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Employee Resilience, Information Inductance and Service Delivery among Private Health Insurance Providers in Uganda

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Abstract:
This paper assesses the relationship between employee resilience, information inductance and service delivery. Employee resilience was dimensioned by; self-reliance, personal purpose, perseverance, equanimity, flexibility/ adaptability, existential aloneness and problem solving; whereas, information inductance constituted; smoothing, biasing, focusing, filtering and gaming illegal acts. To conduct the study, a cross-sectional and descriptive research design was used against a population of 533andsample size of 491respondents determined using the Sloven (1960) sampling formula. Purposive and simple random sampling techniques were devised to collect data from respondents. Data modeling was in form of means, percentages, correlations and regression analysis, which was conducted using the Statistical Package for Social Scientist (SPSS) programme. Findings indicated a significant and positive relationship between employee resilience, information inductance and service delivery (r value = .491**, p<.01; r value = .385**, p<.01) portrayed respectively. With this, the researchers concluded that employee resilience and information inductance positively relate with service delivery. Whenever, employee resilience and or information inductance are favorable, service delivery among private health insurance providers will improve and the reverse is true. In this regard therefore, sales persons of health insurance need not to provide induced information to unnecessarily raise customer expectations, but rather be realistic if service satisfaction is to be actualized.

Keywords: Employee resilience, information inductance, service delivery

1. Introduction

In the emerging volatile business world where change is the only constant thing and human capital is considered to be the driving force of organizations and counted as the decisive factor responsible for making or mar the organisations' success; arguably, the most crucial capability for long-term survival is 'Resilience'. Moreover, if employees are the base for almost all the organizational outcomes, then definitely increased attention is required on the novel measures to increase promising organisational outcomes [8]. A resilient workforce helps a business bounce back in tough times [2]. No employer can be certain they have a highly resilient workforce until they are genuinely challenged during the tough times than when things were good [12]. As this quality is heavily interlinked with the health, happiness and general wellbeing of employees, it is not surprising that the most resilient workforces tend to avoid intense working practices and long working hours. Google and eBay are good examples of new school employers. Resilience is often seen as a crisis or emergency management issue. The link between resilient workforce in day-to-day operations and its impact on organizational outcomes is typically not well understood by organizations [8]. Employee resilience in health insurance is a recent entrant in the effort to provide sustainable health financing products to low-income populations [4].

With its conceptualization, resilience has been defined by [17] as a psychological capacity to face, stand and reciprocate to the unwanted situations, mostly unexpected, created by some adversity, occupational stress or even by a change in roles and responsibilities or working environment, in such a mode so as to continue performing in an enhanced way. It is a process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances [13]. Resilience is the positive psychological capacity to rebound, or to come back from adversity, uncertainty, conflict, failure or even positive change, progress and increased responsibility [15]. While these definitions differ somewhat, there are fundamental similarities among them, including adaptation, balance, competence, determination, optimism, and acceptance [24]. Resilience capacity can be understood at an individual or personal level as well as at organization level. From both perspectives it is an important characteristic that influence the organization in long-run [4], which is why in this study we consider; self-reliance, personal purpose, perseverance, equanimity, flexibility and adaptability, existential aloneness and problem solving as major attributes of employee resilience.

Information inductance on the contrary is the process by which individual behavior is affected by the information one is required to communicate [18]. The conditions that determine the behavior and nature of outputs depend on the ability to anticipate the extent to which the anticipated outcomes would be desirable to the user of the information according to [15]. As long as information is generated for marketing purposes, users and producers will attempt to manipulate it to suit their own purposes [13]. As consumers are learning more, they are becoming increasingly interested

in contributing proactively to their healthcare [5]. Consumers are both aware of the availability of information and are interested in obtaining it according to [7]. The convergence of these two trends puts healthcare service providers in a unique situation; they increasingly have to provide care in an environment of ubiquitous information [20].

Worth noting still is that, employees with high autonomy and intrinsic tendencies are more likely to manipulate information system for their benefit as opposed to those with strong extrinsic and social tendencies; this encourages unethical behavior [22]. There is a need to design health insurance information system (HIIS) in such a way that employees with autocratic tendencies do not use it for personal benefit at the expense of interested users. Employees require having a practical understanding of the core values and internal mission on an ongoing basis. Since employment is viewed primarily in terms of its economic instrumentality, values that can be realized through economic outcomes are more likely to influence work related behavior. There is also growing consensus that unethical behavior in the organizational context may be understood by examining cultures' effects on peer communication [19]. The conditions that determine the behavior and nature of outputs depend on the ability to anticipate the extent to which the anticipated outcomes would be desirable to the person distorting the information (also referred to as information inductance herein). According to [3] behavioral responses related to information manipulation are divided into six broad categories namely; smoothing, biasing, focusing, filtering, gaming, and illegal acts. These are what the researchers considered in this study.

No doubt whatsoever therefore, that a high employee resilience coupled with high levels of information inductance results into high levels of service delivery management among organizations. According to [16] service delivery is the provision of required intangible products to those in need of them in the most effective and efficient manner possible to satisfy and delight their expectations. It involves provision of effective, safe, good quality, personal and non-personal care to those who need them, when needed, and with minimal waste in health insurance [6]. It is the capabilities of the team in place that will make the business deliver on the promises that are made based on key performance indicator of the service level agreement. Service delivery focuses on people first, then processes and procedure next. The team will deliver the work required, time and quality and engage with the customer and make them feel appreciated [2]; however, for this to happen, the organization needs to have the right infrastructure to deliver services correctly. Effective service delivery in health insurance depends on having motivated staff, equipment, information and finance, and adequate drugs [10]. Improving access, coverage and quality of health services also depends on the way services are organized and managed, and on the incentives influencing providers and users [1]. In this article therefore, we dimension service delivery into six attributes, namely; satisfaction, accessibility, nature of interaction, responsiveness, effectiveness, affordability, and consistency.

1.1. Problem Statement

Globally, there is an insufficient level of spending on health to effectively provide health insurance services with public budget contribution only at 55 percent in developing countries than in high income countries which is at 71 percent [26]. This collates well with quality of health care with France providing the best overall health care followed among others by Italy, Spain, Oman, Austria and Japan [27]. Most high-income countries spend at least $3000 per person per year on health. Over 80% of this is from taxes, national health insurance, employer-sponsored health plans, or other collective sources. In contrast, most developing countries spend less than $100 per person per year and in the worst cases, as little as $20 per person per year. In Africa and Asia out-of-pocket health spending accounts for 50-80% of total health expenditures [9]. Currently Uganda's population stands at 34 million and by 2009 the percentage of the population who had health insurance cover or pre-payment schemes were less than 1% [28]. In 2012 Uganda registered 19 licensed insurance companies, of these only 4 provide Health Insurance cover, with 8,572 clients out of a population of 34million [11]. The private health insurance sector has resilient employees that market the service, because they have to earn a living. This impacts on how the clients/ subscribers are inducted. On successful induction the client pays an annual premium. The situation is exacerbated by the fact that the service is provided by medical personnel, who were not involved with the induction process. This brings about a situation where the customer's expectation is heightened as per induction information, only for the client's perception to change after experiencing the service on reconciling the expected and the actual service delivery. This prompted the researchers to examine why with resilient employees and inducted information, health insurance service delivery is falling short to clients' expectations.

1.2. Purpose of the Study

The study aimed at assessing the relationship between employee resilience, information inductance and service delivery. Employee resilience was operationalized by: self-reliance, personal purpose, perseverance, equanimity, flexibility/adaptability, existential aloneness and problem solving; while, information inductance constituted attributes like; smoothing, biasing, focusing, filtering, gaming and illegal acts. All these constructs were analyzed independently as indicated in section three (3) of this paper.

1.3. Research Hypothesis

From the objective or purpose above, the study hypothesized as follows: (1) there is no significant relationship between employee resilience and service delivery, and (2) there is no significant relationship between information inductance and service delivery.

2. Research Methodology

2.1. Research Approach and Designs

The study used a quantitative approach which employed both cross-sectional and descriptive research designs. The study selected respondents across different departments within private health insurance service providers and their subscribers with the purpose of gathering diverse information for comparisons as encouraged by [21]. The target population for the study was 533 respondents, which constituted employees of private insurance service providers and health insurance subscribers as indicated in table 1.

2.2. Sample Size and Techniques

A sample size of 491participates was provided with questionnaires from an intended population of 533 respondents comprising; employees of the private health insurance service providers and registered customers in the above-mentioned organizations. The [23] sampling formula (n= N/1+N (e) 2) was used to determine the sample size of the study. Unlike other managerial and operational staff who were examined using the simple random sampling technique, senior managers were assessed purposively, because they were presumed to have detailed information about the subject matter of the study.

Categories	Target Population		Sample Size	
Insurance Provider	Staff	Clients	Staff	Clients
Jubilee Insurance	43	248	40	240
UAP	19	49	16	42
EA Underwriters	25	31	23	24
ICEA	43	54	41	46
Insurance Regulatory Authority	21		19	
Total	151	382	139	352

Table 1: Showing the Study Population and Sample Size
Source: Primary Data (2015) From Selected Private Health Insurance Providers
Sampled Using Sloven (1960) Sampling Method

2.3. Data Measurement and Quality Control

Employee Resilience was measured using a 7-pointLikert scale ranging from 1 (Strongly Disagree) on the left to 7 (Strongly Agree) as noted by [25]; whereas, information inductance was measured using a 4-point interval Likert scale ranging from strongly disagree to strongly agree. Service delivery the dependent variable of the study was measured using a 5-pointscale ranging from strongly disagree to strongly agree [14]. Basing on this, the Cronbach Alpha Coefficient and the Content Validity Index were then used to determine the Reliability and Validity of the research instrument, as indicated in table 2 below.

Variable	Anchor	Cronbach Alpha Coefficient	Content Validity Index
Employee Resilience	24	0.766	0.800
Information Inductance	25	0.712	0.867
Service Delivery	29	0.792	0.692

Table 2: Reliability and Validity of the Research Instrument
Source: Primary Data (2015)

From table 2 above, the Cronbach Alpha Coefficient (test for reliability) and the Content Validity coefficients (test for validity) were above 0.700 indicating that the research instruments were both valid and reliable for use in the collection of data.

2.4. Data Analysis and Presentation

Data from the field was compiled, sorted, edited and coded to have the required quality, accuracy and completeness. Data was then put into computer using the SPSS program for analysis. At a bi-variate level, the SPSS program helped the researcher generate factor-loads, standard deviations and percentages which showed the distribution of respondents on each independent and dependent variables of the study. Cross tabulation was then used to establish the relationship among the variables. To a combined effect of employee resilience and information induction on service delivery, a regression analysis was modeled, as indicated under table 7.

3. Research Findings

3.1. Factor Analysis of Employee Resilience, Information Inductance and Service Delivery

3.1.1. Employee Resilience

This section presents results on the first independent variable (employee resilience) of the study, which was operationalized; self-reliance, personal purpose, perseverance, equanimity, flexibility/ adaptability, existential aloneness and problem solving, as indicated in table 3below:

Factor Analysis Results: Employee Resilience	Self-Reliance	Personal Purpose	Perseverance	Equanimity	Flexible & Adaptable	Existential Aloneness	Problem Solver
I am satisfied to be a resilient employee of this enterprise	.686						
My resilience is necessary in health insurance firm	.560						
I consider the economic growth of my work place as my own	.800 .667						
I am satisfied by the time I use to fulfill my job	.506 .560						
I am satisfied by the number of clients who join us							
I am proud of the work that I do							
The job holds up my expectations		.506 .501					
My salary is really the payment of the job I do		.668					
My salary is commensurate to the job I do		.536					
I burst with energy at work							
I turn to work or other activities to take my mind off things			.637				
I feel happy when working intensely			.570				
I would recommend this job to a friend				.536			
I am free to choose the method of working on this job				.571			
I get emotional support from others				.667			
I get help and advice from other people					.677		
I take responsibility for my actions at work						.807	
I feel that I put in my best no matter what						.543	
I concentrate my efforts on doing something about the situation am in							.547
I take action to try and make the situation better							.578
Past success gives me confidence for a new challenge							.672
Eigen Value	4.612	1.849	1.694	1.217	2.11	1.98	1.88
Variance %	30.75	12.33	11.29	8.111	9.232	10.35	15.57
Cumulative %	30.75	43.07	54.37	62.48	71.17	82.06	97.62

Table 3: Employee Resilience Factor Loading Results
Source: Primary Data (2015)

Table 3above, shows that employee resilience is composed of self-reliance, personal purpose, perseverance, equanimity, flexible/ adaptable, existential aloneness and problem solver attributes. These seven attributes are explained by acumulative variance of 97.622% of the main variable. Self-reliance was the most important with corresponding percentage scores of 30.746%, followed by personal purpose with 12.327%, then perseverance 11.294%, equanimity 8.111%, flexible/ adaptable 9.232%, existential aloneness 10.345% and lastly, problem solver with 15.567%.

3.1.2. Information Inductance

This section presents results on information inductance which was the second independent variable of the study. This was dimensioned by; smoothing, biasing, focusing, filtering, gaming and illegal acts, as indicated in table 4below:

Information Inductance	Smoothing	Biasing	Focusing	Filtering	Gaming	Illegal Acts
Information is lacking about health insurance benefits	. 697					
Disclosure is sometimes delayed if it contains unfavorable information		.638				
Managers use information systems to their benefit		.566				
Managers anticipate outcomes which would be desirable to the user of information		.570				
Customers are more aware of availability of information		.590				
Our disclosing downplays certain aspects of information			.829			
More effort is expended on some aspects of health insurance than others			.625			
When disclosing, attention is directed to certain aspects than others			.810			
Effective communication is an essential requirement for health care marketing			.697			
Customers are more interested in obtaining it			.789			
Health insurance disclosure efforts have tended to focus on risk reduction			.698			
Health care information is violable if necessary				.689		
Staff may withhold information if they think it's unfavorable				.612		
Rewards are obtained for unfavorable message to managers				.789		
Managers can interfere with disclosure flow					.829	
Information generated for marketing purposes, users will attempt to manipulate it to suit their needs					.595	
Health insurance providers increasingly have to operate in an environment with competitive information					.671	
Organization rules can be violated to achieve disclosing objectives						.808
There is inadequate concern with compliance when making disclosure						.672
Eigen Value	4.40	1.54	4.401	4.319	1.236	1.217
Variance %	2.41	12.8	36.68	11.29	10.29	8.111
Cumulative %	2.41	15.21	51.89	63.79	73.48	81.59

Table 4: Information Inductance Factor Loading Results
Source: Primary Data (2015)

From table 4above, information inductance is composed of; smoothing, biasing, focusing, filtering, gaming and illegal acts explained by a cumulative variance of 81.587% of the main variable. Results show that the focusing attribute is the most important with a variance of 36.677%, followed by smoothing explained 2.407%, then biasing 12.801%, filtering 11.294%, gaming 10.297% and lastly illegal acts 8.111%.

3.2. Service Delivery

This section presents results of the dependent variable (service delivery) of the study. Service delivery was dimensioned by; satisfaction, accessibility, nature of interaction, responsiveness, effectiveness and consistency, as indicated in table 5below:

Factor Analysis Results: Service Delivery	Satisfaction	Accessibility	Nature of interaction	Responsiveness	Effectiveness	Consistency
Customers have reported satisfaction with the way my organization conducts business Customers offer tips to employees as a result of their contentment to the service The service customers receive is equivalent to the costs they incur Customers are satisfied with services we delivery	.686 .560 .800 .667					
There are complaints from customers about trouble to reach services		.506				
My insurance firm staffs are very friendly when offering services My organization conducts surveys to explore how to improve on service delivery Staffs show expertise and confidence in solving customers' problems			.637 .501 .801			
There are enough workers to provide timely services My organization offer reliable health care services to customers				.536 .571		

Factor Analysis Results: Service Delivery	Satisfaction	Accessibility	Nature of interaction	Responsiveness	Effectiveness	Consistency
Current health insurance services have addressed the needs of people My organization delivery effective health care services to customers					.647 .712	
Organization employees often perform their duties as per customers' expectations Customers have reported no complaints about the health care services My organization faces a challenge of attracting and retaining talented staff Service delivery is hampered by absence of national practitioners' standards and benchmarks assessments						.567 .693 .501 .701
Eigen Value	4.612	1.849	1.694	1.217	4.612	1.694
Variance %	30.85	12.33	11.29	8.111	12.29	12.327
Cumulative %	30.75	43.07	54.37	62.48	74.77	87.09

Table 5: Service Delivery Factor Loading Results
Source: Primary Data (2015)

From table 5above, service delivery is composed of; satisfaction, accessibility, nature of interaction, responsiveness, effectiveness and consistency, explained by accumulative variance of 87.099%. Of the six attributes, satisfaction emerged the most important with a corresponding percentage score of30.846%, followed by accessibility, then nature of interaction, responsiveness, effectiveness and consistency accounted for with scores 12.327%, 11.294%, 8.111%, 12.294% and 12.327% respectively.

3.3. Correlation Results for Employee Resilience, Information Inductance and Service Delivery
The section presents correlational results on the variables of the study (employee resilience, information inductance and service delivery). The Pearson (r) correlation coefficient was used and ranged between -1.00 and 1.00, as indicated in table 6below:

Study Variables	Employee Resilience	Information Inductance	Service Delivery
Employee Resilience	1.000		
Information Inductance	.377 **	1.000	
Service Delivery	.491**	.384 **	1.000

Table 6: Correlation Results Showing the Relationship between Employee Resilience,
Information Inductance and Service Delivery
Source: Primary Data (2015)

From table 6above, results showed that there is a moderate positive relationship between Employee Resilience and Service Delivery among private health insurance in Uganda (r = .491**, p<.01). This resulted into the rejection of the null hypothesis, which stated that, there is no significant relationship between Employee Resilience and Service Delivery. On the other hand, information inductance portrayed a relatively low relationship with service delivery (r = .377**, p<.01). Thought this relationship was low, the level of significance was acceptable, which resulted into the rejection of the null hypothesis.

3.4. Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.693	.369		4.588	.000
Employee Resilience	.100	.088	.134	1.139	.259
Information Inductance	.190	.095	.219	2.004	.049
Dependent Variable: Service Delivery					
R Square	.306				
Adjusted R Square	.278				
Std. Error of the Estimate	.613				
F Statistic	10.433				
Sig.	.05				

Table 7: Regression Model of Employee Resilience and Information Inductance against Service Delivery
Source: Primary Data (2015)

Findings in table 7 above, show that employee resilience and information induction predict service delivery by 27.8%. Of this, information inductance emerged the most influential variable with (Beta = .219, sig. <.05), while employee resilience was represented by (Beta = .134, sig. <.05). In other words, private health insurance providers should priorities on information induction mechanisms if service delivery is to be maximized.

4. Discussions

4.1. Relationship between Employee Resilience and Service Delivery

Results portrayed a moderate and positive relationship between Employee Resilience and Service Delivery among private health insurance providers (r = .491**, p<.01). This showed that, if private health insurance providers embrace and take advantage of their Employees' Resilience service delivery will be maximized. Private health insurance institutions are most likely to improve on delivery of services to their customers, in terms of; satisfaction, accessibility, responsiveness, effectiveness, consistency and nature of interaction with their customers. This finding is consistent with the works of [4] who argues that resilience capacity can be understood at an individual or personal level as well as at organization level. From both perspectives it is an important characteristic that influence the organization in long-run. In the emerging volatile business world where change is the only constant thing and human capital is considered to be the driving force of the organization and counted as the decisive factor responsible for making or mar the organisations' success, arguably, the most crucial capability for long-term survival is 'Resilience'. Moreover, if employees are the base for almost all the organizational outcomes, then definitely increased attention is required on the novel measures to increase promising organisational service delivery [8].

4.2. Relationship between Information Inductance and Service Delivery

Findings revealed a relatively low positive relationship between information induction and service delivery among private health insurance providers (r = .384**, p<.01). This implied that, when private health insurance providers package health insurance information its effect on service delivery is a little negligible, as compared with employee resilience. However, managers are encouraged not to ignore this attribute since the effects of employee resilience cannot be actualized effectively on service delivery without proper information induction. The researchers therefore observe that, these complement each other. Similarly, the [19] assert that consumer perception of health and wellness becomes more complicated with limited information availed to them, and so does the demand level for healthcare services. Consumer motivation to safeguard health is directly proportional to the long-term benefits of wellbeing and marginal 'health stock' in relation to resources spent. Effective service delivery in health insurance depends on having motivated staff, equipment, information and finance, and adequate drugs [10]. Improving access, coverage and quality of health services also depends on the way services are organized and managed, and on the incentives influencing providers and users [1].

5. Conclusions and Recommendations

5.1. Conclusions
In light of the fore stated findings, the researchers conclude that: when private health insurance institutions/providers embrace and take advantage of their Employees' Resilience in terms of; self-reliance, personal purpose, perseverance, problem solver, flexibility and adaptability et cetera; they are most likely to improve on delivery of services to their customers. When private health insurance institutions strategically package health insurance information and manage it through; smoothing, biasing, focusing, filtering, gaming and illegal acts; this in turn positively improves on private health insurance service delivery with their customers. For each of the variables indicated in the factor analysis, the most important attributes are the ones with the greatest variance percentage and these are the main attributes that should be considered first incase the variables are to be take advantage of and improved upon by private health insurance institutions in order to improve on health insurance service delivery. After the most dominant attributes are dealt with, the private health insurance institutions should then work on the second most important attributes in the order they are indicated to the one that explains the least. When this is done, ensures that there are positive relationships between the variables. On the other hand, the regression analysis predicted a moderated influence of (R value = 27.8%, and sig. 0.005) between employee resilience, information inductance and service delivery and Information Inductance (Beta = .219, sig. <.005), was the most influential at explaining Service Delivery among private health insurance providers in Uganda.

5.2. Recommendation
Owing to the study findings, the researchers suggest the following recommendations in order improve service delivery management among private health insurance providers in Uganda:

5.2.1. The Relationship between Employee Resilience and Service Delivery
Results showed that there is a moderate positive relationship between Employee Resilience and Service Delivery among private health insurance providers in Uganda (r = .491**, p<.01) and this relationship is statistically significant.
- Private health insurance institutions and individual marketing strategies need to be addressed form three dimensions of; personal, professional and emotional basis. Scientifically proven that performance of an individual is productive only when the three are combined.
- Information insemination among private health insurance providers needs to be contextualized towards the importance of health insurance against costs and perception.
- Government and Private health insurance institutions need to work together to establish organization arrangements that promote the most effective and efficient use of health care services that minimize duplication and streamline access.
- There is need to finalize and put into action the proposed NHIS to cover Ugandans working in the formal sector to subscribe to health insurance.
- Private health insurance institutions need to improve on their service delivery as effective and efficient as possible for satisfaction and delight of their customers. Customer satisfaction is fundamental to organization success and appreciation of the service being offered.

5.2.2. The Relationship between Information Inductance and Service Delivery
The results further revealed slightly moderate positive relationship between Information Induction and Service Delivery (r = .384**, p<.01) and this relationship is statistically significant.
- Unfair information disclosure, moral hazard and market indiscipline challenges in health insurance sector need to be extensively researched about and addressed.
- Private health insurance institutions need to handle customers' perceptions as it drives most of the success/failure of the industry. Customers' motivation to safeguard their health is directly proportional to their long benefits relative to cost.
- Private health insurance institutions need to continuously manage both employee and customers' perception and attributes as they influence how they behave and perceive service being offered and receive their support when needed. Just as perceptions of individuals can be faulty, attributes can be inaccurate as well.
- Private health insurance institutions should continuously market value and uniqueness of their health insurance products through enormous communication in clearly understandable and meaningful manner to create competitive advantage in the market and increase chances of success.
- There is need to design health insurance information systems in such a way that employees with autocratic tendencies do not use it for personal benefit at the expense of the interested users.

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