Organizational Structure Factors And Job Involvement Among Employees: Mediating Role Of Psychological Contract Fulfillment

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Abstract

Present study was conducted on medical staff working in not-for-profit, teaching & non-teaching, public hospitals (N=300) in northern India. Results revealed that structural factors (Co-ordination & work autonomy) significantly predicted perceived levels of psychological contract fulfillment (PCF) and job involvement in both the hospitals whereas, PCF mediated the prediction of job involvement by some of the structural factors among the medical employees of both the hospitals. Findings highlighted the significance of co-ordination and work at their own, which may be promoted by hospital administrators for getting positive outcomes through increasing job involvement of employees.

This study is very much helpful to the health care administrators for taking strategic directions and forming the organizational policies related to HRM in government hospitals, so that work climate of government hospital will become facilitating for increasing job involvement among employees further their performance as well. Study has important implications for government health care sector, as large section of population of India depends on public sector hospitals for their health care.

Keywords: co-ordination, work autonomy, psychological contract fulfillment, job involvement, hospital

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The rapid changes in health care in the past quarter century have stimulated considerable interest in measuring healthcare professionals perceptions and attitudes about their work .Increasing interest has been focused on understanding the role working conditions play in terms of serious issues facing hospitals today, including well-being, job satisfaction and job involvement.

Organizational structural characteristics

The structure of an organization can be defined simply as the sum total of the ways in which it divides its labor into distinct tasks and then achieves coordination among them (Mintzberg, 1971, 1983). Dawson (1996) defined organizational structure as "the socially created pattern of rules, role and relationship that exist within the organization". Every organized human activity gives rise to two fundamental and opposing requirements: the division of labor into various tasks to be performed, and the coordination of these tasks to accomplish the activity.

Decentralization

Decentralization means delegation of decision-making to the subunits of an organization. Any organization is decentralized to the extent that discretion and authority to make important decisions are delegated by top management to lower levels of executive authority. The lower the level where decisions are made, the greater is the decentralization.

Government hospitals differ in the extent to which departments such as finance or personnel are devolved out of their own professional departments into management teams. The extent to which clinicians are involved in management also seems to be an important

distinguishing feature of hospitals, which might have important implications for sharing power and responsibility.

Ruekert, Walker and Roering (1985) argued that highly structured formalized organizations tend to be efficient but often are also incapable of adapting to change. Contrary to the predictions of mechanistic-organic dichotomy, Palmer and Dunford (2002) found a positive relationship between formalization and new organizational practices such as delayering (reduction of hierarchical layers), empowerment and flexible work groups. They also established new practices that were not associated with lower levels of centralization.

Following a meta-analysis of organizational factors affecting innovation, Damanpour (1991) found a positive effect of decentralization on innovation.. A positive impact of formalization and job standardization on quality was reported both in for-profit (Parasuraman, Berry, & Zeithaml, 1991; Cohen & Brand, 1993) and not-for-profit organizations (Hsieh, Chou, & Chen, 2002). Meirovich, Brender-Ilan and Meirovich (2007) found that higher levels of decentralization are related to higher levels of quality delivered.

Work Autonomy

Most researchers define work autonomy in terms of work method autonomy, work scheduling autonomy and work criteria autonomy. In their theory of work motivation, Hackman and Oldham (1975) proposed that the degree to which the job provides substantial freedom, independence and discretion to the individual in scheduling the work and determining the procedure to be used in carrying it out is termed as work autonomy.

There is little in the literature to suggest, however, what characteristics of physicians, institutions, and management practices may help to explain differences in physician's

perceived autonomy within organizations. Schulz and Schulz (1988) studied management practices, physician autonomy, and satisfaction and found that gender was also a factor in that male physicians experienced greater perceived autonomy.

The growing need for innovation and cost compression has given rise to the assumption that enhancing workers' participation in decision-making would not only improve their well-being but also foster their commitment to the organizations' goals. This optimistic perspective has been supported by management studies (Bauer, 2004; Fahr, 2011) and economic theory (Akerlof & Kranton, 2008) as well as experimental evidence (Frey & Jegen, 2001; Falk & Kosfeld, 2006), all of which lead to the same policy suggestion: hierarchical constraint and control should be replaced by enhanced workers' participation so as to meet the competitive demands of innovation and product quality (Walton, 1985).

Coordination

Co-ordination is the degree to which the subunits of an organization operate according to the requirements of each other and of the total organization. Georgopoulos and Mann (1962) define co-ordination as "the extent to which the various interdependent parts of an organization function each according to the needs and requirements of the other parts and of the total system".

High-quality coordination reinforce high-quality communication, encouraging participants to listen to each other and to take account of the impact of their own actions or inactions on those who are engaged in a different part of the process, therefore helping them to react to new information in a coordinated way, further contributing to performance of the work process. Coordination is expected to be particularly important for achieving desired outcomes in settings that are characterized by high levels of task interdependence

(Thompson, 1967), uncertainty (Argote, 1982) and time constraints (Adler, 1995). Low co-ordination exists when the subunits refuse to communicate with each other or resist compromises in the interests of the firm.

Relational coordination is a form of organizational social capital, an asset that makes it easier to access resources needed to accomplish one's work (Nahapiet & Ghoshal, 1998; Baker, 2000; Adler & Kwon, 2002). Getting all the resources and support at work actually facilitates the affective relationship with job and increases job satisfaction also (Gittell, Weinberg, Pfefferle, & Bishop, 2008). Because of this instrumental benefit of relational coordination, we expect that coordination will be positively associated with job involvement.

Psychological contract fulfillment

For modern organizations functioning in uncertain environments, psychological contracts are beginning to take on an increasing importance in helping to define the employment relationship. Psychological contracts consist of the beliefs employees hold regarding the terms of the informal exchange agreements between themselves and their organizations (Rousseau, 1989, 1990). Of critical importance in the establishment of the psychological contract is the belief that a 'promise' (either implicit or explicit) has been made and that a 'consideration' has been offered in exchange for it. That is, psychological contracts emerge when individuals perceive that their organization has agreed to provide them with certain rewards in return for the contributions that they make to the organization.

Psychological contracts are highly subjective and are specific to each employee. They concern both concrete (pay, working conditions) and abstract (security, challenge) elements of give and take between employer and employee. They are distinct from implied

contracts which are based on mutual understandings and which gave greater legal connotations (Rousseau, 1989). Psychological contracts are entered into by both the individual and the organization. Psychological contract implies that the individual has a variety of expectations from the organization and that the organization has a variety of expectations of him. These expectations not only cover how much work is to be performed for how much pay, but also involve the whole pattern of rights, privileges, and obligation's between worker and organization.

While psychological contracts have frequently been discussed in theoretical terms, empirical research on this topic is fairly recent. Researchers have suggested that psychological contracts can be violated in the sense that important obligations have not been fulfilled or psychological contracts can be over-fulfilled in the sense that the organization provides employees with more than they were promised. Turnley and Feldman (1998) examined the nature, extent and consequences of psychological contract violations and found that situational factors such as procedural justice in handling layoffs, low likelihood of future violations and positive relationships with colleagues were likely to mitigate against managers' strong negative reactions to psychological contract violations.

Further, Turnley and Feldman (1999, 2000) reported that unmet expectations and job dissatisfaction partially mediate the relationship between psychological contract violations and employee behaviours such as intention to quit, neglect of in-role job duties and citizenship behaviours. These findings suggest that in order to survive major upheavals caused by environmental changes, it is necessary for organizations, especially healthcare organizations, to understand the conditions which are capable of promoting perception of psychological contract fulfillment among their members.

Job involvement

Involvement is the degree to which the employees of an organization are willing to work. Individuals willing to work hard are highly involved, whereas individuals without this willingness are lowly involved. Job involvement (JI) has been conceptualized as the degree to which one is cognitively preoccupied with, engaged in, and concerned with one's present job. Job involvement is defined as "psychological identification with a job" (Kanungo 1982). This definition implies that a job involved person sees her or his job "as an important part of his self-concept" (Lawler & Hall 1970), and that jobs "define one's self-concept in a major way" (Kanungo 1982). Two components of job involvement have been identified—job involvement in the role (JIR) which is the degree to which one is engaged in the specific tasks that makes up one's job and job involvement in the setting (JIS) which indicates the degree to which one finds carrying out the tasks of one's job in the present job environment to be engaging.

An employee is likely to be satisfied and develop a strong attachment to an organization that possesses a certain level of prestige (a favorable reputation) as part of his/her connection with glory. Strong identification with one's organization may translate into a high degree of job involvement. On the other hand, some researchers also argue that job involvement is a personal characteristic. Therefore, it is less likely to be influenced by organizational factors and more likely to be influenced by personal characteristics.

It has been argued that the degree to which employees are involved in their job can be influenced by situational-related (i.e. experiences and psychological reactions to the work) factors (Vroom 1962). A favorable organizational image fosters the identification of an employee with her/his organization (Dutton & Dukerich 1991; Dutton, Dukerich & Harquail 1994; Smidts, Pruyn & Van Riel, 2001). Brown (1996) developed a theoretical framework

relating job involvement to its antecedents correlates and consequences and reports meta-analyses of 51 pairwise relationships involving job involvement. Results of the meta-analyses support research suggesting that job involvement is influenced by personality and situational variables. Shadur, Kienzle and Rodwell (1999) examined the relationship between employee perceptions of involvement and organizational climate. The results showed that supportive climates and commitment significantly predicted each of the employee involvement variables. In a syudy with 412 Canadian staff nurses, Laschinger, Finegan, Shamian and Casier, (2000) found that empowered nurses reported higher levels of organizational trust, which in turn resulted in higher levels of involvement and affective commitment. Laschinger, Finegan and Shamian (2001) tested Kanter's work empowerment theory in a random sample of 412 staff nurses and found that work environments that provide access to information, support, resources, and opportunity to learn and develop are empowering and influence employee work attitudes, productivity, and organizational effectiveness.

Data pertinent to involvement are also found in discussions of motivation, central life interests, the Protestant ethic, alienation, and burnout. Reference is commonly made to “job involvement” rather than to involvement. However, involvement is not the same as behaviour. An individual who states a strong willingness to work may not work hard, that is, he/she may not exert much effort in job performance. It is generally assumed, however, that involvement and behaviour are highly correlated, an assumption so widespread that involvement and behaviour are sometimes not distinguished. This plausible link with behaviour makes involvement pertinent to such classic organizational concerns as soldiering, restriction of output, and goldbricking.

Researches conducted in the area of job involvement proved that it is a significant predictor of various positive, individual as well as organizational, outcomes. Sowmya and

Panchanatham (2011) identified that the job suitability as well as the working condition and other interpersonal relationship among the workers are able to ascertain their job attitudes. Vandenberg (2002) found that job involvement influenced organizational effectiveness (defined through return on equity and turnover) both directly and indirectly through positive influence on employee morale.

Emergence of study

Indian healthcare has seen standards rising over the past decade. Strategic foreign investment and collaboration opportunities have already arrived in the sector. Indian health professionals are exploring whether to offer a variety of health services to its customers hailing largely from India and from the neighboring countries like Pakistan, Nepal and Bhutan. Customers from developed countries are also heading to India for their growing health needs. The combination of high quality services and low cost facilities is also attracting a stream of international patients as cost of advanced surgery in India is 10 to 15 times lower than anywhere in the world.

It is well known that in India, public health services are provided mainly by government hospitals that are 'not-for-profit' and these hospitals serve a large portion of Indian population at minimum or no cost. The low income group hardly manages to access private nursing home services unless otherwise crucial to survival; they prefer government or charity-run hospitals (Rehman & Qureshi, 2004).

Large government hospitals generally have better facilities than nursing homes, but they are widely believed to provide poor-quality care. The conditions which have led to dissatisfaction and demand for high quality medical care are owing to critical gaps in infra structure, workforce satisfaction and involvment, equipment, essential diagnostic reagents

and drugs (Arjunan et al., 2002). High work load and worse organizational condition are responsible for several negative outcomes at individual and organizational level, including dissatisfactory quality care, job stress, physician's dissatisfaction as well as lower level of involvement and commitment towards their job (Parikh, Taukari and Bhattacharya, 2004; Sharma, 2005; Tankha, 2006). Shah and Dhar (2007) identified the factors of HRD in health care and compared them across India and the USA. Twenty factors emerged which were analyzed in terms of their varying importance, weightage and role in health care. Out of the 20 factors, Job attitudes of health care staff were emerged as an important factor. On the basis of findings, they suggested that special attention needs to be paid to improve teamwork and team spirit, as well as more interactive communication between doctors and nurses with a view to promoting a more collaborative environment and devise persuasive methods of creating awareness and collaborative sense of responsibility among doctors and nurses to voluntarily and steadily reduce the incidence of medical errors through extra care and concern at all stages.

Quality of patient care has been major focus of organization in recent years and in India it has been explored in terms of organizational and employee factors affecting it and nature of programs for its improvement. The workforce, arguably the most important input to any health system, has a strong impact on overall health system performance (Rigoli & Dussault, 2003, Dussault & Dubois, 2003).

Partly as a result of the quality initiative, the working conditions for health care professionals in Indian hospitals need to be examined, as these are the personnel who are ultimately responsible for providing patient care and quality health services to a large population. Since all health care is ultimately delivered by people, effective human resources management plays a vital role in the success of health sector reform. Investigation of the issues related to human resource management acquires a different perspective when we

consider non-profit earning organizations such as hospitals in which a measure of performance efficiency is reflected in the quality of the patient care rather than in terms of the ratio of output to inputs.

The above review highlights the need for examining the impact of the hospital workplace factors on job involvement of medical professionals in India. Considering the paucity of research on the workplace factors related with the job involvement of medical professionals in government-run hospitals in India, a field study was planned with the twin objectives of (a) examining the differences in employed medical professionals' perception of the factors at the workplace in government-owned teaching and non-teaching hospitals at the central levels, and (b) examining the differences in the patterns of relationships between employed medical professionals' perception of the workplace factors in central government-owned teaching and non-teaching hospitals with their levels of job involvement among public hospitals in north India. In addition, the study also tried to examine the role of perception of psychological contract fulfillment of medical professionals as a mediator of the relationship between workplace structure factors and job involvement among medical professionals working in public hospitals in India.

It was assumed that since the terms of service in the two types of public hospitals would be governed similarly by central governmental rules and regulations, reported differences in the job involvement of the medical staff as well as the reported level of psychological contract fulfillment could be attributed to the differences in their perception of the workplace environment in their respective hospitals. Hence it was hypothesized that levels of workplace factors such as nature of decentralization, work autonomy and coordination were likely to be differ, hence the difference will evident on outcome level also, in the teaching hospital as compared to the non-teaching public hospitals. Secondly, it was

hypothesized that the relationship between these workplace structure factors with the job involvement and perception of psychological contract fulfillment among medical employees would be positive in both the teaching and non-teaching public hospitals. Lastly, it was expected that the perception of psychological contract fulfillment of medical professionals would mediate the relationship between workplace structural factors and job involvement in both types of hospitals.

Method

Sample

The study was conducted in two types of public hospitals in North India—teaching (Type 1) and non-teaching hospitals (Type 2). Type I was a 500-bedded hospital attached to a teaching institution in which the medical staff were permanent employees of central government. Type 2 was a group of public hospitals run by the railways in which the medical staff was central government employees. A total sample of 300 medical professionals was selected from the teaching (Type 1, N=150) and non-teaching (Type 2; N=150) hospitals. The participants were selected on the basis of convenient sampling after obtaining their informed consent. The average age of the participants was 42 years. The mean duration of service of the participants was 14 years and all were permanent government employees.

Measures and Procedure

The following measures were used in the present research for measuring participants' responses to the variables understudy:

- **Structural dimensions of hospital workplace:** The variable co-*ordination* was measured by the scale developed by Georgopoulos and Mann (1962) which was adapted to suit the settings in Indian hospitals. The scale had 5 items and the reliability coefficient (cronbach alpha) for this scale was .76. The *work autonomy*

scale contained 9 items based on an instrument reported by Breaugh, (1985). The reliability coefficient for this scale was .88. The *decentralization scale* included four items based on an instrument developed by Menon, Sundar, Phani and Edison (1999). The reliability coefficient for this scale was .74.

- **Psychological contract fulfillment** was measured by the scale (Bose & Agarwal, 2003), consisting of 11 items, which measured the extent to which members' expectations were 'met' by the organization through its human resource practices. The reliability coefficient of the scale was 0.75.
- **Job involvement:** The scale constructed by Kanungo (1982) was used for measuring job involvement of paramedical professionals. The scale contains 10 items. The reliability coefficient for this scale was .75.
- **Demographic variables:** Information regarding participant's age, gender, year of service, professional post, salary range, was obtained.

Responses on all items of all the scales were obtained on Likert-type five-point rating scales. Permission was obtained from responsible authorities in both types of hospitals to approach employees working in different departments. All those who were willing to participate in the study were administered the questionnaires individually with clear instructions, and assured that their responses would be kept confidential.

Results

After collecting data, the scores were coded and entered on data sheet and SPSS data file and analyzed in terms of means, standard deviations, t-ratio, coefficients of correlation, step-wise

multiple regression, and hierarchical mediation analysis in accordance with the objectives of the present study.

Table-1.

One –way ANOVA showing differences between the means of variables for Teaching and Non-teaching hospitals (N=300)

	Teaching Hospitals (N=150)		Non-teaching Hospitals (N=150)		F Ratio
	Mean	SD	Mean	SD	
Demographic variables					
Salary range	2.43	1.30	2.62	1.25	1.61
Years of service	14.51	11.05	15.25	7.49	.46
Promotions	1.15	1.16	1.65	1.05	15.29***
Age	42.37	10.75	44.31	7.81	3.22
Predictor variable					
Decentralization	10.85	3.14	10.73	3.01	.11
Work autonomy	23.27	7.14	25.66	6.68	9.00***
Coordination	16.07	3.75	18.35	3.49	29.67***
Mediator variable					
Psychological contract fulfillment	34.61	9.39	36.02	9.80	1.63
Outcome variable					
Job involvement	33.78	6.28	35.94	6.84	8.12***

* $p <$ .05 , ** $p <$ .01, *** $p <$ .001

Table 1 reveals that means of the demographic characteristics of the participant, i.e. salary, years of service and age did not differ significantly in the teaching and non-teaching hospitals however; participant in the teaching hospitals reported significantly more number of promotions received.

Among the organizational structure variables, non-teaching hospitals were reported to be significantly higher on the factors coordination and work autonomy as compared to the teaching hospitals. Results showed that there was no significant difference between the level of psychological contract fulfillment in the two types of hospitals. Results on difference of outcome variables also indicated that non-teaching hospitals were reported to be higher than the teaching hospital on job involvement.

Table- 2.

Correlation between organizational structure factors and job involvement in teaching and non-teaching hospitals (N=150)

Variables	Job Involvement	
	Teaching hospital (N=150)	Non-teaching hospital (N=150)
Salary range	.06	.02
Years of service	.08	.11
Promotions	-.03	.04
Age	.12	.13
Decentralization	.17*	.17*
Work autonomy	.32**	.34**
Coordination	.26**	.47**
Psychological contract fulfillment	.42**	.54**

* $p <$ .05 , ** $p <$ .01

Results of correlation analysis revealed that among the demographic variables, none of variables were significantly related with job involvement among any of hospital. Among the structural variables, results showed that all the three variables, decentralization, work autonomy and coordination had significant positive correlation with job involvement among both the hospitals. Results also showed that the mediator variable, psychological contract fulfillment was also positively correlated with job involvement in both the hospitals.

Table-3.

Stepwise regression analysis of the Psychological contract fulfillment with demographic variables among teaching hospitals

Variable	R	R Square	R Square change	% Variance	Beta Coefficient	t ratio
Salary range	.183	.034	.034	3.4	.183	2.266*

* $p <$ .05 , ** $p <$ .01, *** $p <$ .001

Results of regression analysis showed that among demographic variables, only salary significantly positively predicted 3.40% variance in perception of psychological contract fulfillment among teaching hospital employees.

Table-4.

Stepwise regression analysis of the Psychological contract fulfillment with organizational structure variables among teaching and non-teaching hospitals

Variable	R	R Square	R Square change	% Variance	Beta Coefficient	t ratio
Teaching hospitals						
Coordination	.409	.167	.167	16.7	.409	5.450**
Non-teaching hospitals						
Coordination	.560	.314	.314	31.4	.485	7.041**
Work autonomy	.608	.369	.055	5.5	.247	3.583**

* $p <$ .05 , ** $p <$ .01, *** $p <$ .001

Results of regression analysis revealed that among organizational structure variables, coordination significantly positively predicted 16.70% variance in perception of psychological contract fulfillment among teaching hospital employees. Among non-teaching hospital coordination significantly positively predicted 31.40% variance, whereas, work autonomy significantly positively predicted 5.50% variance in perception of psychological contract fulfillment.

Table – 5.

Hierarchical regression analysis for examining mediating effects of psychological contract fulfillment on the prediction of job involvement by organizational structural variables in teaching and non-teaching hospitals

Variables	Teaching Hospital (N=150) Beta coefficients			Non-teaching Hospital (N=150) Beta coefficients		
Control variables	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Salary range	-.09	-.17	-.21*	-.02	-.01	-.03
Years of service	-.11	-.14	-.10	.09	.07	.11
Promotions	-.25*	-.23*	-.18	-.09	.04	-.05
Age	.45*	.47*	.40*	.13	.01	.05
Predictor variables						
Decentralization		.01	.05		-.06	-.06
Work autonomy		.24*	.19		.21**	.12
Coordination		.14	.01		.44***	.24***
Mediator variable						
Psychological contract fulfillment			.34***			.38***
R	.22	.40	.50	.15	.53	.01
Adjusted R square	.02	.12	.20	.01	.24	.33
R square change	.05	.11	.09	.02	.26	.09
F change	1.82	6.11***	16.76***	.80	16.97***	19.48***

* $p <$ .05 , ** $p <$ .01, *** $p <$ .001

Results of hierarchical regression analysis showed that work autonomy was the single structure related variable which significantly and positively predicted job involvement with a beta of .24 ($p<.05$) in the teaching hospital in step 2 of the equation. But when the variance accounted by the mediator variable psychological contract fulfillment (PCF) was eliminated in step 3 of the equation, work autonomy became an insignificant predictor of job involvement. Thus, PCF was a significant mediator in the relationship between work autonomy and job involvement in the teaching hospital.

Among non-teaching hospitals, work autonomy was significantly and positively predicted job involvement with the beta of .21 ($p<.01$) in step 2 of the equation. But when the variance by the mediator variable psychological contract fulfillment (PCF) was eliminated in step 3 of the equation, work autonomy became an insignificant predictor of job involvement. Thus, PCF was a significant mediator in the relationship between work autonomy and job involvement in the non-teaching hospital also.

Coordination was significantly and positively predicted job involvement in step 2 with a beta of .44 ($p<.001$) in the non-teaching hospitals and in step 3 also when the variance accounted by PCF was eliminate from the equation, coordination continued to predict job involvement with a beta of .24 ($p<.001$). Thus PCF was not a significant mediator in the relationship between coordination and job involvement in the non-teaching hospital.

Discussion

The present study attempted to identify the role of organizational structure factors in determining the job involvement of medical professionals working in not for profit public hospitals in India. The study also attempted to explore the mediating role of psychological

contract fulfillment between the relationship of organizational structure variables and employees job involvement.

Results of the present study supported the hypothesized patterns of relation to great extent as both the hospital differed on most of the dimensions of organizational structure factors and job involvement. The findings of the study suggest that workplace structure factors differently affect medical professionals in different hospital work settings. The results highlighted certain advantages of working in non-teaching hospitals as compared to one affiliated to a teaching institution. The medical employees working in the public non-teaching hospitals reported higher salary and more number of promotions than did the employees in the teaching hospital. On the other hand, employees from both categories of hospitals reported nearly similar levels of decentralization and psychological contract fulfillment.

In continuation of the above analysis, the findings emerging from correlation and regression analysis indicate that among the structure related factors, co-ordination and work autonomy at the workplace were significant antecedents of both psychological contract fulfillment and job involvement.

Findings of the study also supported the hypothesized pattern of relationship between organizational structure variables, job involvement as all three variables of organization structure, namely, decentralization, coordination and work autonomy positively correlated with job involvement.

A surprising finding of present study was that decentralization did not emerged as significant predictor of job involvement whereas, studies from industrial and manufacturing organizations have suggested that decentralization is a strategy which helps to improve quality in performance and job attitudes of employees. Therefore it may be said that

decentralization is not a panacea for increasing the job involvement of health care professionals in Indian hospitals. It seems reasonable to expect on the basis of studies conducted in organizational settings, that a certain amount of decentralization of power would be required for enhancing work autonomy at the workplace. At the same time it could also be posited that decentralization in a hospital setting is likely to put a strain on co-ordination among professionals from different departments who are required to work together as a team in the event of an emergency or for treating critically ill patients.

Instead, the present study suggest that work autonomy and coordination at the work place may be more important factors which can help to maintain employees involvement and improving final outcome of organization as correlation and regression analysis showed that work autonomy and coordination significantly positively predicted job involvement of employees. Co-ordination was reported as one of the responsible factor, among structure dimension, in increasing job involvement in medical professional group, as it is well known that medical professionals perform very complex and crucial tasks in their life saving duty. Successful implementation of such an important activity requires co-ordination among different professional groups as well as different departments of the hospital. It seems that a better coordination between departments and among employees can reduce chances of conflict and facilitate work execution (Baker, 2000), which, in turn, promotes a healthy work environment in hospitals which is required for developing affectionate relationship at work. Some studies also suggests that coordination increases the spirit of teamwork and collaboration at work, probably this sense of social connectedness is also working as affective precursor for involvement in work (shah & Dhar, 2007; Gittell, Weinberg, Pfefferle, & Bishop, 2008) .

Work autonomy was also reported to be important in increasing job involvement among medical professionals as it seems reasonable to expect on the basis of studies conducted in organizational settings, that a certain amount of work autonomy and power would be required for enhancing better and quick decision making at the workplace (Bauer, 2004). It seems that autonomy at work gives the sense of "control over work" and somehow contributing to the involvement through self-confidence and self-esteem. Medical professionals are the employees responsible for direct caring and lifesaving of a large number of patients through different pre and post prescription activities. Handling of such a diverse activity needs some discretion in choosing sequencing, timing and processes according to their understanding of different cases.

Findings from the present study highlight the important role of psychological contract fulfillment in maintaining the job involvement of medical employees in not profit hospitals as psychological contract fulfillment significantly positively predicted job involvement of employees of both the teaching and non-teaching hospitals. Results also suggested that psychological contract fulfillment even increases the positive effect of organizational structure factors on job involvement as psychological contract fulfillment emerged as a significant mediator variable in analysis. PCF induces a sense of satisfaction regarding gain in return from job and increases positivity in their perception of job hence increases job involvement also (Turnley & Feldman, 2000). It is evident from results that perception of met expectations from the organizational part not only positively affects employee's involvement with job but also increase the positive affect of other variable on employee's involvement with job (Hochwarter, Witt & Kacmar, 2000). Perception of PCF actually increases the positivity in their view about the care and support received from the organization. It is easy to

understand the contribution of this positive perception towards involvement, through affective commitment.

Conclusion

The present study thus has important implications for the Indian healthcare system which is currently in the process of offering a plethora of services to a large section of Indian population, which relies completely on government hospitals for their health care needs and can't afford costly treatment of private hospitals.

The need for better but less expensive health care delivery is a major issue driving Indian health care reform and government is trying to achieve this through implementation of different policies and schemes. The medical professionals working in these hospitals are mainly responsible for ground level implementation of these reforms and delivering quality health services to the population and it is well documented that employees who are more involved in their job contributes more and the study provided some important strategic issues in that context also.

Since retention of competent professionals is a major problem for the government-run healthcare sector and job involvement plays a crucial role in this, the present findings indicate that governmental human resource policies which have mainly targeted the industrial sector should also focus on the betterment of the hospitals' structural factors and its effects on job attitudes of medical professionals and the psychological contract fulfillment of healthcare employees by meeting their expectations through their human resource practices.

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