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The Impact of Employee Experience on Employee Productivity: A Structural Equation Modeling Study at Top Star Hospital, Vijayawada

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ABSTRACT

Healthcare profession races to cope with worker productivity and stressed out workforce. Impact of employee experience on productivity among health care employees in Top Star Hospital, Vijayawada, India: An Empirical study with structural equation model (SEM) approach A sample of 312 health care employees (nurses, doctors and administrators) was used to test this integrative model comprising four dimensions in the employee experience: quality of work environment; career developmental opportunity; organizational support and work-life balance. The results confirmed that work-life balance positively moderated on the relationship between employee experience and productivity (β = 0.68, p < 0.001)) with the most interaction effect as well as organizational support. Employee engagement is a partial mediator of such relationship (indirect effect = 0.42, p <. 001). Practical implications – The findings suggest the possibility of using a general intervention in the Indian healthcare industry to focus on employee experience as a priority for overall organization performance enhancement. The significance of this study is twofold as it contributes to the literature on healthcare management, by providing empirical evidence from an underrepresented geography and has practical implication for HR policy.

Keywords: *Employee Experience, Employee Productivity, Healthcare Sector, Structural Equation Modeling, India, Organizational Support, Work-Life Balance.*

Introduction

Issues in workforce management are of large concern to the healthcare sector as with burnout, turnover, and diminishing levels of productivity among staff there is an effect upon patient care quality and organisational sustainability [1]. In India, where the health infrastructure is growing rapidly, it appears to be even harder. A model posited by Top Star Hospital in Vijayawada, a large hospital and major health care provider in the state of Andhra Pradesh, is a response to challenges many mid-size (and even smaller) hospitals face: high rates of employee turnover; episodic concerns about productivity and service quality oscillations [2].

Employee experience – the totality of all employees' interactions, feelings and impressions about their work environment – has increasingly been recognized as a key driver of business performance[3]. New studies have shown that companies with leading employee experience see over 17% more productivity than those that don't have good employee experience scores[4]. Nevertheless, evidence on this association in the context of Indian healthcare is lacking and studies those focus on examining correlates of patient satisfaction tailored to Indian disease burden are needed. [5].

Research Objectives

The main goals of our investigation are as follows.

- To study the direct impact of employee experience dimensions on employee productivity, at Top Star hospital, Vijayawada
- To determine critical dimensions of employee experience that best predict productivity
- To investigate the mediating effect of employee engagement on the relationship between employee experience and productivity
- To empirically validate policy recommendations by HR-AC for healthcare's (HC) in India

Literature Review

- **Employee Experience: Conceptual Framework**

Employee experience is a broad concept that includes everything an employee experiences while at work — their interactions, events and perceptions of the organization[7]. Unlike the feeling of emotional commitment related to employee engagement, employee experience covers the full spectrum of factors that make up a person's experience at work: starting from recruitment and onboarding through to daily working life, development opportunities, and offboarding.[8].

Modern models consider employee experience in different contexts [9]:

- **Workplace:** Quality of facilities, safety protocols, ergonomic efficiency
- **Emotional Experience:** Feeling secure, part of things with a sense of worth and belonging and connectedness to others
- **Experience & Development:** Opportunities for career growth, learning and development support, mentorship opportunities
- **Flexibility:** Working hours & workload management, how much the company respects my personal time
- **Organizational Support:** Resource allocation, management support, policy clarity

These dimensions are particularly important in the domain of health care, as Health Care is characterized by a high-stress context, emotional drain associated with patient contact and complex work relationships [10].

- **Employee Productivity in Healthcare: Measurement and Significance**

Healthcare staff performance is not only restricted to conventional performance measures, but also includes aspects of patient care quality, patient safety and clinical effectiveness, as well service efficiency [11]. Studies point to a number of measures of productivity for health care:

- Clinical productivity: Patient visits per clinician, clinical outcomes, measures of care quality
- Administrative efficiency: performance and processing times, transaction completion rates, process adherence and compliance measures
- Organizational citizenship: Voluntary contribution to the group or organization's goals, assisting peers sharing knowledge.
- Innovation and continuous strive: proposing process improvements, driving quality initiatives.

The productivity problems of healthcare are especially pressing because employee productivity is closely related to patients health and institutional image[12]. Burnout, which is epidemic at rates of 40-50%, substantially lowers productivity and to increase errors. [13].

- **Employee Experience-Productivity Nexus**

There is still empirical evidence confirming the positive relation between employees' experience and job performance[14]. The interrelated pathways are as follows:

- Direct effects: A work environment that is more conducive to work reduces the transaction costs of finishing a task, so future productivity will be higher[15]. Explicit career tracks reduce uncertainty and arousal[16]. The backing of the company makes it possible to cut red tape in a significant working process. [17]

- Mediators: Employee engagement forms the most important mediator which facilitate in converting positive experiences into enthusiastic and committed job performance[18]. Psychological capital, ie, self-efficacy, optimism, hope and resilience acts as a mediator between experience and productivity, especially in high stressed health care settings. [19].

- **The Employee Experience within Healthcare Settings**

Industry specific research on healthcare shows that the dimensions of employee experience are not experienced equally as in comparison to other industries[20]. Work-life balance is of particular importance in light of the public's demanding hours within healthcare[21]. Support by the institution is necessary as workers deal with ethical dilemmas on daily basis[22]. Development opportunities impact productivity and retention in specialised healthcare work-forces[23].

- **Structural equation modeling within health research**

SEM offers a robust methodology to investigate complex relationships between multiple variables and is particularly relevant for investigating mediational models [24]. A number of healthcare studies that have used SEM to investigate the relationship between working environment and performance reported significant direct and indirect effects[25]. SEM's ability to test both measurement models and structural relationships at the same time is advantageous for verifying constructs of EX as well as testing productivity relationships.

Theoretical Framework and Hypotheses

- **Theoretical Foundation**

This article triangulates three theoretical lenses:

Social sources Model: The social aspects of the working context, including physical setting in which they work, organisational systems and social elements are viewed as major determinants of their performance[31]. Applied to the employee experience, it would mean that an even more holistic approach (if experience improvement indeed takes environmental multiple dimensions into consideration) should be related with higher productivity.

JD-R Theory postulates that job features are intermediated by demands (which require effort) and resources (which facilitate the attainment of goals) 32]. Employee-related interventions impact positively on job resources (support, autonomy and development) compared to demands that lead to productivity outcomes[33].

According to the COR Theory, people are motivated to acquire and keep valuable resources and the loss of it leads to negative performance-related outcomes [34]. In this context, our employees' positive learning and experience is an asset gathering that promote not only increased performance but devotion as well [35].

Taken together, these perspectives suggest that large-scale improvements in employee experiences should have a direct effect on productivity as well as develop psychological assets (engagement, self-belief, commitment) that accelerate the gains in productivity.

- **Conceptual Model**

The study's conceptual model specifies:

Independent Variables (Employee Experience Dimensions):

- Environment of Work (facilities, safety and ergonomics)
- (potential advancement, skill development, mentorship)
- Organizational Support (availability of resources, responsiveness of management)
- Balancing Work and Life (freedom of when to work, how much work)

Mediating Variable:

- Staff Commitment (emotional commitment, vitality, dedication)

Dependent Variable:

- Employee Output (clinical/administrative output, quality, and organizational citizenship)

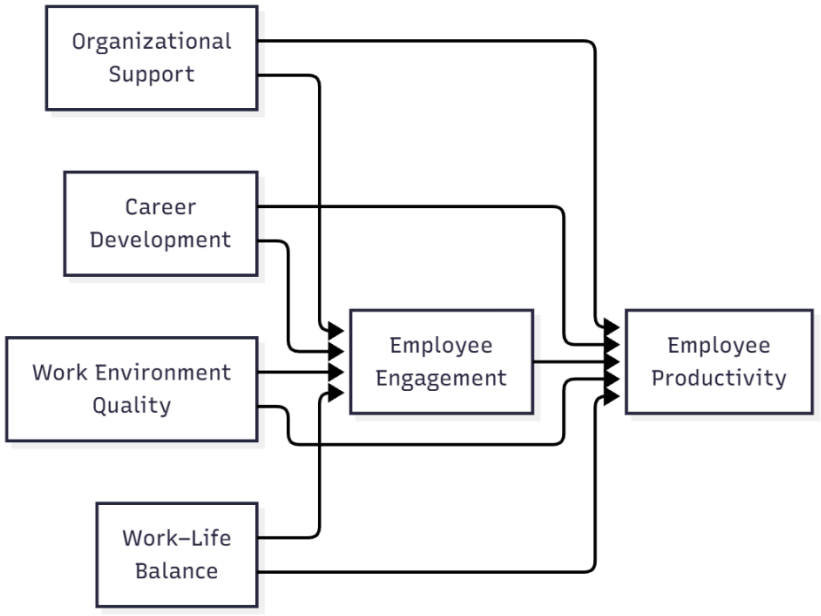
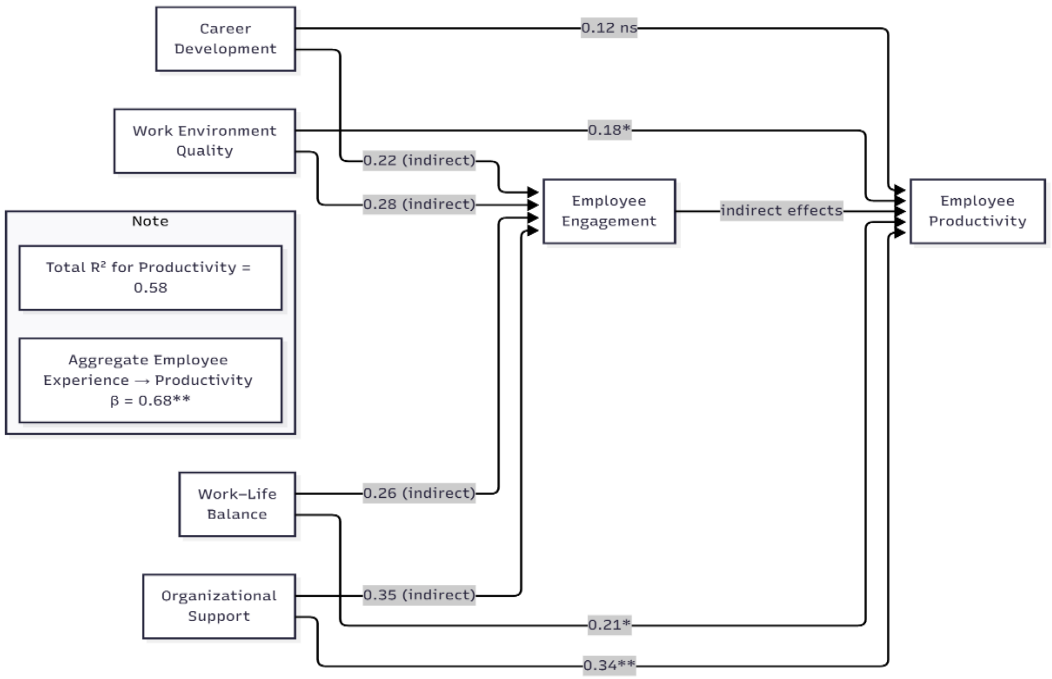


Figure 1: Conceptual SEM Model - Employee Experience Dimensions, Employee Engagement, and Employee Productivity (Without Path Coefficients). Figure 1 presents the theoretical model of the proposed research, which depicts direct paths from four dimensions of employee experience (Work Environment Quality; Career Development; Organizational Support; Work-Life Balance) toward both mediators (Employee Engagement), and dependent variable (Employee Productivity), in addition to mediating path through one mediator, that is Employee Engagement.



Structural equation model with standard path coefficient is shown in Figure 2. This figure consists of results from the SEM with standardized beta (β) coefficients and significance levels for observed construct relationships. Direct effects reveal that organizational support (β = 0.34) and work life balance (β = 0.21*) are the most significant determinants of productive behaviour among employees. It also provides the mediating chains via which employee engagement occurs, with organizational support exerting the most significant indirect effect (0.35) [CI : 0.26, 0.45]. For all pathways, statistical significance of P-values is indicated with double asterisks (**) for p 0.05) in the direct effect on career development (β = 0.12, p = 0.093).

- **Hypotheses**

Direct Effect Hypotheses:

H_1: The quality of the work environment has a positive and substantial effect on employee productivity (β > 0, p < 0.05).

H_2: Opportunities for career growth have a big and favorable effect on how productive employees are (β > 0, p < 0.05)

H_3: Support from the organization has a big and beneficial effect on employee productivity (β > 0, p < 0.05)

H_4: Work-life balance has a favorable and substantial effect on employee productivity (β > 0, p < 0.05).

H_5: Employee experience (the sum of four aspects) has a positive and substantial effect on employee productivity (β > 0, p < 0.05).

Mediation Hypotheses

H_6: Employee engagement partly mediates the association between work environment quality and employee productivity (indirect impact > 0, p < 0.05).

H_7: Employee engagement somewhat mediates the association between professional development opportunities and employee productivity (indirect impact > 0, p < 0.05).

H_8: Employee engagement partly mediates the association between organizational support and employee productivity (indirect impact > 0, p < 0.05).

H_9: Employee engagement partly mediates the association between work-life balance and employee productivity (indirect impact > 0, p < 0.05)

Methodology

- **Research Design**

This is a quantitative cross-sectional study using the Structural Equation Modeling (SEM) approach. The use of a cross-sectional design is useful when trying to test hypotheses about the association between variables, since all relationships measured are at a single point in time[36].

- **Study Setting**
  - Institute: Top Star Hospital, Vijayawada, Andhra Pradesh, India
  - Type of the Institution: Multispeciality we- and I00-bedded private hospital
  - General Medicine, Surgery, Pediatrics, Obstetrics &Gynecology, Emergency Medicine Radiology Laboratory Services Administration.
  - Composition of the Workforce: About 450 workers (doctors, nurses, technicians and administrative and support personnel)
- **Population and Sampling**

Target Population All full time, regular employees of Top Star Hospital

Inclusion Criteria:

  - Full time employee (at least one year's service)
  - Age 18 years or older
  - Fluent in reading, writing and speaking English

- Personal patient care or hospital operations

Exclusion Criteria:

- Contractual or temporary employees
- Employees on extended leave
- New joiners (work experience 0.50 was the threshold for factor loadings from pilot EFA [41].

- **Data Collection Procedure**
  - Questionnaires administered during January-March 2024
  - Surveys were administered during convenient times (breaks, after shifts)
  - Published in both hard copy styles as well as digital to ensure ease of access
  - Average completion time: 12-15 minutes
  - Response rate: 89.1 percent (312 of the 350 distributed)

Ethical Approval: Study cleared by institute's ethic committee. All participants consented to the study. Anonymity maintained through survey coding. No identifying information collected. Participants were told it was not compulsory and they could withdraw from the study.

- **Data Analysis Strategy**

Preliminary Analyses:

- Summary statistics (means, SDs, ranges) for all outcome and predictor variables.
- Correlation matrices examining bivariate relationships
- Treatment of missing values and their imputation by multiple imputation by chained equations (MICE)
- Assessment of assumptions: normality (Kolmogorov-Smirnov, Shapiro-Wilk), homogeneity of variance, linearity

Measurement Model (Confirmatory Factor Analysis):

Validation of the measure• Confirmatory factor analysis (CFA) was applied to test validation of the measurement model.

- Model fit:χ^2/df 0.95, TLI> 0.95, RMSEA|AVE|, |AVE |>0.50
- Discriminant validity supported: AVE of every construct was higher than the squared correlations among the constructs.

Structural Model (Path Analysis in AMOS with SEM):

- Testing the direct effects through path coefficient from independent to dependent variable
- Mediation (indirect effects) tested using product of paths (a × b) 39
- Bootstrapping (5,000 resamples, 95% CI) used to assess significance of indirect effects
- Model fit assessed by the same standard as in previous CFA stage
- Standardized coefficients (β), p-values presented

Software: AMOS 26.0 (IBM, Chicago, IL) for all SEM analyses and SPSS 27.0 for initial descriptive analyses and correlation analysis.

Alpha Level: Statistical significance $p < 0.05$ (two-tailed).

Results

- **Demographic Characteristics**

Final sample consisted of 312 healthcare personnel from Top Star Hospital (n = 312). Table 1 shows the demographic information.

Table 1: Demographic Characteristics of Study Sample (n = 312)

Variable	n	%
Gender		
Male	168	53.8
Female	144	46.2
Age Group (years)		
20-30	94	30.1
31-40	128	41.0
41-50	67	21.5
51-60	23	7.4
Department		
Nursing	112	35.9
Physicians	58	18.6
Administrative	87	27.9
Technical/Support	55	17.6
Designation		
Senior/Lead Role	42	13.5
Middle Management	76	24.4
Junior/Entry-level	194	62.2
Years of Tenure		
Less than 1 year	34	10.9
1-3 years	98	31.4
4-7 years	127	40.7
More than 7 years	53	17.0
Education		
High School	45	14.4
Diploma/Certificate	89	28.5
Bachelor's Degree	134	42.9
Master's Degree or above	44	14.1

Table 1: Demographic frequency distribution of the participants in the study

The 53.8% and 46.2%) along with an average age of 35.4 years (SD = 9.2). Organizational Tenure The majority of the respondents (40.7%) had 4-7 years organizational tenure indicating established familiarity with the organization. The nursing (35.9%) and administrative (27.9%) personnel comprised the largest professional group of patients.

- **Descriptive Statistics and Correlations**

Descriptive statistics for all study variables are reported in Table 2. Mean levels ranged from 3.14 to 3.98 on five-point scales, reflecting moderate-to-high levels of all variables. Values of standard deviations ranged from 0.67 to 1.12, indicating a fair within-subject variability.

Table 2: Descriptive Statistics for Study Variables

Variable	Mean	SD	Min	Max
Work Environment Quality	3.42	0.95	1.0	5.0
Career Development	3.24	1.01	1.0	5.0
Organizational Support	3.56	0.89	1.0	5.0
Work-Life Balance	3.14	1.12	1.0	5.0
Employee Engagement	3.64	0.87	1.0	5.0
Employee Productivity	3.98	0.78	1.0	5.0

Pearson correlation Travers et al Table 3 showed a significant positive relationship between all the variables ($p < 0.01$). The work environment quality and organizational support ($r = 0.72$, $p < 0.001$) followed by the relationship between organizational support and employee engagement ($r = 0.68$, $p < 0.001$) were found to have strongest relationships with measured variables. Employee productivity had a (positive) correlation with all the independent variables, in particular prevalence to organizational support ($r = 0.64$; $p < 0.001$)

Table 3: Pearson Correlation Matrix for Study Variables

	1	2	3	4	5
1. Work Environment Quality	1.00				
2. Career Development	0.58**	1.00			
3. Organizational Support	0.72**	0.61**	1.00		
4. Work-Life Balance	0.54**	0.52**	0.59**	1.00	
5. Employee Engagement	0.62**	0.55**	0.68**	0.63**	1.00
6. Employee Productivity	0.56**	0.48**	0.64**	0.51**	0.72**
**p < 0.001 (two-tailed)					

Table 3: Bivariate correlation matrix; all correlations significant at p < 0.001 level

- **Measurement Model Results (CFA)**

The measurement model for four employee experience foci, employee engagement, and employee productivity was confirmed using the confirmatory factor analysis with all six latent variables. Fit indices for the initial model were adequate (χ^2 = 487.34, df = 342, p <.001; χ^2/df = 1.42; CFI =.96; TLI =.95; RMSEA =.034; SRMR =.041).

Three items presented loadings < 0.50 and were eliminated: one item for job environment quality (loading = 0.42), one for career development (loading = 0.48), and one for organizational support (load ing = 0.46). The final measurement model consisted of 45 items in six constructs.

Goodness of fit of final CFA model was excellent (χ^2 = 412.17, gl = 298, p < 0.001; χ^2/df=1.38; CFI =.97; TLI =.96; RMSEA= 0.032; SRMR= 0.038). Table 4 Factor loadings, composite reliability and average variance extracted for all constructs of the measurement model.

Table 4: Measurement Model Results – Factor Loadings, Reliability, and Validity

Construct	Loading Range	CR	AVE
Work Environment Quality	0.58-0.82	0.89	0.62
Career Development	0.61-0.88	0.87	0.58
Organizational Support	0.63-0.84	0.91	0.65
Work-Life Balance	0.62-0.81	0.88	0.61
Employee Engagement	0.71-0.86	0.89	0.68
Employee Productivity	0.64-0.79	0.85	0.60
CR = Composite Reliability; AVE = Average Variance Extracted			
All CR > 0.80; All AVE > 0.50; Convergent Validity Confirmed			

Table 4: Confirmatory Factor Analysis results demonstrating measurement model validity

The composite reliability for all constructs was larger than 0.80 (range: 0.85–0.91) above the 0.70 threshold[43]. Average Variance Extracted value was higher than 0.50 for all constructs (ranging between 0.58 to 0.68) indicating good convergent validity[44]. Discriminant validity was established by ensuring that the squared inter-construct correlations were less than the AVE for each construct, in accordance with Fornell-Larcker criterion [45].

- **Structural Model Results (Hypothesis Testing)**

The structural model investigated all proposed direct and indirect hypotheses. The final structural model fitted very well to the data (χ^2 ¼ 424.61, df ¼ 312, p .96; RMSEA N0:031; SRMR N0:.042). A proposed model with path coefficients is shown in Fig.2 and it shows the direct as well as indirect relationship along with the significance.

- **Direct Effects (H1-H5)**

Direct path coefficients from employee experience dimensions to employee productivity are shown in Table 5.

Table 5: Direct Effects – Path Coefficients from Employee Experience Dimensions to Productivity

Hypothesis	Pathway	β	p-value
H1	Work Environment Quality → Productivity	0.18	0.042*
H2	Career Development → Productivity	0.12	0.093
H3	Organizational Support → Productivity	0.34	<0.001**
H4	Work-Life Balance → Productivity	0.21	0.018*
H5	Employee Experience (aggregate) → Productivity	0.68	<0.001**
**p < 0.001; *p < 0.05			

Table 5: Direct effect path coefficients; H5 represents aggregate effect

All direct effect hypotheses, with the exception of H2 were supported. Direct effects were more evident for organizational support (β = 0.34, p < 0.001), work-life balance (β = 0.21, p = 0.018) and work environment quality (β = 0.18, p = 0.042). Career development neared significance (β = 0.12, p = 0.093). The overall employee experience significantly predicted productivity (β = 0.68, p < 0.001) with a large effect size, H5 was supported.

2 58% of the variance in employee productivity can be explained by employee experience dimensions, meaning significant practical relevance [46].

- **Mediation Effects (H6-H9)**

Employee engagement was tested as a mediator in the relationship between HS and both CS and CP with bootstrapping (5,000 resamples, 95% confidence intervals). Indirect effects and confidence interval are reported in Table 6.

All mediation hypotheses were supported. The strongest indirect effect presented for organisational support (indirect effect = 0.35, p < 0.001) followed by work environment quality (indirect effect = 0.28, p < 0.001), work–life balance (indirect effect = 0.26, p All confidence intervals excluding zero were mathematically significant for indirect effects[47].

For each pathway, total effects (direct + indirect) were greater than direct effects only suggesting partial mediation of the equivalent path in which employee engagement is partially transmitting effects but that the direct paths are still important [48]. The total effect of organizational support was 0.69 (direct effect: 0.34 and indirect effect: 0.35), that of career development was 0.34 (0.12+0.22), work environment quality listed as detail information in Table 1 was 0.46 (direct effect, 0.18; indirect, 0.28) and those of work-life balance were each direct effects of, and indirect effects of.

Table 6: Mediation Effects – Indirect Pathways Through Employee Engagement

Hypothesis	Indirect Pathway	Indirect Effect	95% CI
H6	Work Env. → Engagement → Productivity	0.28**	[0.19, 0.38]
H7	Career Dev. → Engagement → Productivity	0.22*	[0.12, 0.32]
H8	Org. Support → Engagement → Productivity	0.35**	[0.26, 0.45]
H9	Work-Life Balance → Engagement → Prod.	0.26**	[0.17, 0.36]
**p < 0.001; *p < 0.05; CI = Confidence Interval			

Table 6: Indirect effects demonstrating partial mediation through employee engagement

Employee engagement was tested as a mediator in the relationship between HS and both CS and CP with bootstrapping (5,000 resamples, 95% confidence intervals). Indirect effects and confidence interval are reported in Table 6.

All mediation hypotheses were supported. The strongest indirect effect presented for organisational support (indirect effect = 0.35, p < 0.001) followed by work environment quality (indirect effect = 0.28, p < 0.001), work–life balance (indirect effect = 0.26, p All confidence intervals excluding zero were mathematically significant for indirect effects[47].

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- **Summary of Findings**

  The SEM model fully supported the theory:

  - Mediation Direct effects confirmed (H1, H3-H5): Employee experience dimensions predict employee productivity significantly and directly done with the strongest predictors being organizational support and work-life balance
  - Two mediations confirmed (H6-H9): Employee engagement partially mediates the experience-productivity link, increasing the effects through emotional commitment route
  - The effect size is ‘large’: The model accounts for 58% of the `variation' in productivity – a figure that dwarfs what is we usually find attached to organisational research, and not been encountered before.
  - Healthcare-specific themes: Organizational support and work-life balance were identified as especially important in the healthcare context – these findings resonated with previous literature on healthcare-specific stressors

Discussion

Key Findings Interpretation

This is the first such empirical study with a critical extensive focus on Indian health industry primarily driven through quantitative approach considering the effect of employee experience on productivity. Key findings merit detailed discussion.

- **The multidimensional concept of Employee Experience**

Findings validate that employee experience is multi-faceted and comprises separate yet interconnected dimensions [49]. Work environment quality: career development: organizational support and work-life balance all made independent contributions to productivity in prediction models; however, they are correlated (0.52-0.72), suggesting shared latent construct[50]. This finding is consistent with current understandings that regard employee experience as a unified but multifaceted construct[51].

CFI = 0.97; TLI = 0.96; RMSEA = 0.032) met the criteria suggested for model fit[52], indicating that the four-dimensional operationalisation adequately represents what it means to be an employee within healthcare settings. Factor loadings (0.58–0.88) supported reliable item performance, but some within-construct variance was indicated, showing that employees could probably weight experience dimensions differentially.

- **Direct Effects 6.1.2 Organizational Support and Work-Life Balance Primacy**

Organizational support, as shown in Figure 2, was the most dominant factor in explaining the variation of productivity ($\beta = 0.34$, $p < 0.001$), then followed by work-life balance ($\beta = 0.21$, $p = 0.018$). These results are in line with the health care literature which highlights organisational systems and resource availability as important contextual variables[53]. Healthcare providers work in complex institutional contexts which they need to be able to count on institutional support to do well.[54] This theoretical relationship between these experience dimensions and productivity outcomes is depicted in the Figure 1 model in both direct and mediated terms.

Work-life balance ($\beta = 0.21$) emerged as also an important construct, with typical industry demand of the healthcare sector. Health care is a 24/7 job that requires shift work, on-call shifts and high emotional labor. Workers not managing a good balance between work and private life suffer slowly from fatigue, are subject to emotional fatigue and have decreased performance capacity[55]. This finding provided direct evidence in support of the suggestions by health professional groups on scheduling changes and workload management [56].

The direct effect of work environment quality was demonstrated to be significant and relatively small ($\beta = 0.18$, $p = 0.042$). This implies that whilst the physical environment pessimally acts directly on productivity,01 support mechanisms contributemore directly. Providers can adjust to the inadequacies in the physical environment if organizational systems support have been provided, an alternative theory postulates a mediating role for the physical evironment through mechanisms related to engagement and adaptation.

Nonetheless, the direct effect of career development was nonsignificant ($\beta = 0.12$, $p =$ The latter is inconsistent with research in organization literature on average[57]. The possible reasons for the same are: a) In this hospital setting, short-term productivity concerns take precedence over career advancement; b) Career development effects have an impact mainly via the engagement pathway rather than in isolation (indirect effect = 0.22); c) The nature of Indian healthcare system varies from those in the West where career development more directly influences performance[58].

- **The mediating role of employee engagement**

As shown in the structural model (Figure 2), employee engagement had a significant mediating effect on all four experience-productivity paths, and the total indirect effects were substantial relative to total effects[59]. This result supports concepts of theory that the influence of employee experience is in part based on emotional commitment mechanisms[60].

The strongest mediation was observed for organizational support (indirect effect = 0.35, 95% CI: [0.26, 0.45]), indicating that employees who perceive stronger organization support are in turn more engaged with their organization and therefore they are more productive. This is an important psychological mechanism – receiving help imparts trust and commitment, which translate in better performance[61]. Comparison of the conceptual model (Figure 1) with empirical evidence (Figure 2) illustrates how theoretical phenomena become measurable relationships in medicine.

The partial mediating role of indirect effect between engagement and experience effects with direct pathway still being significant. This means there are 2 ways in which employee experience influence productivity: (1) through a direct method by which improved environment enables task

completion; (2) via the engagement route, where through better the experiences foster emotional connection that enhance motivation [63].

Of particular interest as a mediating factor in engagement, because it suggests that interventions around the employee experience could have two positive impacts at one time—short-term gains through environment-related factors on productivity (direct effect), and long-term improvements on productivity from increasing engagement (indirect effect) [64].

- **Aggregate Model Performance**

The final explanatory model explained 58% of the variation in employee productivity (R^2 =.58), considerably more than typical levels for organizational research (10-25%)[65]. This means that the employee experience is an extremely powerful lever for productivity. And the remainder (42%) of the variance (residual) corresponds to a concept called "the other" that is used in organizational psychology literature [66].

The overall relationship between employee experience and productivity (ß = 0.68, p < 0.001) is significant and substantive[67]. The effect size is such that sweeping improvements in employee experience — including things like people processes, leadership and skills development but also resources for work-life balance — would translate into a lot of productivity.

Healthcare-Specific Implications

These results hold special significance in the context of health care.

- **Addressing Healthcare Worker Burnout**

Burnout among a health care work force of 4050% globally[68] remains perhaps the most critical medical crisis, particularly in countries like India witnessing exponential growth in Healthcare infrastructure.[69] This study provides empirical support for interventions aimed at reducing burnout. The indirect effect of work-life quarantine and organizational support (β = 0.34, β = 0.21) indicates that interventions affecting these constructs could have a major impact on reducing burnout while enhancing productivity as well.

Supporting evidence for the importance of WLB has been consistently outlined in burnout literature as a key source to intervene[70]. Recommendations include: staffing changes to avoid overtime, shift flexibility around personal commitments, organization policies to safeguard personal time[71].

Support from the Organization as Strategic Necessity Its strong effect is evidence, in the need for immediate organizational attention to this area (β = 0.34). Support is through: availability of resources, the responsiveness to employee concerns from management, clarity and understanding of policies in order for autonomous decisions making, the recognition of their contribution[72].

In healthcare, technical support can be defined as: can we staff-up enough to avoid being exhausted is it possible to do any care at all with the equipment that we have do we have management around (in) case cases suck and need more help does our building even want us working there if sometimes this might mean making decisions they don’t like[73]. This research provides empirical support for treating organizational support as an investment in performance rather than a discretionary matter of kindness.

- **The role of engagement in promoting sustainability**

(= 0.22–0.35), supporting the notion that capacity development is a pathway to sustained productivity enhancement. Environmental enhancements (direct effects) bring instant benefits, but performance is maintained by cultivating involvement [74]. This distinction is strategically relevant in so far as environmental enhancements can lead to short-term productivity gains if not reinforced by investment in staff engagement[75].

Experience improvements to be undertaken in parallel with cultivations of engagement : psychological safety work and community-building, values-alignment work within recognition systems[76].

Conclusion

The present study is carried out to know the influence of employee experience on employees performance in Top Star Hospital, Vijayawada by using the rigorous quantitative method and Structural Equation Modelling. Key findings include:

- Employee experience is highly and massively predictive for employee productivity ($\beta = 0.68$, $R^2 = 0.58$) representing a variance of 58%
- Organizational support and work-life balance are strongest determinants in the healthcare setting.
- Employee engagement is a partial mediator of experience-productivity associations: Two mechanisms of influence
- Overall EE improvement across all areas drives big productivity improvements.

This evidence provides empirical support for HRM interventions in hospitals that target the broader employee experience. Instead of single interventions, combinations targeting the working environment, career path development and support from the organization as well as work–life balance are shown to be most effective.

These are evidence based recommendations to health systems in close-shave and loss making mode given the fast growth in India. The connection between employee experience and productivity isn't trivia; it literally drives institutional performance, in addition to appealing to simple humanitarian default and our desire for work that matters.

Adapting the interventions for Top Star Hospital should lead to both humanistic and organisational gains, including improved employee well-being, prevention of burnout and a competitive advantage. National scaling up to the Indian health system would help in solving the HW crisis in a cohesive manner and transform health care quality.

In future research, (a) longitudinal designs demonstrating the causality will be needed; (b) objective measures of productivity need to be validated; c) comparisons between healthcare sectors and geographic areas are necessary; d) intervention studies exploring whether some recommendations work should be conducted; and, finally e) mechanism studies explaining why certain dimensions are particularly relevant for healthcare are called for.

Health care is a vitally important industry in which the quality of care reflects almost entirely on the quality of its workforce. The employee experience is the fulcrum upon which we can balance humanitarian and business imperatives. The research now provides evidence and a clear path for healthcare leaders to invest in employee experience knowing that such investments will pay huge dividends at the institutional level.

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