

Comparative Study of Training and development activities in Public and Private hospitals

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Abstract

The literature survey revealed the presence of many human resource problems in rural hospitals, like high attrition, absenteeism and more employees' turnover.

The present study is an attempt to find out the human resource management practices prevalent in the rural hospitals in Uttarakhand with the purpose of suggesting improvements, if necessary.

Hospital is an institution dedicated to the attention of human suffering, treatment of ailments and improvement of general health of the community. The people who are directly involved in this exercise basically include doctors and nurses with support from para-medical staff. It is the responsibility of the managements of hospitals to provide due attention to them and thereby inculcate a sense of commitment. Time has come for hospitals to adopt HRM resource practices as part of hospital management due to the following reasons:

1. The increasing size of hospitals is making it impossible to have a continuance of employer -employee relationships in which they worked side-by-side, knew each other and understood mutual problems. Though there are supervisors in every department to act as a link between the management and employees, their job focuses more on getting work done. The supervisors lack training in building human relationships, which makes human resource management practices inevitable.
2. The increasing complexity of the various problems in dealing with hospital employee relation's demands attention of specially trained professionals .Only these professionals can assure continued attention to ensure a desirable working relationship in hospitals.
3. Proper human resource management practices in hospitals can result in increased job satisfaction, which would otherwise lead to high rates of employees turnover.
4. Proper employee selection, training and control play a vital role in bringing economy and efficiency in the functioning of hospitals. Employee selection, training and control require special skills, time and effort which cannot usually be provided by a person in charge of general administration as is the case in many hospitals.

These factors are more important since hospital employees interact with other individuals. Generally they interact with four groups of people: management, medical staff, patients and visitors. The interactions with each of the four groups involve a wide range of interpersonal relationships. Unless these relationships are positive, it can produce a serious impact on the functioning of the hospital.

Human resource management practices have always been performed in hospitals. Recruitment, selection, induction, training, confirmation and dismissal are the present- day activities of human resource department in hospitals, though done more as part of administration. But it is very important that in a period of rising costs and shortage of trained hospital employees, every possible step be taken to reduce employee turnover.

Good human resource practices can produce better results through employees who are well selected, thoroughly trained and work under satisfactory working conditions.

This research study explains the analysis and interpretation of data on human resource management practices, collected from hospitals in Uttarakhand under two types of managements: Private and Public.

Keywords : Employees' turnover, Personnel policies, Recruitment practices, Induction.

5.1 HUMAN RESOURCE DEPARTMENT

Hospitals require personnel with different categories of multi-disciplinary expertise and excellence. The doctors, para-medical staff, nursing staff, and staff of managerial cadre play an important role in offering healthcare services. So it is essential that hospitals and healthcare institutions have an efficient human resource department

Table:5.1

Human resource department

Nature of ownership	Yes	No	Total
Private	21 (100 %)	0 (0)	21 (100 %)
Public	14 (56 %)	11 (44 %)	25 (100 %)
Total (No. & %)	35 (76.08 %)	11 (23.91 %)	46 (100 %)

Source: Field Survey

Table 5.1 shows that all Private hospitals studied have a human resource department. This practice is less prevalent in hospitals run by government. In Public hospitals, all activities of an HR department are carried on by the hospital administrator or manager. The various activities like recruitment, selection, training, compensation, motivation, etc are to be handled systematically and scientifically. The present system of considering human resource activity as part of hospital administration is a concept of yesteryears. Today for efficient functioning of any hospital, the employees have to be treated humanely, motivated very well and morale boosted so that they remain to be associated with the hospital for longer years.

5.2 DECISION-MAKING PRACTICES

Decision-making is defined as the choice from among alternatives of a course of action; it is at the core of planning. Decision-making in human resource management assumes great importance since the management can plan the future course of action on all aspects affecting employees well in advance. This facilitates employee satisfaction and their unrest can be curbed.

Decision-making could be centralised or decentralised. In a centralised decision making for human resources, the management would perform all the human resource activities at a central office for the whole hospital or even for the whole group of hospitals. Different departments do decentralised decision-making for human resource activities and the important areas covered would be on recruitment and selection

process, training and dismissal policies. These types of decisions are undertaken for nurses, para-medical staff, office staff and other lower level employees.

The type of decision-making in private hospitals under different forms of managements is given in Table 5.2:

Types of Decision making

Nature of ownership	Centralised	Decentralised	Total
Private	21 (100 %)	0 (0)	21 (100 %)
Public	19 (76 %)	06 (24%)	25 (100 %)
Total	40 (86.95 %)	06 (13.04 %)	46 (100 %)

Source: Field Survey

It is seen from Table 5.2 that decision-making process is centralised in all the hospitals under private management (100%). Majority of public hospitals (76%) follow centralised decision-making. Since decision-making is centralised in the majority of hospitals, interdepartmental transfers of personnel other than doctors become easy. Unutilised manpower can be properly reallocated to ensure the optimum utilisation of available resources. Since the study is on managing human resource and issues relating to their retention, centralised decision-making would help the top management to understand the employee-related problems of all departments. Common human resource policies could be implemented from the focal point of centralised decision-making, namely the Board of Directors or the team of management representatives.

5.3 RECRUITMENT PRACTICES

Recruitment is the process of searching for prospective employees and stimulating them to apply for jobs in the organisation.² The objective of recruitment is to increase the selection ratio, i.e. the number of applicants per job-opening. To initiate recruitment activity, proper human resource planning must be conducted. A HR planning is the process of deciding what positions the firm will have to fill and how to fill them.³ The Personnel Requisition Form (PRF) sets the stage for hiring different types of employees for their respective departments. Each head of the department, in consultation with the head nurse or matron as the case may be, prepares the requisition taking into consideration the probable resignations, bond period completion, leaves, etc. The requisition, as it is commonly called, is an indicator to the top management to initiate actions for advertising and filling all the required positions.

Two factors are generally considered while planning for recruitment — workload and hospital expansion. These factors were analysed for the three different types of hospitals namely corporate, mission-run and hospitals managed by societies and trusts. The details of the analysis are given in Table 5.3:

Factors For Recruitment

Nature of ownership	Workload	Hospital Expansion	Total
Private	14(66.66 %)	07(33.33%)	21(100%)

Public	11(44%)	14(56%)	25(100%)
Total	25(54.34%)	21(45.65%)	46(100%)

Source: Field Survey

Workload is considered as the criterion for recruitment by 66.66% of hospitals under private managements. Public hospitals recruit employees to meet the hospital expansion (56%). Hospitals all more than 30 years old, already have the basic departments and hence recruit personnel only for workload, which arises when existing employees leave.

CRITERIA FOR SELECTION: QUALIFICATION AND EXPERIENCE

With many medical, nursing and pharmacy colleges producing many professionals in the respective areas, there will be a pool of applicants once an advertisement in any media. Selecting the right employee becomes very tough task. Still proper selection becomes very important due to the following reasons:

1. Candidates with right skill and qualities will perform more efficiently.
2. Recruitment itself is very costly process, keeping in mind the high advertisement costs. Therefore selection must be made judiciously, so that a same exercise should not be repeated in the future. In a hospital, qualification is the prime concern especially for doctors, nurses, para-medical staff and pharmacists. They must have their registration numbers with their respective professional bodies. The criteria for selection of personnel in private hospitals were found out and analysed and the details are given in Table 5.4:

Selection criteria :Responses from the management of Hospitals

Nature of Ownership		Basic of selection			
		Educational Qualification	Experience	Education & Experience	Reference
Private (21)	Always	10 (47.61%)	13 (61.90%)	16 (76.19%)	15 (71.42%)
	Sometimes	10 (47.61%)	8 (38.09%)	5 (23.80%)	6 (28.57%)
	Never	1 (4.76%)	0	0	0
Public (25)	Always	12(48%)	16(64%)	25(100%)	12(48%)
	Sometimes	10(40%)	9(31%)	0	13(52%)
	Never	3 (12%)	0	0	0

Source: Field Survey

feature to be noticed here is that private hospitals do entertain reference as a criterion for employee selection, while in hospitals managed by government, there is a small role for reference.

5.4.1 Selection Criteria for Doctors

The staff selection criteria resorted to by the managements in the selection of doctors are given in Table 5.5:

The Selection Criteria for doctors adopted by hospitals.

Nature of Ownership	Criteria						
	Marks	Experience	Marks & Experience	Reference	Marks, experience & Reference	Community	Community, experience & Reference
Private(21)	0	6 (28.57%)	16 (76.19%)	10 (4.61%)	18 (85.71%)	0 (9.52%)	1 (4.76%)
Public (25)	0	9 (36%)	17 (68%)	8 (32%)	12(48%)	2	15(60%)
Total (46)	0	15(32%)	33(71.73%)	18(39.13%)	30(65.21%)	2(4.34%)	16(34.78%)

Source: Field Survey

Table 5.5 shows that none of the hospitals (85.71%) studied considers marks as the only criterion for selection of doctors. Marks coupled with experience or reference mattered most. Private hospitals did not consider any community also as a criterion for selection of doctors. An interesting fact is that only public hospitals consider 'community' along with other factors like marks and experience.

Thus quality of the candidate plays an important role in the selection of doctors in hospitals.

5.4.2 Selection Criteria for Nurses

The staff selection criteria adopted to by the managements in the selection of nurses are given in Table 5.6.

Table 5.6: **The Selection Criteria for Nurses Adopted by Private Hospitals**

Nature of Ownership	Criteria						
	Marks	Experience	Marks & Experience	Reference	Marks, experience & Reference	Community	Community, experience & Reference
Private(21)	7(33.33%)	9(42.85%)	8(32%)	5(20%)	21(100%)	5(20%)	12 (57.14%)
Public(25)	12 (48%)	21 (84%)	22 (88%)	0	25 (100%)	12 (48%)	21 (84%)
Total (46)	19(41.30%)	30(65.21%)	30(65.21%)	5(10.86%)	46(100%)	17(36.95%)	33(71.735)

Source: Field Survey

Table 5.6 shows that in the selection of nurses, 100 per cent of private hospitals studied give priority to marks, experience and reference of the candidate.

Public hospital also gives 100 percent to marks ,experience and reference experience . Community is also considered as a factor for nurses in the case of public hospitals.

5.4.3 Selection Criteria for Para-medical staff

For this study, para- medical staff include the lab technicians, pharmacists and x-ray machine operators. Their selection criteria are also of utmost importance since any negligence from their side could lead to

medical errors. In fact the doctors rely on reports approved by them. The selection criteria of para-medical staff adopted by hospitals under study are given in 5.7

Table:5.7:Selection criteria for Para-medical staff

Nature of Ownership	Criteria						
	Marks	Experience	Marks & Experience	Reference	Marks, experience & Reference	Community	Community, experience & Reference
Private(21)	7(33.33%)	11(52.38%)	10(47.61%)	5(23.80%)	12(57.14%)	12(57.14%)	11(52.38%)
Public(25)	5(20%)	7(28%)	18(72%)	5(20%)	20(80%)	11(44%)	25(100%)
Total (46)	12(26.08%)	18(72%)	28(60.08%)	10(40%)	32(69.56%)	23(50%)	36(78.26%)

Source: Field Survey

Table 5.7 shows that hospitals under different managements consider marks, experience and reference as major criteria for recruitment of para-medical staff also.

The above analysis clearly shows that quality of para-medical staff is provided utmost importance in private hospitals and their selection is also on merit.

5.5 MODE OF COMMUNICATION

There are two main forms of communication: External and Internal. Both are vital to the success of any organisation, here being hospital.

5.5.1 External Communication

External operational communication is that part of an organisation's structured communication with people outside the organisation in an effort to accomplish certain objective. External communication in human resource management includes basically employment advertisements and offer/appointment letters.

The responses of managers on the aspect of appointment letters to the staff while joining are given in Table 5.8:

Nature of Ownership	Issuance of appointment letter		Total
	Yes	No	
Private(21) (no. & %)	19(90.47%)	2(9.52%)	21(100%)
Public(25) (no. & %)	23(92%)	2(8%)	25(100%)
Total(46) (no. & %)	42(91.30%)	4(8.06%)	46(100%)

Source: Field Survey

It is evident from Table 5.8 that majority of the private hospitals issue appointment letters to their staff at the time of their joining itself though it is not similar in the other types of hospitals. In public hospitals, appointment letters are provided to all permanent employees, irrespective of job category.

5.5.1.1 Contents of Appointment Letter

An appointment letter must necessarily contain the name of the employee, designation, salary agreed upon, job description, etc. Definitely it must contain salary details and job description.

The details of the content of the appointment letter were elicited from the respondents. The data and results of the analysis done in this regard are given in Table 5.9:

Content of appointment letters

Nature of Ownership	Content of appointment letter	
	Salary details	Job description
Private(21)	13(61.90%)	8(38.09%)
Public(25)	23(92%)	2(8%)
Total(46)	36(78.26%)	10(21.73%)

Source: Field Survey

Table 5.9 reveals that appointment letters issued by majority of private hospitals contain salary details (61.90%) and job description (38.09%). The point to be noted here is that all the hospitals do not always specify the salary payable to their employees. Also the employees are not sure about their specific jobs since it is not mentioned in the appointment letter. It is essential that all appointment letters carry salary and job description details. Thus the employees can know for sure the types of job to be performed. This reinforces the confidence of employees, which, in turn, will help them to work more efficiently.

5.5.2 Internal Operational Communication

Internal operational communication consists of structured communication within an organisation pertaining to the accomplishing work goals.⁴ The management may use memos, circulars, letters or notice boards as the medium of communication and employees may use exit interviews, suggestion boxes or grievance cells as their medium.

5.5.2.1 Internal Operational Communication by Management

The details of the communication channels used by management for communicating messages to employees are given in Table 5.10:

Internal communication channels used by hospitals management

Communication channels	No. & %
Memo/Circulars	22 (47.83%)
Notice board	10(21.74%)
Letters	12(36.08%)
Others	2(4.38%)
Total	46(100%)

Source: Field Survey

5.5.2.1 Internal Operational Communication by Management

The details of the communication channels used by management for communicating messages to employees are given in Table 5.10:

It is evident from Table 5.10 that 47% hospitals studied depend on memos/circulars for communicating with employees and 36 per cent through letters. Wherever matters had to be conveyed individually, the management used letters and issues on common human resource management were conveyed through circulars.

5.5.2.2 Internal Operational Communication by Employees

The commonly accepted communication channels used by the employees were also found out from the management. The details are given in Table 5.11:

Communication channels used by Employees

Communication channels	No. & %
Suggestion box	8(17.4%)
Exit interview	23(50%)
Surveys	4(8.70%)
Grievance procedure	11(23.90%)
Total	46(100%)

Source: Field Survey

Table 5.11 shows that for 50 per cent of the respondents, the major communication channel of the employee is exit interview. Suggestion box is considered by 17.4 per cent of the respondents to communicate to their employers.

Grievance procedure is also an accepted channel of communication used by employees through the grievance cell existing in hospitals.

5.6 AWARENESS OF PERSONNEL POLICIES

Personnel policies refer to the principles and rules of conduct that employees need to follow. Hospital shifts, shift timings, overtime, leave availing procedures, holidays, and details of termination of service, etc form

part of hospital personnel policies. In order that transparency exists in hospitals, these policies must be made known to the employees.

The responses of the management on whether all the personnel policies are made known to the employees in writing are given in Table 5.12:

Awareness of personnel policies among staff

Nature of ownership	Response		Total
	Yes	No	
Private(21)	18(85.71%)	3(14.28%)	21(100%)
Public(25)	18(72%)	7(28%)	25(100%)

Source: Field Survey

Table 5.12 shows that majority of the hospitals under the two forms of managements do make all the personnel policies known to the employees in writing. Hence, employees are kept in the dark about various benefits, claims, leaves, etc.

5.7 CAPACITY BUILDING PROCESS

Capacity Building is the process of equipping individuals with the understanding, skills and access to information, knowledge and training that enable them to perform effectively. Capacity building is defined as the "process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in the fast changing world."⁵

5.7.1 Capacity building Process: Induction Programme

Induction is technique by which a new employee is rehabilitated into his surroundings and introduced to the practices, policies and purposes of the organisation. This is a welcoming process which is conducted only once for each employee, during which the employee is informed about the rules and regulation existing in the hospital. Induction is provided to nurses, para-medical staff and other staffs by the head nurse or by the hospital administrator. In the case of doctors induction the respective heads of departments conducts programme. Without a proper induction, employees, especially fresh recruits, will feel insecure and nervous since they are new to a work environment. At the same time, if done properly, induction provides confidence to the new recruits.

The response of the management on whether induction programmes are conducted or not are given in Table 5.13:

Induction Programmes:-Responses from hospitals

Nature of ownership	Response			Total
	Always	Sometimes	Never	
Private	15(71.42%)	4(19.04%)	2(9.52%)	21(100%)
Public	18(72%)	4(16%)	3(12%)	25(100%)

Source: Field Survey

Table 5.13 shows that majority of the hospitals under the three different management groups always conduct orientation programmes for their new recruits.

The department heads in case of doctors and nursing superintendents in case of nurses and auxiliary staff does these orientation programmes.

This is a positive approach of the private hospitals since the employees become more confident to work in such environments. This confidence will help them work more efficiently without any ambiguity.

5.7.2 Capacity Building Process: In-house Training Programme Training is an application of knowledge. Since we find multi-dimensional changes in the medical sciences in addition to the changes in the behaviour profile of patients and their relatives, it is essential that training in related disciplines are imparted to all categories of hospital personnel.⁷ Medical technology is advancing, so are the diseases. Different types of communicable and non-communicable diseases change the disease profile of patients. Thus, training has become an indispensable element in the medical field.

The responses of management on training policies in private hospitals are given in Table 5.14:

Nature ownership	Response		Total
	Yes	No	
Private(21)	18(85.71%)	3(14.28%)	21(100%)
Public(25)	21(84%)	4(16%)	25(100%)

Source: Field Survey

It can be seen from Table 5.14 that majority of hospitals under study have their own training policies. Since all these hospitals have a nursing school attached to the main hospital, training is provided to most of the nurses and para-medical staff.

Hospitals usually conduct various programmes on health like nursing courses of different durations usually with in-house faculty. Some hospitals have consultants coming from other states and doctors receive hands-on experience while working with them.

5.7.3 Capacity Building Process: External Training programmes

Since all the hospitals surveyed had nursing schools, internal training programmes were available to a certain extent. But hospital personnel must be deputed to attend training programmes outside the hospital also. Various professional bodies like Indian Medical Association, Paediatrics Society, Oncology Society of India, etc. conducts short-term training programmes at their nodal centres by experienced professionals.

The details of the personnel sent for training as reported by the respondents are given in Table 5.15:

Category	Response		Total
	Yes (no.& %)	No (no.& %)	
Doctors	18(39.13%)	28(60.87%)	46(100%)
Nurses	22(47.82%)	24(52.18%)	46(100%)
Para-medical staff	3(6.52%)	43(93.48%)	46(100%)

Source: Field Survey

Table 5.15 shows that out of 46 hospitals only 18 are interested in sending doctors for training. It was noticed that private hospitals, as a practice, do not have a system of sending doctors for training unless he/she is a stakeholder in the hospital since training for doctors is very expensive.

Out of 46 hospitals, 22 sent nurses for training. Also the training policy for para-medical staff is not encouraging. In all the three categories of employees, majority are not sent externally to attend any training programmes. This is not an encouraging trend, especially when medical technology is advancing at a very high rate. Reasons suggested for this approach was shortage of people. Training takes away lot of man-hours at the hospitals putting the patients in a fix.

Majority of the hospitals are imparting training for employees only once a year. Since the Indian Medical Council stipulates that doctors and nurses should be trained on a regular basis, the management must be more concerned and must try to adhere to such norms.

5.7.4 Capacity Building Process: Post-Training appraisal

Equally important as training is post-training appraisal. This is done to determine the effectiveness of the training programme — to understand if employees who were sent for training benefited from such programmes. The details of the post training appraisal conducted by hospitals are given in Table 5.16:

Nature ownership	Response		Total
	Yes	No	
Private(21)	19(90.47%)	2(9.52%)	21(100%)
Public(25)	21(84%)	4(16%)	25(100%)

Source: Field Survey

It can be seen from Table 5.16 that majority of the hospitals managed by private (90.47%) do conduct a post-training appraisal for their employees. Thus the effectiveness of the training programmes conducted is verified.

5.7.5 Capacity Building Process: Implement New Skills

The frequency of permission granted to trained staff to administer the new skills acquired by them through training received was elicited next. Such instances increase the confidence of employees and boost their morale. The details of the analysis are given in Table 5.17:

Post training skill development

Nature ownership	Response			Total
	Always	Sometimes	Never	
Private(21)	9(42.86%)	6(28.57%)	6(28.%)	21(100%)
Public(25)	16(64%)	4(16%)	5(20%)	25(100%)
Total(46)	25(54.34%)	10(21.73%)	11(23.91%)	46(100%)

Source: Field Survey

42 per cent of the private hospitals always permit their trained staff to administer new skills acquired through training. Hospitals managed by government (64%) are also in favour of permitting their employees in implementing skills learnt by them through training received from elsewhere. Usually it is seen that doctors, who go for training, are encouraged to try out similar situations in their respective hospitals.

5.7.6 Capacity Building Process: Deputing for Seminars/Conferences

Various hospitals and associations conduct seminars and conferences at local, national and international levels. Though it is not practical to depute everyone for the same, key persons in charge of every department must be deputed. This enhances their knowledge on technology innovations in medical field.

The analysis done on frequency of sending employees for seminars/ conferences is given in Table 5.18:

Nature ownership		Response		
		Annually once	Annually twice	Never
Private	D	21(100%)	-	
	N	10(47.61%)	-	11(52.38%)
	P	5(23.80%)	-	16(76.19%)
Public	D	19(76%)	6(24%)	-
	N	20(80%)	5(20%)	
	P	14(56%)	4(16%)	7(28%)

Source: Field Survey

Table 5.18 shows that majority of the hospitals managed by private ownership rarely sent their para-medical staff for seminars or conferences.

This situation arises due to under—staffing. On the contrary, public hospitals as a policy send majority of their employees for training. This shows a positive approach towards human resource development. Awareness about the latest practices learnt through seminars and conferences will only benefit all categories of employees personally and professionally. This will help increase the efficiency of hospitals.

5.8 PERFORMANCE APPRAISAL

Performance appraisal and review is the formal, systematic assessment of how well employees are performing their jobs in relation to established standards and the communication of that assessment to employees. Review of performance must be done at least once annually to give feedback to the employees on their strengths and weaknesses. The basic accountability for scheduling and conducting performance appraisal rests with the immediate supervisor and review is communicated by the Heads of each department.

Performance appraisal is to be meticulously followed in hospitals particularly because in hospitals people work in teams where number of people, equipments, apparatus, medicines and nursing play an important role.

5.8.1 Performance Appraisal- System

Taking into consideration the importance of performance appraisal system, it was imperative to check with the hospital managements whether this system existed in their respective hospitals. The details of existence of a formal performance appraisal system are provided in Table 5.19:

Nature ownership	Response	
	Yes	No
Private	13(61.91%)	8(38.09%)
Public	19(76%)	6(24%)
Total	32(69.56%)	14(30.44%)

Source: Field Survey

As per Table 5.19 hospitals under the corporate management are 61.91% and the 76% public Shospitals have a performance appraisal system, which shows a positive trend in human resource management practices. A good performance appraisal system can help an employee in identifying his/her strengths and weaknesses. It is based on this appraisal that people are given increments, promotions and transfers.

5.8.2 Performance Appraisal — Purpose

Performance appraisals are used for a variety of purposes namely, compensation review, performance improvement, verbal feedback, documentation, promotion, training, transfer, discharge, layoff, and personnel research and manpower planning.³

The rank order of the need for performance appraisal as revealed by the respondents is given in Table 5.20

Rank order of purposes of performance appraisal

Purpose	Rank I	Rank II	Rank III	Rank IV	Rank V
Wages /Salary revision	15(32.60%)	3(6.52%)	8(17.39%)	6(13.04%)	-
Promotion	6(13.04%)	8(17.39%)	1(2.17%)	6(13.04%)	14(30.43%)
Transfer	6(13.04%)	4(8.69%)	4(8.69%)	15(32.69%)	8(17.39%)
Identifying training needs	11(23.91%)	8(17.39%)	12(26.08%)	1(2.17%)	-
Verbal feedback	8(17.39%)	12(26.08%)	4(8.69%)	4(8.69%)	4(8.69%)

Source: Field Survey

Table 5.20 shows that 32.60 per cent of hospitals ranked wage/salary revision as the first use of performance appraisal and 23.91 per cent used the same for training needs identification. Verbal feedback is ranked first by 17.39 per cent of the respondents. Only 6 hospitals each gave promotion and transfer as the first use of performance appraisal. Verbal feedback is ranked by 29.26 per cent of hospitals as the second use of performance appraisal. This means that out of 46 hospitals 17.39

per cent ranked verbal feedback as the first purpose of performance appraisal, 29.26 per cent ranked second and so on.

5.8.3 Performance Appraisal — Criteria The rank order of the criteria used in the performance appraisal of the employees is given in Table 5.21. The commonly accepted Scriterion used by theSuperiors for performance include the quality of work done, quantity of work done, job knowledge, regularity of work done and discipline at work. All elements of a performance appraisal format should be self-explanatory and easy to understand. Table :5.21

Criteria used for performance appraisal system in hospital

Criteria	Rank I	Rank II	Rank III	Rank IV	Rank V
Quantity of work	3(6.52%)	18(39.13%)	19(41.30%)	-	-
Quality of work	23(50%)	14(30.49%)	2(4.35%)	-	-
Job knowlege	12(26.08%)	10(21.74%)	11(23.91%)	7(15.21%)	-
Regularity at work	25(54.35%)	8(17.39%)	1(2.14%)	15(32.60%)	14(30.49%)
Discipline	-	6(13.04%)	5(10.86%)	12(26.08%)	17(36.96%)

Source: Field Survey

Table 5.21 shows that only 6.52 per cent of the respondents ranked quantity of work done as the prime criterion, while 54.35 per cent consider regularity at work as the prime criterion for performance appraisal. Thus a person who takes less leave and is regular at work is ranked highest. Quality of work is ranked first by 50 per cent of the respondents as the criterion for performance appraisal.

The management representatives were permitted to rank one or more factors for the same rank since some hospitals considered them to be overlapping. Hence, more than one factor was ranked second.

5.9 EMPLOYEE TURNOVER

Employee turnover has been defined as ‘the rate of change in the working staff of a concern during a definite period’.⁹ Turnover rate is the study of separations (resignation or dismissal) divided by total employment.

Employee turnover is a major problem faced by private hospitals in Utrkhand. The reasons for labour turnover were also elicited from the questionnaire.

5.9.1 Employee Turnover -Causes

The responses of the management representatives were collected in this regard to the causes of employee turnover and analysis of data is given in Table 5.22:

Reasons for employee turnover in hospital

Nature of Ownership		Factor of employment turnover		
		Better job prospects abroad	Marriage	Better job prospects within India
Private	Always	13(61.90%)	11(52.38%)	15(71.42%)
	Sometimes	8(38.09%)	5(23.80%)	6(28.57%)
	Never	0	5(23.80%)	0
Public	Always	22(88%)	9(36%)	15(60%)
	Sometimes	1(4%)	9(36%)	6(24%)
	Never	2(8%)	7(28%)	4(16%)

Source: Field Survey

Table 5.22 shows that employee turnover is the major factor hindering the smooth conduct of a corporate hospital. This arises due to abundant employment opportunities abroad for the doctors and nurses. Due to the adherence of selection of quality staff, they are academically and experience-wise more competent than others.

This results in a situation where the staffs are lured by better salary packages abroad than any Indian hospital. Marriage has the least influence on labour turnover in corporate hospitals.

In the case of mission-run hospitals and hospitals managed by societies and trusts, employees showed a liking to join whenever they received any better offer for 'better job prospects abroad', or from 'within India'.

It was decided to test whether there existed any significant difference in the reasons for labour turnover among the three different managements of hospitals (corporate, mission-run and trusts).

5.10 SALARY ADMINISTRATION

The most important problem before any management is to manage salary in an effective manner so that the employees are motivated to remain in their hospital.

Since experience matter most in hospitals, it is difficult to maintain an equitable labour-cost structure. Salary must always be in tune with the service conditions or with their potentials.

Salary is fixed for different categories of employees at different rates. Salary of the doctor is fixed taking into consideration his experience, area of specialisation, qualification, seniority etc.

Similarly nurses are paid on the basis of experience rather than on qualification, since it is very rare for nurses to go for higher degrees other than Bachelor of Science in Nursing. The other diploma courses like Junior Nurses and Mid—wifery course and Auxiliary Nurse and Mid—wifery course carry lesser value.

Still, people with diploma are appointed in hospitals due to shortage of well-qualified and experienced nurses.

Para-medical Staff are technically qualified and their salary is also determined by their experience.

The general factors considered while fixing the pay scale for employees are given in Table 5.24: **Fixation of Pay scale in hospitals**

Nature of ownership	Response				
	Cost of living	Productivity	Prevailing rate	Retention	Collective bargaining strength
Private	16(76.19%)	16(76.19%)	15(71.42%)	21(100%)	8(38.09%)
Public	21(84%)	22(88%)	25(100%)	25(100%)	10(4%)

Source: Field Survey

Table 5.24 shows that corporate hospitals consider cost of living, productivity, prevailing rates in the industry and retention practice while fixing salaries for doctors, nurses and para-medical staff. Mission-run hospitals and hospitals managed by societies/ trusts consider collective bargaining strength along with other factors since trade union exists in some of these hospitals though trade unions are consulted only for lower level employees and not for doctors, nurses or para-medical staff.

5.11 WELFARE SCHEMES

There are statutory and non-statutory welfare schemes that the hospitals need to comply with. The statutory schemes include Contributory Provident Fund, Employees State Insurance, and contributions to the Labour Welfare Board. The different labour welfare measures that motivate employees, retirement benefits for the employees etc. were analysed with a view to gauge the extent of implementation of these measures by the private hospitals under study.

5.11.1 Welfare Schemes- Financial Incentives

The responses of the hospital managements on whether they implement financial schemes for motivating employees are given in Table 5.25:

Nature of ownership	Response			
	Always	Sometimes	Never	Total
Private	19(90.47%)	2(9.52%)	0	21(100%)
Public	14(56%)	11(44%)	0	25(100%)

Source: Field Survey

It is evident from Table 5.25 that majority of the corporate hospitals offer financial incentives for motivating their employees. Doctors are paid private practice allowance and senior doctors have case allowance, i.e. for every special case they attend to, they receive a special pay. Some hospitals also have a system of paying a retainer fee to doctors.

For permanent nurses and other para-medical staff, financial motivators like interest-free housing loans, washing allowances, subsidised canteen facilities, free hostel facilities for unmarried staff, and travel allowance exist.

In majority of hospitals managed by trusts and societies, there is no system of providing any financial incentive other than the statutory benefits that the hospitals have to necessarily comply with under Industrial Disputes Act, Employees State Insurance Act and The Labour Welfare Board.

5.11.2 Welfare Schemes- Non-Financial Incentives

Though financial incentives play a significant role in motivating hospital personnel, non-financial incentives also help them transform to top performers. Individual incentives like status, promotion, empowerment, recognition of work and job security go a long way in building the morale of employees. Recognition for work done is expressed through various techniques namely issuing certificates, awards, mementos, etc.

The details of the non-financial motivation schemes practised by the employers are given in Table 5.26:

Non financial motivation	No. & %
Awards	8(17.39%)
Certificates	10(21.73%)
Mementos	4(8.69%)
Awards & Certificates	22(47.82%)
Nil	2(4.34%)
Total	46(100%)

Source: Field Survey

Table 5.26 shows that in majority of hospitals (56.09%) awards and certificates are distributed for motivating their employees, but it is sad to note that there are hospitals that do not have any non-financial motivators as well.

In this context, it was imperative to find out whether there existed any significant difference among the managements of hospitals on the implementation of various employee welfare schemes. For this purpose, Analysis of Variance (ANOVA) was done and F-ratios were found out.

The details of the analysis done in this regard are given in Table 5.27:

Welfare measures	Sources	Sum of square	DF	Mean square	valueF
Public	Always	3 30%	5 50%	10 100%	1 10%
	Sometimes	6 60%	5 50%	0	9 90%
	Never	1 10%	0	0	0
Private	Always	9 60%	11 73.33%	15 100%	11 73.33%
	Sometimes	4 26.66%	4	0	4
	Never	2	0	0	0

Source: Field Survey

Table 5.27 shows that the obtained F-values are not significant at any level. It clearly shows that there is no significant difference among the different hospitals classified on the basis of management (corporate,

mission-run and trusts) on the welfare measures such as financial motivators and non- financial motivators. It suggests that irrespective of the type of management of hospitals, the welfare measures for employees adopted by hospitals are not up to the expectations.

5.12 RETIREMENT POLICIES

Hospitals are complying with all the statutory benefits for permanent staff like Provident Fund, Gratuity, Employees State Insurance and contributions to State Labour Welfare Board. Since the study is confined to permanent employees, effort was made to understand what other benefits employees receive towards retirement.

The retirement age is fixed at 55 years. Every hospital has a system of appointing efficient retiring nurses on renewable annual contract basis. This ensures the retired nurses employment and saves the hospital from training costs. Such appointees leave hospital only on completion of contract period.

5.13 EMPLOYEE GRIEVANCE

The International Labour Organisation defines a grievance as ‘a complaint of one or more workers in respect of wages, allowances, conditions of work and interpretation of service stipulations covering such areas as overtime, leave, transfer, promotion, seniority, job assignment and termination of service.’ Bethel and others have given typical examples of employees’ grievances as issues concerning wages, supervision, individual advancement, working conditions and collective bargaining.

The causes of grievances of different sections of the employees in hospitals, as revealed by the hospital representatives under study, are given in Table 5.28:

Nature ownership		Response					
		Promotion	Increment	Salary	Facilities	Disciplinary	Leave
Private (21)	D	17(80.95)	3(14.28)	8(38.09)	11(52.38)	10(47.61)	14(66.66)
	N	5(23.80)	19(90.47)	15(71.42)	8(38.09)	11(52.38)	18(85.71)
	P	20(95.23)	18(85.71)	12(57.14)	10(47.61)	8(38.09)	14(66.66)
Public (25)	D	14(56)	2(8)	11(44)	16(64)	18(72)	2(8)
	N	16(64)	3(12)	15(60)	5(20)	12(48)	8(32)
	P	14(56)	6(24)	14(56)	11(44)	14(56)	12(48)

Source: Field Survey

Table 5.28 shows the break-up of causes of grievances among the two types of hospitals studied. Doctors’ grievances are more over poor facilities provided to them- both clinical and personal- followed by disciplinary actions. Issues like late comings even by 10 minutes, early goings, loss of pay, etc., were cited to lead to disciplinary action. Promotion is another cause of concern for doctors. Since there is a shortage of doctors, salary was never cited as a cause for their grievance as it was always negotiated and fixed by both the parties concerned.

In the case of nurses, increment policies mattered most followed by salary as cause of grievance. The next reason for employee grievance was on facilities —clinical and personal — provided to them. They also lacked a proper course for individual advancement.

Regarding para-medical staff, majority of the respondents view their chances of promotion as almost nil. They also rated increment and salaries to be very low. With respect to corporate hospitals the doctors are concerned with the facilities provided to them for work. The highly qualified and paid doctors find their expertise not to be able to put to use due to lack of facilities provided. Disciplinary

actions become an important factor when they are treated along with the other employees of the hospital. At the same time nurses seem to have some advancement in growth in corporate hospitals. For para-medical staff, the right set of people is appointed since they had no grievance over facilities.

With respect to public hospitals doctors have a major concern over promotion and facilities provided. Nurses had increment followed by salary as their causes for concern. Para-medical staffs were really concerned about the salary offered.

Similar situation was seen for hospitals managed by societies and trusts with respect to doctors. But with nurses, when in other types of hospitals, increment was cited as the major reason for employee grievance, it is salary that is the major concern here. Para-medical staff seems to be really discontented with all the factors cited.

CONCLUSION

On analysing the data under employment perspectives, we found that there exists a good element of professionalism in these hospitals as an evident from the research. A centralised decision-making policy on all the human resource aspects clearly reflects the organisational structure in these hospitals. But the policy of hospitals to recruit on the basis of workload without having a human resource plan or hospital expansion shows lack of proper vision and planning. When such hospitals feel the need to recruit more people, they do so in a hurry without proper screening or even trying to balance from the nursing schools. This ad-holism in the system of recruitment leads to improper staffing of all categories of employees. The practice of giving due weightage and importance for education and experience in finally selecting doctors and other staff is positive.

Compensation is a sensitive issue over which there is a concern in every type of organisation, leave alone hospitals. But from the study it is evident that lack of facilities—both clinical and personal—is an issue of greater concern especially when promotion/career prospects are less. Hospitals must develop various systems for retaining employees. Since opportunities for promotion are very limited, management should think of various other motivational tools to retain their employees.

With no well-defined working hours and financial and non-financial motivators, it is very difficult to have a contented set of staff to work with any organisation. In such circumstances efforts must be initiated by the management to provide better welfare facilities. The F-values showed that there was no significant difference among the different hospitals on the welfare measures adopted. Irrespective of the type of management of hospitals, the welfare measures for employees were far below their level of expectations.

The employees of the hospitals studied very rarely had political affiliations. As such there was no collective bargaining even for their benefits. This is exactly opposite to the government sector where there is an organised movement. The different political parties have a major role in deciding the working conditions, salary etc. in government hospitals.

To sum up from the management's perspective, the issues with respect to labour turnover in the private sector are only going to increase due to increased demand from European and American countries for nurses. The hospital managements must consider differential pay, overtime allowances, encashment of leave etc as retention mechanisms.

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