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## Cohesiveness and commitment of employees in a Malaysian cluster-based hospital

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Ctatement of the Problem: Hospital merger or Oclustering has documented an increasing trend globally in the last two decades. However, 7 out of 10 mergers have failed quoting employee as the main cause for hospital merger failures. This study examines two employee factors which is Cohesiveness and Commitment levels between the Lead Hospital and the Acquired Hospitals, as well as across different categories of staff, against the performance and outcomes of the Cluster objectives. Methodology & Theoretical Orientation: The Group Environment Questionnaire for Cohesiveness and the Meyer and Allen's Model for Commitment were incorporated as questionnaires onto 149 randomly selected respondents. The 'Synergy Theory' stresses organizations to have coordination internally, collaboration and cohesion to enhance operational efficiency while the 'Disciplinary Merger Theory' suggests that the acquirer is not focused on profitability but is committed to improve the acquired firm's performance The Independent-samples t-test and One-way Analysis of Variance were used to test

the hypothesized statements. Findings: Cohesiveness exists at the same levels across all categories of staff (p = 0.161) and between both Lead and Acquired hospitals (p = 0.875). As for Commitment, Lead Hospital had a slightly higher mean score (M = 10.26, SD = 2.152) indicating commitment in improving the performance of acquired hospitals whereby bed occupancy rates increased 10% after the first year of implementation. Whereas the Commitment across different staff categories is statistically significant (p = 0.004) with the middle managers having the highest mean score (11.41). The longer tenure of these Ward Managers and Head of Units made them more specialised and focused on their tasks in coordinating clinical services. Conclusion & Significance: Cluster initiative may be a success, provided cohesiveness and commitment amongst staff are present to ensure sustainability. Smaller, non-performing hospitals can be optimized with the support of larger hospitals with specialists.

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