

Human Resource Management in Hospitals

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Abstract: The history of Indian medicine and surgery dates back to the earliest of ages. But hospitals as institutions to which a sick person could be brought for treatment were of a much later origin in other countries. In India, hospitals have existed from ancient times. Even in the 6th century B.C., during the time of Lord Buddha, there were a number of hospitals to look after patients. During the time King Ashoka (273 – 232 B.C.) Charka and Sushruta of ancient India were famous physicians. At that time Universities like Taxilla and Nalanda taught medicine based of Indian system of Ayurveda. The Upakalpa-niyam-Adhyam gives specification for hospitals buildings, labour rooms and also children's ward. The book had each and every minutest detail like hospitals equipments, utensils, instruments etc. in it. The evidences were later found in the edicts of Chola and Malakapuram, south India. The decline of Indian medicine started with the invasions of foreigners in the 10th Century A.D. Use of Allopathic system of medicine commenced in the 16th Century with the arrival of European missionaries⁽¹⁾

The hospitals, an institution dedicated to the attention of human suffering, treatment of the community has to take care of its personnel also. Recent trends indicate that the employees can no longer be viewed as a commodity. The need of Human Resource Management in hospitals has increased as the sizes of hospitals have increased, secondly more complexity due to diverse social, educational, ethnic and economical backgrounds have grown. Thirdly, hospital personnel are not dealing with machines / tools, but with human beings. The human beings with whom these employees are brought in contact with belong to four groups: Management, Medical Staff, Patients, and Visitors.

I. INTRODUCTION

The first hospital in India was probably built in Goa, which is mentioned in Fryer's Travels. Later the first hospital was built in India by Britishers in Madras during the year 1664, in Bombay 1676, in Calcutta 1708, and in Delhi 1874. Organized medical training was only started in the 19th Century. The first medical school was started in Calcutta, followed by in Madras⁽²⁾. After India gained Independence, there were rapid industrialization in the country, but at the same time there was continuous growth of population which caused medical & health problems. Special efforts were made by Central Government to from time to time to overcome the problems / hurdles.

Basically, Human Resource Management (HRM) includes the four functions of acquiring, developing, motivating and managing the human resource. HRM functions are broadly classified into two categories – managerial functions and operative functions. Hospitals unlike other industry are a different entity when compared to other industries. The role of this department and its head has a role cutout and exclusive. Unlike any other industry, the advent of technology, modernization, computerization, newer diagnostic and

intervention techniques, has not reduced the need of human labour in hospitals, which is now an industry. On the contrary there is a quantum growth in the need to appoint specialized manpower at various levels of patient care, which has emanated from the thought process of these professionals and promoters, who are enlightened with need to induce Quality Control in patient care. Hospitals shall always remain human intensive.

Though hospitals have been compared to industry, there is a distinct difference. The product of a hospital is service to people provided by its personnel with a variety of skills. The patient leaves home, family and his / her workplace and come in a new environment of hospital for recouping the illness. A hospital deals daily with the life, suffering, recovery and death of human beings. For the direction and running such an institution, its administrative personnel need combination of continuous knowledge, traits, abilities and skills⁽³⁾. The role of the HR manager in a hospital is multifaceted and complicated too. Manpower planning and recruitment involves a lot of thought process, training & development has to be qualitative and quantitative activity, especially for those who are employed as junior doctors, nurses, front office, ward staff, housekeeping / attendants, etc. since these are the people who come in direct contact with patients or their relatives. The need of human resource department is prerequisite.

It is evident; therefore, that Human Resource Management in hospitals involves more complexities than that in the average industrial situations. Human Resource Management in hospitals has now become a necessity and it has to achieve:-

- Effective utilization of Human Resource.
- Desirable working relationship among employees.
- Maximum employee development.
- High morale in the organization, and
- Continuous development and appreciation of human aspects.

Public and private hospitals recruit people for alike objectives. However, as the private organizations generally get the better employees than the public sector does. Training of health workers consumes substantial time and investment. Years of investment are lost in case a health worker quits one hospital to join elsewhere. Making up scarcity of personnel in hospital is not so simple. For any hospital it requires a lot of investment to train and sustain an individual. Individual workers functioning together contribute different skills, performing various functions – all forming into healthcare.

Madhya Pradesh is one of the largest states of the Republic of India. The state is marked with a complex social structure, a predominantly agrarian economy, a difficult inaccessible terrain, and scattered settlements over vast area that together pose several formidable problems to health service delivery systems. According to the 2001 census M.P. had a population of about 60 million, which is around 6% of the country's population. Ranking 7th in terms of population size and 23rd in

1 Encyc Britannica online, History of Hospitals

2 Crawford, D.G. (1918) A History of the Indian Medical Services, W. Thaker & Co., London, Page No. 391

3 Goyal, R.C., Hospital Administration and Human Resource Management, Prentice Hall of India Pvt. Ltd., New Delhi, Fourth Edition, Page No. 81

terms of population density among 35 states and union territories, it is a large state with a widely dispersed population and relatively low density. From the point of view of per capita income, literacy, urbanization, infrastructure facilities and other development indicators, M.P. belongs to the category of less developed states of the country⁽⁴⁾.

In spite of the best efforts on behalf of the govt. institutions, the people of the state are not satisfied and the health status though improved from yesteryears is far below when compared on the national scale. "Although the government health expenditure has risen in absolute terms, it has by and large remained static in per capita terms"⁽⁵⁾. The present management system for the government institutions is inefficient mainly due to lack of financial and managerial (e.g. management of personnel) autonomy. Thus, innovative thinking in financing, human resource management for health care and modern management (financial, personnel) with defined autonomy, responsibility, output and outcome orientation, will go a long way to improve the health of the people in the state of M.P.

II. RESEARCH METHODOLOGY

An attempt has been made in this research study to search the concept of effective utilization of human resource management with reference to some main public and private hospitals of Bhopal. As per the Madhya Pradesh Human Development Report, 2002, area of Bhopal (district) is 2772 sq. km. in area and population was 1836784. Bhopal has one district hospital, two Urban Civil Hospitals, two Community Health Centers (CHC), Ten Primary Health Centre and Sixty Three Sub Health Centre⁽⁶⁾. For the study, the researcher took two (02) hospitals each from private and public / govt. sector.

The research work has been conducted on open ended and close ended questions style. In this survey research, close ended questions mode is taken to be decisive. General open ended questions were used by the researcher because to enable respondents to express their opinions or views. Secondly, open ended questions may also reveal some important issues / points despite how good structure of the questionnaire is.

A. Target population:

In this, doctors, nurses, technicians and administrative staff were included in the government and private hospitals. Written consent was taken in order to approach the target population.

B. Objectives of Research:

To know, the various human resource policies that are being followed in private hospitals and compare them with government hospital's policies regarding to:-

- Red Tapism is present or not.
- Pay is based on performance or not.

How the private hospitals manages human resource in order to achieve desired goals efficiently. And, to find out the lacunas in government hospitals, even though huge manpower, good infrastructure etc. is provided in these hospitals.

C. Research Design:

4 Government of Madhya Pradesh, State Health Policy for Madhya Pradesh [Draft], 2010, Page No. 1

5 Gopalakrishnan & Agnani, Rajiv Gandhi Mission: Occasional Papers, Document:8, March 2001, Page No. 2

6 Madhya Pradesh Human Development Report, 2002 – District Factsheets, Page No. 154 & 461.

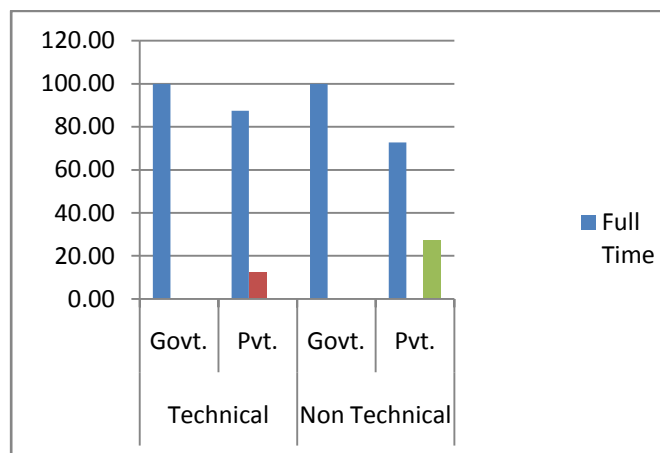
In order to study "Human Resource Management in Hospitals" the researcher has taken two hospitals each from government sector and private sector. This deliberate sampling – convenience sampling method, was used due to constraint of time, money and manpower, thus the study is based in Bhopal. For the study of "Human Resource Management in Hospitals", the researcher divided the staff into two categories namely – Technical staff and Non – Technical staff. Under technical staff following sub categories are attached – doctors, nurses, technicians etc. and Administrative staff, attenders, security personnel, hygiene workers, etc. come under non-technical staff.

D. Data Collection:

The researcher on this topic used both primary and secondary data, in order to make the research more accurate. Under primary data questionnaire method and interview method were used for separate categories of employees i.e. Technical and Non-technical, and in secondary data various publications of central and state governments were referred. Books, magazines, newspapers and other related records were also used.

III. RESULT & ANALYSIS

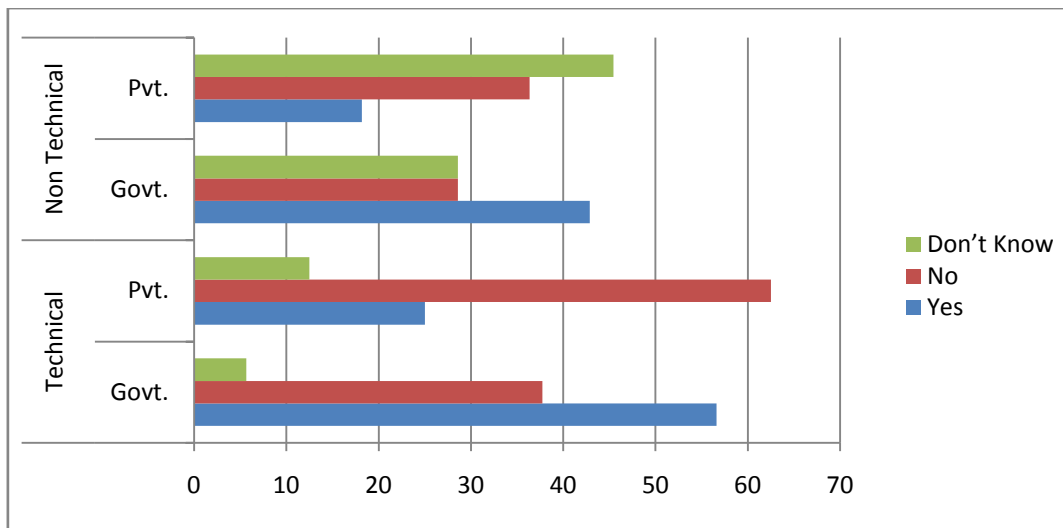
Graph No.1: Terms of the Employment in Hospitals.



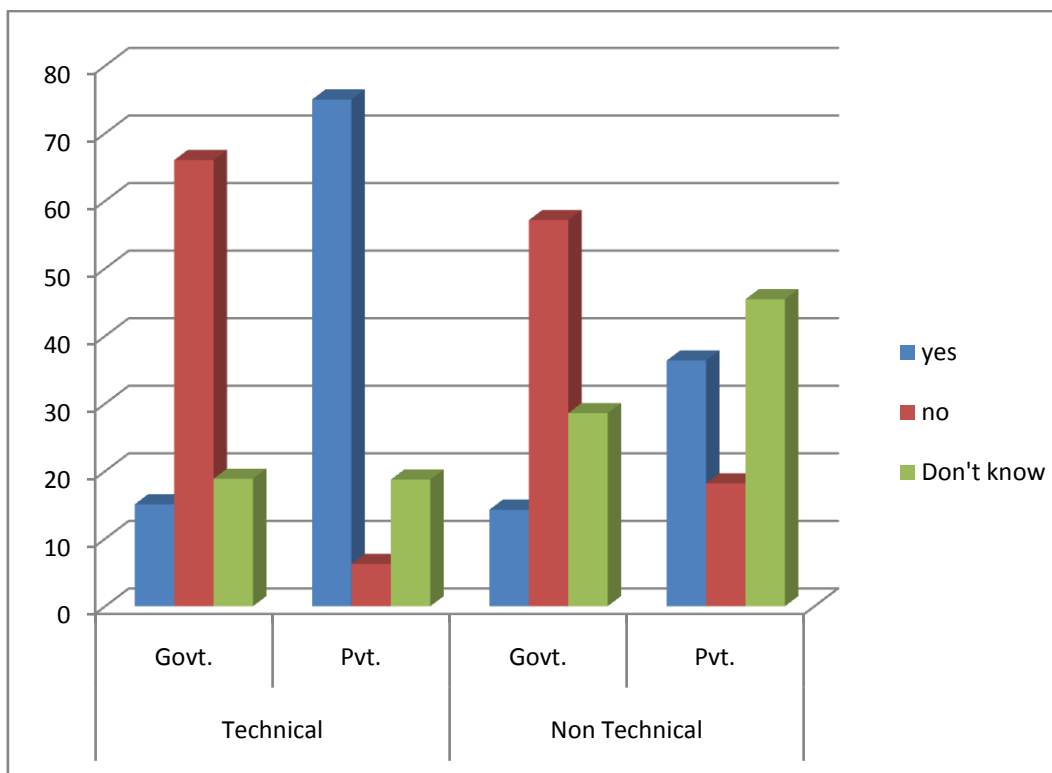
In the government hospitals the employees are on full time basis. On the other hand, in private hospitals, the ratio is different 87.5% of technical employees of private hospitals told that they are full time employees and rest 12.5% employees told that they are on part time duty.

'Red Tapism' or in simple words means excessive bureaucracy or adherence to rules, especially in public business. Through this questionnaire, it was found that 30 out of 53 i.e. (56.60%) government doctors / nurses etc are facing the problem of 'Red Tapism'. In the same way, the response of private hospital doctors, 50 out of 80 i.e. (62.50%) are not facing the problem of 'Red Tapism'. The doctors / nurses of private hospitals said that whatever they require / demand for the smooth functioning of the hospital process / working, they get from the management through a proper and transparent system.

Graph No. 2: Presence of Red-Tapism in Hospitals.



Graph No. 3: Salary Based upon Performance



When asked about the pay / salary be at par with the performance, the government employees negated. 66.04% said no, they had many points – like we are government servants. There is no question for salary be at par for our performance. Some doctors became angry, they told there is no criteria and other doctor said who will see and judge, it is very difficult and impossible, another point came that we are not private practitioners, we work here for a fixed monthly salary.

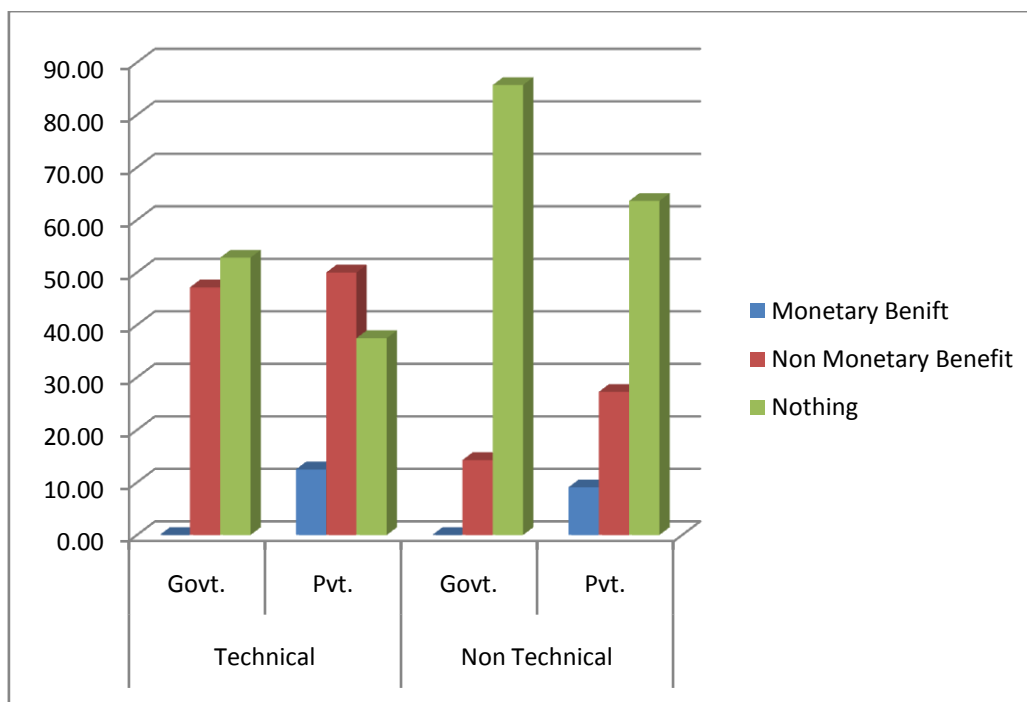
Whereas 75% of technical staff of the private hospitals wanted that their salaries / perks etc should be at par with their output. In the same way only 36.36% of non technical staff of private hospitals went for equal pay with their output, rest showed less interest in the answer, they were quit, i.e. 45.45% choosed don't know.

Rewards are of two types: - Monetary benefits include incentives, bonus, and cash rewards etc. or anything which is weighed against money. Secondly, Non Monetary benefits

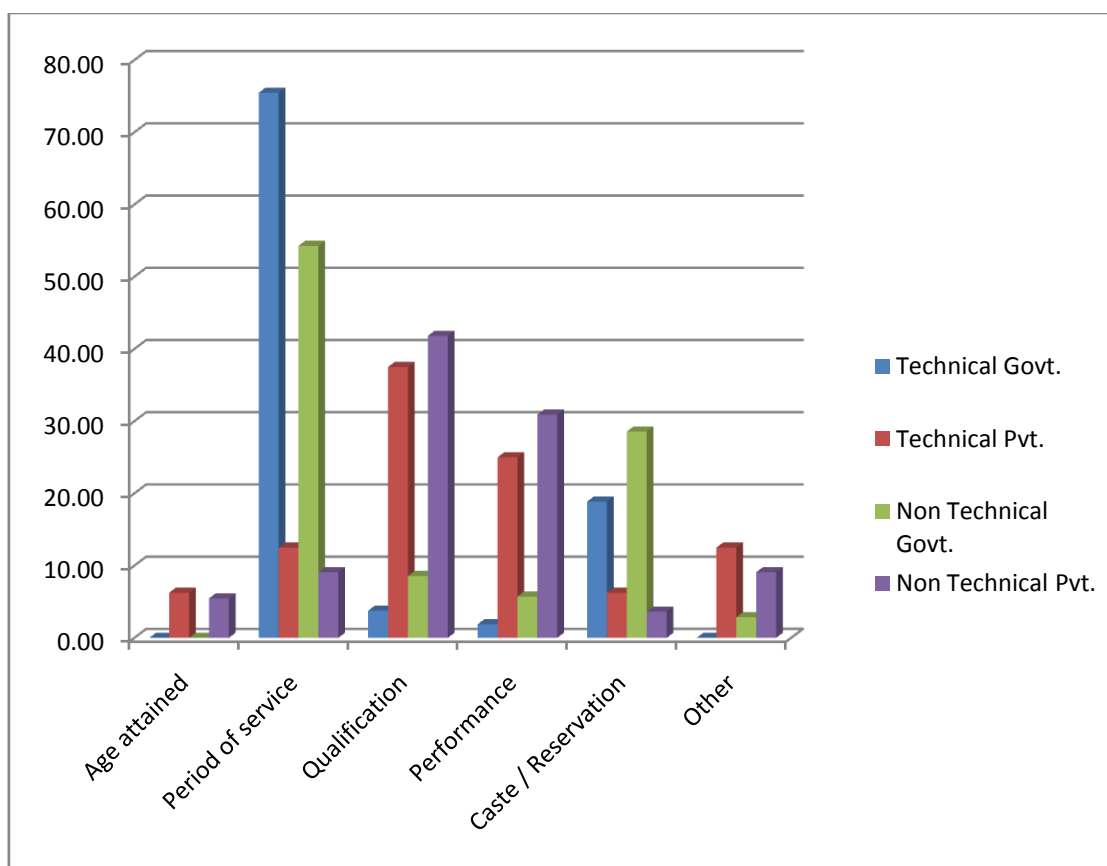
include recognition, certificates etc. or anything which is not equivalent to cash. 47% (25 out of 53) of the respondents of the government hospitals i.e. technical staff, told that they do get the “recognition” among the colleagues, whenever they give extra output to the hospital functioning. They do not get the monetary benefits. In the same way, as their counterparts, the technical staff of private hospitals (40 out of 80) i.e. 50% also responded that they only get the non monetary benefit like – recognition etc.

While 85% of respondents from non technical background / employees of government hospitals and 64% of private hospitals responded, that they do get nothing, even if they work extra, give better performance or output. Only, 12% of technical staff / respondent of private hospitals and 9% of non technical staff of private hospital have selected the option of getting monetary benefits, if they give extra output / extra ordinary performance.

Graph No. 4: Motivation for better Performance



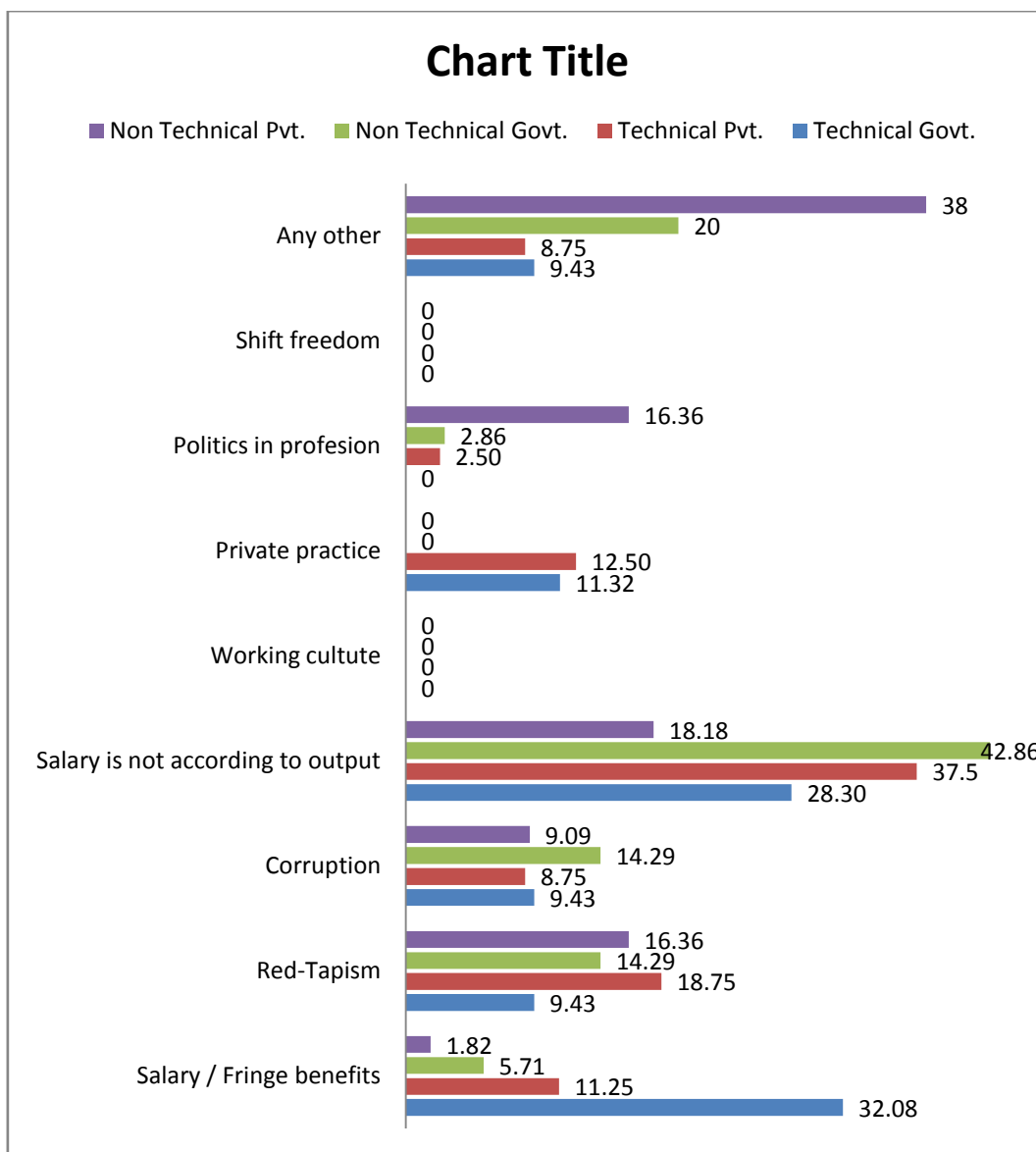
Graph No. 5: Basis for Promotion



During the filling of the questionnaire, this part was quite interesting, as results were surprising, when respondents were asked the depending factors for promotions. 75.47% of employees of the government technical staff thinks that period of service is having great factor for next promotion, 18.87% chooses the option of caste, they think that the reservation policies for SC / ST / OBC / Physically Handicapped etc. has / plays next important role in getting promotions. Same quantity or percentage of employees of non technical in the government hospital thin the same, 54.29% chooses period of service and next selected criteria is caste, which 28.57% have selected.

But when the researcher went in the private hospitals to search the criteria in getting the promotions, it was found that 37.50% of technical staff thinks that qualification and 25% of performance makes the important points for the management / higher authorities in giving promotions to them. In the same way 41.82% and 30.91% goes for qualification and performance by the non technical staff of the private hospitals. Reservation / caste in private hospitals don't play a greater role.

Graph No. 6: Reasons for shifting from Government to Private Hospitals



The researcher, when enquired about the reasons for switching, the government technical staff i.e. 32.08% choosed the salary / fringe benefit etc. is more in private sector then in government sector. The other higher group went for the salary in the government sector is not according to output, i.e. 28.30%. Whereas the non technical staff of the government hospital said the salary is not according to output i.e. 42.86%. In comparison to private hospital response, the technical staff 37.50% their responded the same point that salary is not according to output. 18.75% respondents think that red tapism is the main criteria for shifting.

CONCLUSION

In the government run hospitals, despite availability of qualified and trained staff, the quality of service is found low in comparison with private hospitals. Dissatisfaction with jobs, especially promotions, increments etc were found in the technical staff i.e. nurses, technicians, of the government hospitals. Employees of public / government hospitals are not only receptive but also eager for human resource management cell / department in their respective hospitals, but they have no hope of such measures. It was found out during the study, that government hospitals lack professional human resource management. They still work on age old traditional system i.e. the senior most doctor is made the Hospital Superintendent, he / she does the double duty example – his own departmental

work and other administrative duties of the hospital. In the public sector decisions are not taken fast and quick, it takes lot of time in getting approvals. Hospital lacks human resource manager or the cell which should look after the daily human resource problems. In the private hospitals, in which the researcher went it was found that there is at least human resource cell, having a manager. In bigger private hospitals, the role / duties are separate for the superintendent and of the human resource manager.

The researcher came to know that the big private hospitals do have a separate human resource department headed by the human resource manager and has a battery of clerks; they look after the daily chores of problems. These hospitals don't have any red tapism, the decision are taken quick. The main aim of private hospitals is to employee the best brains of the market and thus captures the market to make the brand image of the hospital. The private hospitals do promote the effective staff i.e. doctors, nurses etc. by closely watching their output in respect to punctuality, working hours, and output towards their respective departments. On the other hand, though the government machinery regarding health welfare is too huge, has well infrastructure, and rules and regulations, policies etc. but the human resource management or its proper utilization is poor. Thus it is evident from the research conducted that the government hospitals need to imbibe changes in the recruitment policy, reduction in redtapism, modern system of

appraisal system should be followed, giving priority to the performance, promotions / increments should be made proportional to the employee's output.

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