

## “TAPPING THE ICEBERG: EMPOWERING THE HUMAN POTENTIAL BY RE-ENGINEERING THE AIDS DEPARTMENT OF THE MINISTRY OF HEALTH AND WELLNESS IN THE REPUBLIC OF MAURITIUS.”

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### Abstract

Mauritius has ratified the Sustainable Development Goals Agenda, which makes a clear commitment to using the Fast-track method to end the AIDS pandemic by 2030. Further, Mauritius has made significant progress in the fight against AIDS, with the government establishing the National AIDS Secretariat in 2007, now governed by the Ministry of Health and Wellness. (2) The country's prevalence rate has remained under control at 1% over the past three years, with free services offered to all individuals and communities affected by HIV and AIDS. (3) In response to increasing competition and government changes, hospital organizations are focusing on their employees as a source of competitive advantage. (4) This shift towards Human Resource Management (HRM) involves implementing both "soft" and "hard" employee relations regulations to improve organizational performance. (5) Employee empowerment has emerged as a key strategy in promoting creativity and engagement among workers. Empowering employees in the service sector, particularly in hospitality, aims to enhance customer service quality and gain a competitive edge by enabling staff to provide exceptional customer experiences. (6) Ultimately, employee empowerment is seen as a valuable tool for improving organizational performance and customer satisfaction in the service industry. Challenges in hospital employee empowerment are evident in the Ministry of Health and Wellness's AIDS division, leading to high turnover, low productivity, and morale. The bureaucratic system hinders staff from expressing ideas, misuses authorities, and faces cooperation issues with other departments. Research on employee empowerment's impact is lacking.

### Introduction

Mauritius has ratified the Sustainable Development Goals Agenda, which makes a clear commitment to using the Fast-track method to end the AIDS pandemic by 2030. (1) Further, Mauritius has made significant progress in the fight against AIDS, with the government establishing the National AIDS Secretariat in 2007, now governed by the Ministry of Health and Wellness. (2) The country's prevalence rate has remained under control at 1% over the past three years, with free services offered to all individuals and communities affected by HIV and AIDS. (3) In response to increasing competition and government changes, hospital organizations are focusing on their employees as a source of competitive advantage. (4) This shift towards Human Resource Management (HRM) involves implementing both "soft" and "hard" employee relations regulations to improve organizational performance. (5) Employee empowerment has emerged as a key strategy in promoting creativity and engagement among workers.

Empowering employees in the service sector, particularly in hospitality, aims to enhance customer service quality and gain a competitive edge by enabling staff to provide exceptional customer experiences. (6) Ultimately, employee empowerment is seen as a valuable tool for improving organizational performance and customer satisfaction in the service industry. Challenges in hospital employee empowerment are evident in the Ministry of Health and Wellness's AIDS division, leading to high turnover, low productivity, and morale. The bureaucratic system hinders staff from expressing ideas, misuses authorities, and faces cooperation issues with other departments. Research on employee empowerment's impact is lacking.

The study aims to deepen understanding of employee empowerment in the hospital sector, specifically within the Aids Department. The research will review existing literature, analyze perspectives of stakeholders, evaluate the current level of empowerment within the department, examine the effectiveness of an empowerment culture, explore the relationship between re-engineering and empowerment, and provide recommendations. Through these objectives, the study seeks to provide insight on empowering human potential within the Aids Department. Studying and reengineering the AIDS department focuses on enhancing knowledge, fostering collaboration, implementing efficient workflows, supporting staff well-being, encouraging professional growth, and recognizing excellence. Empowering staff leads to improved job satisfaction, streamlined care delivery, and better outcomes for individuals living with HIV/AIDS.

Empowerment in the context of healthcare, particularly within the AIDS department, plays a crucial role in enhancing organizational effectiveness, promoting staff well-being, and improving patient outcomes. The process of empowering staff members involves granting them the essential elements of power, authority, responsibility, resources, and autonomy to make well-informed decisions and take proactive initiatives in their work. This approach fosters a culture of trust, collaboration, and continuous learning between management and employees, ultimately leading to improved performance and outcomes. (7)

The historical development of empowerment in the healthcare sector can be traced back to the larger empowerment movement of the 1960s and 1970s. (8) As the understanding of HIV/AIDS evolved, so did the empowerment initiatives within the AIDS department. Initially focused on education and training, empowerment efforts later shifted towards collaborative decision-making, patient-centered care, and addressing the psychosocial impact of the disease. Technological advancements and the digital age further influenced empowerment strategies, enabling healthcare professionals to access real-time information, track treatment outcomes, and prevent medical errors through Patient Safety Organizations. (9)

Several empowerment theories, including Psychological Empowerment Theory, Social Cognitive Theory, Participatory Decision-Making Theory, Strengths-Based Approaches, and Continuous Learning and Professional Development, provide frameworks for understanding and implementing empowerment practices within the AIDS department. (10) These theories emphasize the importance of competence, autonomy, impact, meaning, observation learning, self-efficacy, social support, modelling, participatory decision-making, strengths identification and development, positive work environment, person-centered care, continuous learning, professional growth plans, mentoring, and coaching. (11)

Re-engineering the AIDS department with an empowerment focus can address gaps in coordination, resource utilization, staff motivation, and patient outcomes. (12) By incorporating both hard and soft HRM approaches, the re-engineering process can involve structural modifications, policies, and systems alongside fostering a supportive and empowering organizational culture. Benefits of empowerment in the AIDS department include improved staff morale and job satisfaction, enhanced knowledge and skills, increased collaboration and teamwork, higher levels of accountability and ownership, improved well-being and work-life balance, opportunities for professional growth and advancement, and

increased job security and stability. (13)

Empowerment in the re-engineering of the AIDS department can lead to a more efficient, effective, and compassionate approach to HIV/AIDS care. By fostering a culture of trust, collaboration, continuous learning, and professional development, staff members can provide high-quality care, enhance patient outcomes, and contribute to a positive and supportive work environment. Empowerment is not just a theory but a practical approach that can transform healthcare organizations and improve the well-being of both staff and patients. (14)

### **Aims**

The goal of the study is to further knowledge of the idea of employee empowerment in the context of the hospital (Aids Department) sector by examining it from different perspectives. As a result, the proposed study would answer the following research question: "How to empower human potential in the AIDS department."

### **Objectives**

To accomplish the aforementioned, the research study will be carried out at a specific department (i.e., unit of analysis), in this case, the Aids Department, which is preparing to start the department's path toward employee empowerment.

1. Scrutinize the body of literature on employee empowerment, which serves as the study's theoretical framework.
2. Explore the subject of employee empowerment via empirical research from the perspective of various stakeholders of a particular hospital.
3. Identify the extent of employee empowerment at the Aids department and situate where the department on the path of employee empowerment.
4. To investigate whether an adherence to an employee empowerment culture produces fruitful results.
5. To assess the relationship between the concept of re-engineering and employee empowerment in the Aids Department.
6. . To propose some recommendation measures.

### **Methods**

Research methodology is a crucial aspect of any study, as it outlines the techniques used to examine concepts, collect data, analyze information, and interpret results. (15) Different research designs can be utilized, depending on the study's objectives and focus. Some common research designs include action research, case study design, causal studies, cohort design, cross-sectional design, descriptive design, experimental design, exploratory design, historical design, longitudinal design, observational design, philosophical design, and sequential design. Each design has its own set of advantages and limitations, making it essential to choose the most suitable approach for a specific research inquiry. (16)

### **Primary Data Collection**

Primary data was collected using a combination of surveys and interviews (17)

**Surveys:** Structured questionnaires were distributed to a randomly selected sample of participants. The questionnaire included both closed-ended and open-ended questions to capture quantitative and qualitative data. The closed-ended questions provided specific options for responses, while the open-ended questions allowed participants to elaborate on their answers, providing richer insights. (18)

**Interviews:** Semi-structured interviews were conducted with a subset of participants who volunteered for further discussion. These interviews allowed for in-depth exploration of participants' perspectives and experiences, complementing the survey data. (18)

### **Secondary Data Collection**

Secondary data was gathered from existing sources, including:

**Government Publications:** Reports and statistics from government agencies provided context and background information relevant to the study. (18)

**Organizational Records:** Documents from relevant organizations were reviewed to gather historical data and trends. (18)

### **Sampling Strategies**

A stratified sampling strategy was utilized to ensure that the sample accurately represented the target population's characteristics. The population was divided into strata based on key demographic variables, such as age, gender, and socioeconomic status. Random samples were then drawn from each stratum to ensure proportional representation. (19)

Data analysis is another critical step in the research process, involving the modeling and examination of data to gain insights that can inform decision-making. Statistical software, such as SPSS and Excel, can be used to analyze data and present findings through descriptive statistics, frequency diagrams, distributions, and percentages. Pilot testing can help identify any necessary modifications to the research design before the main study, ensuring that the data collection process runs smoothly. (20)

Validity and reliability considerations are essential to ensure the accuracy and consistency of the research findings. Validity is maintained by keeping survey questions clear and ensuring respondent confidentiality, while various forms of reliability, such as test-retest reliability and internal consistency, are incorporated into the study design to ensure consistent results. (21)

Ethical considerations are paramount in research, with informed consent being a key requirement for participation. Researchers must adhere to ethical standards when dealing with human subjects, ensuring that confidentiality is maintained and participants are aware of the study's objectives and any potential consequences of participation. Inclusion and exclusion criteria should also be clearly defined to ensure that the study focuses on the relevant population and time frame. (22)

Research methodology plays a crucial role in guiding the research process, from study design to data collection, analysis, and interpretation. By carefully selecting appropriate research designs, data collection methods, sampling strategies, and data analysis techniques, researchers can ensure the validity and reliability of their findings. Ethical considerations must also be addressed to protect the rights and confidentiality of research participants. Overall, a well-designed research methodology is essential for conducting effective studies and advancing knowledge in various fields.

### **Results**

In this section, the results and evaluation of data gathered from a survey conducted across several AIDS Units in the Republic of Mauritius are presented. The primary aim was to examine the impact of staff empowerment.

**Table 1: Population Rate**

<b>No</b>	Valid	109
	Missing	0

**Table 2: Response Rate**

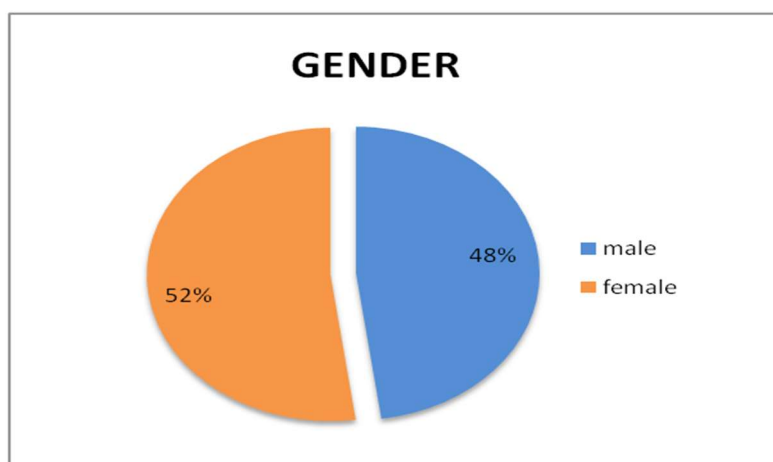
	Frequency	Percent	Valid Percent
<b>Valid</b>			
<b>DCCI(VH)</b>	23	21.1	21.1
<b>NDCCI(JH)</b>	35	32.1	53.2
<b>DCCI(JNH)</b>	18	16.5	69.7
<b>DCCI(FH)</b>	7	6.4	76.1
<b>DCCI(SSRN)</b>	15	13.8	89.9
<b>DCCI(RODRIGUE)</b>	9	8.3	98.2
<b>DCCI (AGALEGA)</b>	2	1.8	100.0
<b>Total</b>	<b>109</b>		

According to **Tables 1 and 2**, 109 questionnaires were delivered to participants in various Aids units (NDCCI/DCCI) for this study, and it was determined that the questionnaires were sufficient for analysis. Therefore, it is believed that a 100% response rate in this study is reasonable. As per the Head of Aids unit, the work load at NDCCI is more compared to other DCCI. There are more staffs working at NDCCI.

### Demographic

The demographic section of the study collected information on key factors including gender, age, grade, working experience, and qualification. These factors provide insights into the diverse composition of the participants and help to establish a comprehensive understanding of their backgrounds. Analysing these demographic variables contributes to the overall assessment of the research findings and their potential implications.

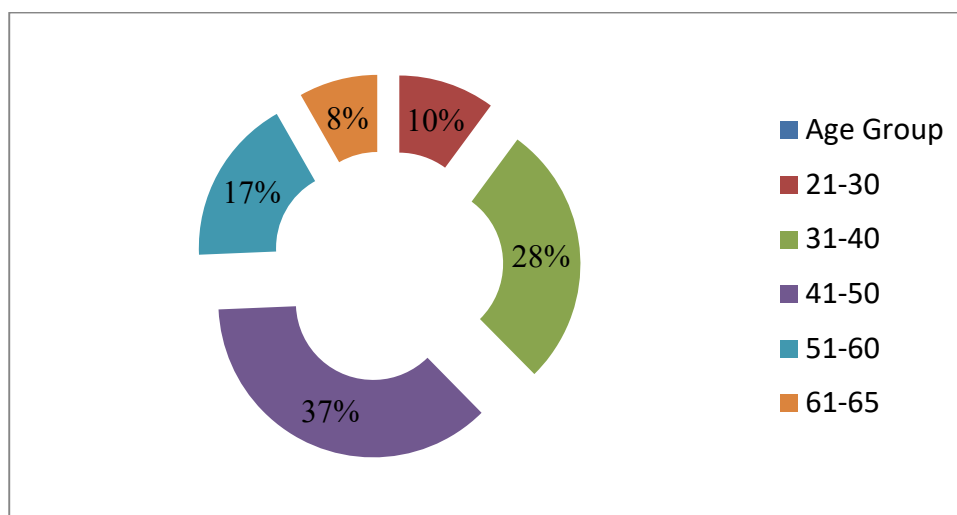
### GENDER



**Figure 1: Gender Allotment**

**Figure 1** reveals that of the 109 participants in the research, 52% were women and 48% were males. Employees who participated in this study who were female were more engaged than those who were male. According to data gathered from various HIV/AIDS units, female staff members are more eager to work in an HIV/AIDS unit despite the high risk of patient contact. Additionally, many of the female participants expressed the opinion that because there is no night shift, working in the Aids unit helps them balance their work and personal lives. On the other hand, male employees continued to perform extra tasks when the chance arose.

## AGE

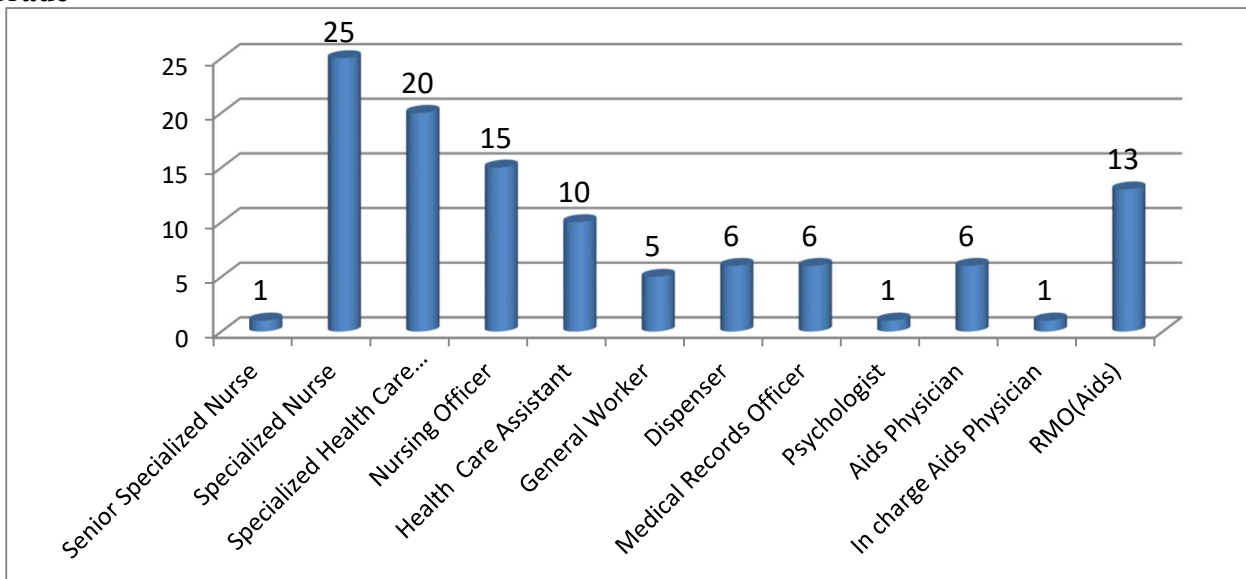


**Figure 2: Age Apportioned**

The 109 participants' ages ranged from 21 to 65, as shown in **Figure 2**. it indicates a diverse group with a wide span of ages. The participant's mean age was determined to be 43.9 years old, it shows that the participants are relatively older while the standard deviation turned out to be 33. 37% of participants in the age range of 41 to 50 years are evidence that they have achieved professional stability, and 8% of participants in the age category of 61 to 65 years are still active performers who have attained their highest level and are sharing their experiences. 10% of the younger generation (aged 21 to 30) expresses interest in joining the HIV/AIDS unit and is keen to learn about a specialized unit. A broad age

distribution within the group is implied by the standard deviation, which shows a significant amount of age variation around the mean.

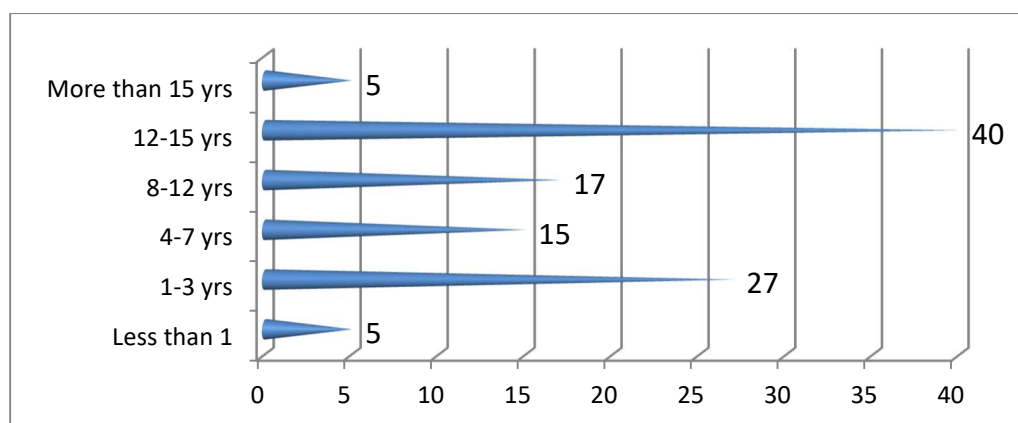
### Grade



**Figure 3 : Grade status**

**Figure 3** reveals that out of the 109 participants, 25 are from the nursing officer cadre, 20 are from the health care specialist cadre, 10 are from the health care assistant cadre, and 15 are from the specialized nurse cadre. The nursing profession is strongly represented by a variety of staff types working in various support units. Additionally, RMO(AIDS) had 13 participants and only 6 were doctors who specialize in HIV/AIDS, and the medical staff expressed a need for increased assistance during the survey. As can be seen from the foregoing, only one senior specialized nurse and one psychologist are present, even though the PRB only calls for one employee in this cadre. Additionally, there are 6 participants as Medical Health records, which require additional Recruitment. The chief AIDS physician believes that there is a significant number of administrative tasks that need to be completed.

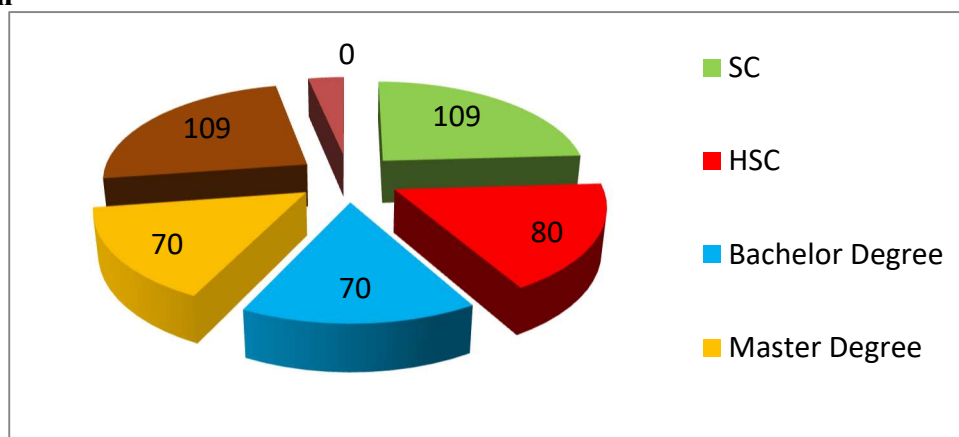
### Working experience



**Figure 4: years of experience**

**Figure 4** indicates that there were 5 participants who had less than 1 year of working experience. This was followed by 27 participants who had 1 to 3 years of experience, and then 15 participants with 4 to 7 years of experience. Additionally, there were 17 participants who had 8 to 12 years of experience. Notably, 40 participants had 12 to 15 years of experience, and finally, 5 participants had more than 15 years of experience. It is noteworthy that these participants who had extensive experience also attained top positions.

### Qualification



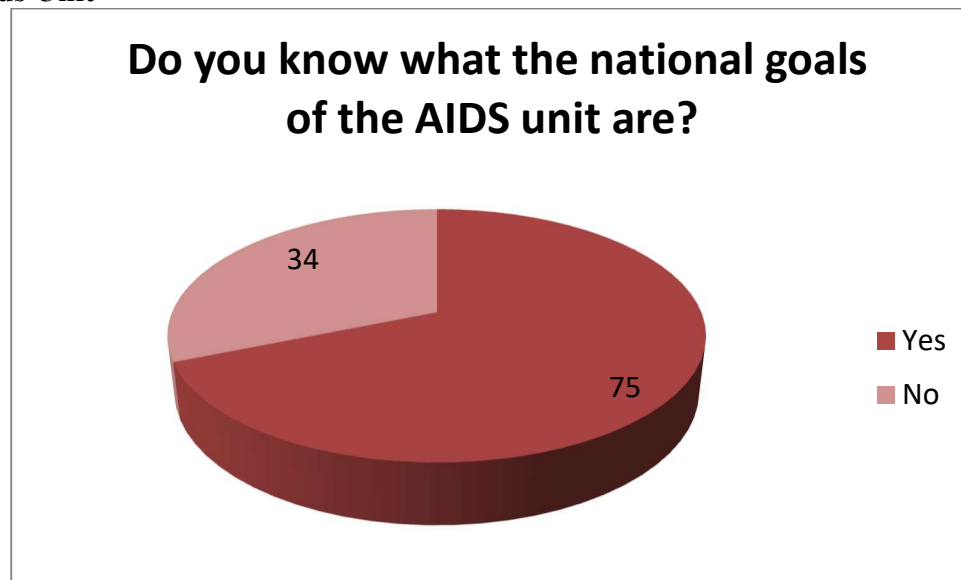
**Figure 5: Qualification**

**Figure 5** displays the participants' academic backgrounds. According to the survey, every participant completed professional training, the majority of which were in the areas of health care, nursing, and psychology. In addition, 109 participants completed their SC, which is a prerequisite for public office, followed by 80 participants who completed their HSC. It is noteworthy that many general workers have their HSC. 70 participants pursue both a Bachelor's and a Master's degree. There was no one at the PHD level, where many participants feel that family obligations and a lack of advancement opportunities keep them from continuing their education..

### Culture

The culture section of the study explores various aspects that shape the organizational culture within the AIDS units. It examines the goals of the AIDS unit, emphasizing the collective objectives and direction of the organization. Additionally, it delves into individual efforts, examining the significance of individual contributions towards achieving these goals. The study also investigates leadership styles within the units and the impact they have on the organizational culture. Furthermore, the participation style and value systems prevalent within the units are explored, shedding light on how these factors influence the overall culture and work environment. Understanding these cultural dynamics is crucial in comprehending the organizational context and its potential implications for the study's findings.

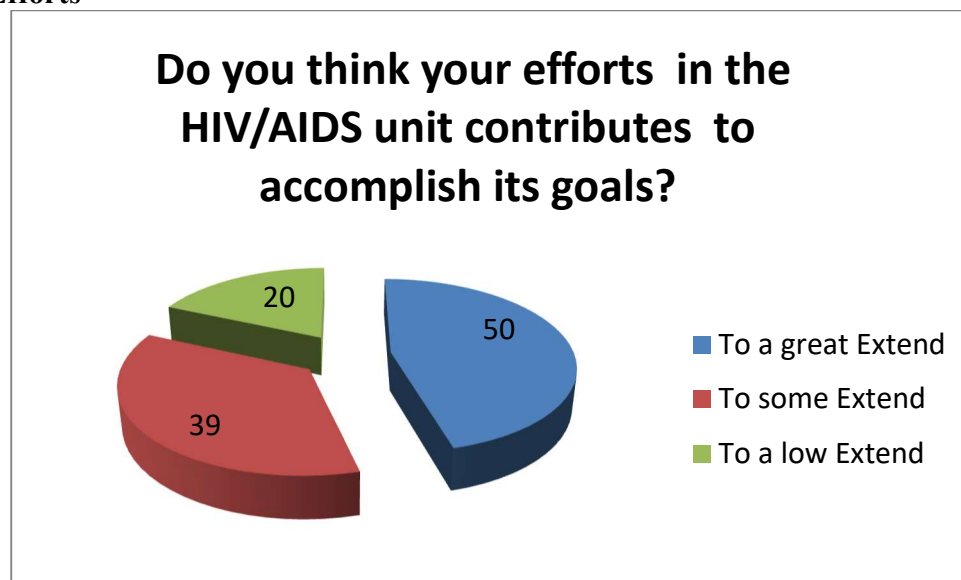
### Goals of Aids Unit



**Figure 6:** Goals of Aids Unit

**Figure 6** presents an interesting insight into the awareness of the national goal among the participants. Out of the total 109 participants, a majority of 75 individuals demonstrate awareness of the organization's national goal. This suggests a significant level of knowledge and alignment with the overarching objectives of the organization. However, it is noteworthy that there are 34 participants who lack this understanding, indicating a potential gap in communication or information dissemination within the organizational culture.

### Individual Efforts



**Figure 7:** Individual Efforts

**Figure 7** provides valuable insights into the participant contribution efforts towards achieving

HIV/AIDS goals. Among the respondents, 50 individuals demonstrated a high level of adherence or compliance to these goals, indicating a strong commitment to the cause. Additionally, 39 participants reported a moderate level of contribution, reflecting a balanced level of engagement. However, it is worth noting that 20 participants expressed a low level of adherence, suggesting a potential area for improvement or additional support to enhance their involvement in achieving the HIV/AIDS goals.

### Leadership Style

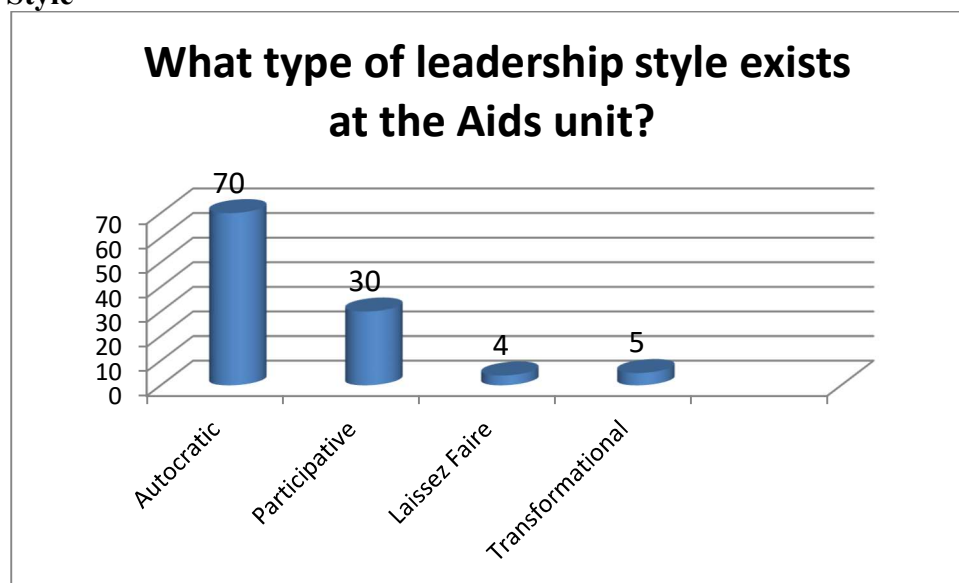
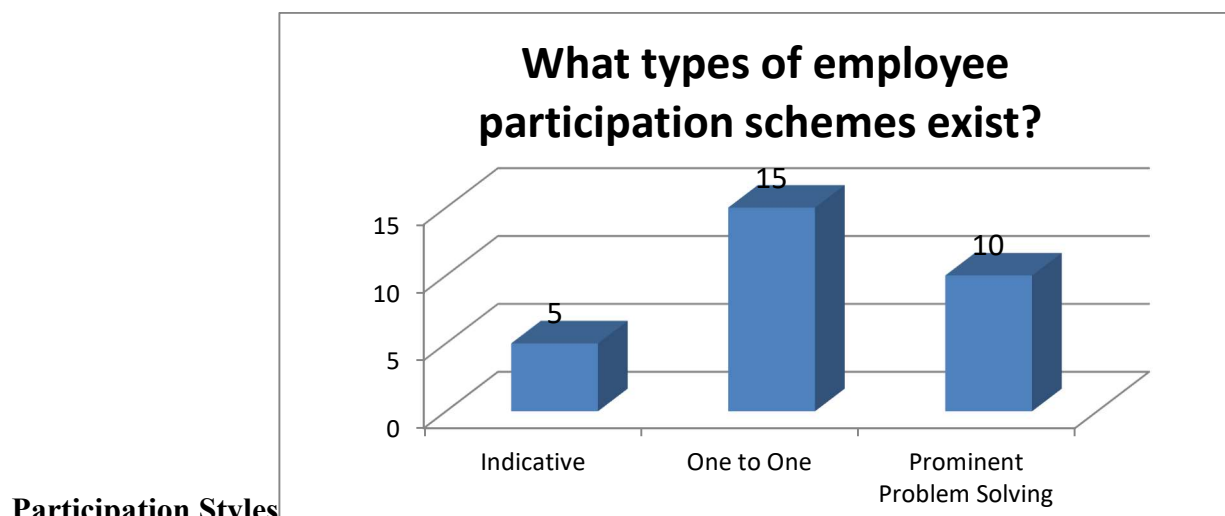


Figure 8:Leadership Style

Based on the data provided in **Figure 8**, it is evident that a significant majority of 70 participants expressed a preference for an Autocratic leadership style. This suggests a preference for a more directive and authoritative approach to leadership. In contrast, 30 participants favoured a Participative leadership style, indicating a desire for shared decision-making and involvement. A smaller number of participants (4) indicated a preference for a Laissez-faire style, which allows for a more hands-off and autonomous approach. Interestingly, 5 participants expressed a preference for a Transformational leadership style, emphasizing the importance of visionary and inspirational leadership qualities in their perspective. The distribution of leadership style preferences among participants provides valuable insights into their expectations and perceptions of effective leadership within the context of the study.

**Figure 9: Participation Styles**

**Figure 9** provides insights into the level of employee involvement within the organization. The data indicates that out of the participants surveyed, 5 individuals preferred an "indicative" method, signifying their inclination towards a consultative approach where employees are consulted and their opinions are considered in decision-making processes. Additionally, 15 participants expressed a preference for a "one on one" approach, suggesting a desire for individualized attention and communication with their superiors. Furthermore, 10 participants selected "Prominent Problem Solving," indicating a preference for a proactive and solution-oriented approach that empowers employees to actively contribute to problem-solving efforts. These preferences reflect the diverse perspectives and expectations of participants regarding their preferred level of involvement within the organization.

### Value

**Table 3: Value Opinion of Participant**

	Yes	No
<b>11. Do you feel empowered by your department?</b>	29	80
<b>12. Do you agree with this statement' happy Patients and happy Staff have been increasingly linked to the culture of the organization</b>	100	9
<b>13. Does the culture of your department value the organization's human resources??</b>	8	101

**Table 3** provides valuable insights into the participants' perceptions of empowerment and the value placed on human resources within their respective departments. Out of the total participants (**Statement 11**), a significant number of 80 individuals reported that they do not feel empowered by their departments. This indicates a deficiency in providing assistance and chances for individuals to exercise independence and make decisions within the framework of the organization. . In contrast, 29 participants acknowledged feeling empowered, indicating a more positive experience of being entrusted with authority and responsibility. Moving on to **Statement (12)**, it is noteworthy that a majority of 100 participants agreed with the statement, indicating a shared sentiment regarding the importance of empowerment. Conversely, 9 participants expressed disagreement, suggesting a divergence in opinions within the sample group. Furthermore, **Statement (13)** sheds light on the participants' views on valuing

human resources. The data reveals that a significant proportion of 101 participants do not perceive human resources as highly valued within their departments. This implies a potential gap in recognizing and investing in the potential and contributions of employees. Conversely, only 8 participants agreed with the statement, signifying a smaller subset that shares the sentiment of human resource appreciation. These results highlight the importance for organizations to prioritize empowerment and the recognition of human resources, aiming to cultivate a work environment that is both supportive and engaging. This approach can contribute to the growth and satisfaction of employees.,

### Employee Perspectives

Employee perspectives on empowerment within the AIDS department of the hospital significantly impact the organization's overall climate and effectiveness. The way employees view their superiors, the acknowledgment of their skills and experiences, their active involvement in decision-making, and their feelings of value and commitment all play a role in shaping their perception of empowerment. Furthermore, employees who possess the capacity to swiftly respond to situations and make independent decisions, demonstrate task completion abilities, experience a deep sense of connection and identification with the organization, and exhibit a willingness to exceed their assigned responsibilities are more inclined to perceive themselves as empowered individuals. It is essential for hospital management to understand and address these factors in order to create an empowering work environment that fosters employee satisfaction, motivation, and performance. Fostering a culture of empowerment within the AIDS department can lead to enhanced patient care quality and encourage the personal and professional development of its staff members.

**Table 4: Employee Perspectives**

Statement	SD	D	N	A	SA
14. Staffs have a more positive attitude towards their superiors	10	5	79	3	12
15. Staffs are encouraged to utilize their skills and experience	40	35	5	9	20
16. Staffs are encouraged to participate in decision making	50	25	4	21	9
17. Staffs feel committed and valued	40	40	9	12	8
18. Staffs are encouraged to take personal decisions for quick response to patient needs.	60	30	10	4	5
19. Staffs are excited and enthusiastic about getting the routine task done.	5	5	80	10	9
20. Staffs feel a sense of belongingness to the organization	90	10	0	2	3
21. Staff perform duties beyond the formal delegated authority	15	9	10	55	20

**Strongly Disagree=SD Disagree=D Neutral=N Agree=A Strongly Agree= SA**

Table 4 displays the varied viewpoints of participants concerning employee perspectives on a range of specific questions. **Statement (14)** indicates that "Staffs have a more positive attitude towards their superiors." The majority of responses (79) show a neutral opinion, while 10 strongly disagree with this statement. Moving on to **Statement (15)**, it states that "Staffs are encouraged to utilize their skills and experience." In this case, 40 participants strongly disagree, followed by 35 who simply disagree. On the contrary, a small proportion supports this opinion, with 20 strongly agreeing, 9 agreeing, and 5

remaining undecided. **Statement (16)** reflects the opinion about "Staffs being encouraged to participate in decision making." Here, 50 participants strongly disagree, 25 disagree, 4 are neutral, while 21 agree, and 9 strongly agree with the statement. **Statement (17)** shows that participants have varying views on whether "Staffs feel committed and valued." Responses indicate an equal number (40) strongly disagree and disagree, with 9 participants remaining undecided. Conversely, 12 participants agree, while 8 strongly disagree.

Moving to **Statement (18)**, it states that "Staffs are encouraged to take personal decisions for quick response to patient needs." The highest number of responses (60) strongly disagree with this statement, followed by 30 who simply disagree. A small proportion (4 participants) agree, and 5 participants strongly agree. In **Statement (19)**, participants express their opinion on whether "Staffs are excited and enthusiastic about getting the routine task done." The majority (80) have a neutral opinion, while 10 agree with this statement. **Statement (20)** focuses on whether "Staffs feel a sense of belongingness to the organization." Here, 90 participants strongly disagree, and 10 disagree. On the other hand, 2 participants agree, while 3 participants strongly disagree. Finally, **Statement (21)** illustrates that "Staff perform duties beyond the formal delegated authority." The highest response (55) agrees with this statement, followed by 20 participants strongly agreeing. Small proportions (9 participants) disagree, while 15 participants strongly disagree.

### Psychological Ownership

Psychological ownership, in the context of the AIDS department in a hospital, refers to employees' feelings of personal investment, attachment, and responsibility towards their work and the organization. It plays a crucial role in employee perspectives on empowerment. When employees have a sense of psychological ownership, they feel a strong connection to their work, are more engaged, and demonstrate a greater level of commitment.

**Table 5: Psychological Ownership**

Statement	SD	D	N	A	SA
22. Staffs only do what they are told/supposed to do-abide strictly to the job descriptions	54	36	0	10	9
23. Staffs are reluctant to help or solve out a problem on the spot	38	23	15	13	20
24. Staffs feel that management is untrustworthy.	20	15	4	41	29
25. Staffs feel auto suffocated under current leadership	10	8	9	32	50
26. Skills, competence and potentials are not valued	57	25	5	10	12
27. They are enthusiastic to excel in their career by utilizing their full talents and abilities	5	5	5	55	39

**Strongly Disagree=SD Disagree=D Neutral=N Agree=A Strongly Agree= SA**

**Statement (22)** indicates "Staffs only do what they are told/supposed to do - abide strictly by the job descriptions." 54 participants strongly disagree with this statement, followed by 36 who simply disagree. However, a small proportion supports this opinion, with 9 strongly agreeing and 10 agreeing.

Moving to **Statement (23)**, it conveys the opinion that "Staffs are reluctant to help or solve a problem on the spot." In this case, 38 participants strongly disagree, while 23 disagree. Similarly, a small proportion supports this opinion, with 20 strongly agreeing, 13 agreeing, and 15 remaining undecided. **Statement (24)** reflects participants' views on whether "Staffs feel that management is untrustworthy." Responses indicate that 20 participants strongly disagree, followed by 15 who disagree. Conversely, a significant proportion supports this opinion, with 29 strongly agreeing, 41 agreeing, and 4 remaining undecided. **Statement (25)** illustrates 'Staffs feel auto suffocated under current leadership' with a response of 10 for strongly disagree opinion followed by 8 who disagree with this statement, a high proportion with 32 participant agree and 50 participant who strongly agree, and 9 participant undecided. **Statement (26)** illustrates the opinion that "Skills, competence, and potentials are not valued." Here, 57 participants strongly disagree, while 25 disagree. Conversely, a small proportion supports this opinion, with 12 strongly agreeing, 10 agreeing, and 5 remaining undecided. **Statement (27)** focuses on whether "Staffs are enthusiastic to excel in their career by utilizing their full talents and abilities." Responses indicate that 55 participants agree, and 39 strongly agree with this statement. On the other hand, 5 participants disagree, 5 participants strongly disagree, and 5 participants remain undecided.

### Barriers

In the context of the AIDS department in a hospital, there are several barriers that can hinder the empowerment of staff. These barriers limit the ability of employees to fully engage, take ownership of their work, and contribute effectively to the organization. Understanding these barriers is crucial for hospital management to address them and create an empowering environment.

**Table 6: Barriers**

Barriers	Outcome
<b>51. High Workload and Staffing Shortages</b>	<b>80</b>
<b>52. Stigma and Discrimination</b>	<b>75</b>
<b>53. Emotional and Psychological Stress</b>	<b>100</b>
<b>54. Limited Training and Professional Development Opportunities</b>	<b>15</b>
<b>55. Lack of Team environment and support network for Staff.</b>	<b>95</b>
<b>56. Ambiguity of roles and responsibilities aiming all levels of Staff.</b>	<b>102</b>
<b>57. Lack of community engagement and Resource Mobilization.</b>	<b>105</b>

**Table 6** presents the perspectives of participants regarding various barriers encountered during their interactions. The largest group of participants, consisting of 105 individuals, identified 'Lack of community engagement and resource mobilization as a significant obstacle. This was followed by 102 participants who expressed concerns about 'Ambiguity of roles and responsibilities aiming all levels of Staff.' Additionally, only 15 participants reported facing 'limited training and professional development opportunities.' Notably, a significant number of 100 participants acknowledged experiencing emotional and psychological stress. Furthermore, 95 participants identified 'Lack of team environment and support network for staff' as a barrier. Additionally, 75 participants reported facing stigma and discrimination, while 80 participants strongly felt that 'High workload and staffing shortages' were hindrances

### Discussion

In the present investigation, the demographics of the participants revealed interesting insights. The study included a higher percentage of female participants, aligning with previous research that women are significant decision-makers and consumers in the healthcare sector. (23) The distribution of participants

across different age groups highlighted the prominence of the 41-50 age group, potentially indicating individuals at a stage in life where they have stable careers and more leisure time. (24) The study also reflected the significance of specialized AIDS nurses, who play a crucial role in patient care. However, the limited representation of other healthcare professionals like psychologists and heads of AIDS units raised questions about their involvement in the study. (25)

The distribution of participants based on their qualifications provided valuable insights into the mix of individuals with different levels of education and training. The combination of participants with various qualifications offered a multidisciplinary perspective on HIV care, contributing to a deeper understanding of challenges and best practices. It also emphasized the importance of professional development and continuing education programs to enhance staff competency in managing HIV cases. (26)

Furthermore, the study examined the cultural aspects of empowerment in relation to HIV/AIDS, highlighting the importance of tailored approaches to education and empowerment initiatives to improve knowledge and awareness about the goals of HIV/AIDS. The study also compared findings on leadership styles, employee attitudes, and the value of happy patients and staff, emphasizing the role of culture in shaping perceptions within healthcare settings. (27)

In terms of employee perspectives, the study revealed insights into staff attitudes towards superiors, skill utilization, decision-making involvement, and organizational belongingness. The findings suggested room for improvement in fostering positive relationships between staff and their superiors, as well as addressing concerns about underutilization of staff talents and a lack of involvement in decision-making processes. (28)

Psychological ownership was identified as a key factor in empowering individuals in the field of HIV/AIDS. The study compared findings on psychological ownership and empowerment, highlighting the significance of involving staff in decision-making processes, recognizing their contributions, and creating supportive environments to enhance psychological ownership and empowerment. (29)

Lastly, the study examined barriers to empowerment within the context of HIV/AIDS, identifying challenges such as stigma, prejudice, limited resources, and lack of training and support systems. Both studies emphasized the need to address barriers to empowerment to enhance the effectiveness of HIV/AIDS interventions and promote inclusive and equitable access to services. (29)

Overall, the comparative analysis of the study findings provided valuable insights into the demographics, culture, employee perspectives, psychological ownership, and barriers to empowerment in the context of HIV/AIDS. The study highlighted the importance of considering these factors in designing strategies to enhance patient and staff satisfaction, promote empowerment, and improve outcomes in combating the HIV/AIDS epidemic. By addressing gaps and implementing targeted interventions, organizations can create supportive and empowering environments that contribute to more effective responses to HIV/AIDS. (30)

### **Limitation**

Study on employee empowerment in a hospital department during a dengue fever outbreak highlighted limitation that may impact the interpretation of its findings. The outbreak may have influenced employee perceptions, potentially biasing the results. The underrepresentation of older age groups raises

concerns about the sample's representativeness. The study's cross-sectional design limited its ability to track changes in empowerment over time. The lack of in-depth exploration of factors contributing to disempowerment and absence of a control group hindered the establishment of cause-and-effect relationships. Addressing these limitations through longitudinal studies, diverse participant representation, in-depth analysis of disempowerment factors, and including control groups could provide a more comprehensive understanding of employee empowerment and its impact on organizational performance.

### **Future Scope**

Future research on employee empowerment in the hospital AIDS department should incorporate longitudinal designs, larger and diverse samples, control groups for comparison, and qualitative research to explore employee experiences. Overcoming these limitations will lead to a more comprehensive understanding of empowerment's impact on organizational performance and employee well-being.

### **Conclusion**

The study focused on exploring the concept of employee empowerment within the AIDS Department of the Ministry of Health and Wellness. It identified various challenges such as the bureaucratic organizational structure, personnel turnover, decline in productivity, and low morale. The study also highlighted the lack of empirical research on empowerment and its impact on organizational performance. Through an in-depth analysis of employee perspectives, demographics, and the influence of culture and psychological ownership, key factors affecting employee empowerment were identified, and recommendations were proposed to address barriers.

One of the main findings of the study was the prevailing bureaucratic model and management culture of control within the AIDS Department, which hindered employee empowerment by limiting their freedom to express thoughts and ideas. The study also revealed issues with authority misuse, non-cooperation from other units, and lack of well-defined work allocation, leading to inefficiencies within the department. Additionally, a lack of knowledge and awareness about HIV/AIDS goals among employees highlighted the need for targeted educational initiatives.

The demographic analysis showed a higher representation of female participants and a diverse pool of expertise within the department, including specialized nurses and individuals with varying qualifications. The study emphasized the importance of cultural contexts in shaping perceptions and attitudes, suggesting the need for culturally tailored approaches to empowerment initiatives. Psychological ownership was identified as a key factor influencing empowerment, promoting engagement, commitment, and motivation among employees.

Despite the positive impact of empowerment, the study also identified barriers such as stigma, prejudice, limited resources, and high workload, hindering its effectiveness. Addressing these barriers was deemed crucial to promote active participation, access to quality healthcare, and empowerment among the affected population.

In conclusion, the study emphasized the importance of employee empowerment in the AIDS Department and its potential impact on organizational performance and employee well-being. By addressing challenges such as the bureaucratic organizational structure, misuse of authorities, and barriers to empowerment, the department can create an enabling environment to improve outcomes.

Tailoring empowerment initiatives to cultural contexts, leveraging employees' expertise, and promoting psychological ownership can enhance commitment and motivation.

However, the study had limitations such as the cross-sectional design, influence of external factors like a dengue fever outbreak, and absence of a control group, limiting the ability to establish causal relationships. Future research should consider longitudinal designs, larger and more diverse samples, and control groups for a more comprehensive understanding of empowerment's impact.

Finally, employee empowerment is crucial for organizational performance and employee well-being in the context of the AIDS Department. Addressing challenges and implementing targeted empowerment strategies can lead to a more engaged and motivated workforce, improving productivity and outcomes in the fight against HIV/AIDS.

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## Questionnaire:

### SECTION A: Demographic Information

#### 1. Gender

Male ☐ Female ☐

#### 2. Age Group (in years)

21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-65 ☐

#### 3. Grade/Level

Senior Specialized Nurse	
Specialized Nurse	
Specialized Health Care Assistant	
Nursing Officer	
Health Care Assistant	
General Worker	
Dispenser	
Medical Records Officer	
Psychologist	
Aids Physician	
In charge Aids Physician	
RMO(Aids)	

#### 4. How long have you worked at Aids unit?( in years)

Less than 1 ☐ 1-3 ☐ 4-7 ☐ 8-12 ☐ 12-15 ☐ More than 15 ☐

#### 5. Qualification

Please tick the Highest

S.C ☐ H.S.C ☐ Bachelor Degree ☐ Master Degree ☐  
Professional Qualification ☐ P.H.D ☐ Others ☐

**6. Work Site**

NDCCI VOLCY POUCKET	<input type="checkbox"/>
DCCI VICTORIA HOSPITAL	<input type="checkbox"/>
DCCI JAWAHARLAL NEHRU HOSPITAL	<input type="checkbox"/>
DCCI SIR SEEWOOSAGUR RAMGOOLAM NATIONAL HOSPITAL	<input type="checkbox"/>
DCCI DR BRUNO CHEONG HOSPITAL	<input type="checkbox"/>
DCCI QUEEN ELIZABETH HOSPITAL(RODRIGUES)	<input type="checkbox"/>
NATIONAL AIDS SECRETARIAT	<input type="checkbox"/>

**Section B: Empowerment Culture**

7. Do you know what the national goals of the AIDS unit are??

Yes ☐ No ☐

8. Do you think your efforts in the HIV/AIDS unit contributes to accomplish its goals?

To a great extent ☐ To some extent ☐ To a low extent ☐

9. What type of leadership style exists at the Aids unit?

Autocratic ☐ Participative ☐ Laissez -faire ☐ Transformational ☐

10. If Participative, What types of employee participation schemes exist? (Representative, Direct communication, Upward Problem Solving)

.....

11. Do you feel empowered by your department? ☐ Yes ☐ No

12. Do you agree with this statement' happy Patients and happy Staff have been increasingly linked to the culture of the organization

Yes ☐ No ☐

13. Does the culture of your department value the organization's human resources??

Yes ☐ No ☐**SECTION C: Employee Perspectives**

Answer each of the questions. Consider to what degree you agree with each assessment

**1. Strongly agree    2. Agree    3. Neutral    4. Disagree    5. Strongly disagree**

14. Staffs have a more positive attitude towards their superiors

15. Staffs are encouraged to utilize their skills and experience

16. Staffs are encouraged to participate in decision making

☐  
☐  
☐

17. Staffs feel committed and valued ☐
18. Staffs are encouraged to take personal decisions for quick response to patient needs. ☐
19. Staffs are excited and enthusiastic about getting the routine task done. ☐
20. Staffs feel a sense of belongingness to the organization ☐
21. Staff perform duties beyond the formal delegated authority ☐

**4.0 SECTION D: Psychological Ownership**

Answer each of the questions. Consider to what degree you agree with each assessment

**1. Strongly agree    2. Agree    3. Neutral    4. Disagree    5. Strongly disagree**

22. Staffs only do what they are told/supposed to do-abide strictly to the job descriptions ☐
23. Staffs are reluctant to help or solve out a problem on the spot ☐
24. Staffs feel that management is untrustworthy. ☐
25. Staffs feel auto suffocated under current leadership ☐
26. Skills, competence and potentials are not valued ☐
27. They are enthusiastic to excel in their career by utilizing their full talents and abilities ☐

**5.0 SECTION E :Barriers**

What are barriers encountered in the Aids Department?

Tick the appropriate

28. High Workload and Staffing Shortages ☐
29. Stigma and Discrimination ☐
30. Emotional and Psychological Stress ☐
31. Limited Training and Professional Development Opportunities ☐
32. Lack of Team environment and support network for Staff. ☐
33. Ambiguity of roles and responsibilities aiming all levels of Staff. ☐
34. Lack of community engagement and Resource Mobilization. ☐