



A STUDY ON ISSUE, CHALLENGES AND OPPORTUNITIES OF HUMAN RESOURCES WORKING IN THE HEALTH SECTOR OF ORISSA

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Abstract

Without Resources an organisation is incomplete. An organisation is composed of four resources namely men, material, money and machinery. These 4 resources play a very important role in every organisation. From these 4 resources one is living i.e human being and others are non living. Without human beings no organisation can achieve their target. The organisation cannot achieve their goal without human beings effort. Hence, human beings are most significant asset of every organisation. Human resources are nothing but all the people ranging from lower level management to upper level management. In every organisation there are talented, intelligent, motivated, hardworking, sincere workforces who represent brand value for every organisation. Therefore we can say that they are the real asset of an organisation. Health sector is one of the most challenging sectors of our country. The shortage of human resources in health sector may cause to death. The scarcity of qualified person in health sector is a very big problem in Orissa. In Orissa there is less no of qualified health workers in rural areas. There is more absenteeism of health workers especially in rural areas in Orissa.

Key Words: Human resources, Brand value, Asset, Workforce, Health care, Absenteeism

Introduction

We all know that human being is characterised by their own characteristics. They are different by their personality traits, culture, behaviour, way of talking, like, dislike, language, gender etc. therefore human beings have different issuance while working in the organisation. As we all know human beings are the real asset of every organisation. So every organisation wants to satisfy their employee's needs and wants. If organisation will satisfy every employee's needs and wants then they will feel motivated and will achieve organisations objective.

In Orissa the health care system is comprehensive. There is a prominent inconsistency in the quality and broadcasting of medical treatment in our state. There is vast difference in health care between rural and urban areas. In our states there is a shortage of qualified and professional doctors, nurse and support workers in rural areas. There is also a great shortage of required no of facilities and also in terms of resources for health. The staffing structure as per norms of the Indian public health standards indicates that each sub centre is required to be manned by at least one female health worker/ auxiliary nurse mid-wife and one male health worker. One lady health visitor is entrusted with the task of supervision of six sub centres. Every village will

have a female ASHA chosen by and accountable to the panchayat and she is to act as the interface between community and public health system. Inadequacy in availability of sufficient staff as per the IPHS norms has been remained a constraint in the rural health care system of Orissa. In odisha, 85% of the total population is in urban areas. It is essential that, more than two-thirds of the total number of government doctors be placed in rural health settings.

There are no of qualified doctors, nurse, pharmacist and dentists in our states, but they are not getting proper training to implement their abilities. There are large no of government hospital where no of doctors are less. There are lot of issue and challenges facing by human resources in health sector. All these issues and challenges are needed to be addressed very carefully and properly.

Review of literature

Muhammad Hashim & Fazal Hameed(2012) talked about e-commerce, workforce diversity, change management , leadership development, successive planning, health and safety. They studied that concept of globalize human resources management should be implemented to prepare the skill people or manage worldwide. HR managers are need to develop a culture which will accommodate workforce diversity.

Suhana(2017) studied that human resources management department has become indispensable for 21st century modern business. This article elaborates the challenges faced by human resources in 21 st century. There is a shift in HRM manager's responsibility from simply handling personal issues to designing strategic.

Dipali(2018)observed that there is a high competition for talented people acquisition and retention. Technology is changing at fast pace and dealing with technology and related problems like arranging training, constantly updating with changing technology became problem. People felt insecure about job, salary, position, changing work culture etc.

Objective of the study

1. To study the various issues and challenges faced by human workforce in health sector
2. To analyze various opportunities provided to human resources in health sector

Research methodology

SAMPLE SIZE

The sample size is 150 Person including male and female of distinct groups having different educational qualification and also of different occupation. Both urban and rural places are taken for data collection. The primary data is collected is collected with the help of questionnaire. The questionnaire is sent to 200 Person, out of which 150 are responded. For the purpose of analysis, simple statistical technique like averages and percentage are used.

Limitation of the study

The study is limited to geographical areas of Odisha only. Therefore the generalisability of the finding of the study is limited to that extent. In this study convenient sampling technique is used.

DATA ANALYSIS

No of Person Responded

The questionnaire is sent to 200 Person, out of which 150 are responded. Out of 150 respondents, 80 are male and 70 are female.

Male/ Female	No of Respondents
Male	80
Female	70

Age wise Qualification of Respondents

Age	Male	Female
25-30	10	15
30-35	15	10
35-40	25	20
40-45	20	15
45-50	10	10
Total	80	70

Qualification wise classification of Respondents

Education	Male	Female
Under graduate	20	30
Graduate	40	20
Post Graduate	20	20
Total	80	70

It is observed that most of the respondents are under graduate and graduate.

Response on question what contributes to health care shortage?

Response	Male	Female	Total
Increases in chronic diseases	20(Agreed) 10(Disagreed)	15(Agreed) 5(Disagreed) 5(Neutral)	55
Retirement	10(Agreed) 5(Neutral)	20(Agreed) 5(Strongly Agreed)	40
Limited capacity of education programs.	10(Agreed) 15(Disagreed) 10(Strongly Agreed)	10(Strongly Agreed) 10(Neutral)	55
Total	80	70	150

It is observed that 50% of the respondents agreed that increases in chronic disease, retirement and limited capacity of education programs contributes to health care shortage. 10% disagreed on increases in chronic diseases, 10%disagreed on due to limited capacity of education program. 16.67% strongly agreed that retirement and limited capacity of education program are the reason which contributing to shortage of health cares.

Response on Question which health professions are experiencing workforce shortages?

Response	Specialist	Male	Female	Total
Strongly Agree	Neurologist	30	30	30
Neutral	Radiologist	20	20	40
Disagree	Primary physicians	20	10	60
Strongly Disagree	ENT Specialist	10	10	20
Total		80	70	150

It is observed that 40% strongly agree that there is shortage of Neurologist in health sector of Orissa. 26.67% remains Neutral with the shortage of Radiologist in our states. 20% disagree with the shortage of Primary Physician in our states. 13.33% strongly disagree with the shortage of ENT Specialist in our states.

Response on Question which factors can reduce health workers shortage?

Response	Factors	Male	Female	Total
Strongly Agree	Better incentive	40	40	80
Agree	Training	30	20	50
Disagree	Advancement paths	5	5	10
Strongly Disagree	Education programs	5	5	10
Total		80	70	150

It is observed that 53.33% of the respondent strongly agrees that with the help of better incentives health worker shortage can be reduced. 33.33% of the respondents agreed that with the help of training shortage of health workers can be reduced. 6.67% of the respondents disagree with the advancement paths. 6.67% of the respondents strongly disagree that education program cannot reduce shortage of health workers.

Response on Question how can we fix health care shortage?

Response	Factors	Male	Female	Total
Strongly Agree	Increase interest	30	30	60
Agree	Increase funding	30	15	45
Neutral	Fellowship Training	15	20	35
Strongly Disagree	Centre of Excellence	5	5	10
Total		80	70	150

It is observed that 40% of the respondents strongly agree that increase interest among health workers can fix health care shortage problem. 30% of the Respondents agreed that increase in funding can fix the health care shortage. 23.33% of the respondents remain neutral that by providing fellowship training to health workers can fix the shortage of human resources in health sector. 6.67% of the respondents strongly disagree that centre of excellence can fix the health care shortage problem.

The critical study of issues and challenges of human resources working in the health sector is based on secondary data. This secondary data is collected from books, journals, reports and websites.

Following are some issues and challenges faced by Human Resource while working in the health sector:

1. Low Salaries

We all know human beings are asset for all organisational sectors. In every country doctors are treated as identical to god. But there is a problem that they are getting low salaries as per their work and talent. In government hospital doctors are even not coming to the hospital properly. Due to low salaries there is high absenteeism in health sector of Odisha.

2. Low Morale

Many health workers, especially the high-ranked ones like allopathic doctors and specialists are reluctant to work in rural areas because in rural areas they have poor career prospects, have lower income, less opportunities for outside earning in private practice, have very few job opportunities for spouse and educational opportunities for children, have less scope to work efficiently, poor condition of staff quarters etc.

3. Inadequate supply of skilled health professional

Due to inadequate skilled health professional in government hospital, people are reluctant to use public health facilities and go to the private practitioners, which increases the out of pocket expenditure of the poor people. The inadequate supply of skilled workers in rural areas is just because of reluctance of health workers to work in rural areas and the inability of public sector to attract and adequately staff rural health facilities.

4. Acute Staff Shortage

There is shortage of qualified and professional doctors and nurse in government hospital of Odisha. Due to which it increases the work load of existing staff. Further the increased work load affects the efficiency and effectiveness of health workers in maintaining patient safety and providing quality of patient care and increases the stress level and mental exhaustion among the health worker, which can result in increase in mistake, accidents, medical errors and ultimately increases in unethical practices.

5. Shortage of female practitioners

The health sector of Odisha has been facing a serious shortage of female practitioners, especially in rural areas. The shortage of female doctors in rural areas is so serious that about 75% of PHCs were without a lady doctor in 2015. There is a need for lady doctor because sometimes patients are not feeling comfortable to discuss their certain health issues with the male practitioners.

6. Absenteeism

The problem of health workers shortage in the public health sector in rural areas is further made complex by large scale of absence and low level of participation in providing health care among the existing health workers. Due to absenteeism there is overburdening of the existing health workers, reduces their time for patients, delay in response to patients and increase patients waiting time for tests, all of which lead to delay in treatment and discharge of the patients.

QUALITY OF HEALTH WORKERS: SKILLS, EMPATHY AND ACCOUNTABILITY

The quality of health workers in health care sector encompasses skills, empathy, accountability, professionalism, ethos, values and so on has become cause of concern as well. Apart from that it is also matter for the quality of health professionals and workers, the facilities and provisions for their pre- service and in service training and orientation programmes. Odisha, one of the states in India with low health indicators, faces challenges in recruiting and retaining health staff in the public sector, especially doctors. Our state faces a major shortage of doctors particularly in rural and remote areas. In order to address these challenges, it is essential to understand medical student's career plans, specialization preferences, choices of job location and sector and views on working in rural and remote areas.

Conclusion

The analysis illustrates that shortage of human resources for health workers in Odisha especially the skilled health professionals and workers is at considerable level and thereby it is a great concern. Due to inadequate health services rural people are facing a lot of problem. The problem of health workers shortage in public health sector in rural areas is more due to absenteeism of professional doctors. There is also shortage of lady practitioners and physician. Many qualified physician are reluctant to work in rural areas because of low career prospects, less opportunities for private practices, less scope for their children's education, poor condition of staff quarters etc. Besides, Orissa needs a comprehensive information system on different aspects of health care which is necessary to monitor health outcome and informing the state policy making body to make course correction for the betterment. There should be proper education and training system so that all the adequate practitioners should feel motivated and trained. The medical education and training system of Odisha has to be tailored in the lines of growing population and its emerging health care needs. The current government strategies to address the shortfall of health workers in rural settings may be ineffective without the infusion, of some inducements, and unless these jobs are made lucrative for physicians.

Suggestion

1. The state government should focus more on uniform guidelines for each category of health staff and develop their own norms. The government should provide better condition of staff quarters to qualified doctors so that they feel safety and motivated.
2. The state government should make the policy of appointing qualified doctors like as defence system. In defence system of India people are appointed for 5 years in field work and next 5 years in peace station. Like this state government of Odisha should also make policy of appointing qualified doctors for 5 years in rural areas and next 5 years in urban areas.

3. The state government also should make guidelines that the doctors must do 5 years of job in rural areas, after doing this they can do their post graduation. So that the qualified doctors should get some experience while dealing with their patient and also they can expose themselves in wider prospects.
4. The government should provide special medical and educational strategies for all the qualified doctors who are likely to serve in under- serviced areas and mould education to retain them.
5. The government should give more emphasis on posting of more than one female health workers / auxiliary nurse mid- wife and also more than male worker in each sub centre.

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