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EMPLOYEE ENGAGEMENT: THE EXAMPLE OF THE UNIVERSITY CLINICAL CENTRE OF KOSOVO

Ljubljana, October 2016 MRIKA NRECAJ

AUTHORSHIP STATEMENT

The undersigned Mrika Nrecaj, a student at the University of Ljubljana, Faculty of Economics, (hereafter: FELU), author of this written final work of studies with the title: Employee Engagement; Example of the University Clinical Centre of Kosovo, prepared under supervision of Assistant Professor Katarina Katja Mihelič:

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INTRODUCTION

Working engagement is a positive, affective-motivational state of fulfilment that is characterized by vigour, dedication and absorption" (Schaufeli, 2011). Different researchers agree with each other that the working engagement is combination of energy and vigour with involvement and dedication (Bakker, Albrecht & Leiter, 2011). Working engagement plays an important role for the organization as it influences positively its performance and also the enrichment of the family life (Bakker, Tims & Derks, 2012).

The concept of working engagement has existed in the business and psychology literature for over 20 years. In all researches and studies done in this field the working engagement is positively related with the outcomes of the organization. Years ago, the interest for engagement of the health care (hereinafter: HC) employees was with only one intention, positive outcome of the organization. But today, the approach has changed and the intention is on the benefit of the employees first and then for performance of the organization. The dialogue on working engagement within HC employees must expand to include the ethical importance of the engagement. Within a relational ethics perspective, it is evident that working engagement enables the workers of HC organization to have meaningful relationships in their work and subsequently deliver ethical care. In HC, the working engagement is essential for ethical practice (Keyko, 2014). If engagement is essential for ethical practice for the employees from HC organizations, the environmental and organizational factors that influence the working engagement must be closely examined to pursue the creation of moral communities within healthcare environments (Keyko, 2014).

It is very important that HC organizations treat their employees carefully and make clear to them that they are institutions that provide services to the patients, and it never can be vice versa. HC managers must be updated, see into the future and create new visions for the hospitals in order to succeed. According to Schaufeli (2011), today's organizations do not need workforces that are only healthy, but workers who are motivated and engaged.

Working engagement and work family life are more related to the individual priorities as it is very much dependant with optimism, flexibility of the person, emotional stability including social relations, good health, job satisfaction etc. Working engagement as much as it is dependent from employee priorities, it is related also to what employers offer to them. Engaged employees want to have opportunity to learn and they want to have opportunity to develop with the company. Performance feedback and job autonomy are also two factors influencing working engagement. It differs based on the professional education and it seems that it is a promising concept for establishing a truly occupational health psychology (Schaufeli, 2011).

The purpose of the thesis is to broaden our understanding of the importance of the working engagement in HC institutions and the consequence it has on the relationship between work

and family lives. The goal of the thesis is to research and analyze within University Clinical Centre of Kosovo (hereinafter: UCCK) how much the employees in this institution are engaged with their work, and how much this affects their work-family enrichment.

The main research question in this study is: What is the level of employee's engagement in the clinical sector in Kosovo and what is the association with work-family enrichment?

Methodology of the empirical study reported in chapter four (4) is based on quantitative methods. A questionnaire was used to survey employees in one organization, namely the clinical sector. Employees occupying the following positions participated in the study: doctors, nurses, management and administrative staff. The final sample consists of 1139 returned questionnaires.

Structure of the thesis is constructed into two parts. In the first chapter I provide definitions of working engagement and its positive and negative sites as burnout and the work-holism including its consequences. Separately it presents the working engagement in HC. In the second chapter I have summarized the work-family enrichment, the impact of organization in work-family enrichment and vice versa. Chapter three is related to HC industry in Europe and Balkans, its developments, problems and future expectations. The fourth chapter pertains to the methodology of the study by presenting the aim of the research, description of the context by concluding it with data collection. In the chapters five and six I have provided the results and data analyses by being concluded with recommendation, limitations and opportunities for future research.

1 WORKING ENGAGEMENT

In this chapter there is an attempt to describe the concept of working engagement, its meaning and importance for the organization. Likewise, in more detailed, also its importance within HC organizations is described. Other topics that are related to the working engagement are burnout and work-holism. Even they are described as a dark side, it is still reasonable to treat themes they are interrelated and there is thin thread that separates one from the other.

1.1 Definition of the Working Engagement

Working engagement is becoming more and more important for organizations as it is seen as a positive element that improves performance. It is a positive, fulfilling and affective-motivational state of work that is characterized with positive energy, wellbeing, positive emotions and willingness. Engaged employees have high levels of energy and are enthusiastically involved in their work (Bakker, Schaufelid, Leiter & Toon, 2008). According to Bakker, a high level of vigour and strong identification with one's work characterizes the engagement. Working engagement reflects the personal energy that

employees bring to their work, where they do not only have the capacity to be energetic, but they enthusiastically apply that energy to their everyday work.

Engagement should be a win-win situation for the employers and employee. Regarding to (Leiter, Laschinger, Day & Gilin-Oore, 2010; Leiter, Price & Laschinger, 2010) when we have to deal with engagement then employers and employees need jointly to craft a positive, trusting, civil, respectful, and mutual beneficial working relationship (Bakker, Albrecht & Leiter, 2011). In order to do an organization, both parties should believe that there is a potential for equity, fairness, opportunity and meaningful growth within the system. It is a need for support, trainings and effectively individual and teamwork, respect for each other and civility (Bakker, Albrecht & Leiter, 2011). Studies have shown that in order to create within the organization energy, involvement and efficacy, it is important to give the employees a clear picture of the organization's vision. When workers have a clear vision, it is easier for them to know how to contribute in a significant way (Bakker, Albrecht & Leiter, 2011).

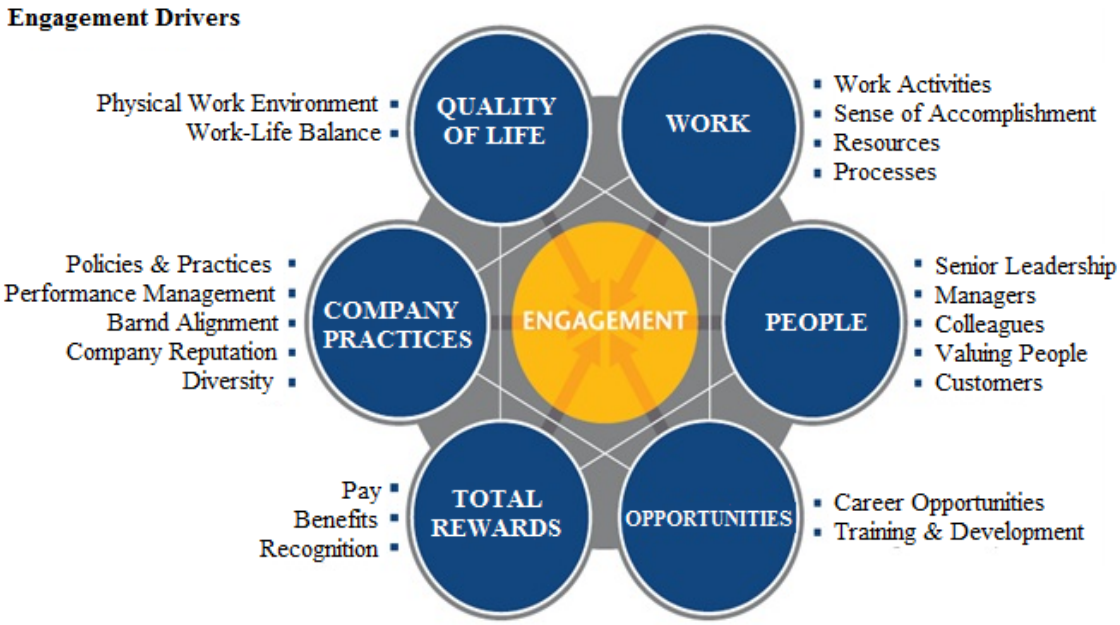
Employees, regardless to the circumstances of the work which can be difficult and very demanding, they still can be much engaged with their working place and they can be enthusiastic and dedicated to their work. Studies have proven that engaged workers are willing and cope with high job demands (hereinafter: JD). They are optimistic and have self-efficacy, self-confidence to organize and prepare their working environment together with JR, every time having support from the management and colleagues (Bakker, Albrecht & Leiter, 2011). Researchers indicate that engaged employees are proactive and they actively increase their JR and JDs, or decrease their JDs if needed (Bakker, Albrecht & Leiter, 2011). It is argued, that when employers provide to their workers good working conditions, challenged working climate, support and fulfil their physiological needs, employees are much more engaged and they respond more positively in this by investing their time and energy at work and the organization. But, it is also apparent that engaged employees are hard-workers, but after the working hours, they want to spend their time doing other things not related to the work as family life (Bakker, Albrecht & Leiter, 2011).

Several studies have confirmed that employees show themselves in the best way in challenging and agile work environments. This means that organizations should invest in the working environment by providing possibilities for grow and giving them the feeling of growing together with the company. For these issues within the organization, the management is the one who should take care. The management is the first point of contact between the workers and organization, and studies show that they have impact on the working engagement as JDs and resources are dependable on them (Schaufeli, Bakker & Van Rhenen, 2009). Further below, will be demonstrated elements that cause working engagement, their relation between each other and how they affect each other.

The engaged employees possess physical, mental and emotional energy, and they put this energy into their work. This energy identifies them within the working place. These

employees' supposed to generate positive outcomes for both sides, workers personally by developing themselves professionally and also the organization with the increase of the quality and performance (Bakker, Schaufeli, Leiter & Taris, 2008), to concentrate more at their job and perform better (Bakker, Tims & Derks, 2012). In the figure below, are presented elements that influence in working engagement.

Figure1. Working Engagement and its Drivers



Source: A. Hewitt, *Employee engagement model source, trends in global employee engagement*, 2011, Figure.2, p.11

Every day we have more and more new studies related to the working engagement. It is thought that workers can be engaged with their working place for long period of time, of course if the employers offer to them JR, positive emotions and opportunities. But the level of their engagement differs from day to day, employees cannot be engaged, actually they cannot feel vigour, dedicated and absorbed every day in the same level. Some days they can feel more and some days less depending from many elements influencing them as management behaviours, teamwork, autonomy, working climate and so one. The level of working engagement within the employees can vary not only on a day – to – day basis, but also it can vary within the week, within a single day and within the working hours. Within one working day, circumstances are those who predict the level, or specific tasks you are working on, or even personal recourses (Sonnentag, 2011). There are evidences that personal recourses have a very big impact on the working engagement, which in some moments can be also negative. It is confirmed that the high level of working engagement is related very positively with the organization, and as it is mentioned before, performance is

positively related with its level, and with the increase of employee performance, increases also the performance and quality of the organization (Sonnentag, 2011).

1.2 Dimensions of Working Engagement

Based on everyday work, practice and also scientific progress it is concluded that working engagement is a combination of the capability to work (energy, vigour) and the willingness to work (involvement, dedication) (Bakker, Albrecht & Leiter, 2011). This is confirmed in theory and also the studies have shown in practice. Furthermore, empirical work seems to confirm the divergent role of the third dimension of working engagement, which is absorption (Schaufeli & Salanova, 2011).

Being satisfied with the job position and experiencing high quality of life are the key factors when vigour and dedication are explained. Satisfaction with the job position is the variable that mostly helps to explain both, the vigour and dedication (Jenaro, Flores, Orgaz & Cruz, 2010). Therefore, working engagement is determined as a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication, and absorption (Bakker, Schaufeli, Leiter & Taris, 2008).

If there is a relationship between three components of the working engagement, there are studies that have shown their connection. It follows that when employees feel vigourous; it means that they are ready to dedicate themselves to the working place. Based on Kahn, employees must feel physical and emotional energy in order to dedicate themselves in the working place. Also, when vigorous employees fully immerse themselves in the working place, they can become absorbed if they feel psychological safety, trust their superiors and they will enjoy their work (Bakker, Schaufelid, Leiter & Toon, 2008). All three dimensions are related among each other, they represent different conditions of the employees, but in the end all of them represent one general condition, which is working engagement (Bakker, Schaufelid, Leiter & Toon, 2008).

The vigour is characterized by investing high levels of energy and willingness for the work. It is characteristic for the employees who are persistent even in difficulties within the organization. Vigour is an attribute of the individuals with physical strength, emotional energy, and cognitive liveliness, a set of interrelated affective states experienced at work. Vigour constitutes a positive aspect and it is associated highly with health outcomes, and also is expected to be associated with the effectiveness of the organization and is very closely related to the employees' motivation at work (Bakker, Schaufeli, Leiter & Taris, 2008).

Vigour represents individuals who are physically energetic by feeling strong mentally, and by feeling spirit and vitality. It has become one very important component of working engagement and researchers mostly focused in study of vigour. The main reasons, why researches have mostly focused on it, are that the vigour is related to the emotions, mood

and energy of the employees. It is related to their physical and psychological health, their creativity at work and happiness. All this energy and positivisms will affect positively the increase of performance and effectiveness of the organization. Studies have shown that employees with positive energy and feeling of happiness and joyfulness at work affect positively also their colleagues. They act very socially and are ready to help the others. Also, studies confirm that their positive mood, affect the long-term good relation with the others in the organization by leading in increase of the team performance (Shirom, 2010).

Employees, who are vigour, affect in increase of creativity, performance and effectiveness of the organization. Vigour represents physical and psychological health of the employees, their willingness to work, their positive behaviour towards the company by affecting positively also the others (Shirom, 2010). Individuals with positive energy, will, happiness, physical strength and psychological health, bring also at their homes these feelings and this affects in enrichment of their work-family life, what enables them to have good quality of life (Shirom, 2010).

Dedication refers to a strong involvement in one's work, accompanied by feelings of enthusiasm and significance, and by a sense of pride and inspiration. Employees should have and feel physical and also emotional energy in order to dedicate themselves at their working place (Bakker, Schaufeli, Leiter & Taris, 2008). Dedication is significant and meaningful activity. Dedicated employees are enthusiasts, are challenged, inspired and proud about the work they do (Bakker, 2010). They do their job with all their heart and emotions and all these elements are positively related to employees working life;

Absorption is based on in-depth analyses and experience within the years of research (Schaufeli, Taris, Le Blanc, Peeters, Bakker & De Jonge, 2001). It is concluded that absorption is the third constituting aspect of working engagement.

Absorption refers to a pleasure and total immersion at the working place. It is characterized when employees are fully concentrated at their working place which makes them feel happy at their work. Their time at work passes very quickly and they have difficulties to detach themselves from work (Bakker, Schaufeli, Leiter & Taris, 2008).

Engaged employees become absorbed in their work, experiencing flow in which they lose track of time and diminish their response to distractions. The energy and focus inherent in working engagement allow employees to bring their full potential to the job. This energetic focus enhances the quality of their core work responsibilities. Absorption is something on which workers are fully concentrated (Bakker & Leiter, 2010).

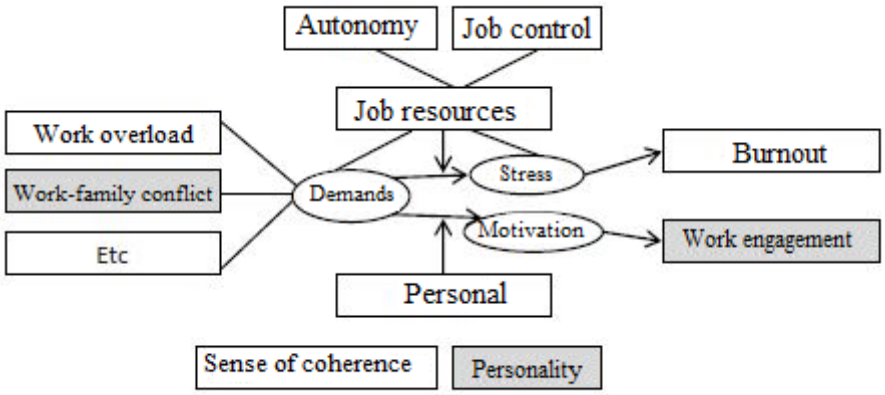
1.3 Engagement and Burnout in Job-Demands Resources Model

Organizations should continuously monitor the employee recourses and demands. JDs–

Resources (JD-R) model is used to describe the conditions that affect the working engagement, particularly combination of high JDs (‘‘activation’’) and high JR (‘‘pleasure’’) has been found to predict working engagement (Bakker et al., 2007; Bakker, van Veldhoven & Xanthopoulou, 2010; Hakanen, Bakker & Demerouti, 2005). At JD-R model, both sides’ the employees and employers negotiate and work in the direction for creating equilibrium between the demand and resources. Employers offer to their employees JR, while employees offer repay by being energetic, dedicated and resulting with high performance. Engaged employees work proactively on their needs - supply a fit by mobilizing their JR, and work on their abilities–demands a fit by increasing or decreasing their JDs. Furthermore in the topic if engagement is a win – win situation, based on the JD-R model we can see that it is so, because the engagement is combination of high JDs with high JR (Bakker, Albrecht & Leiter, 2011).

The JDs–Resources (JD-R) model is the model that demonstrates not only the working engagement but also the working conditions that lead to burnout. JDs usually are considered as positive outcome, but if they are resources with very high demands which may cause stress at the employees, they need to gather all their forces and energies in order to complete the job successfully. When employees continually mobilize their efforts to accomplish their obligations, than this situation will drive to their exhaustion, respectively burnout (Schaufeli, Bakker & Van Rhenen, 2009). In the figure 2, is presented model of JD and resources, including also the burnout:

Figure 2. JDs- Resources Model and Burnout



Source: E. Demerouuti, A. B. Bakker, F. Nachreiner and W. B. Shaufeli, *The job demands – resources model of burnout*, 2001, 86, p. 499.

Today’s studies have shown that organizations, respectively employers need to offer their employees different JR in order to keep them engaged with their working place. There are different factors influencing in engagement of employees with their working place, as working environment, social support and feedback about their work, skill variety,

opportunities, good working conditions, flexibility etc. Researchers indeed suggest that management can influence employees' JD and JR, and may indirectly influence employees' engagement and performance. However, managers are not always ready for feedback so it is very important that employees mobilize their own job challenges (Bakker, Tims & Derks, 2012).

Studies have also shown that employees within one organization will actively change the design of their job by trying to choose new tasks. These changes are regarding to their JDs and JR (JD-R model). These kinds of employees try to adapt JD-R to their needs. They are always ready to ask for help if needed, and they are ready for challenges. In essence, they are engaged workers who experience their work as stimulating and energetic and something to which they really want to devote time and effort. It is confirmed that this kind of workers are mostly always engaged with their working place. JR fulfils the basic human needs, such as the needs for autonomy, relatedness and competence. JR such as social support, skill variety and so on, affect very positively the workers' motivation as they all want to achieve a goal, especially engaged ones. Every time it is vice that engaged workers perform better than non-engaged workers. There are many reasons why, but the most importantly reason is that the engaged employees are enthusiastic; they feel positive emotions and are happy.

Likewise it is important that employees mobilize their own job challenges and resources. It is not necessary that they should always wait from their management in order to get JR; it can happen that managers are not always available for feedback, and company faces other important topics which may be priority so employees in those cases should be proactive and to optimize their working environment. So, the collaboration should be from both sides, company's and employees', where company offers the workers best JR and employees stay engaged and perform well, even when company deals with other topics, they stay loyal to them (Bakker, Tims & Derks, 2012).

The opposite of working engagement is burnout. A high level of energy and strong identification with one's work characterizes the working engagement, whereas the burnout is characterized by the opposite, a low level of energy and poor identification with one's work (Bakker, Schaufeli, Leiter & Taris, 2008). Burnout is presented as unwillingness to work as cynicism and disengagement and incapability to work. While engaged employees are willingness, full of energy and enthusiast, burn out employees are exhausted, unwilling and cynical about their working place (Bakker, Albrecht & Leiter, 2011). But not all the time means that if employees are not engaged with their working place, they are not energetic, enthusiasts or dedicated, they are burnout and vice versa. In order to prevent burnout of the employees, employers should work to create an organizational context where employees feel enthusiastic, energized and motivated because their jobs are ''active'' and ''pleasurable''. The biggest risk for burnout appears when high JDs are combined with low JR. Moreover, as it's been indicated in the recent researches that the engaged employees are proactive and they actively increase their JR and JDs, or decrease their JDs if it's needed, and when this

situation is long period of time than the burnout is more likely to happen (Bakker, Albrecht & Leiter, 2011).

As we know working engagement is characterized by energy and identification, but in due course, energy may get exhausted and identification may turn into cynicism. In other words, when the balance of giving and taking is disturbed, then working engagement may turn into burnout. When employees work under specific conditions and their expectations are exceeded, there is a lack of reciprocity this situation may lead to burnout. This situation happens when employees invest large amounts of efforts and personal resources into their jobs without receiving appropriate outcomes. As we have already mentioned, engaged employees drive a lot of energy into their work, and when they don't get anything in return, their balance will be disturbed and this situation will increase the risk for (Schaufeli, 2011).

In burnout, three dimensions of engagement turn in the opposite; energy turns into exhaustion, involvement into cynicism and efficacy into ineffectiveness. Therefore vigour and dedication as two main dimensions of working engagement are considered the opposites of exhaustion and cynicism. Researchers consider that it is negatively related to working engagement; it makes people feel empty and exploited (Bakker, Tims & Derks, 2012). So, as high level of energy and strong identification with one's work characterizes engagement, whereas burnout is characterized by the opposite: a low level of energy and poor identification with one's work (Bakker, Tims & Derks, 2012).

1.4 Workaholism

Workaholism as working engagement is two issues that are followed with high investments for the work. Workaholics are excessively hard workers and they spend a lot of time in their work activities. They think about their work even when they are doing something else. Engaged employees love their work and are very hard workers; they seem very similar with the workaholics, but in reality they differ a lot from each other. They are vigour and dedicated, feel happy at their work, have fun by doing their duties and work very hard because they like it. On contrary, for workaholics their need to work goes so in extreme that it reduces their happiness, affects their social life and interpersonal relations (Bakker, Schaufeli, Leiter & Taris, 2008).

Based in the studies, it is confirmed that emotions and behaviour associated with workaholism or working engagement affect an employees' functioning at work and also at home. But, taking into consideration the behaviour and emotions of the workaholics and engaged employees, there is a difference between them, and the main difference is in their way of functioning. Workaholics have shown poor relationship and higher work family conflict, while the engagement has been facilitated with work – family enrichment.

As engaged employees are energetic and dedicated, workaholics feel the need for work even when there is no necessity. When they don't work they have a feeling of guilty and because of this it can happen that they can be disengaged. They are perfectionists and their way of working affects their health by reducing their happiness and affecting in interpersonal social functioning. Studies have shown that by looking for perfectionism, they can failure and their performance in the organization can be very poor. Except in poor performance, the feelings of guiltiness, intensive need for work are factors that influence negatively the work – home enrichment (Clark, Michel, Stevens, Howell & Scruggs, 2013).

One part thinks that workaholism has positive impact in organizations, as employees intensively think about their work and give their best, so the company can benefit from this. As it could be seen from different literatures and also in practical life, in many cases it is contrary, as it affects their feelings by making them to feel unhappy, unhealthy and guilty if they cannot achieve the desired goal. If they are not happy, healthy and concentrated they cannot dedicate themselves also to their families, so except they will fail in their performance they will fail also in their family life (Wan Rashid, Nordin, Azura & Izhairi, 2011).

However, researchers' interest has grown very much regarding to this issue. Mostly, it became interesting because workaholism has affected mostly on social and personal levels the employees including their families. Regarding to Oates (1971) it is an excessive and uncontrollable need to work that permanently disturbs health, happiness and relationships (Molino, Bakker & Ghislieri, 2015). Workaholics dedicate more resources to work and fewer resources for their family what puts them in a negative relation with work-family enrichment (Tement, 2014)

1.5 Consequences of Working Engagement

Working engagement as any other phenomenon has its consequences. As organizations try very hard to improve their performance by reducing costs, the consequences of working engagement are very important topic. Leaders every day search for more and more programs to justify and to understand how it leads to positive and negative consequences for employees. Researches have shown that engagement is related to positive outcomes and it is proved that it leads to better job performance. Usually employees who are more exposed to the supervisors or those who have ambitions for better position within the organization have the ability to invest their recourses by increasing the performance of the organization (Halbesleben, 2011).

According to Halbesleben, one of the best mechanisms to link engagement and its consequences is the concept of resource investment form conservation of resources (COR) theory. COR theory shows that people strategically invest their resources in order to gain additional ones and studies confirmed that this is one of the factors influencing working engagement; when the employees are engaged, they attempt and invest all their resources in the working place and they are closely related with the organization, so turnover intentions

decrease. There are many studies confirming that working engagement is positively related with the performance. Workers face positive emotions and feel enthusiastic, joyful and are interested. These emotions as joy and happiness help people to be more social and more creative at their working place (Halbesleben, 2010).

Working engagement is expressive of a very high energy at work. When employee expresses high energy and will, it is connected with health and high level of performance at work. Based on this, it is seen that there are positive consequences. Working engagement is positively related with outcomes of the work, which affects the quality of the family life (Halbesleben, 2010).

High level of working engagement is related positively not only with the organization but also with the work-family relationship. Employees with high level always experience high level of work – family enrichment, or it can be vice versa. The level of working engagement heavily depends from the profession and industry. It doesn't mean that you should have balance on JR and JDs in order to be engaged. Sometimes, there are people who love what they do and for them this is enough in order to be engaged with their working place. How much it will last depends from JR, positive emotions and themselves – confidence (Clark, Michel, Stevens, Howell & Scruggs, 2013).

On contrary, engagement can also have dark side. Employees by investing their recourses increased performance of the organization, but on the other side this situation could interfere in their family life. It can bring positive outcomes to the organizations, but also negative impact to the family life, so work can interfere in the family life and vice versa. Highly engaged employees may feel broken if it will be requested from them to leave aside their work and invest their time at family. But also, family can feel lost if they will feel that there is no time for them. So these two components are in negative relation, as by investing in one of them it will have negative impact in the other component (Halbesleben, 2011).

As it can be seen, engagement has positive and also negative consequences. The positive consequences are related with the increase of performance and increase of work-family enrichment, and the negative consequences are related with the work family conflict.

1.6 Working Engagement in Health Care Sector

Like in other disciplines, consideration of the working engagement in HC organizations is firstly encouraged by organization-driven concerns such as rising healthcare costs, medical error rates, quality-of-care concerns and the reality of overburdened healthcare systems. Working engagement within HC is not important only regarding to the relation of employee and patients but also between employee and organization. All medical employees, doctors and nurses they are under the oath that they will do their job with ethics. Medical employees do their job with dedication towards the patients and because of this it is needed to be

considered also the relation between the employee and organization (Keyko, 2014).

When we want to measure relation between the employees and HC organization, the best way to do it is throughout the working engagement. As it can be seen in different literatures, medical staff is mostly exposed to the stress. When employees see that they are poorly involved in the decision-making processes or when they see that organization is mostly concentrated in cost reduction, then the dissatisfaction and stress grow even more. Nurses and doctors in order to be engaged need to have a healthy relationship with colleagues, patients and families and with the organization they work for. In order to work with ethics, medical staff needs to be engaged with its working place (Keyko, 2014).

Nurses and doctors who are distant and disengaged from their work can be interpreted as being unethical. How they provide their care to the patients and their relation with them and organization, their working engagement level with describes it in the best way. Medical staff by showing its willingness for making an effort to engage in relationship with patients and others in the organization, by taking responsibility for them, describes one of the key attributes that is vigour. In order to be ethical, medical staff (nurses and doctors) regardless the difficulties they face personally and within the organization need to be open, to express their willingness to work and to share their experiences with the patients by taking care of them, so all this requires a dedication. It is needed a responsive effort for building reliable relationship and it is crucial to understand the needs of another part in order to be able to deliver the ethical care. So, nurses and doctors in order to respond to relationship with patients, colleagues and organization need to be absorbed in their practice (Keyko, 2014).

Autonomy in the work and freedom to bring decisions in particular cases time to time are elements that affect the working engagement of the medical staff, particularly nurses and doctors. HC organizations which work with strict protocols, order its employees even how to behave with their patients. This way of control and impossibility to do your work in the way you know, but as you are driven, affects negatively the employees' engagement and also affects the performing of the work in ethical way.

As we are aware from different literatures, except autonomy, flexibility and opportunity at work affect the working engagement and there is also working environment, a very important factor that also influence it. Employees in HC industry work in a very demanding environment. According to Keyko (2014), employees in HC will not be able to be engaged with their patients, to seek to understand their situation and to address their needs. This is not possible without an environment that supports such actions.

Today, as working environment is becoming tenser, it is needed employers to invest more in their workers, their working conditions and environment in order to keep them engaged, to make employees to feel good and give their best on their duties and responsibilities, actually to be vigour, dedicated and absorbed. Otherwise, with globalization and market openness, good people will move and without people it will be difficult to succeed in any

industry, especially in HC where more than a half of the quality and services depend on them. Working engagement in HC has mostly positive outcome on the patient's behalf. In order to provide services and care that is really needed in HC industry, the HC organizations need to invest heavily in their environment by creating supportive environments (Jenaro, Flores, Orgaz & Cruz, 2010).

Staff turnover and move of the good people, will affect negatively the performance of the organization. Management needs to work in the direction to enable good working conditions and good opportunities for their employees in order to take as a return their dedication at their working place. Also, management should work hard in that direction to enable its employees to keep the balance between their work and family. This is the main challenge in HC industry and organizations to start to invest as much as they can in this direction by enabling their employees to live healthy and happy life (Bargagliotti, 2011).

Elements like workload, control, stress and long working hours are elements in all other industries, also in HC affect in burnout. While in the other side rewards, values, opportunities, flexibility and so on are factors that influence the working engagement. Several studies have confirmed that in HC organizations, management should act in direction to set credibility and to win the trust and respect of their workers. In this way, they will affect their dedication. Further, trust is essential factor that

HC employees expect from their supervisors and it affects their working engagement. Doctors and nurses appreciate confidence and it encourages them within their professional work. They feel the freedom of expression and asking questions which make them, feel safe and engaged in their working place. Working engagement within doctors and nurses is directly affected by the trust in their supervisors. Social relations with the colleagues are also very positively related with working engagement in HC organizations. Harmony between them and communication, which is e key factor in HC, are elements that positively influence working engagement. These factors indicate the trust in the organization (Bargagliotti, 2011).

However, as we are aware today's most challenge in HC industry is the cost effectiveness. When organizations concentrate in efficiency and cost effectiveness, they can risk the autonomy of the employees, respectively doctors and nurses. This will affect their disengagement and their ethical practice. Autonomy, trust, communication and social relations within colleagues are crucial elements that enable HC employees to perform their work with ethic and dedication. Working engagement is very important and crucial for HC employees. From different studies it is seen that engagement is not relevant only for employees individually, but also for the organization and HC system (Keyko, 2014).

2 WORK – FAMILY ENRICHMENT

In this chapter the definition of the work-family enrichment and its influence and importance in working life is summarized. The main factors that positively and negatively influence it in all industries and specifically in HC industry are defined.

2.1 Definition of Work-Family Enrichment

The essence of work-family enrichment is how the multiple role participation improves the performance on each side, at work and in the family. Individual multiple main roles are: children, spouse, parent, homemaker, worker and so on. All these roles affect the individuals' life, at home and also at their working place. Based on this, researchers try to find positive relationship, more particularly to enrich life of work and also family (Shein & Chen, 2011).

Today, the biggest challenge for an adult is the work and family responsibilities. Relationship between work and family depends from the characteristics of the family and also from the type of job. Based on these characteristics it can be a conflicting or enrichment relationship. According to Greenhouse and Powell (2006, p.73), work-family enrichment is defined as the: "*the extent to which experiences in one role improve the quality of life in the other role*".

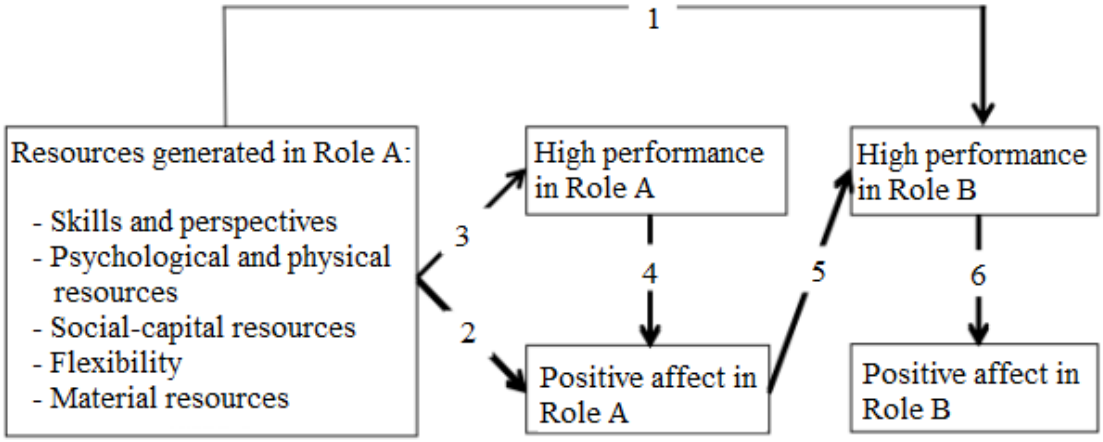
Seeing its importance during the last years it has become one very important subject for researchers, especially in the management and psychological area. It is one of the most important dimensions of work-family balance and it presents how family interacts in the work and vice versa. Both components are linked between each other, and they affect each other directly or even indirectly (Shein & Chen, 2011).

Today, most of the people are involved in multiple roles which mean that besides their commitment to work, they have also family life and they need to take care of it. Particularly women, who were more engaged at home years ago, today hold same positions as a man in the working society. On the other side, men were before more engaged to the family life with financial responsibilities, today they share home – family duties with the women almost on the same level. Individuals who are engaged in multiple roles are exposed much more to the stress that affects their quality of life (Greenhous & Powell, 2006). Most of the employees try not to bring work at home and not to send home at the work. Always, when you manage to keep this balance, success will not miss on both sides, at work you will have good performance and at home you will have happiness (Carlson, Kacmar, Wayne & Grzywacz, 2006).

In figure 3 the cycle how resources positively affect in one life is demonstrated; and that affect in increase of their performance, continuing with positivity, which is carried from one

to another person by increasing also his or her performance.

Figure 3. Model of Work-Family Enrichment



Source: J. H. Greenhouse and G. N. Powell, *When work and family are allies; A theory of work – family enrichment*, 2006, p 79.

Work-family enrichment has its consequences as all the other topics. As it has already been mentioned, work can influence negatively or positively the family life. When we are present in organization work-family conflict, then we have negative consequences as high staff turnover, low level of job satisfaction, which affects on low level of life satisfaction, and also affects the burnout growth. On the other site, there are positive consequences that positively affect the work-family enrichment. Organizations by facilitating their employees to keep a correlation between work and family roles, employees consequently feel that they must do something for the organization in return, what is their engagement at work and growth of performance (McNall, Nicklin & Masuda, 2010). There are many studies regarding to this topic, as researchers conclude that this topic is very important for organizations and it deserves attention.

2.2 Flexibility and its impact in Work-Family Enrichment

Work to family enrichment is much more related to work. Studies have shown that one major impeller to enrichment is flexibility at work. Except flexibility, two other important outcomes that affect the enrichment are job satisfaction and turnover intentions. Studies confirmed relation among these three impellers, as when there is flexibility at work it increases the enrichment which affects the higher job satisfaction and lower turnover intentions. Organizations work into direction of helping employees with work-family balance. They start by offering to the employees two possibilities as working time, firstly with flexible working time (for example they can select their working hours whenever it is convenient for them) and the second choice is compressed workweek when employees work more working hours per day, but less working days (Greenhous & Powell, 2006).

According to the *2008 Employee Benefits Survey* by the society for human resource management (2008), 59% of human resources professionals, reported that their organizations offer the employees flexible time, and 37% reported that their organizations offer a compressed workweek (McNall, Masuda & Nicklin, 2010). Studies have shown that the flexibility of the working time has affected more positively in enrichment than flexibility at working place, where employees choose their place of work by having possibility to work also from home. Different research has revealed that flexibility at work has increased performance and productivity within organizations; also it has increased job satisfaction and has decreased absence from the work. The researches have confirmed that flexibility has influenced positively also the work-family enrichment and it is negatively related with work-family conflict (McNall, Masuda & Nicklin, 2010).

Other factors are also identified influencing the enrichment except flexibility as psychological and physical, social and also material resources. Employees gaining during their work any resource it will directly affect the improvement of their role in the family or in indirect way it will produce positive affect as a high energy, enthusiasm that also benefits the employees interaction with their families. Nevertheless, different recourses affect positively to enrichment, studies have shown that flexibility remains the main factor that is related to the increasing work-family enrichment. With flexible working hours, employees have the possibility to manage their work and family demands. They are able to increase JR and at the same time to handle family requests (Carlson, Kacmar, Wayne & Grzywacz, 2006).

As it has already been mentioned, except flexibility there are two other outcomes that influence family-work enrichment. Job satisfaction and also staff turnover are two outcomes that have impact on the work-family enrichment. Job satisfaction represents good feeling and positive energy and it is positively related to work-family enrichment. Employees with greater work-family enrichment have reported higher job satisfaction. The second factor staff turnover means that employees are not related with the organization, and at their first opportunity they will leave. Relation between work-family enrichment and turnover, studies have shown it as a strong and high and indicates the decrease of the other and vice versa, for example with high level of work-family enrichment, staff turnover is lower and when there is high level of staff turnover within the organization, work-family enrichment is very low (McNall, Masuda & Nicklin, 2010). So, based on this it can be seen that flexibility at work and job satisfaction are positively related with work family – enrichment, and on contrary staff turnover is related negatively with this occurrence.

Except flexibility, job satisfaction and other factors that are mentioned, there are so many other issues that influence and are related with work-family enrichment. Organizations that invest in the employees by offering them different extra benefits, which facilitate their everyday life, have benefits that affect positively by increasing the working engagement as well as the work-family enrichment (Carlson, Kacmar, Wayne & Grzywacz, 2006).

Organizations have invested in child day care for their employees, elderly centres for those who need to take care about their old parents, sport- fitness centres which employees could use during the working hours, by giving them flexibility at their working time and also when needed part time jobs. Organizations try to fulfil their employees' needs in order to make them feel comfortable and happy at their working place as in that way they increase their engagement by helping them keep the balance between the work and family life.

According to Greenhouse and Powell, satisfaction with work and satisfaction with family have additional effect on the happiness of the employee, on their life satisfaction and better quality of life. Work and family experiences they both have effect on work-family enrichment and we have to do with work- family enrichment when work experiences improve quality of family life, and family-to-work enrichment when family experiences improve the quality of working life (Greenhous & Powell, 2006).

Work-family enrichment is very important to organizations and to the employees. Researchers pay more and more attention to this every day. Work and family, both of them ensure that individuals' resources help them to accomplish their obligations in different life areas. The employees are positively as well as physically and psychologically affected. Some workers say that skills and trainings they had at work sometimes help them to solve conflict in easier way with their children or other family members. And on the other side, the better caution and more patience some parents have with their children, help them to build better relations. When an employee leaves from work happy and with positive humour, potentially he will respond positively also towards his family members (Carlson, Kacmar, Wayne & Grzywacz, 2006).

2.3 Work-Family Enrichment and Performance

According to (Carlson, Kacmar, Wayne & Grzywacz, 2006) work-family enrichment is different from other constructs that represent positive relations between work and family. Enrichment concentrates in performances of one area that is achieved from positive resources of one another area. According to Powell and Greenhouse (Greenhous & Powell, 2006) in order to occur enrichment, resources don't only need to be transferred from one role to another, but they need to interfere positively in individual's role, quality of life or to improve successfully their performance. They describe the two ways of how resources from one role can positively affect the other role. Physiological resources as self-esteem, optimism and confidence they can encourage positive mood, positive emotions, satisfaction and so on. For example with financial reward of an employee, the whole family income will improve. They describe that resource of one role can increase performance of other role, which as a return grows the positive affect in that role. Self-confidence, job development and social recourses increase job performance (Carlson, Kacmar, Wayne & Grzywacz, 2006).

The second way of the positive effect of one role to another role, according to Greenhouse & Powell is described through increase of the individual's performance. The increase of performance is done in two ways, firstly through engagement, where engaged individual will produce higher performance. Positive affect of one-role influences in psychology and extend of the high energy of the individual who will interact in highly engagement of individual in another role, and in that way will affect the performance increase. Secondly, positive affect is connected with flexibility at work, more time to spend with the family, as children and spouse and job-related skills that influence efficiently within family members (Greenhous & Powell, 2006).

These are investments that organizations decide to dedicate their attentions mostly because they have concluded that with making such investments they will keep the employees engaged and will increase the company performance. The researches have tried for long time to find measurement for enrichment. But, still measures couldn't be defined and validated. Greenhouse & Powell provided some samples that are used for measuring the positive spill-over, facilitation and enhancement. But, as enrichment differs from these concepts, it is needed for other measures which will fit better with enrichment in order to measure it. Different studies show that they don't determine exact scales but they use different measures and this has prevented of getting the exact results. But, researches came to conclusion, that for this situation there are no exact measures for enrichment because it is a multi-dimensional construct (Greenhous & Powell, 2006).

When enrichment occurs within organizations, employees with positive energy, with high level of dedication and with positive attitudes to work affect positively their family life. Those who are happy and satisfied at home, bring at work that positive energy and willingness. Based on this, Greenhouse came to conclusion that work and family role can be enriched if the employees work with positive energy and emotions (Greenhous & Powell, 2006).
According to Greenhouse & Powell, in order for enrichment to happen, resources or benefits that are earned in one filed (work or family), must not only be transferred, but they must also successfully be applied in another field (work or family) such that performance or affect of the receiving domain will improve (Greenhous & Powell, 2006). So, we have to do with work- family enrichment when positive energy, feelings, happiness and other resources from work affect positively the family life and increase performance or other domains in the family.

2.4 Work-Family Enrichment in Health Care Sector

In HC industry work is often stressful and overloaded. Because of workload, job stressors, high number of patients and patient responsibilities, bureaucracy, working time with shifts HC is a sector with larger staff turnover. Especially night shifts, even they get paid more are very heavy and impact very negatively the quality of life. Even the most dedicated medical

staff, especially nurses, sometimes feel that they can't juggle all of their responsibilities effectively (Fessesele, 2008).

Two most important components in people's life are the work and family, two elements that indicate each other positively or negatively, and predict one or another way people's life quality. Because of this, every day there are more and more concerns of the management within the organizations to try to improve the working environment and conditions in order to keep their employees engaged and in that way to enrich their work family life. But, they face challenges to carry out practices, which will help them to perform in the best way, actually to be engaged with their working place and also to perform in the best way in their homes. By helping employees to achieve work-family enrichment, organizations manage to increase the performance (Wan Rashid, Nordin, Azura & Izhairi, 2011).

Studies show that HC employees are mostly exposed to the stress comparing to other industries. As it can be seen from different studies, researchers concluded that engagement of the employees affect positively in work-family enrichment. In HC sector, employees work with ethics. Ethic makes them to be dedicated toward the patients, to care about them and serve them in the best possible way they professionally know. In case they break this behavior, they break the ethic they made on the day they became medical professional, regardless if they are nurses or doctors. These situations make them to be engaged with their patient, but are they engaged with their working place – organization it is a questions mark. As it can be seen from different studies, working conditions within HC organizations are very hard. Working hours are very long; stress and responsibility are very high, nightshifts, work overload and so on. All these elements send us in burnout and negatively impact in family life (Greenhaus, 2002).

Organizations in HC, in order to mitigate these elements that affect rudely the quality of life and also the health of their employees, start to invest in different programs and also to change strategies of work in order to improve the work conditions and make them engage with their working place, respectively organization. With engagement of HC employees, organizations will increase their performance and quality of the services. Being satisfied with the work and experiencing high quality of life are the two main factors that influence the increase of vigour and dedication (Jenaro, Flores, Orgaz & Cruz, 2010).

Like in all other industries, in the HC factors which contribute to the low quality of working life, as poor relation with supervisors or colleagues, low professional opportunities, poor working environment and so on are identified. But all these factors in combination with stress and overload work show that work-family conflict is higher than work-family enrichment in HC sector (Greenhaus, 2002).

Taking into consideration the importance of the quality of work-family life, HC organizations work actively in this direction by increasing the number of employees,

reducing working hours, allocation of the duties and reducing night shifts from two to three times per week in once to two times per month, flexibility at work, communication and so on. High investments in technology are one of the elements that have affected positively the quality of working life of HC employees. Technological development has facilitated the work in HC. By simplifying intervention procedures, it has influenced in decrease of the hospitalized patients; patients are mostly treated in day care or are monitored from home, so work overload and stress have decreased significantly. HC organizations that work in direction to improve the conditions within the organizations, invest also in direction to facilitate some of their employees' family demands. They start to open daily care centres for their employees by enabling them to bring their children there. This affect positively the employees and they fell less distressed because it helps them to organize better their work-family life. Some HC institutions care also for the food of the employees by enabling them to take food even home for other family members if necessary. All these elements affect positively the employees as they don't have to think for some of family duties, as they have already been solved by the organization, so they dedicate themselves completely to the organization and this makes them feel happy and vigour and they also manage to fulfil successfully other family demands (Fessesele, 2008).

It is very surprising how researchers have confirmed that HC workers even when they are mostly exposed to the stress, they perform their job with a lot of energy and they love their work. Employees in HC can be exhausted at their work, but they are very hard workers and they are engaged with the patients but they are not engaged with the organization. HC employees are aware that their work is very sensitive and they have to perform it with ethics. Although they dedicate themselves completely to the patients, and this by being completely exploited in some cases has affected negatively the work – family life. The high level of stress and energy consumption and work make difficult to accomplish the family demands (Keyko, 2014).

However, with investments of the HC organizations in factors which facilitate to their employees to accomplish the family life demands, with development of technology, reduce of the working hours, flexibility at work, reduce of the night shifts, working life started to change in a positive way for HC employees and this affects positively the increase of the work-family enrichment. HC employees love their work, and most of them regardless the circumstances are engaged with their working place. Until lately, most of them were engaged only with the patient, and their work affected negatively their quality of life. But today, all situations have changed, HC organizations have noticed the importance of good working conditions and environment, so they have invested in them and this situation impacts positively the employees' engagement that increases the work – family enrichment in the HC sector (Fessesele, 2008).

3 HEALTH CARE INDUSTRY

In this chapter HC industry in Europe and in our Balkan region is described. Some of the main topics in HC as development and problems this industry mainly face are summarized.

3.1 Health Care Industry in Europe

European healthcare systems have helped to create some of the longest living populations in history, which enjoy enviable levels of general health. In recent decades, these systems have seen almost continuous reform efforts, but these efforts have not been able to alleviate the concerns of politicians, healthcare professionals and citizens that healthcare systems are not prepared for a variety of challenges looming in the near future. New thinking is needed to prevent the recycling of old arrangements (Economist, 2011).

European health systems have achieved great success but now generate even greater concern. Globalization today causes very big changes in all industries. This affects also the HC industry. In Europe healthcare providers struggle, post weak growth throughout the historic period. This is predicted to continue in the forecast period. In recent years, the European sector has struggled with an ageing population, higher incidence of lifestyle-related diseases, growing demand, and austerity measures applied by various European governments. Budgets are especially tight in few countries in EU like Greece, Spain and Portugal and this has contributed to relatively low growth on the overall market in Europe (MarketLine, 2015).

Around the world, every HC system struggles with rising costs and uneven quality despite the hard work of well-intentioned, well-trained clinicians. HC leaders and policy makers have tried countless incremental fixes—attacking fraud, reducing errors, enforcing practice guidelines, making patients better "consumers," implementing electronic medical records—but none have had much impact (Porter & Lee, 2013).

When national health system was established in EU in the 1930s and 1940s, there were two main medical concerns, infections and mal-nutrition. Today these two concerns are no longer important. Europeans today face more intractable disease as: diabetes, heart disease, mental health, respiratory problems etc. In Europe, life expectancy is in growth. On one side this is positive, but on the other side for some things is negative as older people are more likely to suffer from chronic disease. With the increase of the number of elderly people with chronic disease, also costs in HC increase continually. If costs of the chronic disease will be managed poorly, it is estimated that they will take part in 70% of HC expenditures (Economist, 2011). As it can be seen, the biggest difficulties facing health systems are financial.

Despite this, Professor Klusen notes: "there is no country in the world that has healthcare costs under control". In fact, success in costs control tends to be measured in keeping growth in healthcare spending level with that of GDP rather than in line with inflation (Economist,

2011). Targeting the sources of this growth presents a problem: as Jürgen Wasem, professor of medical management at the University of Duisburg- Essen notes, despite a range of likely suspects, “there is no clear, empirical evidence from a statistical point of view of what the real drivers are”. Even simple inflation is not so simple. Setting aside any changes taking place within the health system, the cost of care has still long tended, in almost every developed country, to rise faster than the general costs of living.

Another important topic influencing the HC Industry is technological development. Today, it is an illness which requests a lot of investments in order to be in the edge, and not only in the technology but also in the training of the staff for their useless. Thanks to this, e – medicine or telemedicine system has been developed by giving the opportunity to the doctors to communicate with their colleagues in different countries through the EU or even worldwide. It has a positive affect for the patient, for diagnosis, treatment and whatever is needed. The idea of technological development is also improvement of the treatment by improving quality of life of the patients (MarketLine, 2015).

To meet the coming economic, demographic and epidemiologic challenges of the future, European healthcare systems need to change in order to become more efficient, more effective, better informed and more integrated, while maintaining the achievements of the current system. In the best of situations, innovation within healthcare systems is very difficult. In this context, two particular issues are relevant. The first is the tension between efficiency and social solidarity. Economic markets frequently create efficiency and effectiveness, but rarely bring about equality and the second healthcare provision, however, contains a strong ethical element that requires a degree of the latter—at least to the extent that people do not suffer ill health merely because they are poor (Economist, 2011).

Europe, as a region, offers to its citizens a wide variety of healthcare systems, differing from country to country. Some countries, such as the UK, have a dominant public healthcare network - i.e. the NHS (National Health System), whereas other countries, such as the Netherlands, are dominated by private providers and characterized by mandatory health insurance. In most cases, individuals are able to choose for private healthcare over state provision, either through private health insurance or out-of-pocket expenditure. Private health insurance enables policy holders to access private hospitals, of which benefits are much higher by offering to them more luxury services as shorter queues, privacy, unrestricted visiting hours etc (MarketLine, 2015).

Non-private hospitals are publicly funded and private hospitals are funded by payments from services provided to the patients and insurers. Private hospitals are dependent from private patients and contracts with Insurance companies, where loses of one contract with a large insurer, may have a strong effect on their revenues. However, hospitals may also receive revenues from individual customers, otherwise if they will be dependent only from the contracts with Insurance Company, quality of services will depend from their incomes what

will affect negatively the employees' most important part of the institution, especially at the HC providers (MarketLine, 2015).

EU comprising different countries even it tries to unify the system, still it has different healthcare systems and different services. Most of the European countries have national healthcare publicly run and financed system. Services are provided for free or at very low cost. However, in Europe is ethic for every patient regardless the economic conditions and the cost of the treatment, when enters the hospital to receive the best possible treatment (Economist, 2011).

Quality of the service depends from the level of care, expertise of staff and quality of the equipment. All these factors together make one hospital or health institution a leader. With the increase of chronic and other life threatening disease, diagnosis and treatments can vary from a small, one-off treatment to an expensive, long-term treatment. With development of the technology, patients become more demanded and also they are more informed about the services being provided in different countries and different HC centres. This situation becomes very costly especially for the patients. In order to reduce travelling costs, accommodation and other costs of the hospital and treatment, EU HC centres and hospitals have started to develop telemedicine, which enables doctors to consult each other from different cities, countries or hospitals about diagnosis and treatment of the patient. This has improved very much the service within the HC centres in EU, and has decreased the costs of the treatment (McKee & Heley, 2002).

Dr. Petra Wilson, senior director of Cisco Internet Business Solution Group in Europe said: *"healthcare providers will be using technology to share experiences and skills across EU, so that EU citizens can get the best whatever is available across EU, rather than being restricted to what is available in their own country, region or city"*. With the development of the telemedicine, patient data transfer and information technology have made possible monitoring of the patient without the need to hospitalize them, especially for patients with chronic disease or autoimmune disorders. This has decreased the costs in the healthcare as patients who are hospitalized today can be monitored from home (Economist, 2011).

As it can be seen, today in HC industry the biggest challenge is the decrease of the cost. HC spending in percentage takes the biggest part of the GDP in all EU, even, HC professionals think that every patient should receive the best care regardless the costs. Governments in EU states have invested more in GP and family medicine so today patients don't go to the specialist, but only when it is strictly needed, so GPs managed to co-ordinate different needs of the patients (Economist, 2011). According to Margaret O'Riordan from the Irish College of GPs *" With ageing you also get a multitude of Sicknesses, co-morbidities, where the average is that every person has three to four chronic disease, each being cared for by different specialist. If you treat one disease, you may upset another. The GP is the unique position to manage multi-morbidities in a holistic manner"*. In healthcare industry, the most

important topic is quality of the services. Hospitals have invested a lot in their staff but one of the main investing areas is the equipment (Economist, 2011).

The demand for services raises more and more every day and in some fields of the medicine there is lack of the doctors and this situation has forced once again investment in GPs. By the technological development for treatment of the disease, HC professionals are obliged to adapt to the changes. They have invested in their education to use the latest technology in order to be able to offer the citizens best treatment. Actually doctors in EU have become more specialized and they deliver to their patients' state of art diagnoses and treatments. HC is very sensitive and very important industry for the society. There are many important roles provided to the citizens starting with the treatment of the patients as; emergency, day care patients, outpatients, inpatients, rehabilitation etc.
(Economist, 2011).

The second role HC industry provides to the citizens is education. Teaching, research and patient care are highly related. The healthcare system cannot exist without a supply of trained staff or the knowledge generated by appropriate research. Teaching and research also need HC facilities as settings in which to function and as a source of clinical material. Teaching hospitals are a key component in any health system. They directly affect the quality of new graduates but also indirectly affect the wider HC system. As training locations, their dominant beliefs and values influence medical and nursing students, and many of them in their subsequent careers will work in other parts of the health sector (McKee & Heley, 2002).

HC industry is also a source of employment; one in ten employed European comes from this industry. Although the core function of a hospital is to treat rather than to employ people, its role as an employer clearly has huge implications for hospital restructuring. HC is a major source of employment, and the hospital represents the most visible concentration of employment in the health sector (McKee & Heley, 2002).

In Europe, healthcare policymakers have upgraded nurses and pharmacists. Hospitals depend primarily on the qualified and unqualified nursing staff to deliver care. In the beginning HC professionals as doctors and other HC staff that took place in quality decision making processes were against nurses to be upgraded and to be involved in decision making processes, but this becomes more and more common in EU healthcare Institutions every day.

Today, in all hospitals around EU the role of nursing is extended and is more specialized and divided as clinical nurse specialists, clinical nurse midwives, nurse anesthetists etc (McKee & Heley, 2002). With engagement of the nurses in key position, there is positively affected growth of the quality in hospitals. Both, medical and nurse staff shared responsibilities, especially nurses who feel more important in their everyday work and medical staff feels more released from some duties, so all together are more dedicated to their working place (Castaneda & Scanlan, 2014).

Mark Pearson head of the health division at the OECD said *"Healthcare systems in EU look like they are designed for 1950s. They are oriented around acute care. Medical education is oriented around hospitals"* (Economist, 2011). Antonyia Parvanova Member of the European Parliament from Bulgaria said, *"Government has missed the most basic point about public health, which is the personal responsibility of all citizens toward their own health, their own health promotion and their own lifestyle"* (Economist, 2011).

Another topic, where EU countries invest mostly in HC industry is the education about pre-medicine and healthy way of living. In this way, they try to educate people to invest more in their healthy life as food and physical activities. The education of the citizens about the healthy lifestyle is the future of the HC industry in Europe (Economist, 2011).

There are two main concerns about HC industry; costs containment and quality improvement. Largest costs in HC industry are medical and nursing staffs who work 24h per day by taking care of the patients. Management in some of the EU hospitals have started to practice greater flexibility in their deployment as a key requirement in containing costs. In health system labour costs are between two-thirds and three-quarters of total operating costs (MarketLine, 2015).

Many hospitals in Europe and elsewhere come under increasing scrutiny for costs containment and quality improvement, often as a direct or indirect result of health-sector reform. With developments in medical technology HC industry has achieved great results in decreasing costs (McKee & Heley, 2002).

Many services previously provided only in hospitals, with development of technology could be offered in daily clinics, family medicine centres or even at patients' homes. With the decrease of the number of patients hospitalized, hospitals reduce working hours for their staffs, reduce the administrative costs and also reduce costs for the treatments. Reduction of the working hours, facilitations in everyday work with technological development, stress and pressure falls significantly within employees. With the fall of pressure and stress, employees in HC feel more comfortable and their work family conflict started to decrease.

HC industry for decades has passed through many reforms, always with one aim by trying to find the best way to improve the HC system and to provide the people with the best quality of the services.

3.2 Health Care System in the Balkans

The Balkan region consists of some countries which are recognized as the poorest countries in European region. Most of the countries in the region still have in some places the socialist health systems that are not very adequate to meet the patients' needs. Due to this system a

demand for better quality of services, new medical technologies and skyrocketing prices has increased (EIU, 2016).

From the countries that comprised Ex- Yugoslavia (YU), Croatia and Slovenia have made progress because they are part of the EU and they have access to EU structural funds. Other countries that were part of YU started with a moderate progress, but still remain far behind EU countries. (EIU, 2016).

According to Elke Jakubowski, senior adviser for policy and strategy in the division of health systems and public health in the World Health Organization (WHO), regional office for Europe in Copenhagen: *"Health indicators have improved in all countries of the south-eastern European region on average in the past decade, but still lag behind the EU," OECD* have reported that Slovenia is the only country in the Balkans that is in line with the average of the EU system and still life expectancy at birth remains among the shortest in EU. Europe has invested a lot in health systems, in quality, efficiency and efficacy so Balkan countries need to do big investments in their people, technology, in time and in system overall in order to achieve EU level (Albreht, et al.).

In Balkan countries HC system has been in transition period since the destruction of the YU. Most of the countries passed in decentralized system and they are mostly focused in clinical sector, leaving behind primary level. Decentralized system has affected negatively the modernization of the health system. Hospitals have their own resources and autonomy but this has made difficult the standardization of the services. Concentration in secondary and tertiary level and leaving behind primary level has impacted generally the further development of the health system and made it difficult to offer to its own citizens an appropriate service (EIU, 2016).

One of the biggest challenges today is the promotion of better healthy life. With increase of the life expectancy the costs also increases and this becomes a problem to the governments. However, HC policy makers' advice is that government should invest in education of the population about healthy living, to the HC organizations advice to invest in their employees as healthy employees mentally and physically affect positively in the organization, and finally investments in technology as all these three together will decrease the costs and increase the performance (IEU, 2015).

Another problem that Balkan countries face is health budget and expenditure. These countries, including the ones that are part of the EU have small budget for covering the health needs of the population. Health system is universal and in most of the countries health insurance and fund still is not regulated and because of this, out of the pocket spending is very high in all the countries comparing with EU countries. In some of the Balkan countries reimbursement of services and pharmaceutical products is fully covered by the state, but in some poor countries that are part of the Balkans as Albania, Bosnia and Herzegovina,

Bulgaria out of the pocket payments increase every day, except Kosovo they don't have reimbursement fund and all needed costs that are out of the HC institutions are covered by the patients (EIU, 2016).

HC technology is another challenge for Balkan region. Considering low budget of healthcare in these countries, it is very difficult for them to follow up new technologies and being updated in the level with other EU countries. In most of the countries, health technology assessments are undeveloped. Only countries that are member of EU use technologies in their everyday practices (Albreht, et al.).

Low budget of healthcare in these countries have affected people working in HC institutions. Medical staff doesn't feel engaged with their working place. They don't see opportunities to grow there and their benefits are significantly lower comparing with their colleagues in EU countries. This costs HC institutions in Balkan countries, so most of their staff moves to EU countries, where they see bigger opportunities and where benefits, working environment, conditions are much better. This is time for HC institutions in health industry to start investments in their people, technology and system in overall. Healthy employees physically and psychologically will help the organization to develop (IEU, 2015).

3.3 University Clinical Centre of Kosovo

University Clinical Centre of Kosovo was established and started its work in December 1958, first as Prishtina Hospital, until the decision for establishment of the Faculty of Medicine was brought in 17th June 1969. On 7th of November 1973, Faculty of Medicine joined to Prishtina Hospital firstly as a United Organization for Work. From 29th December 1977 until 1991 it worked as a working organization of the Faculty of Medicine. In June 1999, after the war in Kosovo it was named as University Clinical Centre of Kosovo (UCCK). University Clinical Centre (UCCK) is the only tertiary care provider in Republic of Kosovo. UCCK is based in Prishtina, the capital of Kosovo and provides to the Prishtina citizens also secondary HC services, as it is the only hospital in this region. UCCK except that serves the citizens as a HC provider, it also serves to the students of Faculty of Medicine as centre for education, scientific activities and education for specialists. It provides also preparation of professional staff including all the levels of health education and continuing professional development

UCCK consists from 23 clinics and other sectors which include: administration, procurement, department for legal issues, section for budget and finances, section for technical services and nursing services. Institute for public health and institute of Oncology are also under the umbrella of UCCK. Each clinic has appointed one director, who is named by the general director of the UCCK, and the other employees, nurses and doctors belonging to that clinic are under them (Bellaqa, Rexhepi, Selimi & Cakolli, 2015).

Since after the war period, UCCK has been passing through the challenges and many problems that affect negatively the performance of the organization. Lack of medical staff and nurses, lack of medicaments and medicinal materials that are essential for everyday work with the patients are problems that affect the very low quality of the services provided in UCCK. Regardless the problems and bad services, the influx of patients is very high compared with the number of the employees providing services. Studies show that in the EU, one nurse takes care for 125 patients (Jenaro, Flores, Orgaz & Cruz, 2010), while statistics shows that in UCCK one nurse takes care for 281 patients (Bellaqa, Rexhepi, Selimi & Cakolli, 2015).

UCCK has 1747 beds with 517 specialists from different fields, 553 are medical doctors on specialization and 1704 are nurses, the rest of 270 are administrative staff engaged in different departments of UCCK (Bellaqa, Rexhepi, Selimi & Cakolli, 2015). High flow of the patients and the inabilities to take care about the patients in a proper way are issues to be taken into consideration when you think about the low engagement of the employees with their working place.

Different studies have shown that HC employees are mostly exposed to stress. In UCCK this issue proves also the high flow of the patients, notwithstanding the nature of the work which is very sensitive and requests from the staff to be ready for action at any time. For every HC Institutions, the main aim and strategy is to provide the patients with quality of the services on the highest level. To achieve that, it is necessary to invest in your employees and make them to bring to work their positive energy and dedication. In UCCK employees are overloaded and working conditions are very low what affect the disengagement of the employees.

In HC main challenge today is costs efficiency. UCCK is hospital with the lowest budget in the region. Management by trying to keep the costs under control affects negatively the engagement of the employees, as some resources that affect positively the working engagement are reduced. Support, opportunities, communication, flexibility and rewards are elements that affect positively the working engagement of the employees in HC organizations.

As it was seen previously in different literatures, HC employees in most of the cases without considering working conditions are engaged with their profession, love their work and what they do. They take care about the patients because they are willingness and dedicated to their profession. This happen because they work with ethics and stand behind that. But, are they engaged with their employer, how much are loyal and connected with them, do many factors influence, positively or negatively? How much the employees in UCCK are engaged with patients and with organization is an issue that is going to be examined.

4 METHODOLOGY

4.1 Aim of Research and Hypotheses

The aim of this thesis is to research and analyze how much the employees of UCCK are engaged with their work, and how much this affects their work-family enrichment. Through the survey, I tried to measure and analyze expect the working engagement also how much is the impact on the employees' private life.

In the study I have analyzed the differences of the levels of working engagement among three groups of employees within UCCK, occupying different positions, namely doctors, nurses and administrative staff. Their position within the institution and everyday work affect their performance, and it is very important to identify how much the employees are engaged to their everyday work.

In Kosovo, the working engagement is new topic and employees are not very familiar with it. Most of the employees in UCCK define working engagement as motivation. Because of the lack of information, it was difficult to measure the level of their working engagement. It was needed to explain to most of them what working engagement means and what differs it form motivation and job satisfaction.

Nurses in UCCK don't take part in decisions; investments in their continuous education never happen and their incomes are very low comparing to other professions. Statistics taken from Kosovo Statistical Institute, show that they are overloaded with the work comparing with other nurses who work in regional hospitals in Kosovo. One nurse in UCCK takes care for 281 patients while average in EU countries is 125 patients per one nurse (Bellaqa, Rexhepi, Selimi & Cakolli, 2015).

Doctors in UCCK including specialists and those on specialization are in better position comparing with nurses engaged in UCCK (Percival & Sondorp, 2010). On managerial position mostly doctors-specialists are assigned. Each clinic in UCCK has its director who is a doctor of respective filed. Even general director of UCCK is a doctor specialist. Doctors on managerial position are engaged in all decision-making positions starting from supervision of the staff to supplies. Their incomes are significantly higher comparing with nurses and other part of the employees within UCCK. But still, studies show that they remain the category with the lowest engagement level comparing to the others. Their working environments are separated from other members of the staff with better conditions. They have offices sharing with other doctors, but maximum with two of them in one office, but not in the same shift.

On contrary from nurses and doctors is administrative staff. Their responsibilities are less related to patients and direct services. Their duties and responsibilities are related to

procurement, staff administration, legal matters and budget. All these duties, don't make them less important than doctors but in different areas. They are also exposed to stress as they have to deal with budgeting and procurement. Their working conditions are lower comparing with the doctors including their monthly incomes. Doctors and nurses have night shifts which are paid extra and increase their incomes, but administrative staff has fixed salaries which are under the average comparing with other countries in the region. Still results show that their level of engagement is higher than the doctors but lower from nurses.

Based on the goals of the thesis, two hypotheses are developed through which the level of working engagement and differences between doctors, nurses and administrative staff are measured.

H1: There is a difference in the levels of working engagement among doctors, nurses and administrative staff.

H2: Working engagement is positively correlated to Work-Family enrichment

4.2 Description of the context: Health Care Sector in Kosovo

Efforts to track and find out figures for Kosovo are hampered by the lack of statistical information. Kosovo has a population of approximately 1.9 million; 95% are Albanians, 4% Serbs and 1% others (Bosnians, Turks, Croats, etc.). Over half of the population is under 25 years of age and only 6% over 60. The average number of people per household is 5.2 (Kutlllovci & Elezi, 2003).

Kosovo Health Sector is divided into two stages, before the war and after the war period. Before the war, system was bureaucratic and centralized. System was mostly focused in specialized clinics and it was not invested very much in family medicine and preventive health system medicine. During the 90s, the public health infrastructure suffered almost a complete breakdown, which damaged considerably the general poor state of health of the population, especially women and children. All health facilities were state owned and the service was funded publicly through a social security system (Percival & Sondorp, 2010)

After the war, Kosovo was put under the UNMIK authorities according to UN resolution 1244. Kosovo Albanian health workers who were expelled from the public sector for more than 10 years re-entered in the formal health institutions. However, because of the lack of management and control, many imbalances in the numbers, distribution and skills of health workers occurred (Kutlllovci & Elezi, 2003).

In the beginning of 2000, the Joint Interim Administrative Structure (JIAS) was established, which has involved Kosovo in the administrative structure of their country. Insight JIAS there was special Department for Health and Social Welfare through which HCS in Kosovo

was managed. JIAS was present until the end of 2001, but Kosovo Government started to be functional in the beginning of 2001, and in March 2001 new Ministry of Health of Kosovo started to operate and took over the responsibilities for HCS. In the beginning, HCS was financed through consolidated budget, as a combination of local revenues and different funds from different donors, mostly from EU. Health expenditures were approximately 20 Euro per capita, a value that is beyond the minimum to cover health needs. Government raises the budget of health every year, which mainly goes on provision of pharmaceuticals and medical devices for the patients in hospitals. Health facilities are state owned and the service is funded publicly through a social security system (Kutlllovci & Elezi, 2003).

The only tertiary HC provider in Kosovo is UCCK located in Prishtina. In Kosovo HC sector, because of the poor services, private sector is dominating, especially in some areas that public sector doesn't provide services to the patients (Percival & Sondorp, 2010).

Nevertheless, HC sector in Kosovo is amongst the worst in the South-Eastern Europe. High levels of infantile mortality, tuberculosis and issues with inadequate nutrition are persistent problems while limited abilities and mental health cross issues. Today, when Europe has one problem in HC, which is cost efficiency and minimization, Kosovo passes through the problems as inability to provide the patients all HC services especially cardiac surgery for adults and children, lack of equipment, lack of medical staff, bad hygiene, lack of management and so one (Kutlllovci & Elezi, 2003).

In EU the average of doctors is 35 doctors per 10000 inhabitants and in Kosovo are 13 doctors per 10000 inhabitants. Still there are few rural areas which need to travel far in order to get medical services, because due to the lack of staff and inability there cannot be opened new medicine centres (Percival & Sondorp, 2010).

4.3 Description of the Clinical Sector

Kosovo clinical sector faces reforms that started immediately after the conflict in 1999. Primary HC as main focus of reforms is defined as a priority for reconstruction of HC system. Political and administrative process of decentralization is ongoing for many public services from central level to municipality level. Primary HC and some of public health activities are assigned to municipalities. In each municipality there is department of health, responsible for primary care (Main Family Health Centre for each municipality, 30 in total), and around them there are satellite Family Centres approximately 350 in all Kosovo, spread by geographical formula one family physician for 2000 people (Kutlllovci & Elezi, 2003).

Secondary HC is provided through regional and municipal hospitals. Regional hospitals are located only in larger municipalities as Mitrovica, Peja, Gjakova, Prizren, Gjilan and also two smaller municipalities Ferizaj and Vushtrri have been institutionalized as bases for secondary HC. They provide in-patient care and specialist services including also dental care

(shskuk, 2013).

During the conflict, in Kosovo there was a parallel clinic Mother Theresa that had its branches in all main cities in Kosovo by covering all the territory. Mostly Albanian doctors and nurses were employed and they offered Albanian people health services including deliveries and some kind of surgeries. After the war, almost all clinics including this parallel clinic Mother Theresa were damaged. Albanian doctors and nurses returned in public clinics, and started working in very hard conditions. In 1999 Kosovo was helped from different donors coming mostly from EU and USA. These donations were in financial and also in other manners as in equipment, reconstruction of the clinics, building of the new medicine centres and so on (Kutlllovci & Elezi, 2003).

Today, in Kosovo, the clinical sector is under the organization of Hospital and University Clinical Service of Kosovo (HUCSK). HUCSK is based in Prishtina and it manages all secondary and tertiary HC providers that include UCCK as the only tertiary care provider in Kosovo. In Kosovo there are in total seven regional hospitals (Peja, Prizren, Gjakova, Mitrovica, Gjilan, Vushtrri and Ferizaj). Under the organization of HUCSK are also other HC institutions that are part of the clinical sector as: University Dentistry Centre of Kosovo, National Centre of Telemedicine, National Centre of Sport Medicine, Centre for Mental Health and Centre for Occupational Medicine (shskuk, 2013).

Based on the system in place patients should receive specialist care and hospitalization only after referral, except in emergencies. In each family medicine centre except GPs and specialists of family medicine are based also specialists of different areas. Referral system is very dysfunctional as most of the patients see primary HC as a green light to the specialist and hospital and not as a treatment point. Also, many of the patients go directly to the hospital for treatment without referral of the GPs or family doctor (Percival & Sondorp, 2010).

The main focus of reforms was to develop primary HC in order to release clinical sector, which is overloaded, especially tertiary level remains significantly more overloaded form all other clinics in Kosovo, as it is the only tertiary care provider in the country and it serves to Prishtina region also as a secondary care provider (Kutlllovci & Elezi, 2003). This situation in clinical sector is costing to the health budget, as high number of patients in secondary and tertiary level is increasing costs, and in Kosovo treatment in public health institutions is free of charge. Even quality of services is very poor, patients ask for help in public hospitals because services are free of charge and level of poverty in the country is very high (Percival & Sondorp, 2010).

4.4 Instrument

Methodology of this study is based on quantitative methods with a short questionnaire, which is divided in two parts (the full questionnaire is in appendix).

Working Engagement; the first part of the questionnaire includes measurement of working engagement of the employees within UCCK. Questionnaire is formulated from nine sentences and scales from 0 to 6 through which was the aim to measure working engagement and also each dimension separately as vigour, dedication and absorption invested in the working place.

With Work & Well Being survey, working engagement was assessed through the Utrecht working engagement scale (UWES; Schaufeli & Bakker, 2003). Survey has contained nine items by assessing vigour and dedication. As example items are: ‘‘at my job, I feel strong and vigorous’’ (vigour), and ‘‘I am enthusiastic about my job’’ (dedication). The UWES has been successfully psychometrically validated in many countries especially in The Netherlands.

Work – Family Enrichment; the second part of the questionnaire includes questions regarding work – family enrichment. This part includes three sentences and scales from 0 to 6 through which will be measured work-family enrichment, respectively how much involvement in the work affects in their mood, happiness and makes them cheerful and all this affects positively in their family life.

For assessment of the work–family enrichment are used items from work–family enrichment scale that has contained in total 18 items developed from (Carlson, Kacmar, Wayne, & Grzywacz, 2006). Work-family enrichment is assessed with the selection of three items from 18 in total. Example item is “My involvement in my work makes me feel happy and this helps me be a better family member”.
For the questionnaire three main groups of the employees divided in management staff, medical staff (doctors and nurses) and administrative staff are selected. Taking into consideration that some of the employees within UCCK don’t understand English language and don’t use very much electronic devices, social networks, e mails, it was decided questionnaire to distribute in two ways, personally by contacting directly with the staff of UCCK, but also in electronic form, mostly through e mail and social networks. I translated the original scales from English into Albanian, printed form of the questionnaire is prepared in Albanian language, and it was mostly preferred. In table 1 below control variables from the questionnaire are presented. They are divided based on their gender, marital statute, age and profession.

Table 1. Demographic Variable

Female				Male			Total F&M
Row Labels	**Married**	**Single**	**Total**	**Married**	**Single**	**Total**	
Admin staff	**29**	**10**	**39**	**39**	**5**	**44**	**83**
21-40	14	10	24	21	5	26	50
41-60	15		15	18		18	33
Doctor on specialization	**37**	**41**	**78**	**68**	**55**	**123**	**201**
21-40	37	41	78	66	55	121	199
41-60				2		2	2
Doctor Specialist	**49**	**5**	**54**	**105**	**5**	**110**	**164**
21-40	2	5	7	23	5	28	35
41-60	47		47	82		82	129
Managerial Staff	**18**		**18**	**21**		**21**	**39**
21-40	12		12	14		14	26
41-60	6		6	7		7	13
Nurse	**468**	**37**	**505**	**55**	**55**	**110**	**615**
>20		34	34		52	52	86
21-40	110	3	113	24	3	27	140
41-60	358		358	31		31	389
Grand Total	**601**	**93**	**694**	**288**	**120**	**408**	**1102**

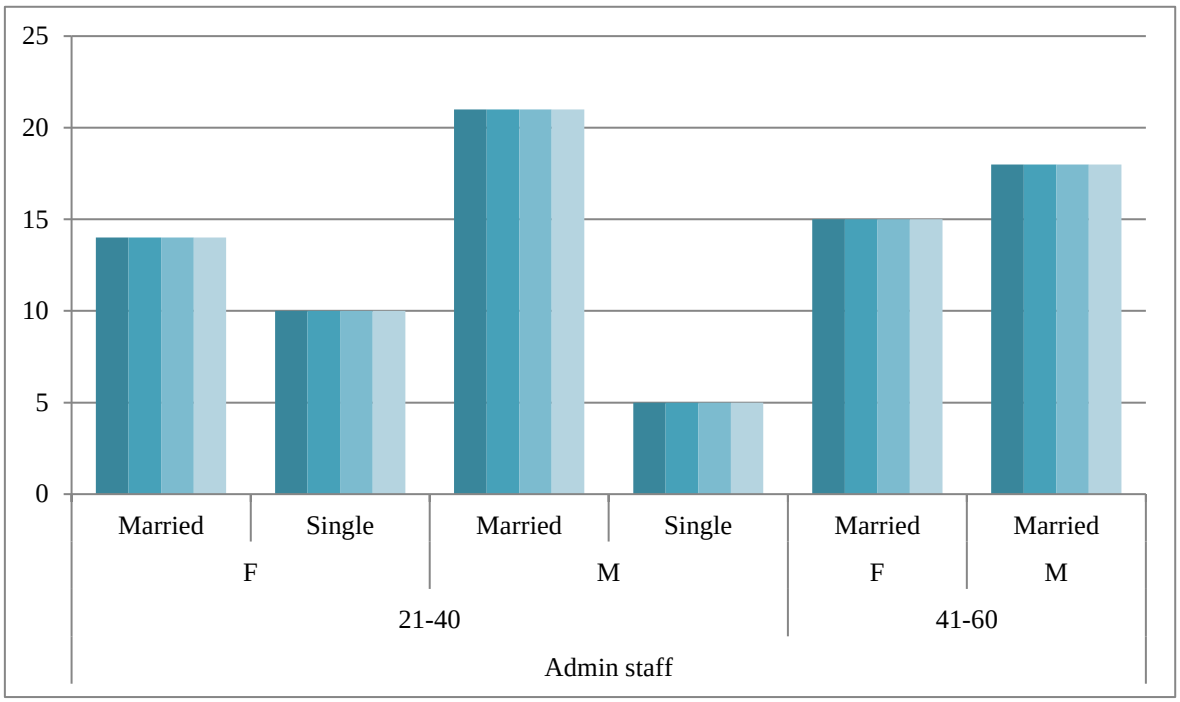
4.5 Data Collection

Collection of the data is done through the short quantitative questionnaire. Survey is distributed in two ways through the link in electronic form by using One Click survey and by sharing it in printed form. Data collected from the questionnaire distributed with the direct contact are entered in database created in access and from there are distributed in excel. Data collected through the One Click surveys are converted also in excels format and they are cohesive all together in one spreadsheet in order to get the best and more realistic results.
During the verification of the data it is noticed that some of the questionnaires are not fulfilled correctly and in order not to come to their negative impact in the results they are removed and they are not taken into account. There are received in total 1139 completed questionnaires, but after data verification 37 of them are removed, and the final number of remained questionnaires for data analyzing are 1102. From all the number of the employees within UCCK who are in total 3044, during the period of one month were answered around 40 % of them.

For collection of the data four groups of the employees in UCCK, management staff, specialists and doctors on specialization, nurses and administrative staff were selected. Questionnaire was distributed during the period of one month with the aim to get the best results in quantity and in quality. In the figures on the following pages, respondents of the

questionnaire based in their profession, age, marital statute and gender are presented. Data for each profession individually due to the large amount of data is presented. Figure 4 below, represents administrative staff based on their age, gender and marital statute.

Figure 4. Administrative Staff Based in Their Age, Gender and Marital Statute

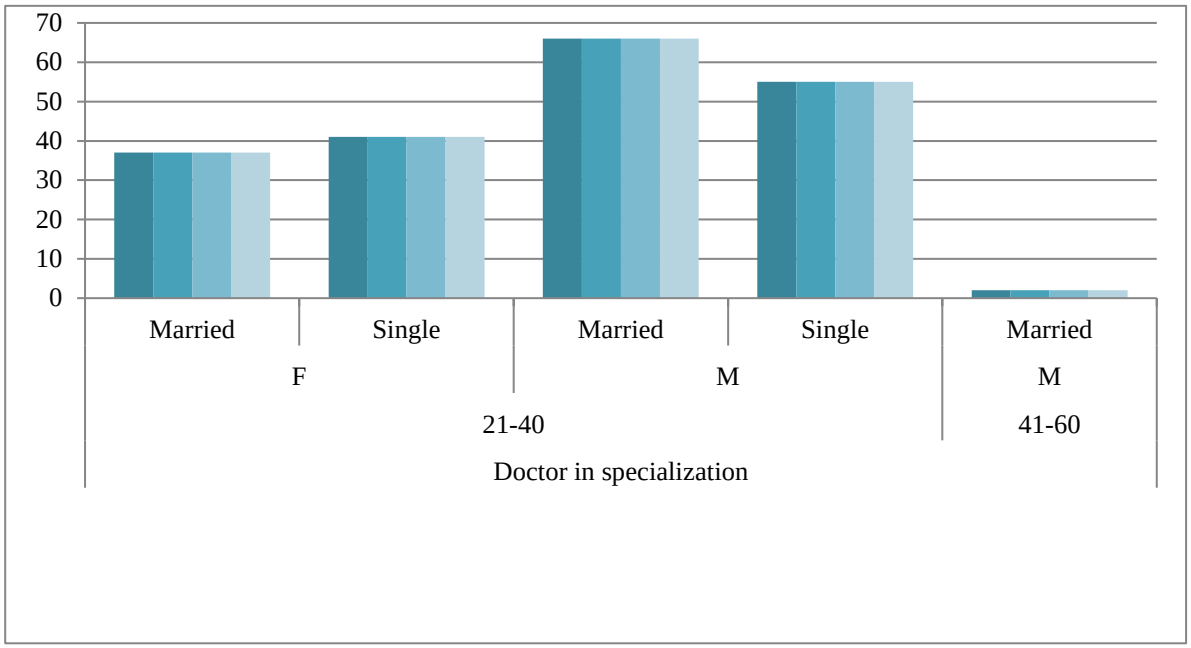


Legend: F=Female; M=Male; Age: 21=40; Age: 41=60

From the table it can be seen that married males in administrative staff engaged in UCCK, dominates. Marital statute affects the engagement level of the employees due to the family obligations. Even, this should affect on larger level of the working engagement, as women are more related with the family life, and in this case as males dominate, it will be expected that the level of working engagement within administrative staff will be satisfactory, so for the administrative staff is expected the higher level. Figure 5 which is represented further, presents doctors in specialization based on their age, gender and marital status.

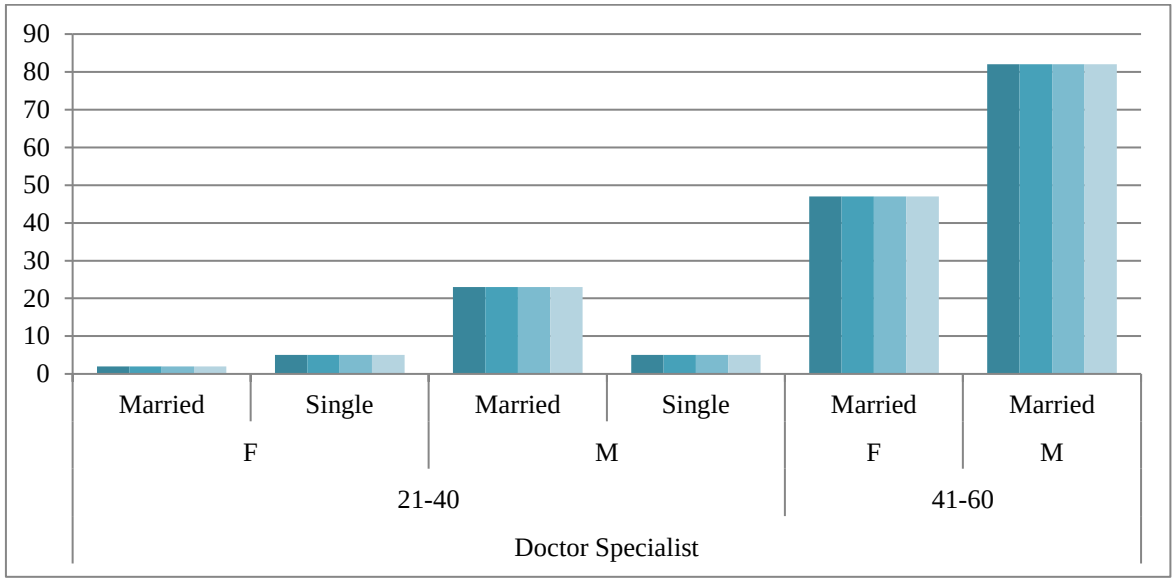
After administrative staff, I have presented doctors on specialization. As I've already mentioned, doctors are divided into two groups and as there are differences between them, it is supposed that they will affect the level of working engagement. Also among the doctors on specialization married males dominate as it is expected. The biggest numbers of doctors surveyed are married males from the group of age 21-40. Based on these results, it is expected the level of working engagement to be satisfactory. Figure 6 below, presents doctors on specialization classified based on their age, gender and marital statue.

Figure 5. Doctors on Specialization Based in Their Age, Gender and Marital Statute



Legend: F=Female; M=Male; Age: 21=40; Age: 41=60

Figure 6. Doctors-Specialists Based in Their Age, Gender and Martial Statute



Legend: F=Female; M=Male; Age: 21=40; Age: 41=60

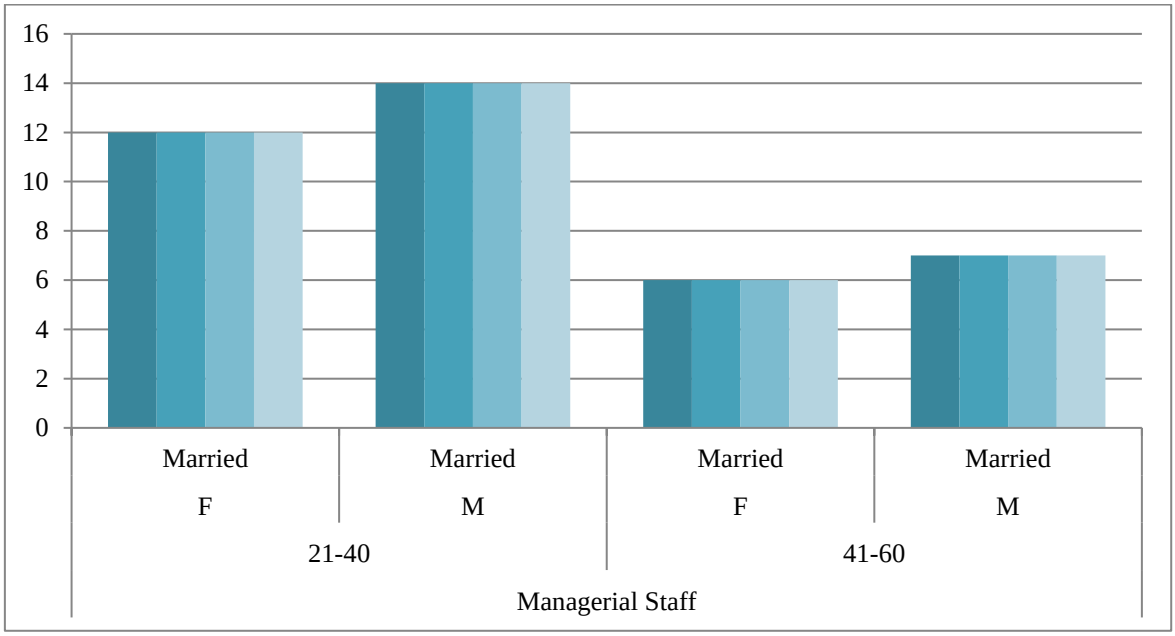
After doctors on specialization doctors-specialists who are the key medical staff in UCCK come. Further will be presented based on their marital statute, gender and age.

The number of women's doctors is very low in medical professions comparing with males. This could be because of the hard work and high responsibilities, or even because of the nature of the work as long working hours, night shifts and so on. This is confirmed with the table above, where the number of male doctors is almost twice higher comparing with the female doctors. In this category, the number of singles engaged in UCCK is very small,

almost un-significant to be mentioned. How much this affects the level of engagement of the doctors can be seen later in data analyzing.

The most important group of employees without any doubts is the management. As in every organization, also in UCCK it plays the key role in the organization and development of the UCCK. Their level of working engagement depends from many factors, but also as it is theoretically proved, the age, gender and especially marital statute play one very important role for the working life but also in correlation between work and family, which affects each other positively or negatively.

Figure 7. Managerial Staff Based in Their Age, Gender and Marital Statute

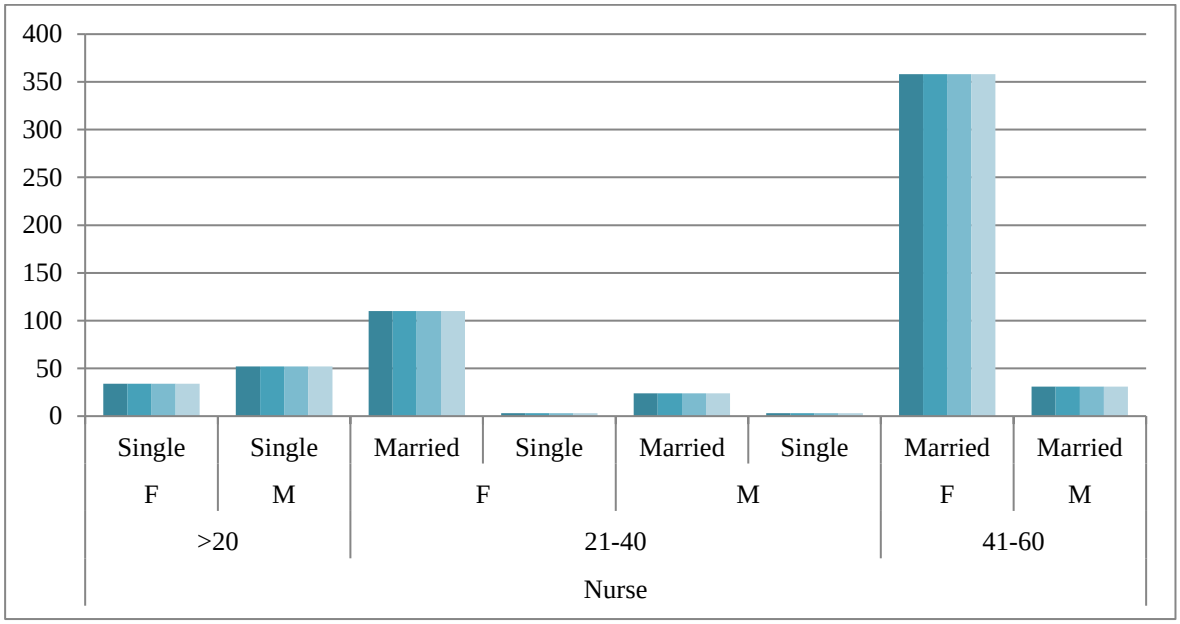


Legend: F=Female; M=Male; Age: 21=40; Age: 41=60

The final group surveyed are nurses. As it is expected, most of the nurses are married females. Number of males that take part in this group is very small comparing with the females. Based on the data, in the biggest number of the nurses takes part married females in the age between 41 and 60. Expectations are that level of working engagement will not be very satisfactory in this group of employees, comparing with other professions where dominates younger males. In literature we have seen and also mentioned above in theoretical part that females are more related with the family life, and usually this affects in their working life because of the overload at work and family.

Number of male nurse or medical technician is very small and this is related also with the culture and nature of the work, which is sensitive and requests also emotional support, and this is more in the nature of the females. In the figure 8 nurses divided based on their gender, marital statute and gender are presented.

Figure 8. Nurses Based in Their Age, Gender and Marital Statute



Legend: F=Female; M=Male; Age: 21=40; Age: 41=60

5 RESULTS

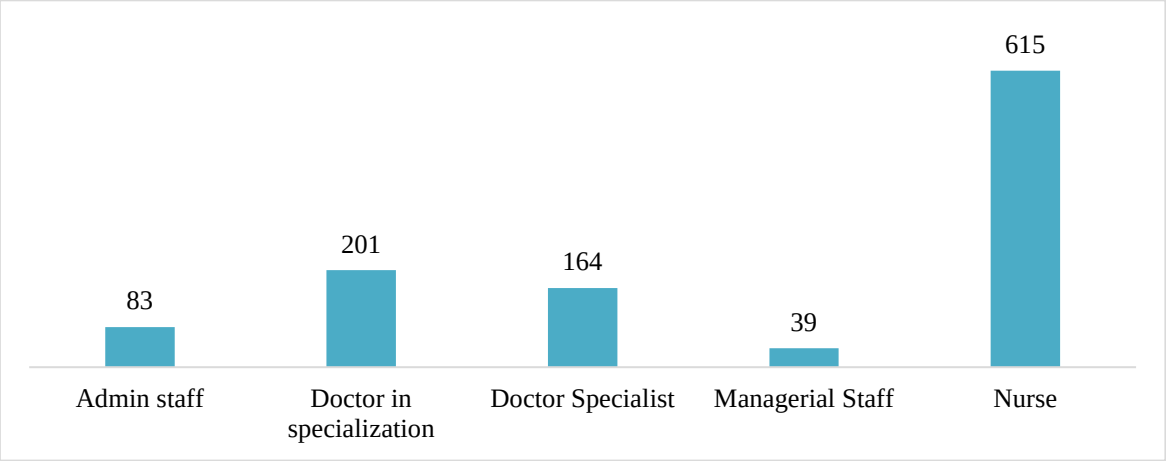
In this chapter results of the study after data analyzing are presented. Data is validated and then analyzed in order to achieve satisfactory results.

5.1 Descriptive Statistics

Each figure presented above, represents respondents based on different variables, depending on the desired results and analyses. Further below, will be presented employees of the UCCK that took part in the questionnaire, divided based on their profession.

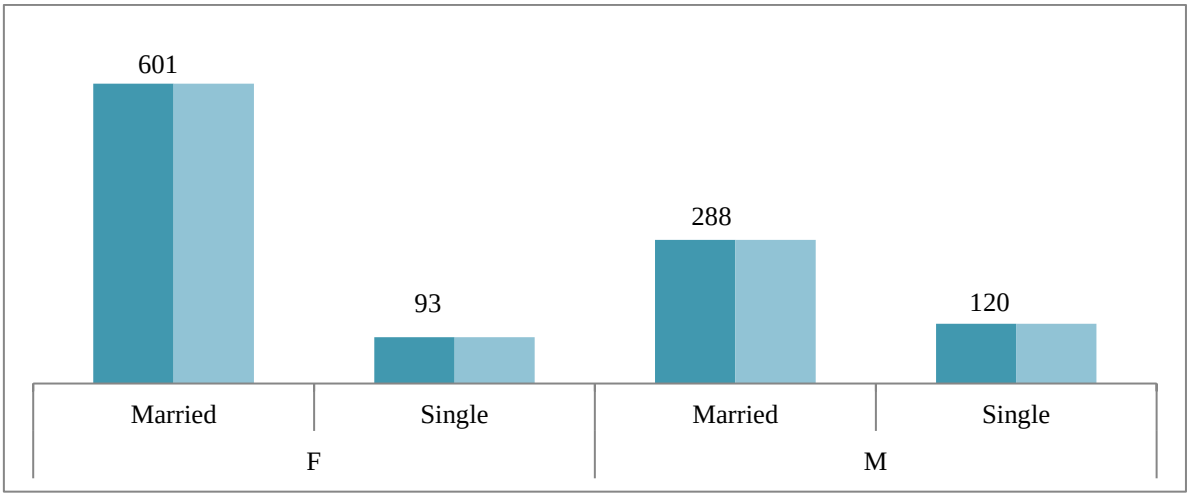
As it can be seen from the figure presented below, from the total of the respondents in the questionnaire, nurses and doctors on specialization take the biggest part. From the total number of nurses employed in UCCK, 615 of them responded the questionnaire, actually 36% of them. Number of medical doctors that still are on specialization and engaged in UCCK is 553, from this number 201 of them answered the questionnaire, or same as nurses in percentage 36%. After doctors on specialization, number of doctor specialists from different fields employed in UCCK is 517, from this total 164 responded the questionnaire, respectively 32% of them. From administrative staff 83 responded from the total of 270 employed, or 30 %. Managerial staff mostly consists medical doctors, who usually are directors of the clinics including executive director of the UCCK. Except medical doctors, in management takes part directors of procurement department, legal department, budgeting and finances etc. Figure 9, shows the total of respondents based on their professions.

Figure 9. Employees Based on Job Position



Data is filtered based on the profession, age, gender and marital statute. In percentage there are more females than males and also number of married individuals is higher than single ones. In the Figure 10, presented below is presented number of respondents based on their gender and marital status.

Figure 10. Surveyed Employees Based on Their Gender and Marital Statues



Legend: F=Female; M=Male

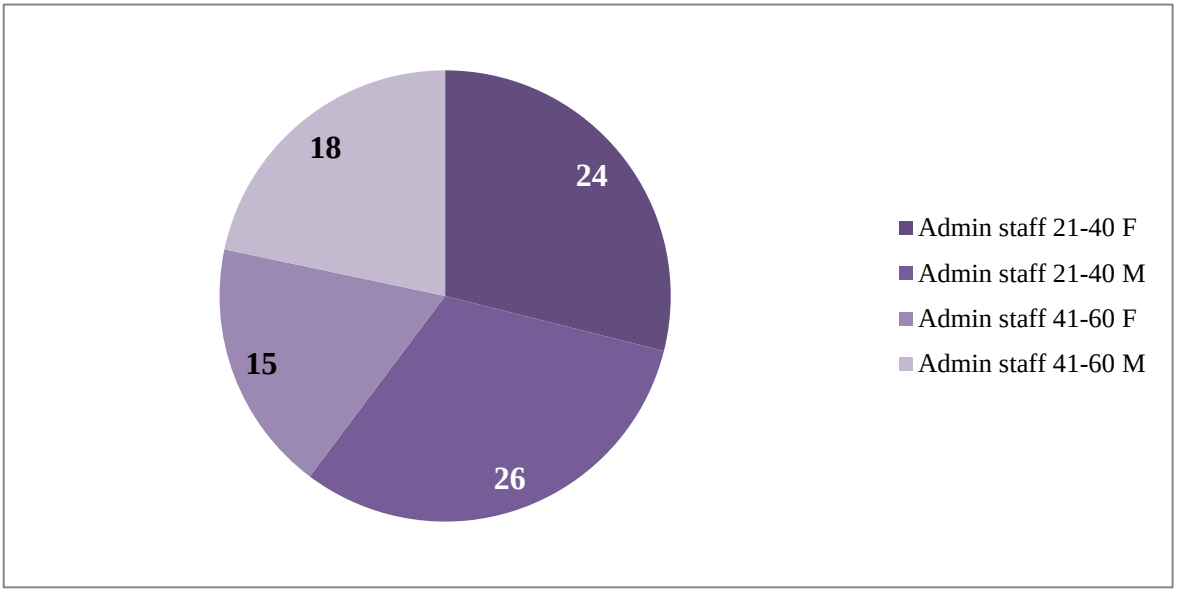
As it can be seen from the table, 63% from the total of respondents are females or in numbers 694 and 87% from them are married (601 in number) and 13% single (93 in number). Number of male respondents is 408 or 37%. From this number, 70 % are married (288 in number) and 30 % of them are single (120 in number).

Below, are presented surveyed employees based on their profession and gender. I find this important to be presented and analysed in this study as gender and age are two important variables that indicate in working engagement and also in family enrichments. Especially

women that are more related with the family; they are more likely to have lower level of work-family enrichment. Also, their engagement in the work can be on the lower level comparing with the men, and usually their family life affects their working life or their working life affects their family life (Öun, 2010). After the gender, the age is also an indicator for the working engagement and because of this further will be presented respondents of the survey based in their gender and age.

From the data's, it can be seen that in administrative staff two groups of employees belonging to the group of age 21 – 40 and 41 - 60 are engaged. From the first group of 41 – 60, 18 of surveyed are males and the rest of 15 are females, in total 33 of them belong to this group. In the second group of 21-40, again males are dominant with 26 of them and females with 24. As it's already been explained, the gender and age, both are elements that influence the level of working engagement.

Figure 11. Administrative Staff Based on Their Age and Gender

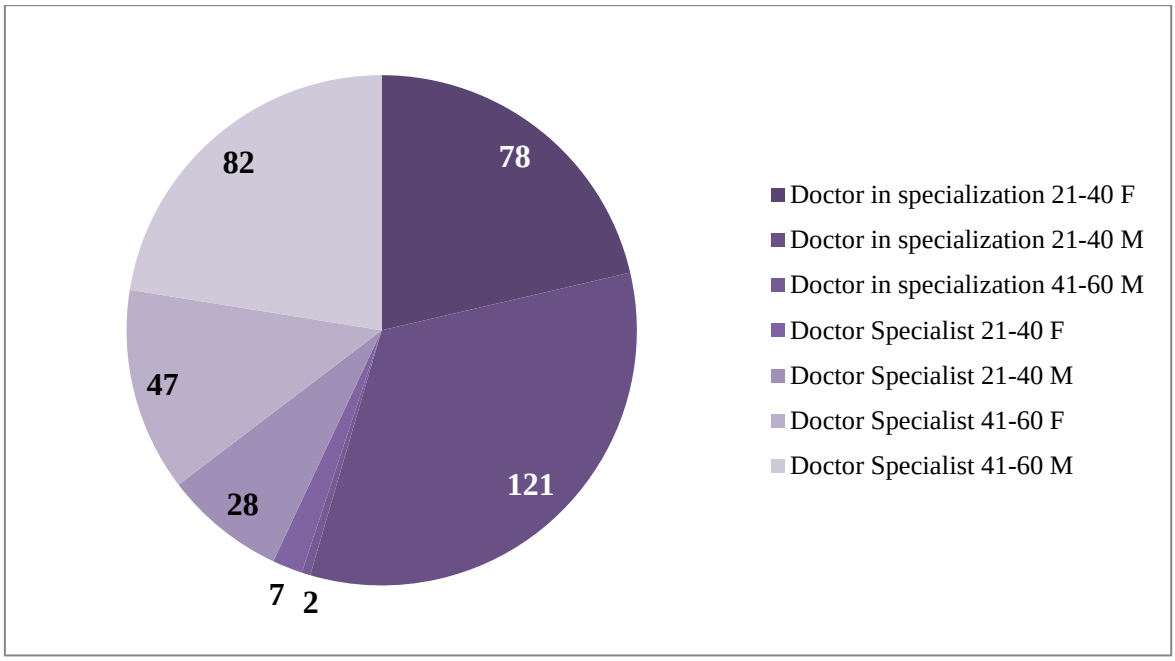


After administrative staff, below are presented doctors engaged in UCCK. Among doctors males dominate mostly comparing with other professions. From the total of 365 doctors that took part in the survey, 238 of them are males and the rest of 127 are females.
Regarding to the groups based on their age, there are identified two of them, age from 21-40 and from 41-60. Doctors are divided into two groups, doctors on specialization and doctor specialists. From the total, 201 of them are doctors on specialisation or 36% from the total engaged in UCCK and doctors specialist are 164 or 32 % from the total engaged in UCCK. From the doctors on specialization, 123 of them are males and only 78 are females. From164 doctors specialist that took part in the questionnaire, 54 are females and 110 are males.

This shows also that hard work in HC has affected the selection of profession, where mostly males dominate in decision making positions. As it has been seen in different literatures and

studies, females are more related and dedicated to family life than males, and working life affects more their family life (Öun, 2010). Figure below, presents the number of doctors that took part in the questionnaire based on their age and gender.

Figure 12. Doctors Based on Their Age and Gender

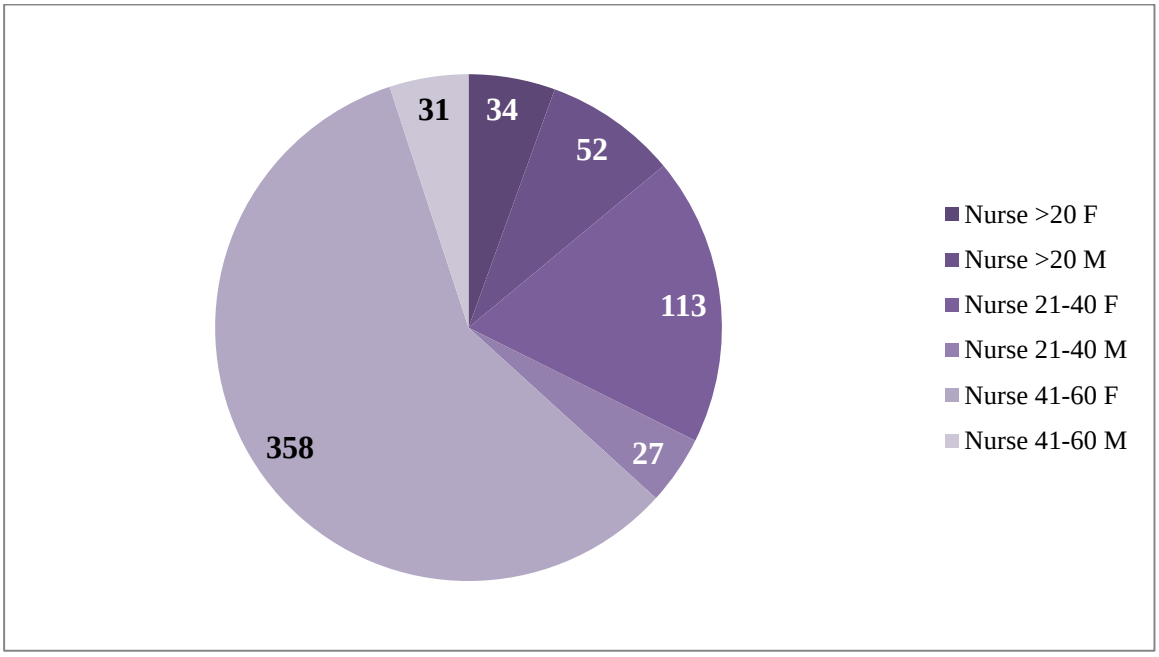


Another important part of the medical employees are nurses. Usually, females dominate among the nurses if we compare them with other proffession. Even they are overloaded with work, they still have less responsibilites comparing to the doctors. This high number of females nurses has impacted the increase of the overall number of females questionnaired.

From the total of employed nurses in UCCK 36% of them took part in the questionnaire, or in number 615 of them. From all this number, only 110 of them are male, the rest of 505 are females. Half of them belong to the group of age 41-60, respectively 389 and only 226 of them belong to other groups, more detailed, 86 belong to the group of age younger than 20, and the others 140 belong to the group 21 – 40.

It is interesting that in the group younger than 20, there are more males than females, what shows that even for the nurses' proffession the male gender is in increse comparing with other groups of age, where females dominate mainly because of the nurses' proffession that in our region is mostly known as females proffession. Figure 13 below presents the surveyed nurses employed in UCCK based on their age and gender.

Figure 13. Nurses Based on Their Age and Gender

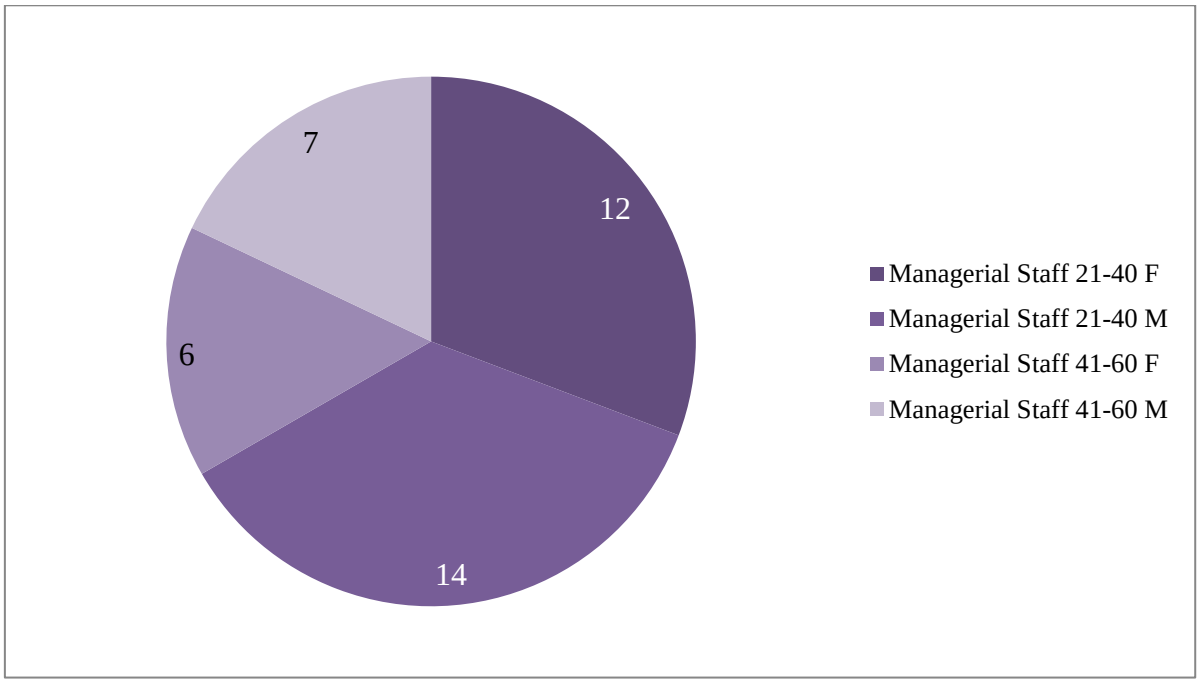


Last group of the employees that was surveyed in UCCK is management. It's the key personal for organization and development of the institution. The management is consisted of medical doctors as each clinic in UCCK has one manager who is doctor specialists and leads the work within respective clinic. Expect them there are also managers that belong to the administrative staff as the manager of legal department, procurement department, and financial department and so on. 39 from the management were surveyed, 20 directors from the clinics and the rest from different administrative position including institutions under umbrella of UCCK.

Based on the gender, males dominate with very small difference comparing to the females. From 39 of surveyed managers, 18 of them are females, 12 of them belong to the group at the age of 21-40 and only six of them belong to the age of 41-60. Males, 14 of them belong to the group of age 21-40 and the rest of seven belong to the group of age 41 – 60.

Taking into consideration these results, employees from the middle age mostly take part in the management. This should be positive for the organization, as the group of age 21-40 is more creative, more inspired and should be more dedicated to their career. The figure 14 presents management of UCCK based on their gender and age.

Figure 14. Managerial Staff Based on Their Age and Gender



5.2 Hypotheses testing

Reports from data analyses confirm that there is a difference in the level of working engagement among the doctors, nurses and administrative staff. Employees within the institution say that they are not very much engaged with their working place. Level of energy and dedication is not sufficient and is not satisfactory in order to achieve better performance at work. Percentage of working engagement among the employees in the institution is very low. Based on literature and practical experiences following hypotheses are developed:

H1: There is a difference of the levels of working engagement among doctors, nurses and administrative staff

From different literatures it has been seen that HC employees work with ethics. They are dedicated to their patients, but how much they are engaged with their working place, it is a question mark which depends from many factors as the work environment, working conditions, opportunities, communication and so on. Different studies in this filed have confirmed that HC employees are mostly exposed to stress and work overload, and because of this the staff turnover is high. The measurement of the working engagement among the UCCK employees is realised through nine statements, covering all three dimensions: vigour, dedication and absorption (this is explained in methodology section in more detail).

As it was mentioned above, working engagement is positively related with performance of the employees. Management and doctors in UCCK are very low engaged with their working place and their performance is very low, what have brought UCCK in a situation when its

own citizens have lost the faith in it and the respect for the doctors' job. The table 2 presents the mean and standard deviation for each profession in UCCK.

Table 2. Mean and Standard Deviation for Each Job Position

	Doctor	**Nurses**	**Admin**	**Managerial staff**
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Engagement (9 items)	3.16 (1.46)	3,15 (1.55)	3.80 (1.57)	3.02 (1.06)
Vigour (3 items)	3.33 (1.45)	3,29 (1.53)	3.82 (1.42)	3.21 (0.94)
Dedication (3 items)	3.16 (1.45)	3,01 (1.57)	3.72 (1.75)	3.17 (0.99)
Absorption (3 items)	3.09 (1.47)	3,15 (1.56)	3.86 (1.55)	2.67 (1.26)
Work-family enrichment (3 items)	2.98 (1.69)	2.95 (1.27)	3.54 (1.13)	3.01 (1.09)

Legend: SD = standard deviation

After data analyses, it has resulted that there is a difference of the level of working engagement among nurses, doctors, managers and administrative staff in UCCK. These coefficients presented, represent the differences of the level of working engagement between each profession. Based on mean and SD, for each profession, differences in working engagement and work-family enrichment can be seen, including mean and SD for each dimension separately.

Data shows that the highest average of working engagement has administrative staff. Their average of working engagement is 3.82. After administrative staff, the highest average of working engagement have doctors'. The average rate of the doctors is 3.16. Nurses are ranked after doctors with a very low difference. The average rate of working engagement for nurses resulted to be 3.15.

The management of UCCK has the lowest average rate of working engagement, with coefficient of 3.02. Between doctors and nurses, difference of the level of working engagement is lower in comparison with doctors and management. Administrative staff is closer with the doctors and nurses, but still there is a difference between them and nurses comparing to the staff in decision-making positions. Except working engagement, it is also presented the average rate of the wok family enrichment for each profession separately. Again, administrative staff has the highest average rate of work-family enrichment, and in one way this confirms the relation between working engagement and work-family

enrichment. Administrative staff has the rate of 3.54, but nurses and doctors in work-family enrichment are ranked after management, who surprisingly have resulted to have higher average rate of 3.01. Nurses and doctors differ from each other with little difference; doctors have a rate of 2.98 and nurses have the average of 2.95.

Administrative staff has the highest average rate not only in working engagement and work-family enrichment, but in all dimensions comparing with other professions. The average rate of vigour is even higher than average rate of working engagement 3.81, average rate of dedication 3.72 and absorption 3.86. Doctors and nurses in other dimensions differ more from working engagement and work-family enrichment.

The average rate of vigour of the doctors is 3.33 despite nurses who have average rate of vigour only 3.29. On the second dimension of working engagement dedication, doctors have the average of 3.16 and nurses 3.01. Average rate of absorption, as third dimension of the working engagement for nurses is higher than average rate of the doctors, so nurses have the average rate of absorption 3.15 and doctors 3.09.

Together with the mean, SD is also calculated as very important variance. Same as the average it differs between professions employed in UCCK. Administrative staff with higher average in working engagement has the highest SD, what means that they have more spread out data or more dispersed data. Their SD of working engagement is 1.57, and continues with nurses with very little difference of the SD of 1.55. Management from all employees' groups has the lowest SD working engagement with only 1.06.

In work-family enrichment and also in each dimension of working engagement SD differs as average differ based on the occupation. SD of work-family enrichment is the highest among doctors, what means that doctors have most spread data in work-family enrichment. SD of the doctors in work-family enrichment is 1.69. Nurses are closer to doctors with SD of 1.27, but still with big difference, continuing with administrative staff that has the SD of working engagement 1.13, and the managerial staff has the lowest rate of SD with only 1.09.

As it is already mentioned, SD is measured also for each dimension of working engagement separately. Even averages don't differ very much SD shows different data for all four groups of employees in UCCK. Nurses have the highest SD in vigour with coefficient of 1.53, so nurses at this dimension have the highest spread out data comparing with other occupations. Doctors have SD of vigour1.45 and administrative staff is closer with the doctors with SD of 1.42. Management again has the lowest SD with only 0.94, what means that management in this case has very little dispersed data.

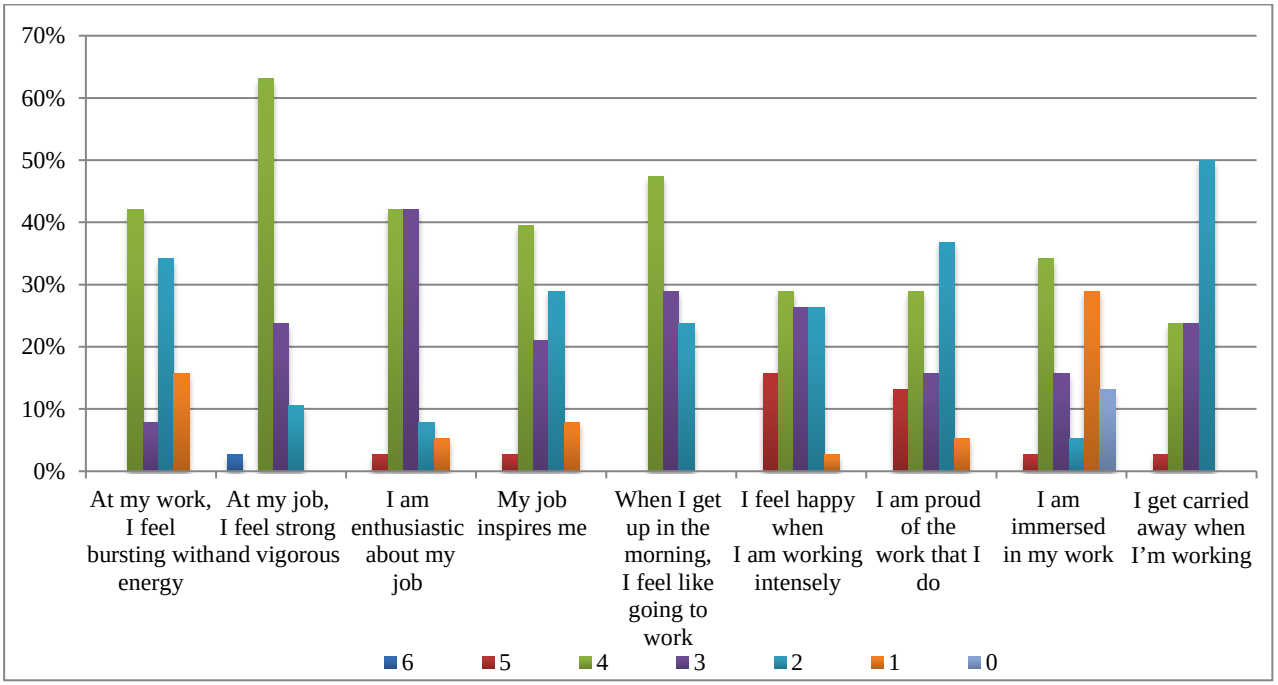
At dedication, administrative staff has the highest SD 1.75. In the second place, group of employees with the highest SD rate are the nurses with rate of 1.57. Doctors are ranked after nurses with a small difference; they have SD of 1.45, and the management is again ranked

in the end with the smallest SD rate of only 0.99.Absorption, as the last dimension of working engagement has similar rankings with vigour. Nurses have the highest SD with the rate of 1.56, and after nurses, the administrative staff is ranked with small difference with coefficient of SD 1.55. Doctors have smaller SD rate than nurses and administrative staff, 1.47 and in the end comes the management with the lowest SD rate of 1.26.

This data shows and confirms the hypothesis 1 that there is a difference in the level of working engagement among nurses, doctors and administrative staff. Below will be presented differences in the level of working engagement for each profession and dimension individually, in percentage and through the charts.

Management of UCCK as key personnel and with the biggest benefits has resulted with very low level of working engagement, comparing with other professions. Mean value presented above, shows that management are employees with the lowest working engagement level. Figure 15 below represents the level of working engagement based on individual statements within managers engaged in UCCK.

Figure 15. Level of Working Engagement within Management Staff



As it can be seen from the data, managements level of working engagement, measured through the scales in the survey from 0 – 6, it is in between four (often, once per week) to the one and zero (never, or almost never). This level of working engagement explains the situation in which UCCK is today. Employees are the key for success of an organization, and management is the one who leads the employees in that direction. As I have mentioned in the theoretical part, there are several studies that have confirmed that in HC organizations, management should act in direction to set credibility and to win the trust and respect of its

workers, because communication and team work in HC is an obligation. Each dimension of the working engagement, vigour, dedication and absorption, for each group of the employees surveyed is separately analyzed. These analyses show in more details on which level and in which dimension they differ between each other.

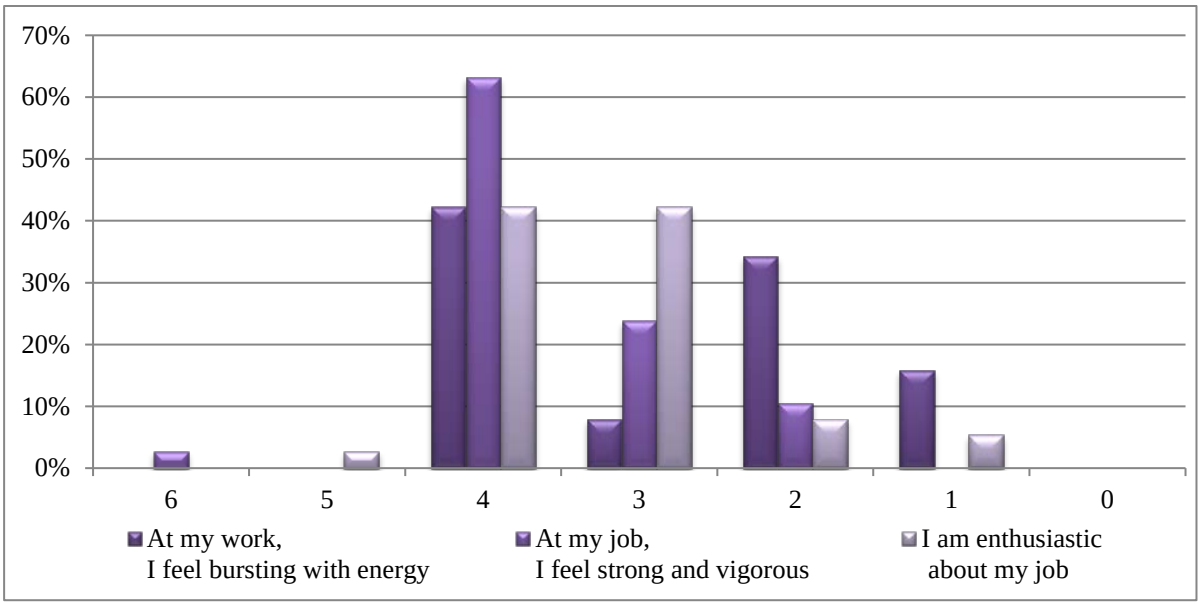
As it has been seen from literature, vigour is one very important dimension of the working engagement. It represents individuals who are physically energetic and mentally strong. It is one very important component, and the main reasons why researches have mostly focused on it is that vigour is related to emotions, mood and energy of the employees. It is related to their physical and psychological health, their creativity at work and happiness. Positivisms and happiness both affect positively in performance and effectiveness of the organization. As it is mentioned and proved through different studies, employees with positive energy, when they feel happy and joyfully at work, they positively affect in the organization and their colleagues around them (Shirom, 2010).

Employees who are vigour, except that affects positively in performance and effectiveness of the organization, they also affect in increase of the creativity. Vigour doesn't represents only the employees' physical and psychological health, but also their willingness to work, their positive behavior toward the company by affecting positively the others (Shirom, 2010). Vigour employees are creative, communicative and affect the increase of organization's performance. When management will have higher level of vigour, it will lead better by resulting better working conditions for itself and colleagues, being more communicative and cooperative, more effective and when gathering all these elements together it will result with better performance for the organization, in this case UCCK.

Management was expected to have high level of working engagement, vigour, dedication and absorption if we take into consideration the age group of respondents. From the results can be seen that age group of management is mostly from the mid to young 21-40, dominating males with very small difference from women. This group of age based in statistics should be mostly dedicated, creative and vigour in their working places. But in this case, it resulted to be the contrary from the expectations.

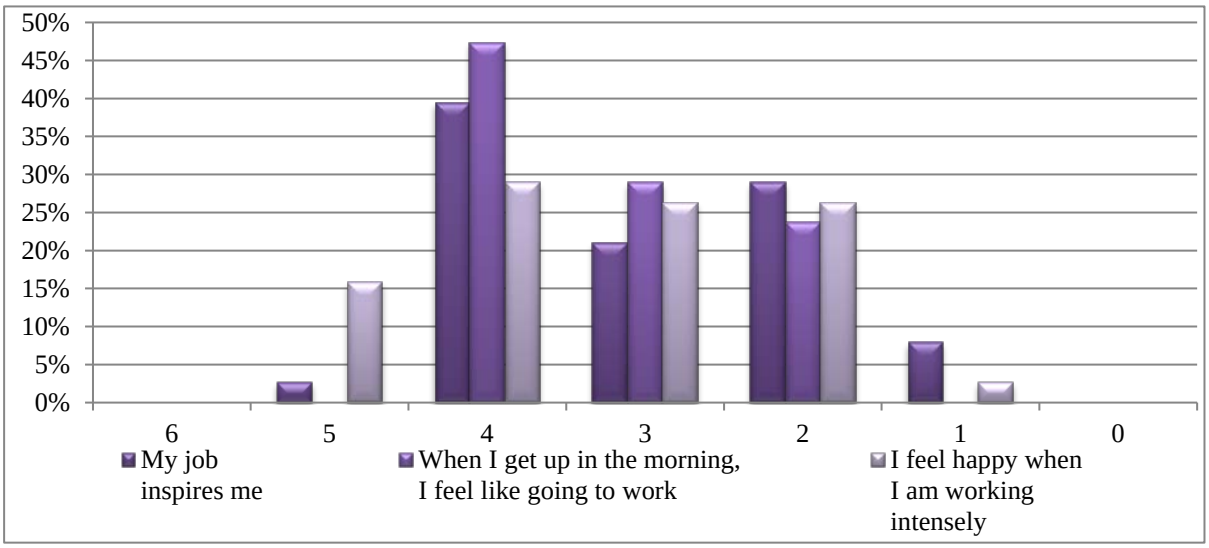
Below, it will be presented through the charts separately each dimension of working engagement for management. These data's will confirm once more mean and SD presented above, showing that managers in UCCK are employees with the lowest level of working engagement. Not vigour and energetic enough, not dedicated and inspired as requested toward their working place, not proud enough and immersed with the work they do, in order to give an example to their colleagues and try together to do UCCK a better place for work and for treatment. As it can be seen from the results, the level of vigour as one of the most important dimensions of working engagement is not satisfactory. If management doesn't feel happy, energetic, positive and mentally strong, it will affect very negatively the other staff and their performance. Figure 16, is presents level of vigour within management of UCCK.

Figure 16. Level of Vigour within Management of UCCK



The second dimension of working engagement that comes after vigour is dedication. In the figure 17 is presented level of dedication within the management of UCCK.

Figure 17. Level of Dedication within Management of UCCK

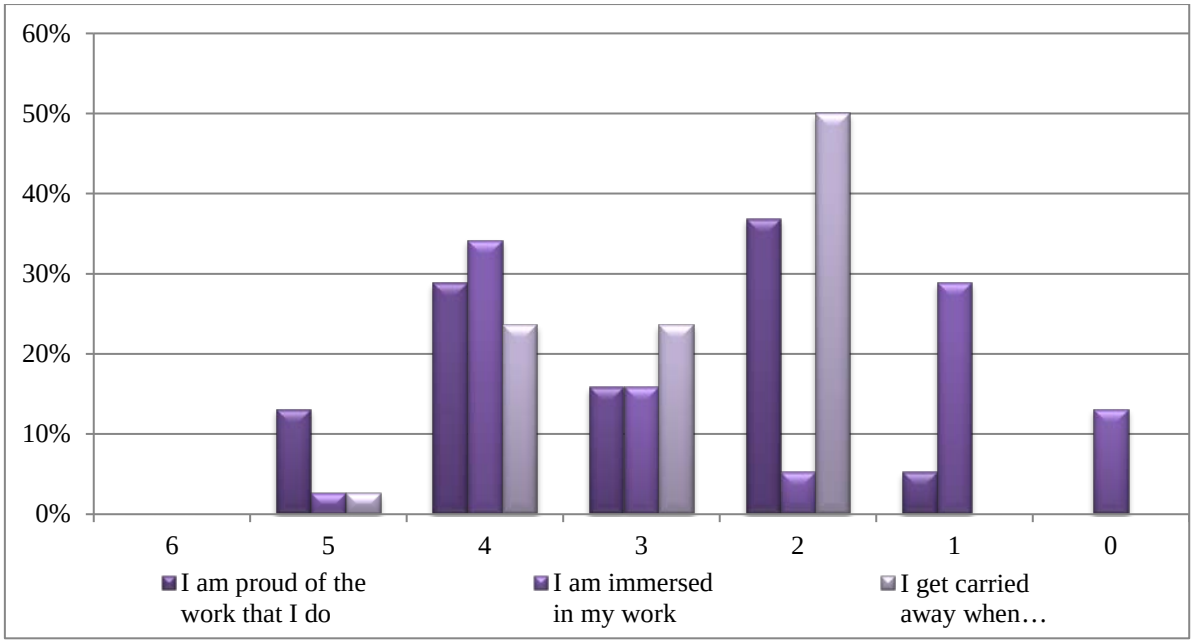


It is explained in theoretical part, but I'm citing it once more that dedication refers to a strong involvement of someone's work. Dedicated employees feel enthusiast, inspired and challenged about their work (Bakker, Schaufeli, Leiter & Taris, 2008). Based on the theory, dedication is an activity with strong meaning. How much employees of UCCK are dedicated to their working place is seen from the mean value after data analyzing. From the figure above, it can be seen that management is often inspired with their work, but still their willingness are not strong and they don't feel happy at all when they work intensely. This

situation is the opposite from the nature of the work in HC organization.
The final dimension of working engagement is absorption. Absorption is related with the pleasure employees feel in their working place. What characterizes the absorption is concentration at the working place that makes employee feel happy. Their time at work passes very quickly and they just can't detach themselves from the work.

Below the level of absorption for management is presented, which is measured through the three last statement of the questionnaire. Based on the scales of the questionnaire, it has resulted that the UCCK management's work for this institution doesn't really bring them a pleasure and they are not really proud and emotionally connected with their working place. They don't really feel immersed in their work, so this really explains the situation in which UCCK is today. Figure 18 presents level of absorption within management of UCCK.

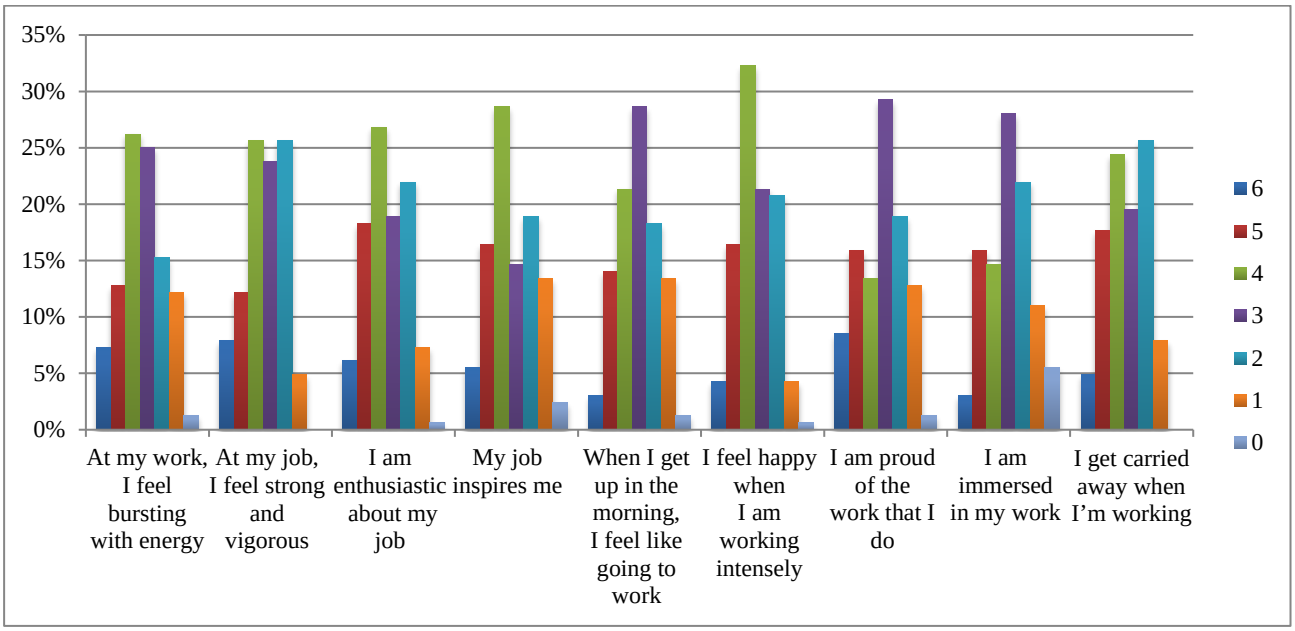
Figure 18. Level of Absorption within Management of UCCK



After management, based on responsibilities at work are ranked medical doctors. In order to get better results, they are divided into two groups, doctors-specialists and doctors on specialization. The main reason they are divided into two groups is that there is a difference between them in the level of responsibilities, benefits and so on. As it's been already known these elements indicate the level of working engagement, and in order to get more realistic results, they are divided in two groups.

Firstly, the level of doctors-specialists' working engagement is measured and presented, and then after them are presented doctors on specialization. As for management, measurement of the level of working engagement is done based on individual statements of the questionnaire. Figure 19 presents the level of working engagement within doctors-specialists.

Figure 19. Level of Working Engagement within Doctors-Specialists in UCCK



From the data in the table, it has been seen that the level of working engagement within doctors-specialists same as with the management, is not satisfactory. They have higher coefficients, but for one medical organization is not sufficient. This was confirmed also through the mean value measured and presented above. It is very necessary to be mentioned that doctors-specialist are the key personnel when it comes to the treatment of the people. But as it is explained in the theoretical part, medical staff works with ethics and there are two types of working engagement for them; the first type is with the organization and the second with the patients. As we study the working engagement within the organization, in this case UCCK, we remain with the hope that the level of working engagement with the patients is different in positive way, but that remains to be studied in the future.

But, still it is important that doctors-specialists resulted to be more engaged than management. From the nine statements in the questionnaire, specialists are between the fifth and the third scale unlike the management that is between second and fourth scale. I suggest that this difference is result of the effect of the second type of the engagement I've already mentioned with the patients and their ethic on the work.

Also for the doctors-specialists levels of all three dimensions of the working engagement; vigour, dedication and absorption are separately measured. The mean value for each dimension is presented, but below the level of vigour, dedication and absorption within doctors-specialists employed in UCCK is presented in percentages through the charts. It's started with the first dimension, well, the data shows that the level of vigour differs from that of the management. Specialists are more vigour than the management, but still it can't

improve performance of the organization that is very low in every area. Figure 20 presents level of vigour within the doctors' specialist in UCCK.

Figure 20. Level of Vigour within Doctors-Specialists in UCCK

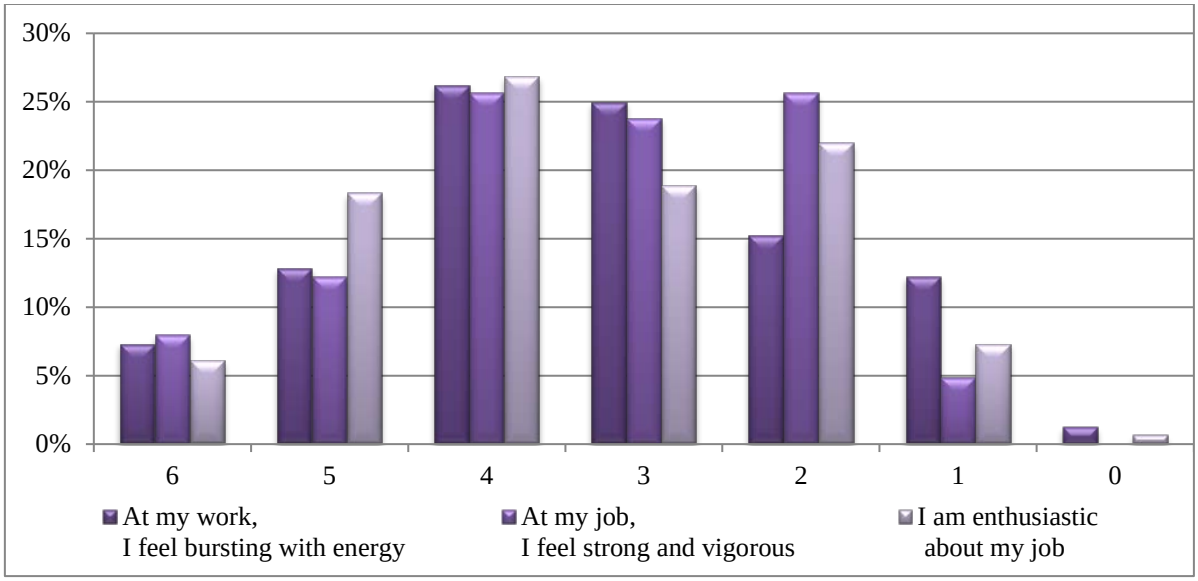
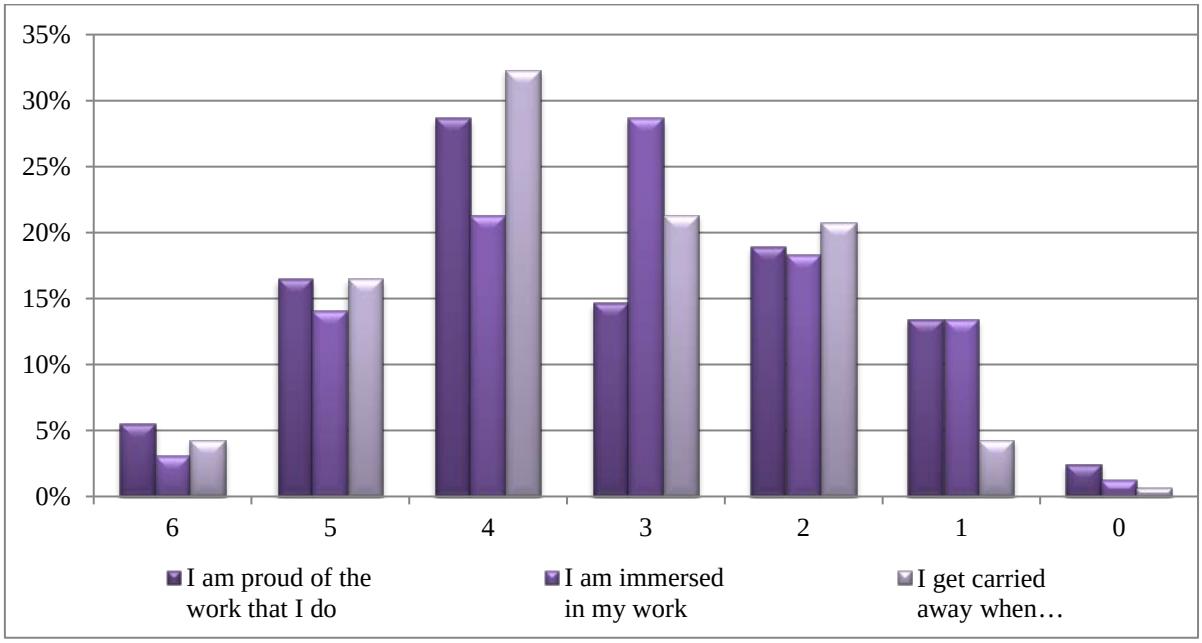


Figure 21. Level of Dedication within Doctors-Specialist in UCCK

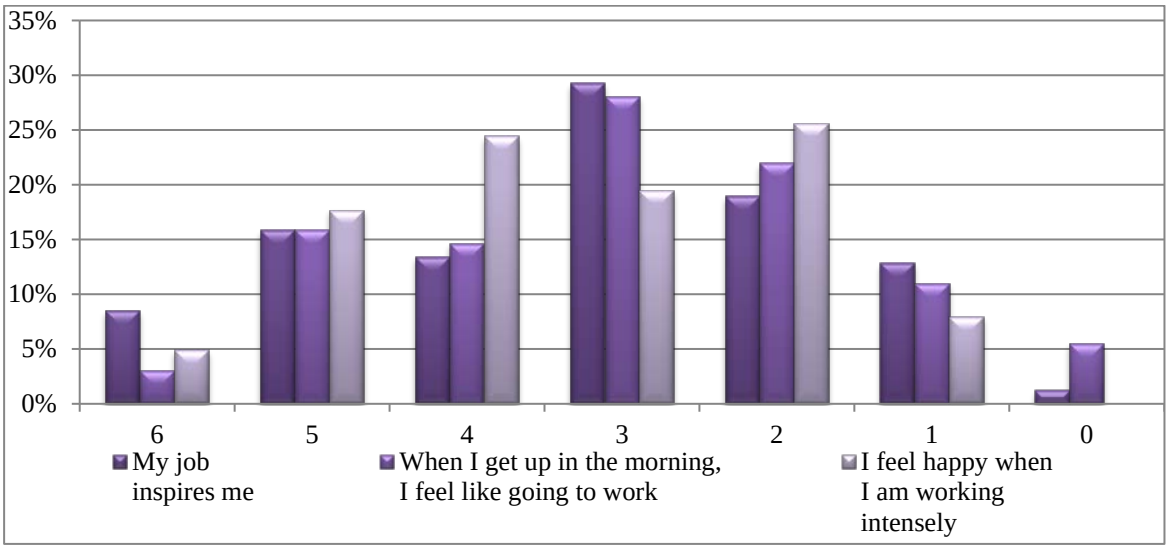


After vigour, dedication as the second dimension of working engagement will be analyzed. From the data, and also from the mean and SD, it has resulted to be on a higher level than vigour. Figure 21 present level of dedication within doctors specialist in UCCK.

As it can be seen, doctors-specialists are more dedicated to their working place comparing to the management. As I've already suggested it could be that doctors are affected by the

ethic at work, and because of that they have resulted better than the management in each dimension. Managements working hours are less and other benefits are higher comparing to the doctors. Doctor's specialist who are engaged in management positions in UCCK, they are released from night shifts and their working hours are fixed. After dedication, the final dimension of working engagement is presented. Figure 22 presents level of absorption within doctor's specialist in UCCK.

Figure 22. Level of Absorption within Doctors-Specialists in UCCK



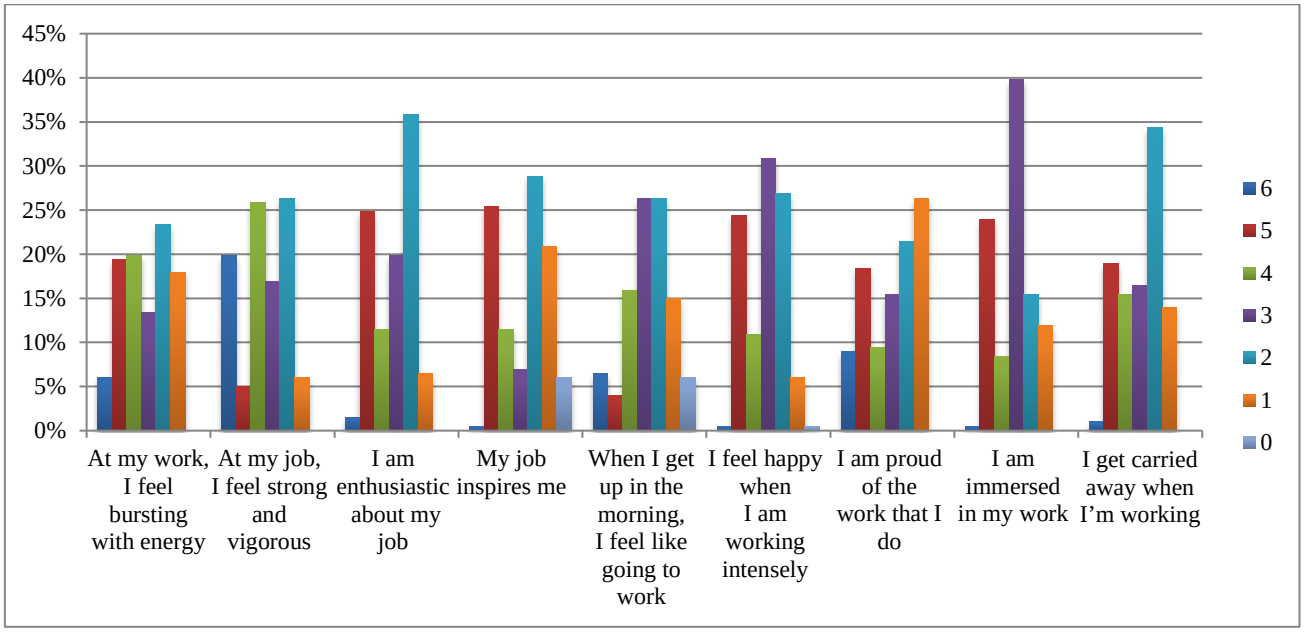
It is mentioned above that absorption presents involvement in the work by making the others happy and feel good at the working place. The level of absorption at the doctors is higher than management. This is connected to their nature of the work and it's good because they feel happy and good when they work intensely.

Work in UCCK is really tensed and with very high intensity, so if their level of absorption is in the mid-range, it cannot be said that it is positive for the organization, as the pressure is high, working conditions are hard, and if there is low will, inspiration and readiness to work intensely then there cannot be expected that employees are engaged with their working place. Based on the results, inspiration happiness and willingness for work are not in satisfactory level. Less than 10 % of the doctors feel inspired about their work and more than 5 % of them never have the positive feeling o going at work. This results are in the mid-range, what is not enough for good and happy working environment.

After doctors-specialists, the second group of the doctors is presented. Doctors on specialization are employees of UCCK, but for responsibilities, they are one scale below the doctor specialist, they take part in the treatment of the patients, but they don't bring decisions without prior approval of their mentors, who in this case are doctors in specialization. Their level of working engagement is important as they take part in the group of doctors and they have resulted to have lower level of working engagement comparing to doctor specialists. In

the figure 23, the level of working engagement within doctors on specialization in UCCK is presented.

Figure 23. Level of Working Engagement within Doctors on Specialization in UCCK



Doctors on specialization resulted to have lower level of working engagement than doctors-specialists. Based on the duties and responsibilities, they are less exposed to the stress and they are less included in decision-making processes. It can be that this affects their level of working engagement, because doctors-specialists keep them in inferior level and don't include them in decisions about patients' treatment, their financial benefits are lower and working hours are with shifts. They don't see opportunities, as the clinic does not invest very much in them. But, on the other side this makes their work less stressful, they are only concentrated on the treatment based on the instructions of their mentors and don't have any responsibilities.

Below as for the other occupations, each dimension of working engagement, starting with the vigour is separately presented through the charts and in percentage. The level of vigour for doctors-specialists is beyond the expectations. As one of the most important dimensions of the working engagement resulted to be on a higher level than doctor specialist's one. Very small percentage of doctors-specialists answered that they always feel vigour or burst with energy while working, while doctors on specialization resulted that more than 7% of them feel always bursting with energy, strong, vigour and enthusiastic. Also, 25% of them, resulted that almost always feel enthusiast about their job and almost 27% feel often strong and vigour at their job. It is important to mention, that in this category, none answered on the scale " 0 ", what means that all of them have at least some positive energy about their job. These results give a positive feeling and expectations that they will increase their level of work engagement and this will increase their performance, even the overall coefficient of

mean and SD, and also in the chart presented above results are not very satisfactory. Figure 24, presents the level of vigour within doctors on specializations engaged in UCCK

Figure 24. Level of Vigour within Doctors on Specialization in UCCK

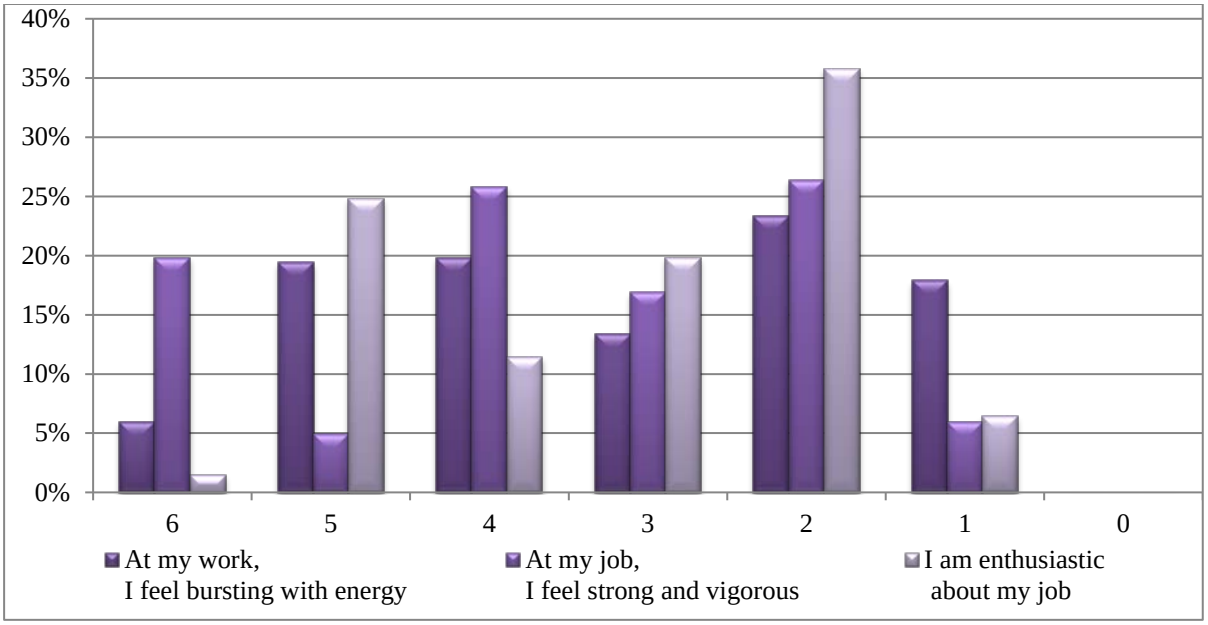
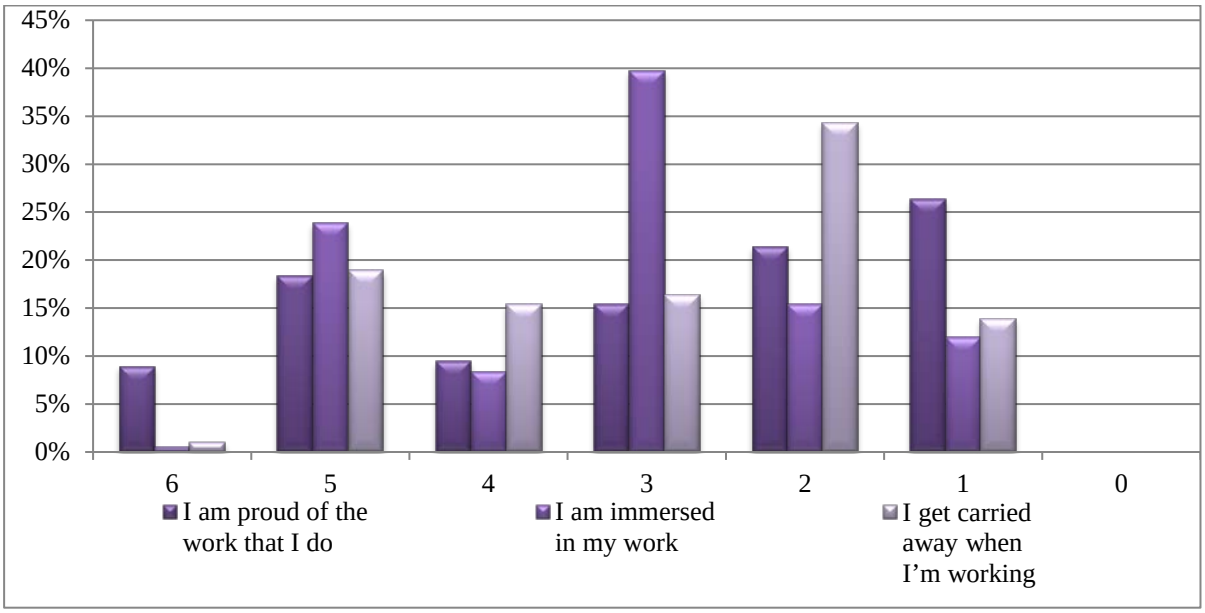


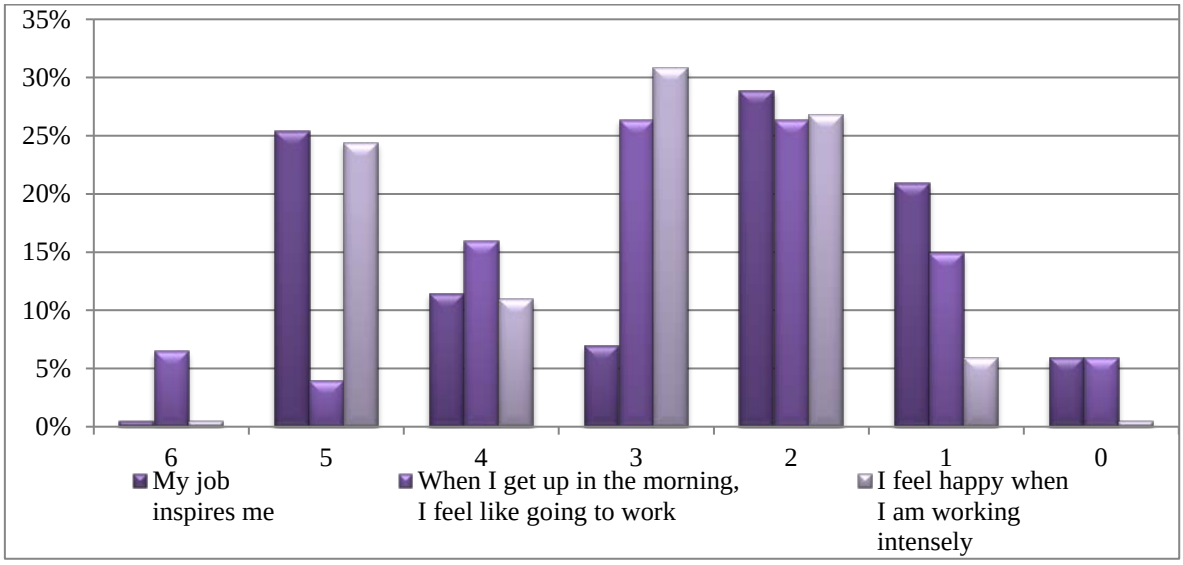
Figure 25. Level of Dedication within Doctors on Specialization in UCCK



It is interested to compare the level of dedication between doctors on specialization and specialists. It can be seen that doctors on specialization are more dedicated than doctors-specialists. Below, the level of dedication for doctors on specialization in UCCK is measured through three individual statements. Figure 25 presents dedication within doctors in specialization in UCCK.

Around 8% of the doctors on specialization answered that every day they are proud of the work they do. Comparing to the doctors-specialists, this is a big difference as almost 4% of them answered that they are never proud and less than 4 % answered that they are always proud about the work they do. This difference affects also the level of working engagement in general. The last dimension of working engagement, absorption, resulted to be on a lower level than the doctors-specialists' absorption. This difference is mostly because doctors on specialization resulted with lower level of intensive work, something that cannot be escaped in HC. In the figure 26 are presented doctors on specialization and their level of absorption in percentage.

Figure 26. Level of Absorption within Doctors on Specialization in UCCK



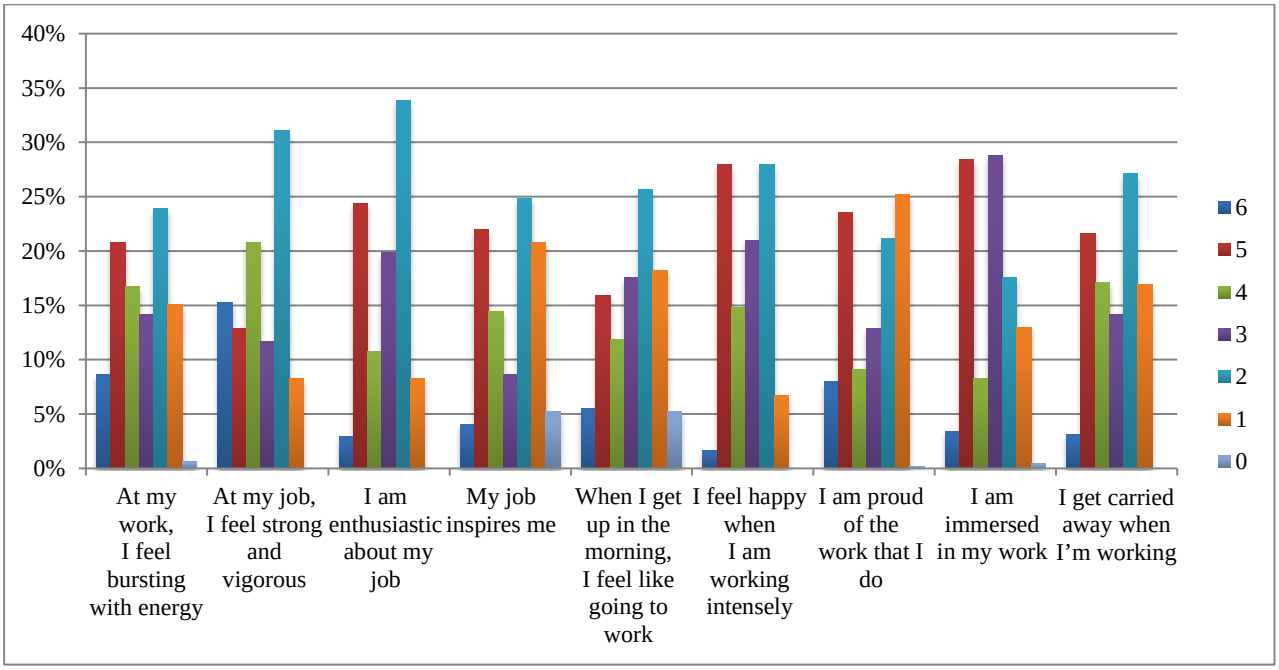
From the presentation above, it can be seen that around 6% of the doctors never feel inspired and never have the feeling *as they go to work*, and less than 1% never feel happy when they work intensively. This is interesting as doctors who are specialists resulted better in this dimension, which is very important dimension of the working engagement.

Based on these differences, it can be seen that doctors-specialists, who are more exposed to the stress are ready to work intensively and it doesn't bother them, but makes them feel happy, on contrary from doctors on specialization who are not still ready to have big responsibilities on their shoulders, they resulted to have lower rate in their absorption.

Nurses play one very important role for the medical staff. Their level of working engagement is important as much as the doctors'. From results of mean and SD it can be seen that there is a difference in e level of working engagement between nurses and doctors. There can be many reasons that cause these differences, starting from their roles and duties within the clinic, responsibilities, benefits and opportunities, working condition and working hours. Also nurses are the most overloaded profession in UCCK. As it can be seen below the level of working engagement is lower than doctors'. In their level of working engagement scale

two is mostly dominated, what means that they rarely feel engaged with their working place. Figure 27 presents level of nurses' working engagement.

Figure 27. Working Engagement within Nurses in UCCK



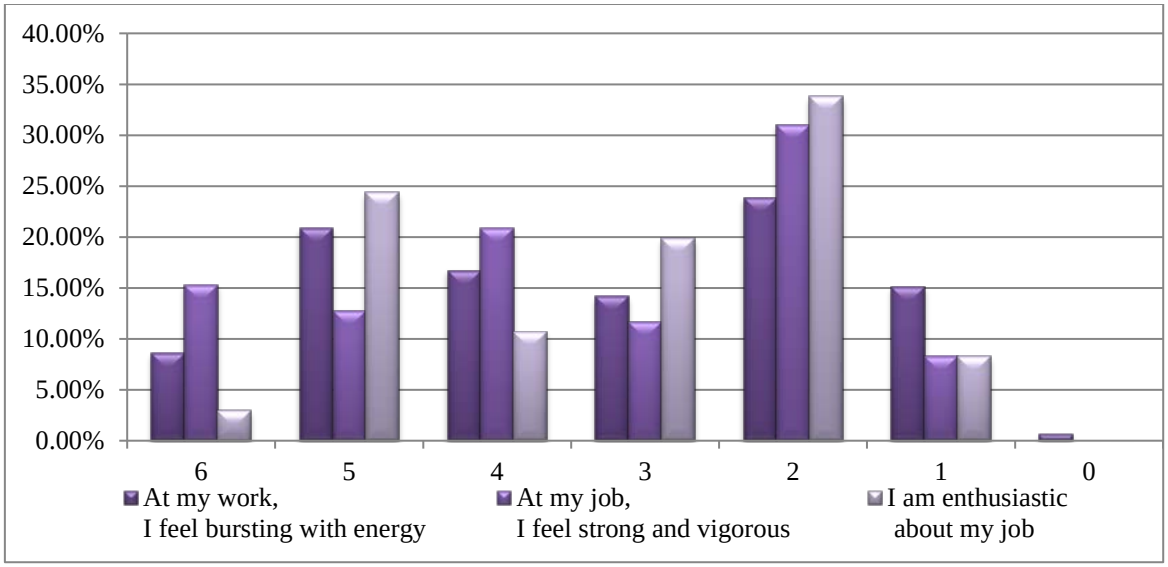
As it's already been mentioned above, there are many factors that can influence the level of working engagement within nurses. If we take into consideration the hard working conditions where nurses operate every day, it can be said that their level of engagement is not very low comparing to the doctors'. By considering priorities of the doctors, it was expected that they will result with much higher level of working engagement.

If we compare the nurses with managerial staff, there is a big difference in their level of working engagement. Nurses, with the hardest working environment resulted to have higher level of working engagement than management, but lower than medical doctors. Expectations were that nurses will have the lowest level, but data's showed the contrary, and this is positive for the organization and also for the patients.

If we present separately each dimensions of working engagement within nurses, the differences between them and other professions will be measured in more detail. In the table below the level of vigour within nurses is given. It can be seen that almost 35% of the nurses answered that they rarely feel enthusiastic about the job they do, but on the other side, in percentage the biggest number of nurses over 15% of them answered that they feel strong and vigorous. Almost 25% of them answered that they feel enthusiast almost always about their job, what is a good percentage and gives hope for improvements. From the total, there are 8% of them that always feel bursting with energy at the work, and less than 2% of them answered that they never feel with energy when they are working. In these results except

working conditions, it can have affect also high number of married females, because of the relation work / family life. Figure 28 presents level of vigour within nurses in UCCK.

Figure 28. Level of Vigour within Nurses in UCCK



Dimension of dedication in nurses resulted same as vigour in a lower level from doctors and higher on a higher level from the management. Below dedication of nurses in UCCK is presented, measured through three sentences of the questionnaire. From the table, it can be seen that 5% of nurses answered that they never feel inspired about their work and that they never feel like they will work. This is a high percentage of nurses, but comparing to the doctors, where around 6% of them answered that they never feel like going to work, for them this is a bigger number. Another difference is that around 22% of nurses answered that almost every day are inspired about their work with a big difference from the doctors where only around 16% of them answered that they almost every day are inspired about their work. Figure 29 presents level of dedication within nurses.

The last dimension of working engagement, the absorption within nurses is presented in the figure below. The level of absorption is higher than within doctors and management. Almost 24% of nurses answered that they feel proud of the work they do every day, and 28% of them answered that they are immersed in their work every day. This is very positively for the organization, because when employees feel proud about their work, their engagement in the work will not miss. Figure 30 presents level of absorption within nurses in UCCK.

Figure 29. Level of Dedication within Nurses in UCCK

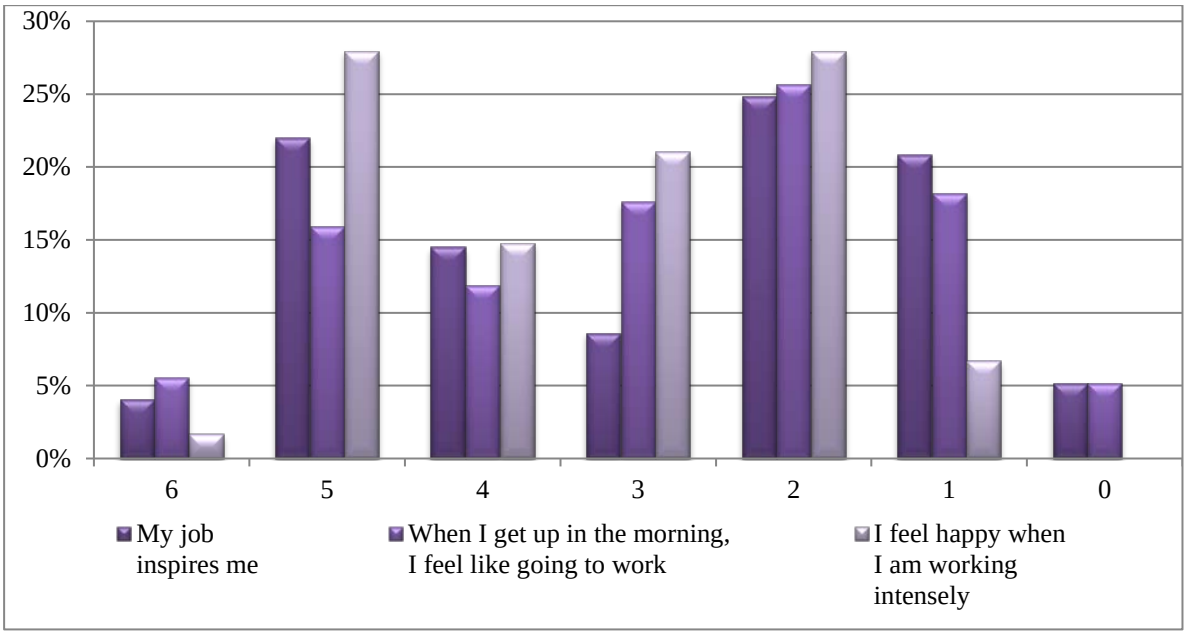
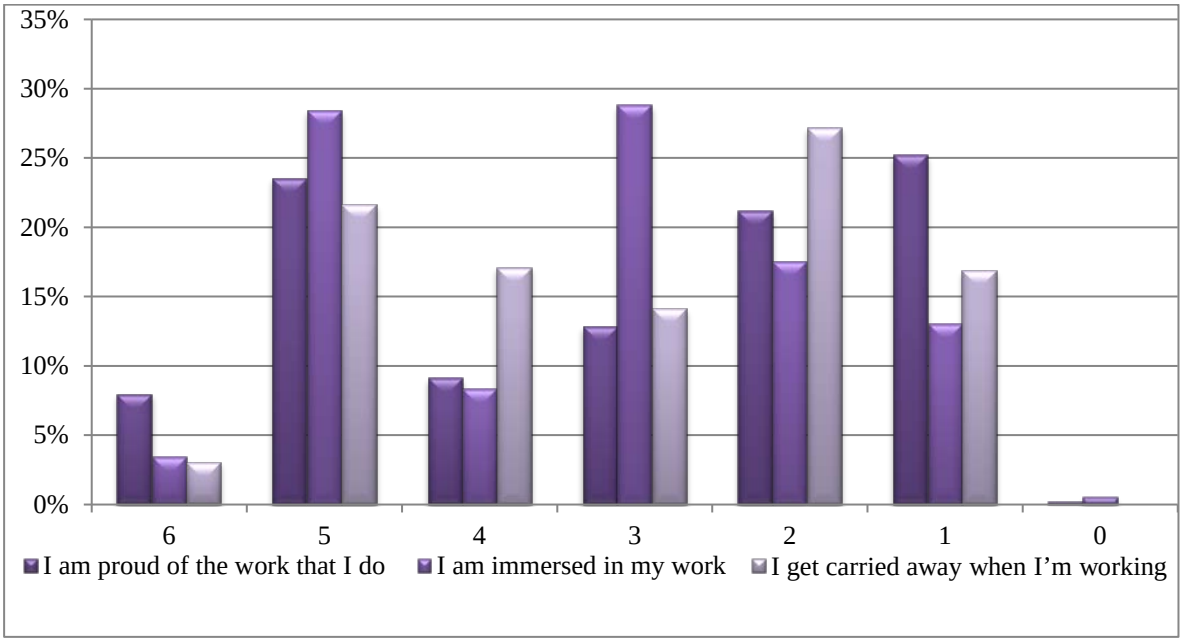


Figure 30. Level of Absorption within Nurses in UCCK



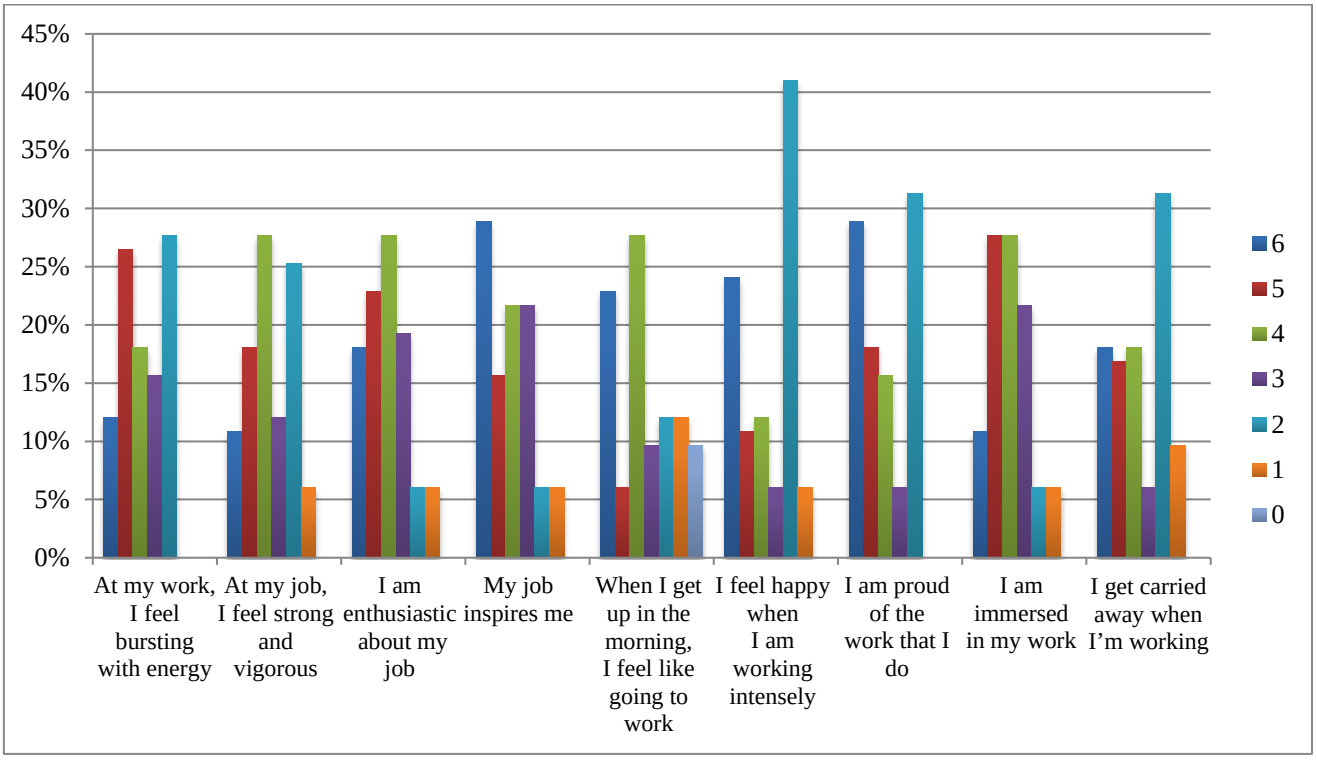
After the medical staff, administrative staff has a very important part in UCCK. Results show that administrative staff has the highest level of working engagement comparing to all other groups of the employees surveyed. Based on the average and also on the results of the figures which will be presented further in this text, it can be seen that administrative staff has the highest level of working engagement within employees of UCCK.

Administrative staff is exposed to other kind of stresses from medical staff. They face other difficulties that are not related to the patient's life but to other important topics as lack of

budget that creates many difficulties in supplies, increase of the revenues, employment of the new staff, investments in working environment and also investments in education of the staff.

But still, administrative staff remains mostly engaged with the highest level of vigour, dedication and absorption. Each dimension of working engagement is presented below. As for every other profession until know, firstly I started with the demonstration of vigour as the first dimension of working engagement. Figure 31, represents the level of working engagement based on the nine individual statements.

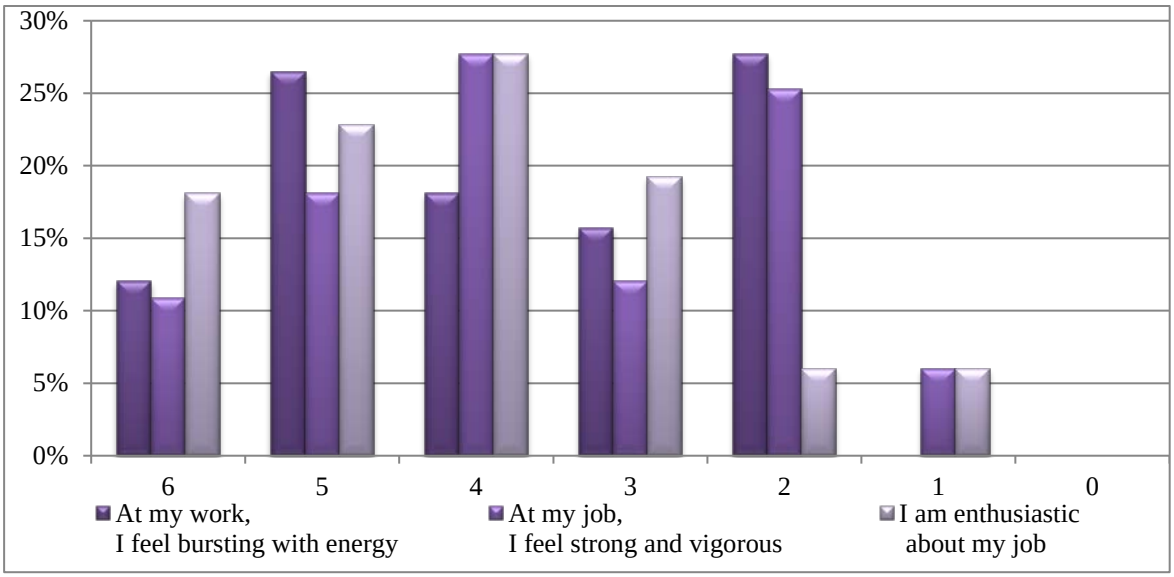
Figure 31. Level of Working Engagement within Administrative Staff of UCCK



As for each group of employees surveyed in this study, also for administrative staff will be presented separately each dimension of working engagement. The firs dimension is described and presented below. Figure 32 presents level of vigour within administrative staff of UCCK.

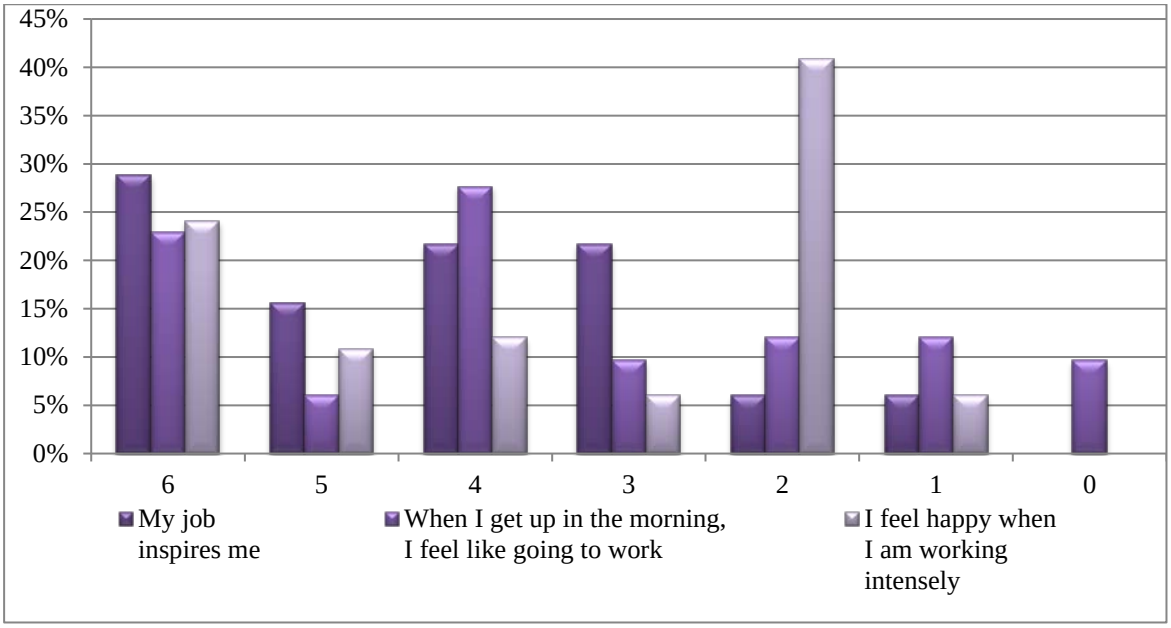
Results show that the level of vigour is the highest from all other professions in UCCK. Almost 18% of administrative staff answered that they are always enthusiastic about their job. More than 28 % of them answered that almost every day they feel strong, vigorous and bursting with energy. Comparing with other professions, it is a good percentage as none of them answered that they never feel vigour, bursting with energy or enthusiastic about their job.

Figure 32. Level of Vigour in Administrative Staff of UCCK



After vigour, the level of dedication for administrative staff is presented. It just confirms the average that this group of employees is mostly dedicated to their work. From all dimensions of working engagement, administrative staff has the lowest level in dedication, but still the highest level comparing to other professions. Almost 10% of administrative staff answered that they never have a feeling like going at work and more than 40% of them answered that very rarely they feel happy when they work intensely. Figure 33 presents level of dedication within administrative staff.

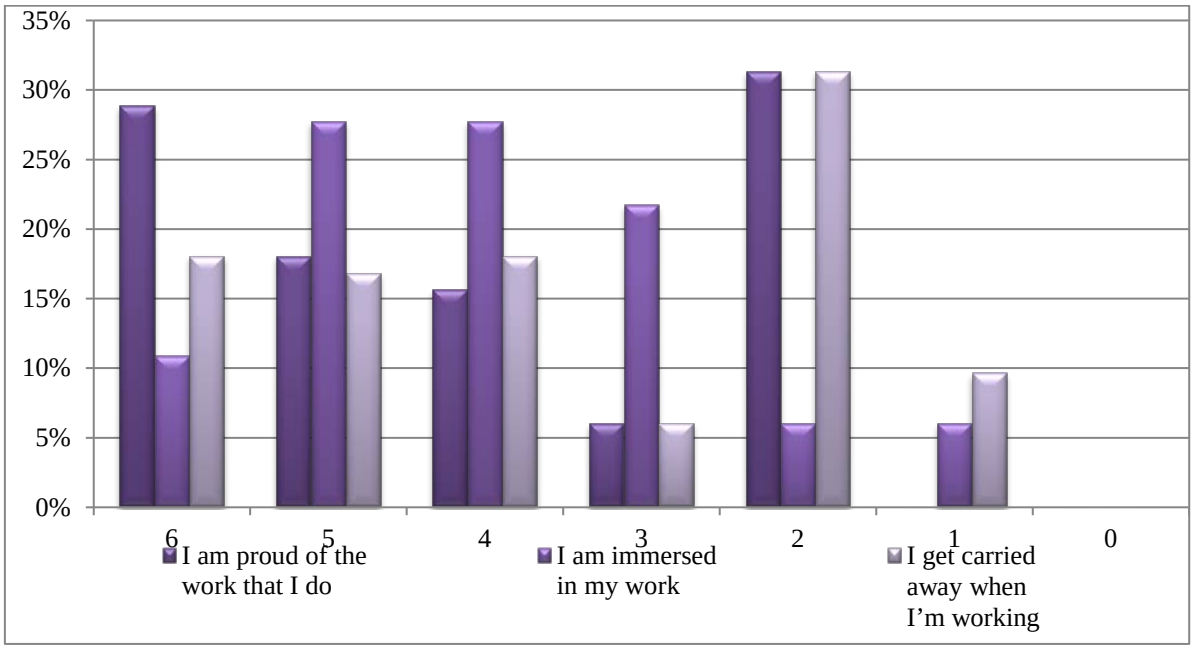
Figure 33. Level of Dedication within Administrative Staff of UCCK



The final dimension, absorption based on the chart and data's resulted to be highly rated. Table below presents the level of absorption within administrative staff in UCCK. From the

results it can be seen that level of absorption is higher from any other profession in UCCK. Almost 30% of this category answered that they are always proud about the work they do, 27% of them resulted to be almost every day immersed in the work and what is positive for this category none of them answered that they never feel proud or immersed or carried away when working. This level of absorption is confirmed also through the mean and SD, and all these confirms the highest level of working engagement within administrative staff. Figure 34 presents level of absorption within administrative staff of UCCK.

Figure 34. Level of Absorption within Administrative Staff of UCCK



If we take into consideration all the levels of working engagement within all groups of the employees in UCCK, none of them is satisfactory for HC sector, where a high level of vigour, dedication and absorption in order to provide to the patients good quality of the services is needed. These results have confirmed the hypotheses that there is a difference in the level of working engagement within management, doctors, nurses and administrative staff employed in UCCK.

Results have shown that the level of engagement for management and doctors-specialists is very low. Based on the mean value and graphs presented, difference in the level of working engagement between nurses and doctors, continuing with management with the lowest level is confirmed. It is concern that employees in decision-making position have resulted to have the lowest level of working engagement comparing with other positions. This situation is affecting in low performance and in the low quality of services.

In HC institutions nurses are mostly exposed to the stress. If we compare nurses in UCKK with those in EU countries, they are much overloaded with the work, have very hard working conditions and still have resulted with high level of working engagement comparing with

doctors and management. An issue that is important to be mentioned related to management and doctors employed in UCCK, and it affects in them, is public relation. Management and doctors in UCCK are very much exposed to the external factors that affect very negatively their mood and psychological health. They are exposed a lot to the media and legal authorities, because in Kosovo the health system corruption is very high. They have every day pressure from journalists related with the treatment of the patients, their ethical behavior, and it cannot be excluded also pressure from the patients directly and their families.

For the nurses and administrative staff, responsibilities are lower and that's why they feel better while working. These are reasons that explain such a big difference of the level of working engagement among the employees in UCCK. Supported theoretically and practically, that working engagement and work-family enrichment are related between each other, and they have positive affect in each other, develops the second hypothesis:

H2: Working Engagement is positively correlated to Work-Family Enrichment

In different literatures we face theories and examples about work-family enrichment. Studies have shown that work and family life are related with each other and they affect each other in positive way. Feelings and emotions are carried from work to home and it affects the family life. Good feeling and happiness at work depend on many factors starting from working environment, flexibility at work and so on. Happiness and joy from work make you a better family member; flexibility at work gives you the possibility to be better family member and to fulfil your duties and obligations towards the family (Carlson, Kacmar, Wayne, & Grzywacz, 2006).

Employees who resulted to be mostly engaged to their working place, mostly agreed that the involvement in the work makes them happy, cheerful and puts them in a good mood and all this makes them to be a better family member.

In order to approve the hypothesis that working engagement and work-family enrichment are related I have used correlation analyses. As it is known from the statistics, correlation coefficient as close to the one (1) is, relation between two variables is stronger and the opposite, as close to zero (0) is coefficient, than relation between two variables is weaker. If results are negative, then there is no relation between two variables.

The table 3 presents the correlation coefficient between working engagement and work-family enrichment. It can be seen that in all professions it has resulted a positive coefficient, so in all categories there is a correlation between these two variables, but of course with the difference in the results. Some of the professions have stronger correlation and some weaker, it's all depended from their results from the questionnaire.

Table 3. Correlation Coefficient between Working Engagement and Work-Family Enrichment

Correlation Coefficient	Nurse	Admin staff	Doctors on specialization	Specialists	Management
r	0.511	0.034	0.629	0.461	0.314

As it can be seen from the above, work-family enrichment is related to the working engagement. Correlation coefficient approves that higher level of one variable affects the higher level of the other variable, or on contrary high level of one variable affects in the low level of the other variable. In this study, correlation coefficient resulted to be positive for all professions. Doctors on specialization have got the highest coefficient. Doctors are divided into two groups also in this part of the analyses, because as we see the level of working engagement has differences between specialists and medical doctors on specialization.

Correlation between family life and working life of the doctors on specialization resulted to be on the highest level comparing to the other professions with r = 0.629. After doctors on specialization, nurses show the highest coefficient with r= 0.511. Although nurses have resulted to be mostly overloaded with the work, to have the lowest benefits and hardest working conditions, they still resulted to manage better their work-family life than doctors-specialists who are the most privileged employees.

Based on the result, nurses and doctors on specialization have the strongest relation of working engagement and work-family enrichment. After nurses, doctors-specialists have coefficient r = 0.461. Still positive, but correlation between working engagement and work-family enrichment falls comparing to other professions, their relation is closer to zero, so the correlation is weaker than for the two other professions, even they both are more overloaded and they don’t have privileges the doctors-specialists have.

After doctors-specialists, managerial staff with correlation coefficient just before the last is ranked. Even doctors-specialists mostly take part in the management their working engagement and work-family enrichment are still measured separately from other employees as a variable. Their coefficient r = 0.314 shows that correlation between working engagement and work-family enrichment is not very strong.

In UCCK, as higher are responsibilities, commitments are lower, and this is approved by the results of the study and also from the situation in which UCCK is today. The final group, with the weakest level of correlation between two very important variables with which we are surrounded every day and affects our physical and psychological health is the administrative staff. Administrative staff has correlation coefficient of 0.034, very close to zero, what shows that the relation between these two variables is almost zero.

Hypotheses resulted to be correct and approved based on the studies made. Employees should understand that as much as family affects the working life, working life affects the family life. It is a very important thing for our everyday life to have both work and family in a very strong correlation. That it will make us a very successful employee with good performance, with good mood at work and creativity, good collaboration with colleagues, it will affect also our family life in a positive way by helping us to be a better family member, responsive spouse, parent or child. Everybody from us wants to be an example for a good person at work or at home, and this is possible only by keeping both work and family in strong and good relation.

6 RECOMMENDATIONS

6.1 Contribution of the Study

The contribution of the study is the identification of levels of working engagement within four different job positions in clinical center. Working engagement is recently introduced as advantageous concept for the organizations. It can be seen from the theory and confirmed practically that there are many factors that influence the working engagement as: opportunities, communication, working environment, financial benefits etc. Findings show that in HC sector, employees because of their ethics are dedicated to the patients, but how much they are engaged to their working place that depends from the environment where they work, communication between colleagues, work overload etc. Because of the overload and stressful work, HC sector has the highest turnover of the employees, so keeping engaged employees in HC is very high challenge for the organization.

Results show that management and doctors have the lowest level of engagement in UCCK. This describes why in UCCK the quality of services is so low, working conditions are very hard, work is very stressful and overloaded for the nurses, and even they show higher level of the engagement comparing with management and doctors. Identification of the level of working engagement gives the opportunity to the upper management and supervisors to take more seriously and in consideration situation in which for the moment is UCCK.

Likewise, another contribution of the study is the relation between working engagement and work-family enrichment. With correlation analysis it is confirmed that working engagement and family life are related with each other. They affect each other in positive or negative way. Finding of this study based on correlation analyses confirm that between two variables, the work and family are correlated and they affect each other positively.

In this study, findings confirm that working engagement and family enrichment besides that they are related emotionally, as individuals transfer their feelings from work to home and home to work, they are related also from the outer factors that influence them. Flexibility at work or flexibility at home gives opportunities to manage better work - family life,

automatically engagement will increase and also the enrichment in your family life as you will have time to dedicate yourself to work as well as to the family.

6.2 Practical Recommendations

Based on the results, some recommendations can be offered to the leadership of the clinical center. Although it has resulted that the group with lowest levels of engagement of UCCK is the managerial staff. This situation is out of the expectations, as the management is the key of the organization. The mean value for the level of working engagement of the management resulted to be 3.02 out of 7, which is not very critical but still it could be improved. Staff with the highest level of working engagement resulted to be the administrative staff with mean value of 3.80. The difference between these two groups from the lowest to the highest mean is very high.

Based on this, my recommendations will be directed to the directorate and management of HUCSK. What I will suggest is starting with investments in improvement of the working conditions and environment (such as renovations of the buildings, technology, regular supplies with medicines and medical materials, hygiene). These improvements for the working environment and conditions will affect positively not only the management but also the mood of the other employees, and they will start feeling good at work. By feeling good and positive at work, they will engage themselves more with the working place, and the engagement is correlated with family enrichment.

UCCK, as the only tertiary HC provider is passing through many difficulties starting from essential things as bad hygiene and lack of essential materials to bigger problems and difficulties as lack of services and lack of staff. Because of these reasons, many HC professionals are seeking for job out of the country and patients are looking for services and treatments out of the country.

Also, financial benefits could be one factor that needs to be considered. Doctors and nurses in UCKK are paid under the average in the region. Most of the doctors, after working hours in UCCK continue working in private clinics; this brings them in a conflict with family life what explains their results in the level working engagement and correlation coefficient in work-family enrichment. With the improvement of the incomes, they will not need to work in two places and they will be less stressed, less work to do, more time for their family and all this will increase their level of engagement with their first working place, and also will increase level of family enrichment.

Another recommendation will be investment in continuous education of medical staff. This is very important for their job, and also it will keep them updated about the new changes in medicine. This will help them to provide the patients with better services. Continuous education will affect very positively the doctors, but it is very important also for the nurses,

as position of the nurses in HC grows more and more every day. With their education, quality of the services will improve in UCCK and also it will affect their level of engagement, as they will link themselves more to the institution, as they will see opportunities.

By doing investments in the management, they will be aware that they have to organize the work, measure performance, take care about other colleagues and they will understand and try to keep communication among colleagues what is very important and affects the HC employees' working engagement.

6.3 Limitations

As every study, this study has also its limitations. Working engagement is identified as new and not very familiar topic within our society and institution. During the survey, it was necessary to explain to most of the employees within UCCK the meaning and importance of the working engagement to the organization. This has affected the extension of time for completion of the questionnaire.

Another limitation, which is identified as very important, is that in Kosovo, there is only one tertiary HC institution, which is UCCK. This has hampered the work of the study since it was not possible to measure and compare the level of working engagement with other institutions, or, even obtaining more data and getting best possible results.

Furthermore, critical situation that dominates in Kosovo health sector, has affected the study as some of the doctors and management have hesitated to participate the study and complete the questionnaire, due to the high pressure they have from different external factors. In order to convince them to take part in the survey, it was necessary to explain each of them the meaning of the questionnaire, which is anonymous, and there is on need of any personal information like age, gender and marital status

The hard situation that UCCK as institution passes generally affects the mood of the employees, and this undoubtedly has an impact on the study as well as an impact on the everyday's work of the employees. Finally, given that work that I do is related with this organization, there may be subjectivity with regard to interpretation of some findings and their causes.

6.4 Opportunities for the Future Research

For future research, it would be interesting to focus on the dimensions of the working engagement separately and also considering different drivers. Future research should also focus on the integration of engagement with the theoretical framework of working

engagement – the JD-R model (Schaufeli, Bakker & Van Rhenen, 2009).

Today in UCCK according to JD-R, the demands are very high and JR is relatively low. This situation describes the movement of medical staff out of the country. This misbalance is a great opportunity for future research, to analyze what causes this misbalance that affects also the working engagement.
It will be a great opportunity for future research to identify and differentiate the level of working engagement of the HC employees with patients and with the organization. Studies show that there is a difference in the level of working engagement with patients and with the organization, because the employees in HC work with ethics, and ethic doesn't allow them not to help and take care about the patients when they ask for it. So what is the difference between the level of engagement with patients and organization remains to be studied in the future.

CONCLUSION

The Purpose of the thesis is to understand the importance of the working engagement in HC institutions and the consequences it has on the relationship between work and family life, specifically work-family enrichment. As the aim of the thesis is to research and analyse within UCCK, how much the employees in this institution are engaged to their work, and how much this affects their work-family enrichment.

In empirical part of the study, firstly the data is filtered, validated and then analysed. Each group of respondents that took part in the study is presented in detail. They are divided in groups by their profession and then separately analysed based on their gender, age and marital statute. I set two hypotheses, namely H1: There is a difference in the levels of working engagement among doctors, nurses and administrative staff, and the second hypothesis is H2: Working engagement is positively correlated with work-family enrichment. Based on the hypotheses developed during the study, the differences in the level of working engagement among doctors (M=3.16), nurses (M=3.15), management (M=3.02) and administrative staff (M=3.80) are measured.

Findings confirm that there is correlation between working engagement and work-family enrichment. They affect each other positively or negatively, depending on how the person feels, actually how the work or family affect. Those feelings are transferred from work at home and vice versa. So, besides the measurement of the level of the working engagement and its differences between professions, also work-family enrichment and its relation with working engagement for doctors, nurses, management and administrative staff is measured.

The mean and standard deviation for each group of employees surveyed in UCCK are calculated. From the results, it is concluded that management has the lowest mean comparing to other professions. After management, on the second place, for the lowest level of working

engagement medical staff as nurses and doctors are placed. Nurses and doctors resulted with a small difference in the level of working engagement, but still they are under the doctors.

Besides the level of working engagement, also the work-family enrichment and its correlation factor are measured. The mean of work-family enrichment for each profession is separately presented. Again administrative staff resulted to have the highest mean for the working engagement 3.54; and doctors and nurses with the lowest - doctors with 2.98 and nurses 2.95. Management has resulted to have the highest level of work-family enrichment after administrative staff with the mean of 3.01.

Working engagement today is becoming a very important topic for organizations, for their development, increase of their performance and improvements within organizations. Working engagement affects positively the psychological health of the employees. From different literatures it can be seen that the level of working engagement is related to the performance of the organization. Performance, quality of services, working environment and many other factors are very poor in UCCK. Working engagement is characterized by willingness, energy, involvement and happiness at work. All these elements make working engagement as very important topic, which must be considered by each organization if they want to succeed. It is important to study the working engagement for each organization, as by identifying the level of working engagement, there will be an opportunity to the organizations to improve and affect the growth of the level of working engagement following with the increase in performance, increase in the quality of services, employees' happiness and other positive effects.

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APPENDICIES

LIST OF APPENDIXIES

Appendix A: List of Abbreviations

UCCK: University Clinical Centre of Kosovo
HUCSK: Hospital and University Clinical Service of Kosovo
HC: Health care
JD: Job Demand
JR: Job Resources
EU: Europe
GDP: Gross Domestic Product
GP: General Practitioners

Appendix B: Questionnaire

The following nine (9) statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling cross "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

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never	Almost rarely	sometimes	often	very often	always	
0	1	2	3	4	5	6
never a year or less	few times	once a month per month	few times a	once a week per week	few times	every day

---

1. _____ At my work I feel bursting with energy
2. _____ At my job I feel strong and vigorous
3. _____ I am enthusiastic about my job
4. _____ My job inspires me
5. _____ When I get up in the morning I feel like going to work
6. _____ I feel happy when I work intensive
7. _____ I am proud of the work that I do
8. _____ I am immersed in my work
9. _____ I get carried away when I'm working

Please answer to the below by using the scale provided below. Place your response in the blank in front of each item. Please note that in order for you to strongly agree (4 or 5) with an item you must agree with the full statement.

Strongly Disagree — Strongly Agree

1----------2----------3----------4----------5

1. _____My involvement in my work puts me in a good mood and this helps me to be a better family member
2. _____ My involvement in my work makes me feel happy and this helps me to be a better family member
3. _____ My involvement in my work makes me cheerful and this helps me to be a better family member

Appendix C: Results

Prof.	Results	At my work, I feel bursting with energy	At my job, I feel strong and vigorous	I am enthusiastic about my job	My job inspires me	When I get up in the morning, I feel like going to work	I feel happy when I am working intensely	I am proud of the work that I do	I am immersed in my work	I get carried away when I'm working
Administrative staff	Mean for each statement	3.79	3.59	4.01	4.22	3.43	3.53	4.07	3.97	3.55
	SD for each statement	1.41	1.46	1.39	1.51	1.97	1.77	1.64	1.32	1.70
	Engagement Mean 9 statements	3.81								
	SD 9 statement	1.58								
	Vigour Mean 3 statements	3.83								
	SD 3 statements	1.42								
	Dedication Mean 3 statements	3.73								
	SD 3 statements	1.75								
	Absorption Mean 3 statements	3.87								
	SD 3 statements	1.55								

Prof.	Results	At my work, I feel bursting with energy	At my job, I feel strong and vigorous	I am enthusiastic about my job	My job inspires me	When I get up in the morning, I feel like going to work	I feel happy when I am working intensely	I am proud of the work that I do	I am immersed in my work	I get carried away when I'm working
Nurse	Mean for each statement	3.27	3.44	3.17	2.88	2.82	3.33	3.08	3.30	3.07
	SD for each statement	1.61	1.59	1.40	1.71	1.63	1.35	1.72	1.47	1.50
	Vigour Mean 3 statements	3.29								
	SD 3 statements	1.53								
	Dedication Mean 3 statements	3.01								
	SD 3 statements	1.56								
	Absorption Mean 3 statements	3.15								
	SD 3 statements	1.56								
	Engagement Mean 9 statements	3.15								
	SD 9 statement	1.55								

Prof.	Results	At my work, I feel bursting with energy	At my job, I feel strong and vigorous	I am enthusiastic about my job	My job inspires me	When I get up in the morning, I feel like going to work	I feel happy when I am working intensely	I am proud of the work that I do	I am immersed in my work	I get carried away when I'm working
Doctors in specialization	Mean for each statement	3.17	3.57	3.16	2.75	2.69	3.20	2.99	3.18	2.94
	SD for each statement	1.56	1.56	1.35	1.66	1.48	1.28	1.70	1.30	1.38
	Engagement Mean 9 statements	3.07								
	SD 9 statement	1.47								
	Vigour Mean 3 statements	3.30								
	SD 3 statements	1.49								
	Dedication Mean 3 statements	2.88								
	SD 3 statements	1.48								
	Absorption Mean 3 statements	3.03								
	SD 3 statements	1.46								

Prof.	Results	At my work, I feel bursting with energy	At my job, I feel strong and vigorous	I am enthusiastic about my job	My job inspires me	When I get up in the morning, I feel like going to work	I feel happy when I am working intensely	I am proud of the work that I do	I am immersed in my work	I get carried away when I'm working
Doctors specialists	Mean for each statement	3.30	3.38	3.43	3.25	3.09	3.46	3.22	2.95	3.32
	SD for each statement	1.45	1.33	1.39	1.52	1.37	1.26	1.52	1.48	1.36
	Engagement Mean 9 statements	3.27								
	SD 9 statement	1.41								
	Vigour Mean 3 statements	3.37								
	SD 3 statements	1.39								
	Dedication Mean 3 statements	3.27								
	SD 3 statements	1.38								
	Absorption Mean 3 statements	3.16								
	SD 3 statements	1.45								

Prof.	Results	At my work, I feel bursting with energy	At my job, I feel strong and vigorous	I am enthusiastic about my job	My job inspires me	When I get up in the morning, I feel like going to work	I feel happy when I am working intensely	I am proud of the work that I do	I am immersed in my work	I get carried away when I'm working
Managerial Staff	Mean for each statement	2.76	3.60	3.28	3.0	3.23	3.28	3.07	2.17	2.78
	SD for each statement	1.17	0.78	0.86	1.06	0.81	1.11	1.19	1.70	0.90
	Engagement Mean 9 statements	3.02								
	SD 9 statement	1.06								
	Vigour Mean 3 statements	3.21								
	SD 3 statements	0.94								
	Dedication Mean 3 statements	3.17								
	SD 3 statements	0.99								
	Absorption Mean 3 statements	2.67								
	SD 3 statements	2.67								

Prof.	Results	My involvement in my work Puts me in a good mood and this helps me be a better family member	My involvement in my work Makes me feel happy and this helps me be a better family member	My involvement in my work Makes me cheerful and this helps me be a better family member
Nurse	Mean for each statement	3.13	2.85	2.89
	SD for each statement	1.15	1.33	1.34
	WFE Mean 3 statements	2.95		
	WFE SD	1.27		
Administrative staff	Mean for each statement	3.53	3.69	3.41
	SD for each statement	1.15	1.16	1.08
	WFE Mean 3 statements	3.55		
	WFE SD	1.13		
Doctors in specialization	Mean for each statement	3.07	2.76	2.74
	SD for each statement	0.97	1.21	1.20
	WFE Mean 3 statements	2.86		
	WFE SD	3.38		
Doctors specialists	Mean for each statement	3.21	3.14	3.09
	SD for each statement	1.18	1.21	1.21
	WFE Mean 3 statements	3.15		
	WFE SD	1.20		
Management	Mean for each statement	3.24	2.81	2.97
	SD for each statement	0.94	1.18	1.15
	WFE Mean 3 statements	3.00		
	WFE SD	1.09		