regarding 'Medical and study leave' a high of 261(34.8%) of them feel highly satisfied and 241(32.1%) marked at low level. As a whole the reasons for low level of opinion of nurses regarding PTM factors are misunderstanding and muddles between nursing superintendents, ward in charge and staff nurse, meagre increase in pay after revision, inadequate fringe benefits, poor overtime allowances, inadequate uniform allowances and poor management support in continuing education.

Table No.-5 Humanization Work Satisfaction Level of Nurse Vs Physical Facilities Factor Influencing the Work Environment in Multi Speciality Hospitals (Chi-Square Test)

Intention Elements	Calculated χ^2 value	Table value at 5% level	D.F	Results
Patient equipment availability	11.659	9.488	4	Significant at 5% level
Constituents stock	41.919	9.488	4	Significant at 5% level
Innocuous drinking water	33.599	9.488	4	Significant at 5% level
Plain hygiene amenities	34.821	9.488	4	Significant at 5% level
Intercom facilities	11.374	9.488	4	Significant at 5% level
Dress changing room	15.563	9.488	4	Significant at 5% level
Lighting and Ventilation facilities	12.472	9.488	4	Significant at 5% level
Cafeteria	10.485	9.488	4	Significant at 5% level

Source: Computed from Primary data

Null Hypothesis (H₀) – There is no significant relationship among humanization work satisfaction level of nurse with reference to physical facilities factor (*patient equipment availability, Constituents stock, innocuous drinking water, plain hygiene amenities, intercom facilities, dress changing room, lighting and ventilation facilities and cafeteria*) influencing the work environment in multi speciality hospital.

It is noted from the table no- 5 that the calculated Chi-square value is greater than the table value and the result is significant at 5% level. Henceforth, the hypotheses “There is a significant relationship between humanization work satisfaction level of nurse with reference to physical facilities factor (patient equipment availability, Constituents stock, innocuous drinking water, plain hygiene amenities, intercom facilities, dress changing room, lighting and ventilation facilities and cafeteria) influencing the working environment in multi speciality hospital” therefore accepts the alternative hypothesis and determined that there is a close significant relationship among humanization work satisfaction level of nurse and physical facilities factors.

Table No.-6 Humanization Work Satisfaction Level of Nurse Vs Task Factors Influencing the Work Environment in Multi Speciality Hospitals (Chi-Square Test)

Intention Elements	Calculated χ^2 value	Table value at 5% level	D.F	Remarks
Freedom in the way of doing your work	11.659	9.488	4	Significant at 5% level
Work load allocation	13.465	9.488	4	Significant at 5% level
Nurses to patient ratio on each shift	10.857	9.488	4	Significant at 5% level
Training Programme	16.057	9.488	4	Significant at 5% level
Performance measurement process	20.316	9.488	4	Significant at 5% level
Opportunities for career development	19.823	9.488	4	Significant at 5% level
Opportunities to generate new ideas	17.603	9.488	4	Significant at 5% level
Job satisfaction	11.759	9.488	4	Significant at 5% level

Source: Computed from Primary data

Null Hypothesis (H₀) – There is no significant relationship among humanization work satisfaction level of nurse by reference to task factor (*freedom in the way of doing your work, work load allocation, nurses to patient ratio on each shift, training programme, performance measurement process, opportunities for career development, opportunities to generate new ideas, job satisfaction*) influencing the work environment in multi speciality hospital.

It was noted from the above table no-6 that the calculated value of Chi-square is greater than the table value and the result is significant at 5% level. Hence, hypotheses “There is a significant relationship among humanization work satisfaction level of nurse with reference to task factors (freedom in the way of doing your work, work load allocation, nurses to patient ratio on each shift, training programme, performance measurement process, opportunities for career development, opportunities to generate new ideas, job satisfaction) influencing the work environment in multi speciality hospital” therefore accepts the alternative hypothesis and determined that there is a significant relationship among humanization work satisfaction level of nurse and task factors.

Table No.-7 Humanization of Work Satisfaction Level of Nurse Vs Monetary and Non-Monetary Benefit Factors Influencing the Work Environment in Multi Speciality Hospitals (Chi-Square Test)

Intention Elements	Calculated	Table value	D.F	Remarks
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	χ^2 value	at 5% level		
Salary and Allowance	14.318	9.488	4	Significant at 5% level
Increment	7.218	9.488	4	Not Significant at 5% level
Leave Salary	16.516	9.488	4	Significant at 5% level
Over time allowance	23.754	9.488	4	Significant at 5% level
Security of job	23.912	9.488	4	Significant at 5% level
Work schedule flexibility	20.145	9.488	4	Significant at 5% level
Free medical care provided	18.175	9.488	4	Significant at 5% level
Medical and Study leave	17.751	9.488	4	Significant at 5% level

Source: Computed from Primary data

Null Hypothesis (H₀) – There is no significant relationship among humanization work satisfaction level of nurse by reference to monetary and non-monetary benefit factor (*salary and allowance, increment, leave salary, over time allowance, security of job, work schedule flexibility, free medical care provided and medical and study leave*) influencing the work environment in multi speciality hospital.

It is occasioned from the above Table no.7 highlights that, out of available eight factors of monetary and non-monetary benefit, only increment factors (Calculated Chi-square value is lesser than the table value (7.218 < 9.488) at 5% significant level which accepts the null hypothesis(H₀), results “There is no significant relationship among humanization work satisfaction level of nurse with reference increment under monetary and non-monetary benefit factor influencing the work environment in multi speciality hospital.” and remaining seven monetary and non-monetary benefit factor’s calculated Chi-square value is greater than the table value and the result is significant at 5% level. Henceforth, the hypotheses “There is a significant relationship among humanization work satisfaction level of nurse with reference to monetary and non-monetary benefit factor (salary and allowance, leave salary, over time allowance, security of job, work schedule flexibility, free medical care provided and medical and study leave) influencing the work environment in multi speciality hospital” therefore accepts the alternative hypothesis and concluded that there is a close significant relationship among humanization work satisfaction level of nurse and monetary and non-monetary benefit factors.

Structural Equation Modeling (SEM) On Critical Success Factors of Nurses in Connotation with Potential Skill Development.

Hypotheses are -

Null Hypothesis (H₀) -Critical success factors of nurses are not influenced with potential skill development in multi-specialty hospitals.

Chart No. -2 SEM MODEL

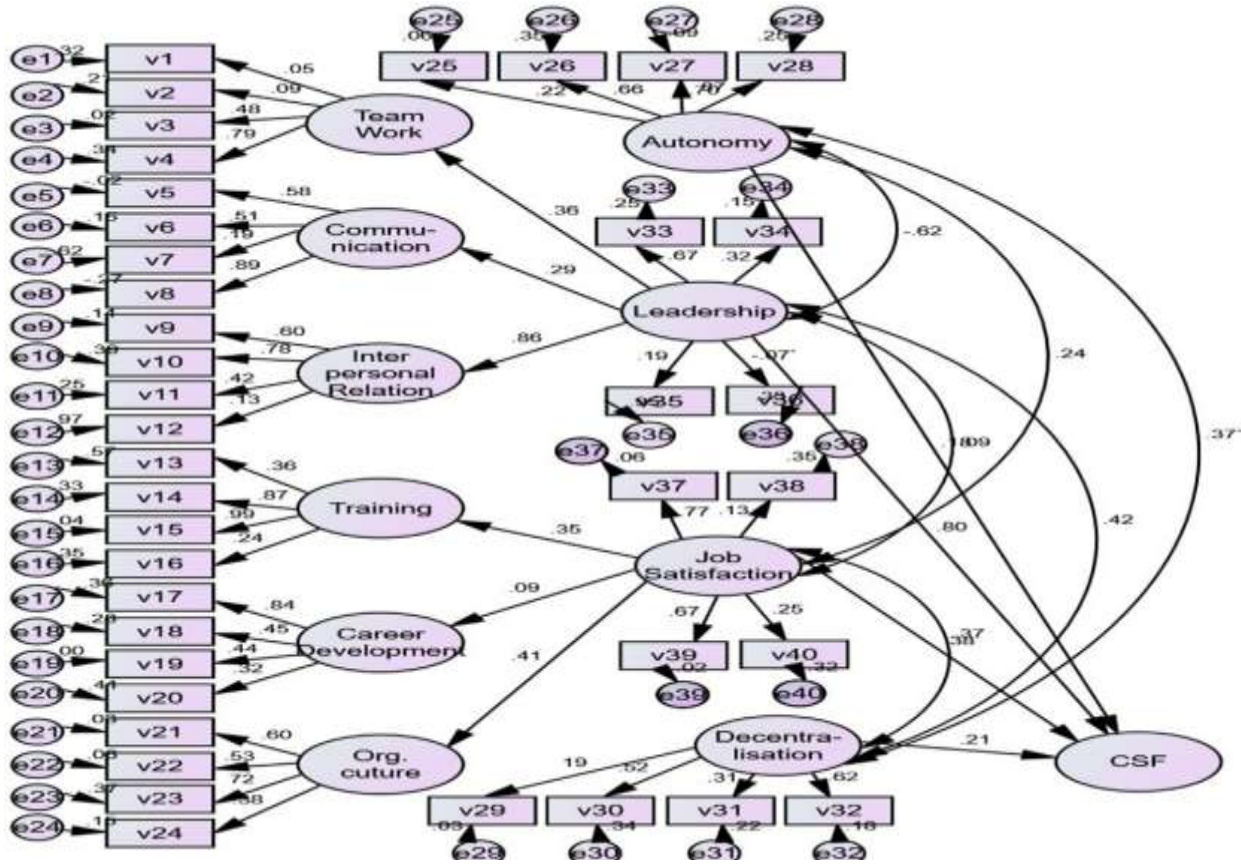


Table No.-8 Results of Goodness of Fit

Indices	Model Value	Recommended Value
χ^2/df	2.012	<3.0
P	0.365	>0.05
GFI	0.997	>0.90
AGFI	0.994	>0.90
NFI	0.903	>0.90
TLI	0.982	>0.90
CFI	0.991	>0.95
RMSEA	0.007	<0.05
RMSR	0.016	<0.05

Source: Computed from SEM Model

The above table denotes the values of different goodness of fit indices. The values in respect of χ^2/df are 2.012, P value is 0.365, GFI is 0.997, AGFI is 0.994, NFI is 0.903, TLI is 0.982, CFI is .991, RMSEA is 0.007 and RMR is 0.016. These qualities uncovering the outcomes in regard of legitimacy of the arranged model fall well inside the for the most part acknowledged cutoff points. This affirms that the accessible informational collection appropriately finds a way into the proposed structure model. Hence the null hypothesis is dismissed and yielded a good model fit which demonstrates that critical success factors of nurses are influenced with potential skill development in multi-specialty hospitals.

Table No.-9 Regression Weights

DIM	INF	DIM	E	β SE	S.E.	TC.R.	P
CSF	←	Latest technology is introduced within the clinic in conveying administrative information	0.201	0.356	0.036	4.978	***
CSF	←	Your participation in decision regarding discharge of patient	0.213	0.094	0.019	3.243	0.129
CSF	←	Pioneers brings vital alter within the hospital to extend the patient care	0.246	0.176	0.013	6.224	***
CSF	←	You have got flexibility to decide the degree of the issue at the time of patient intake	0.278	0.286	0.013	5.947	***
CSF	←	Your knowledge, expertise mastery is regarded by the group members	0.325	0.258	0.018	6.689	***
CSF	←	Communication between nurses, medical attendants and doctors within the hospital is open	0.313	0.315	0.006	5.927	***
CSF	←	Job particular refresher courses are supported by clinic	0.321	0.159	0.008	4.465	0.031
CSF	←	You have got a great idea approximately the career openings to you in hospital	0.368	0.274	0.014	6.062	0.026
CSF	←	Physicians call nurses to inquire for clarification in how to continue with a specific patient	0.343	0.271	0.073	5.689	***
CSF	←	You feel satisfied with the condition of the place where you work	0.333	0.330	0.017	7.682	***

*Significant @1% level, E –Estimates, SE – Standardized Estimate, S.E – Standard Error,

C.R – Critical Ratio, P – Probability Value, DIM – Dimensions, INF – Influence Direct

Inference - The standardized estimate is taken for the regression weights to find out the influence of the independent variables over the dependent variable through the inclusion of mediating variable. In the present case, seven independent variables have positive influence on critical success factors of nurses with potential skill development under the segments such as leadership, autonomy, work team, communication, interpersonal relation, and job satisfaction and organization culture. As indicated by the Table No. - 8, it gives the outcomes, for example, develop things, the normalized way coefficients (β , γ), the basic proportions (t-values) as well as the P-values. Out of the ten builds, seven of the individual develops were indicating the significant value $P < 0.001$, and three of the develops representing the importance significant value $P < 0.05$ and one construct with a P-value > 0.05 and is not significant. Hence it is supported for the critical success factors of nurses are influenced with potential skill development.

With reference from the above table regarding critical success factors of nurses with connotation with potential skill development seven factors had significant positive influence on critical success factors of the nurse in multi speciality hospitals, the snap short explains are - (CSF) ($\beta = 0.356$, $t = 4.978$, $p < 0.001$) while the construct “Latest technology is introduced within the clinic in conveying administrative information” had significant positive influence on critical success factor of nurse under the segment of organizational culture, (CFS) is ($\beta = 0.176$, $t = 6.224$, $p < 0.001$) build “Pioneers brings vital alter within the hospital to extend the patient care” under the segment of leadership. Remaining five factors such as, “Your knowledge, expertise mastery is regarded by the group members” under the segment of work team, “Communication between nurses, medical attendants and doctors within the hospital is open” under the segment of communication, “Physicians call nurses to inquire for clarification in how to continue with a specific patient” under the segment of interpersonal relation and finally “You feel satisfied with the condition of the place where you work” under the segment of job satisfaction had a positive significant influence on critical success factors, ($\beta = 0.286$, $t = 5.947$, $p < 0.001$) ($\beta = 0.258$, $t = 6.689$, $P < 0.001$), ($\beta = 0.315$, $t = 5.927$, $P < 0.001$), ($\beta = 0.271$, $t = 5.689$, $P < 0.001$) and ($\beta = 0.330$, $t = 7.682$, $P < 0.001$), which rejects null hypothesis.

V. SUGGESTIONS AND RECOMMENDATIONS

1. Medical caretakers feel competent and professionally fit as it were when they can update their information and expertise within the clinical field and most of the nurses long for it within the work environment.
2. Hospitals can pay due consideration in giving work particulars preparing programs at slightest once a year to prepare nurses with current advancements in drugs and later hones in their space. This will upgrade the environment where the nurses work.
3. Multitasking seems to be a routine practice among nurses in multispecialty hospital set up. One of the negative impacts of multitasking is distress. Work environment of nurses can be made strides by presenting and practicing stretch adapting preparing programs and strategies like social programs among nurses at slightest once in three months period through the club exercises.
4. Increment in compensation of the nurses through increase based on the number of training program attended by the nurses, based on the number of seminars/conferences gone to, centered on the quantity of learning hours went through in proceeding instruction, based on the aptitudes prepared will propel nurses to create competencies and have positive affect on nurses within the work put.
5. Nurse to patient proportion ought to be kept up in multispecialty hospitals. Nurses feel that lacking nurse to understanding proportion is the most cause for frenzied workload in multispecialty clinics. Appropriate method ought to be managed in keeping this proportion intaglio as destitute nurse to patient ratio will influence the work atmosphere and eminence of wellbeing care given by nurses towards the patients.
6. Ensure that the job depiction of nurses entitles them to create choice in day to day nursing practices and multispecialty clinics ought to make sure that nurses take part in vital things to form decisions which have coordinate effect on them and their working conditions.
7. Nurses will be engaged and recognized in the work environment when they get due regard from Doctors in healthcare team. It is the nurses who spent round the clock around the patients and monitor their wellbeing condition. This commitment of the nurses ought to get due regard both from the physicians and patients attenders within the work environment.
8. Increasing the independence of nurses will move forward the work environment. When more flexibility is given to them within the way they need to embrace the work freely, choice in finishing the assignments, collaborating with other group individuals at whatever point required gives nurses more efficiency and competency within the work put which can empower them to work in a full-fledged way.

VI. CONCLUSION

Healthcare is one of the biggest divisions in terms of work and income era in India. Private and public are the two components of healthcare conveyance framework. Extreme multiplication of multispecialty healing centers has driven to cut throat competition from each other, where the healing centers seem not increment the fetched of treatment for the therapeutic strategies. In this way to resist the competition and to grow, the multispecialty healing centers got to optimize handle and effectiveness of nurses who constitute the major portion of healthcare staff. The performance levels of nurses are determined by the factors like clinical knowledge, skills, commitment, empowerment, reward system, communication etc... These are the various key factors of PTM and CSF factors on work environment of multi speciality of hospitals, in which nurses execute their cherishing practices. Thus the importance of work environment in healthcare is identified and reviews were collected with respect of healthcare work environment. In this study researcher endeavors to study the work environment in multispecialty hospitals in selected cities of Tamilnadu, critical success factors in work environment and its effect on developing competitive potential skills among nurses, job prospects with the skill development of the nurses in the healthcare sector. Finally constructed on the analysis and results of the present study, the researcher came out with the suggestions and recommendation to improve the work environment for hospital administrators and managers which if executed with due care will enhance both the nurse assertiveness on PTM and CSF factors with exceptional position to potential skill development of nursing professionals.

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