



THE IMPACT OF STRATEGIC HUMAN RESOURCE MANAGEMENT ON COOPERATIVE HOSPITAL PERFORMANCE IN KERALA

S.M.Surya ^{1st Author}, Dr.Tamilmani ^{2nd Author},

¹ Research scholar, school of management studies and Department of Co-operation, College of the Gandhigram rural institute deemed to be university,² professor school of management studies and Department of Co-operation, College of the Gandhigram rural institute deemed to be university,

Abstract: **Aim:** To find the impact of strategic Human Resource Management on Cooperative hospitals performance in Kerala. **Objectives:** To assess the usefulness of strategic Human Resource Management with performance to development of cooperative hospitals. The study will examine cooperative hospital a holistic view on the extent to which performance, reward systems, recruitment and planning could aid cooperative hospital productivity, profitability, competitive advantage and development. The study will assess to the existing Literature on SHRM practices and Cooperative hospital growth. **Methodology:** A qualitative research approach was adopted in an attempt to describe a Performance between SHRM s and cooperative hospital growth. Other related works by different authors were reviewed. **Results:** Significant reducing in cooperative hospital performance area problems, with regard to strategic Human Resource Management in cooperative hospitals. **Conclusion:** Impact of strategic Human Resource Management has significant effect in performance in cooperative hospital in Kerala.

Key words: performance, SHRM, cooperative hospital, human resource management, Growth

1. INTRODUCTION

The study on Human resource sector helps the society in their economic growth. For that he made a empirical study by collecting data from a sample of 132 executives of a private organization. This study helps to know how the HRD works in the organization and how for employees are benefited out of them. As a result, the HRD works in better way how such that employees are more much comfortable in the rule and regulations of the organizations. This also helps the organization to maintain a good decorum, Venkateswaran (1997). Human Resource Department where need to improve in the public growth of employees and the organization. In his he elaborately explains about the importance of the training and Development, HR Audit, Planning and Development, Organizational Behaviors. This also gives the lots of information about the Educational Institutes and lot of professional people, Udai pareek & T.V. rao (1999):

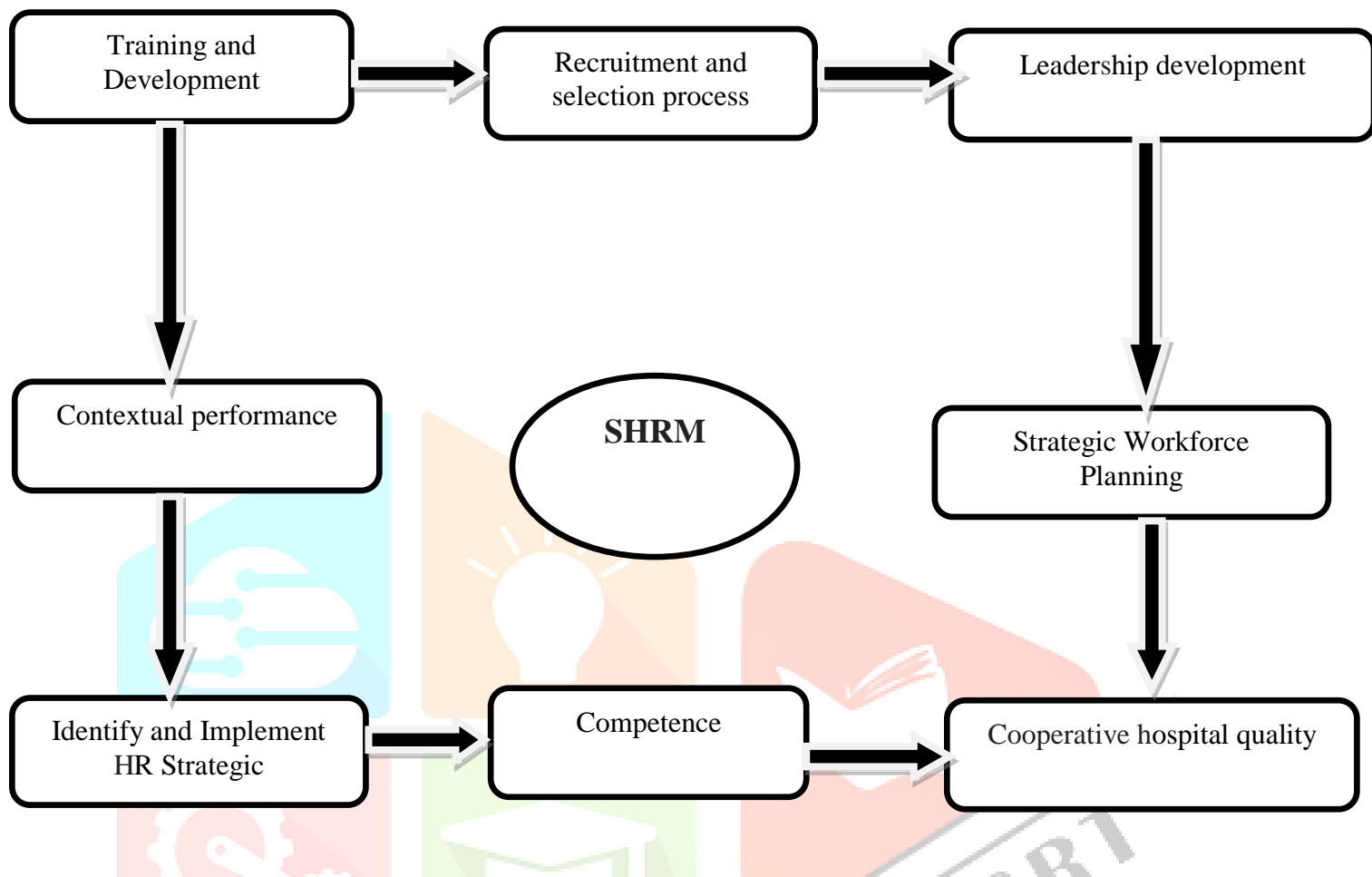
Present study in his book explains that the audit conducted describes the methods and ideas which have to be implemented in the Human Resource Audit. His framework helps to estimate the different criteria like core competency, culture and value of the organization. By evaluating the employee's interpersonal skills, they can improve in some of the factors which are they lacking in the system. They also have broadminded

people in the top level management which helps the low and middle level employees to know about their concerns. So they each and every employee in the organization helps them to achieve more by increasing the productivity, T.V. Rao (1999)

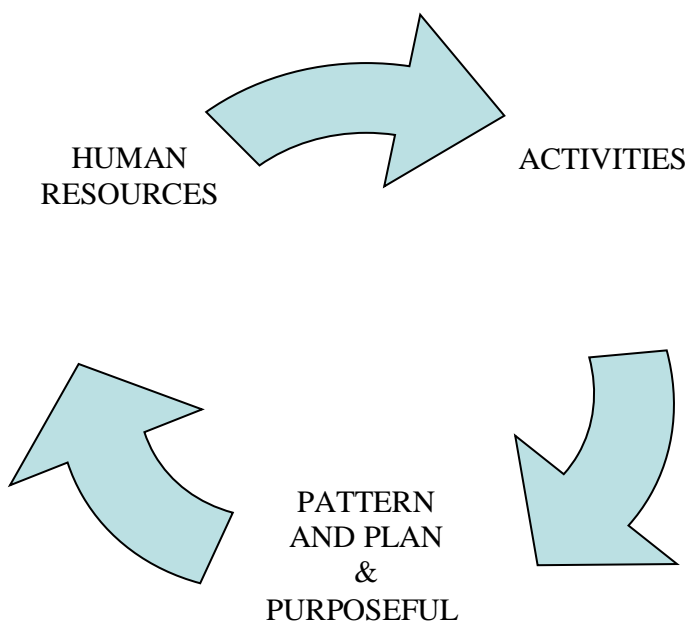
The term “Strategic human resource management (SHRM)” was introduced, according to Devanna, Fombrun, and Tichy (1981). Human resource management: A strategic perspective which shifts the focus on perform role such as training and benefit to integration and organization, driven by human resource management value added. The evolution of SHRM from human resource management is focused on the issue of human resource management in organization perspective context, instead of individual perspective context and its role to support the business (Liao, 2005).

Kerala was one of the very few states in India where co-operative hospitals and cooperative medical colleges were established in large numbers with state aid. Co-operatives are considered to be the best institutional intervention to overcome economic barriers in access to health care. The first Cooperative society in the health care sector in India was ‘Shri J.G. Co-operative Hospital & Research Institute’ founded in the year 1951 in Karnataka. In Kerala, the first cooperative hospital came into operation in 1969 in Trissur District. Even though Cooperative hospitals are mainly concentrating on the system of medicine, Kerala’s Cooperative health care sector is also prominent for Ayurveda, Homeopathy, and Unani and Siddha treatments. As of 31st March 2019, there are 202 Cooperative hospitals and dispensaries. Among these, 104 hospitals are working actively, 27 under liquidation, and 71 are not functioning (Dept. of cooperation, Government of Kerala). Kerala Co-operative Hospital Federation (HOSPITALFED), cooperatives are running medical colleges, nursing schools, nursing colleges, pharmaceuticals, etc. for the betterment of people.

STRATEGIC HUMAN RESOURCE MANAGEMENT PRACTICE



Source: author contribution



BASIC SHRM ELEMENTS

2. AIM AND OBJECTIVES

Aim of the study

To find the impact of strategic Human Resource Management on Cooperative hospitals performance in Kerala

Objectives of the Study

- To study the overall performance of the cooperative hospitals, with special reference to strategic Human Resource Management in Kerala.
- To study the effect of strategic Human Resource Management system of medicine, Kerala's Cooperative health care sector is also prominent treatments on cooperatives hospitals.
- To identify the various aspects of cooperative hospital a holistic view on the extent to which performance, reward systems, recruitment and planning could aid cooperative hospital productivity, profitability, competitive advantage and development.
- To identify the problems in associated implementing SHRM in cooperative hospitals.
- To provide suggestions to the proposed study.

3. REVIEW OF LITERATURE

A. Judith Chwalow RN.etal,(1990) ,The objective of the study is the “Effectiveness of a hospital-based cooperative care model on patients' functional status and utilization The primary objective of this study was to test the hypothesis that inpatient care which emphasized structured, patient education, self-care and social support from a care partner (the Cooperative Care Program) is a cost-effective alternative to the more expensive staff-intensive, traditional hospital care; and that such care can be substituted without resulting in poorer outcomes with regard to subsequent health status or use of services. Follow-up analyses of both groups of patients for a 12-month time period concluded that there were comparable and equally positive post hospitalization experiences, with greater than 90% of both groups of patients functioning well with respect to a series of measures of functional status. There was no evidence that Cooperative Care patients were re-hospitalized more often or needed more emergency, home care or other types of services. There was, on the other hand, evidence of the positive effect on patient understanding, adherence to treatment, satisfaction, and self-management

Arthur, (1994), the universalistic was considered to be the best practice. Meanwhile, the contingency and configurationally perspectives were considered to be best fit. However, universalistic perspective could be argued on whether or not there are actually a certain best practices that any organizations could benefit by adopting single approach. Contingency perspective could be argued that the best choice to select practices

depends on each organization's context. Configurationally perspective could be argued that some configurations are better than others, and can yield more performance. Earlier studies of SHRM employed different human resource systems such as, control human resource management

Venkateswaran (1997) the study on Human resource sector helps the society in their economic growth. For that he made an empirical study by collecting data from a sample of 132 executives of a private organization. This study helps to know how the HRD works in the organization and how for employees are benefited out of them. As a result, the HRD works in better way how such that employees are more much comfortable in the rule and regulations of the organizations.

Udai pareek &T.V. rao (1999) this also helps the organization to maintain a good decorum. Human Resource Department where they need to improve in the personal growth of employee and the organization. In his he elaborately explains about the importance of the training and Development, HR Audit, Planning and Development, Organizational Behaviors. This also gives the lots of information about the Educational Institutes and lot of professional people.

T.V. Rao (1999) the study in his book explains that the audit conducted describes the methods and ideas which have to be implemented in the Human Resource Audit. His framework helps to estimate the different criteria like core competency, culture and value of the organization. By evaluating the employee's interpersonal skills, they can improve in some of the factors which are they lacking in the system. They also have broadminded people in the top level management which helps the low and middle level employees to know about their concerns. So they each and every employee in the organization helps them to achieve more by increasing the productivity.

Vidya A.Salokhe (2002) Human Resource department have several processes to improve the employee's individual growth in the organization. It also helps the organization to achieve more in the profit with their effective smart work. Employees are the asset of any organization which they make profit out of them

K Rajasekharan Nayar (2003) there is renewed interest in the revival of health co-operative as a "third option" for meeting health care needs of populations in developing countries in the context of health sector reforms. This article reviews some international experiences with health co-operatives. We briefly assess the history of health co-operatives in industrialized countries where they originated and review past experience from China and the states of Kerala and Gujarat in India to explore the viability of health co-operatives for the provision of health care. In terms of managerial effectiveness and sustainability co-operatives cannot be "prescribed" to compensate for the deteriorating access to health services following market-oriented health sector reforms in developing countries.

Subramanian, V. (2005)The recruitment and selection process in the organization and selecting the right candidate for the correct position helps employees to work in the organization in a very positive mode. The interview process should be relevant to the job profile so that the candidates will be interested in the job profile

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Altarawneh and Aldehayyat, 2011)Kaufman and Miller (2011).The term strategic human resource management was well-defined by Wright and McMahan as “the pattern of planned human resource deployments and activities intended to enable an organization to achieve its goals” Therefore, the author defined strategic human resource management from literature review as the effective use of human resource for organization’s strategic needs via the integration of planned human resource practices aligned with business strategy to achieve organizational performance and competitive advantages (Wright and McMahan, hang and Huang,; Chan and Mak, 2012; The main study context was proven against the relationship and alignment of business strategy and HRM to the organizational performance.

Diaz. F and Delgado et al., (2015) Work performance is one of the most important dependent variables in Work and Organizational Psychology. The main purpose of this research was to study the associations between citizenship performance and task performance values obtained from different raters and their consistency using intra-class correlation coefficients. Participants were 135 public employees. The results show a significant association between contextual and task performance in the self-assessment. However, the consistency was reduced in the inter rater method.

R.M Devasoorya (2016) Healthcare is an important public policy concern in all countries. Effective delivery of healthcare to all the people is always a major challenge faced by many including India. The present twin modes in this country - public and private healthcare systems- combined together remains grossly inadequate to meet the constantly increasing healthcare demands of the large population, a majority of whom live in rural areas. This articles argues a case for establishing ‘the third realm’ in healthcare, the healthcare co-operatives in India.

Van Roessel IA • Reumann M. (2017), the health data cooperative (HDC) model is established to make this valuable data available for societal purposes. The aim of this study is to analyses the HDC model and its potentials and challenges. Results: An HDC is a health data bank. Identified potentials of the HDC model are digitization of healthcare information, citizen empowerment, knowledge benefit, patient empowerment, cloud computing data storage, and reduction in healthcare expenses. Nevertheless, there are also challenges linked with this approach, including privacy and data security, citizens’ restraint, disclosure of clinical results, big data, and commercial interest.

4. METHODOLOGY

Research Methodology,

The research design adopted is indirect communicative research design. Descriptive research studies are those studies which are concerned with describing the features of an system of medicine, Kerala’s Cooperative hospital sector. Most of the health care research comes under this category. In descriptive studies, the researcher must be able to define clearly what he wants to measure and must find adequate

methods for measuring it along with a clear-cut definition of the population he wants to study. The study uses systematic review data.

Sampling technique: convenience sampling is to be used in the project.

Sample size: This refers to the number of items to be selected from the universe to constitute a sample size. In this research the sample size constitutes performance in cooperative hospitals systematic reviews.

Sample design: universe may be finite or infinite. The universe in this thesis is finite. The population involved in this thesis is performance's cooperative hospital in Kerala.

Research hypothesis: A hypothesis is an assumption about the population parameters to be tested based on sample information. Review based statistical testing of the hypothesis is the most important technique in statistical inference based on which practice decisions are made.

Analytical tools used: the data collected was analyzed and interpreted with relevant statistical Review for during conclusion. For analyzing the data, SPSS was used study. Relevant tools such as percentage analysis for demographic profile and Simple percentage, ANOVA, t-test, Chi-square reliability analysis for other questions. Statistical Package for Social Sciences was used to perform the above tests to analyses the data

Innovation/Path breaking aspect of the research

There are various studies available in the fields of cooperatives hospitals. However, there are a very few studies available on the impact of strategic Human Resource Management on Cooperative hospitals performance in Kerala. Thus, the researcher has found a research gap in this area and tries to conduct a research in this area.

VARIABLES

Independent Variables

Strategic Human Resource Management

Dependent Variables

Cooperative hospitals performance in Kerala.

5. PROCEDURE

A total of 45 studies were taken in this research. The subjects were selected from the cooperative hospitals between 1990 to 2020 years. Already published data as cooperative hospital in Kerala by a journal, articles, and book. The all 45 studies had cooperative hospital performance problems.

Challenges Faced by the Health Care Cooperatives in Kerala

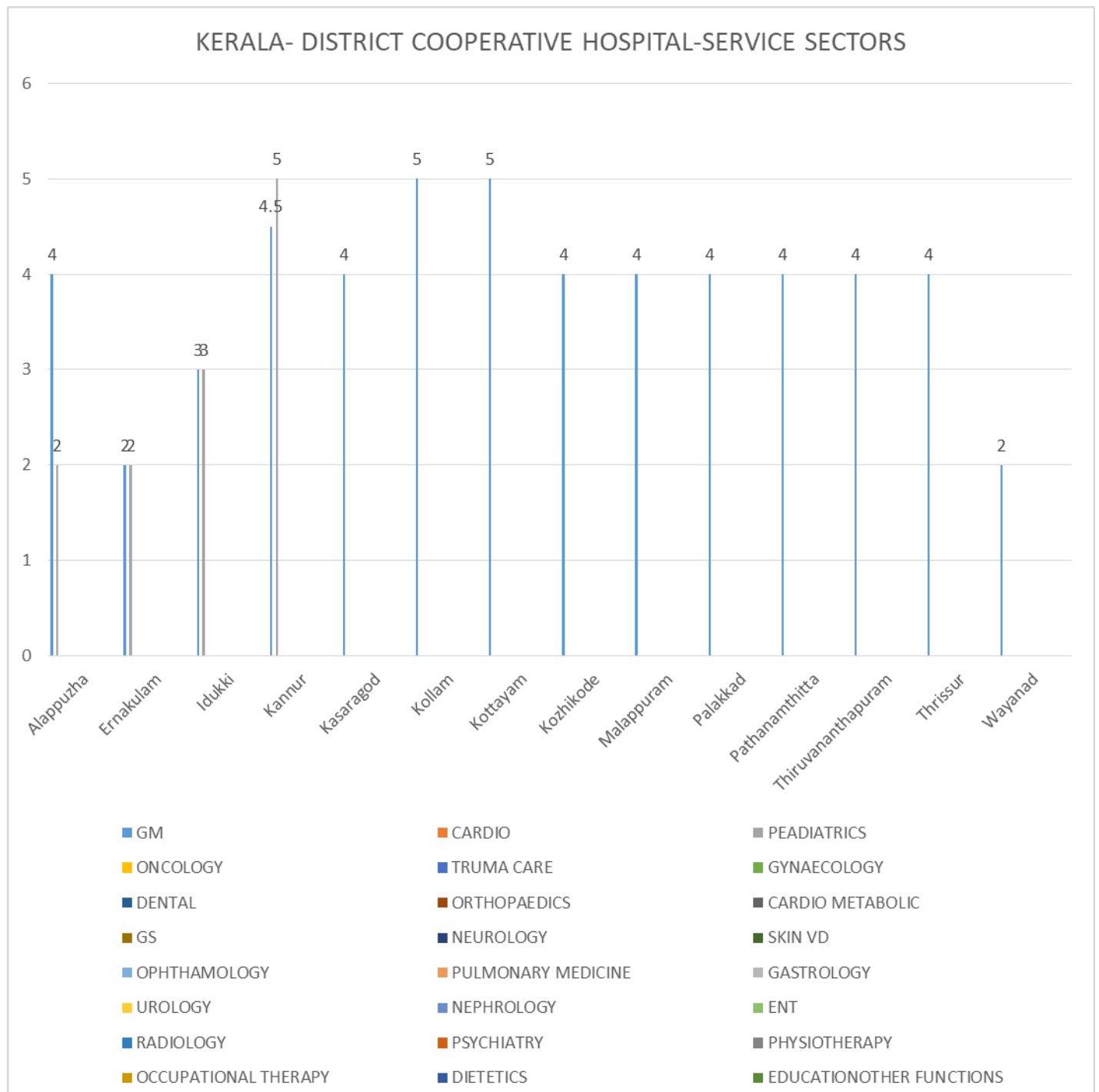
The decline of the medical co-operatives in Kerala started in the 1980s after the public sector health services had considerably expanded. By that time, at least one government dispensary with a physician was in place

in most of the villages. With improved accessibility of public sector health services, the interest of the State in medical co-operatives gradually declined. Furthermore, the private sector grew significantly during subsequent years, setting up a parallel, profit-oriented system of health services that competed with the medical co-operatives. Increasing competition exposed the most important reasons for the failure of medical co-operatives in Kerala, combined with inadequate managerial and technical inputs. They were functioning sub-optimally due to a lack of working capital and committed staff, including physicians. Employees perceive service conditions as unsatisfactory because of lacking incentives, career paths, and resources. Most of the co-operatives did not have any autonomy in decision-making to its day-to-day functioning, and there was over-politicization and centralization of power in a few individuals. Physicians and other technical staff were under-represented in the governing body of the co-operatives. In addition to that membership of the co-operatives is limited, there are no incentives for the institution such as special tax concessions or building assistance, and patients are not channeled to the appropriate level of care as there is no effective federal system.

6. DATA -FUNCTIONS FOR HELATH COOPERATIVE HOSPITAL

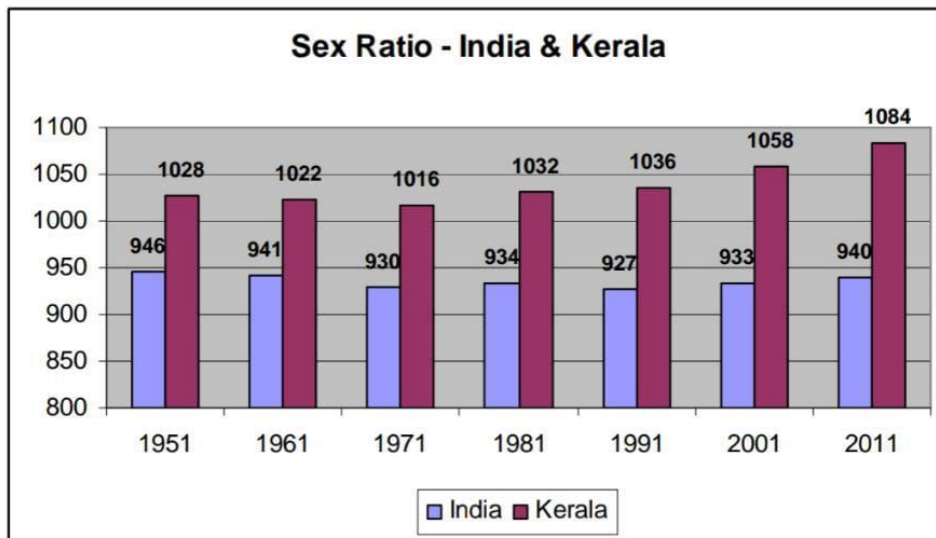
Functions of the Cooperative Hospitals depend on the quantum of investment, the support of government and the service providers mainly the medical practitioners. The following table exhibits the typical structure of a cooperative Hospitals in Kerala.



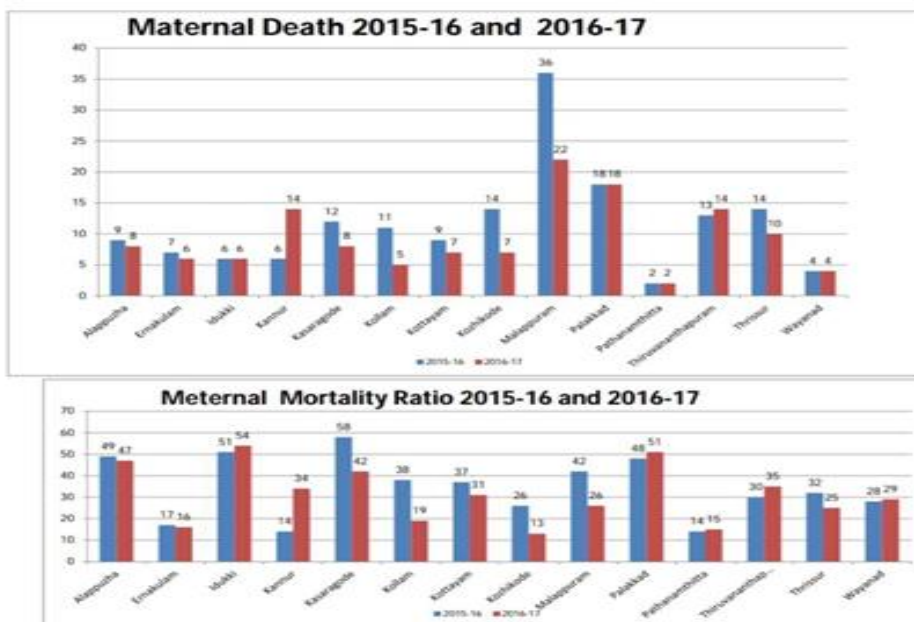


Source: District Cooperative Hospital, website services

Table-6							
Sex Ratio at Birth- India and Kerala (Based on censuses population)							
Year	1951	1961	1971	1981	1991	2001	2011
India	946	941	930	934	927	933	940
Kerala	1028	1022	1016	1032	1036	1058	1084



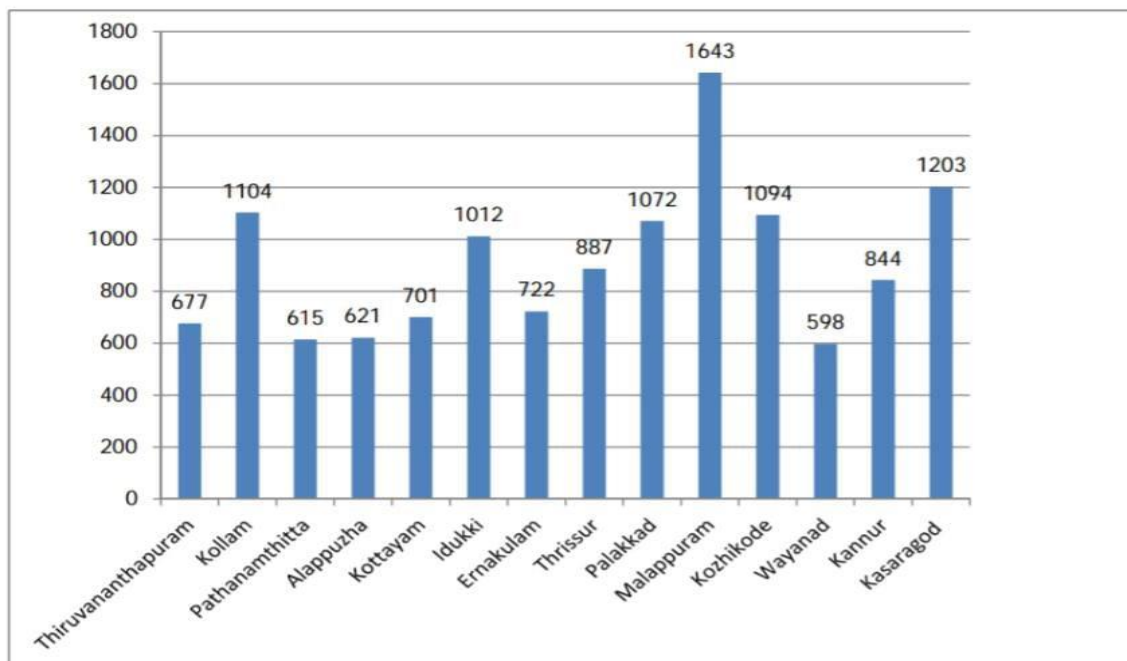
Sources: MMR Bulletin 2014-16, ** Life Table SRS



Sources: MMR Bulletin 2014-16, ** Life Table SRS

Bed Population Ratio Government Modern Medicine

Sl.No.	District	Population(Census 2011)	No. of Beds	Population Bed Ratio
1	Thiruvananthapuram	3301427	4879	677
2	Kollam	2635375	2388	1104
3	Pathanamthitta	1197412	1948	615
4	Alappuzha	2127789	3424	621
5	Kottayam	1974551	2817	701
6	Idukki	1108974	1096	1012
7	Ernakulam	3282388	4544	722
8	Thrissur	3121200	3519	887
9	Palakkad	2809934	2622	1072
10	Malappuram	4112920	2503	1643
11	Kozhikode	3086293	2820	1094
12	Wayanad	817420	1367	598
13	Kannur	2523003	2990	844
14	Kasaragod	1307375	1087	1203
	State	33406061	38004	879



Sources: MMR Bulletin 2014-16, ** Life Table SRS

There are cooperatives having insurance schemes for the members and of late thinking of introducing Equated Monthly Installment schemes after treatment with the collaboration of other cooperative banks.

CONCLUSION

Kerala has seen many unique models of institutional interventions through the cooperative hospital sector, which were widely acclaimed within the country and even outside. Co-operative hospital models in the health care sector were one such initiative that comprises co-operative dispensaries, co-operative hospitals, and even medical colleges. Started with a very noble cause of extending the health care performance to the deprived, these co-operatives received unstinting support from the Govt. However rapid expansion of health care facilities to the grass-roots level by the govt. and the massive growth in the private sector-led to the losing of focus on co-operative hospitals.

Even though the performance indicators of health care co-operatives in Kerala such as a number of societies, membership, share capital, working capital, investment, fixed assets showed growth during the reference period, the number of profit-making societies was only around 10 percent of the total. It is to be noted that at present health care sector is highly competitive due to the increased presence of multi-specialty and super-specialty hospitals in the private sector and large-scale infrastructure built up in the govt. find the effects of strategic Human Resource Management on Cooperative hospitals performance in Kerala. Highly demanding customer segment together made things difficult for the co-operatives. A competitive environment demands high investment in infrastructure and engagement of super-specialty professionals which require a huge volume of fixed as well as working capital. Massive impact of strategic Human Resource Management on Cooperative hospitals performance in Kerala. Unless concerted efforts are taken by all stakeholders including the government, this renowned model in the co-operative sector in Kerala may vanish in the thin air shortly.

Selected References

1. Bennett, N. and Lemoine, G. J. (2014) 'What VUCA really means for you', Harvard Business Review vol. 92, no. 1-2, p. 27.
2. Boudreau, J. W. and Ramstad, P. M. (2009) 'Beyond HR: Extending the paradigm through a talent decision science' in J. Storey, P. M. Wright and D. Ulrich (eds) The Routledge Companion to Strategic Human Resource Management, Abingdon and New York, Routledge.
3. Cappelli, P. and Keller, J. R. (2013) 'Classifying work in the new economy', Academy of Management Review, vol. 38, no. 4, pp. 575–96.
4. DiMaggio, P. J. and Powell, W. W. (1983) 'The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields', American Sociological Review, vol. 48, no. 2, pp. 147–60.
5. GOI [Govt. of India]. Ministry of Health and Family Welfare. National Health Profile.2019 [online]. Available: <https://www.nhp.gov.in/>.
6. GOK [Government of Kerala]. Department of Cooperation 2019. Available: cooperation.kerala.gov.in.
7. GOK [Government of Kerala]. Directorate of Health Services. Health at a Glance 2018. Available: dhs.kerala.gov.in.

8. IGCH [Indira Gandhi cooperative hospital], Available:- www.igchkochi.com.
9. Junior Sundresh, N., Roshna K. V., and Vijaya. Organisation Study of Tellicherry Co- operative Hospital. World Journal of Pharmaceutical Research, 6(3). 2017.
10. P.N.Mohanam, Co-operative Societies Laws in Kerala (with allied Laws) Set of Two Volumes, 22 Edition, 2020.
11. Ryde, R. (2013) 'Never mind the bosses and the need for S.P.E.E.D' YouTube, 22 October.
12. Scott, W. R. (1995) Institutions and Organizations, Thousand Oaks, CA., Sage.
13. Storey, J. (1992). Developments in the Management of Human Resources, Oxford, Blackwell.
14. Storey, J., Ed. (2007) Human Resource Management: A Critical Text (3rd edn), London, Thomson.
15. Storey, J., P. Wright and D. Ulrich, Eds. (2009). Routledge Companion to Strategic Human Resource Management, London and New York, Routledge.
16. Teece, D. J., Pisano, G. and Shuen, A. (1997) 'Dynamic capabilities and strategic management', Strategic Management Journal, vol. 18, no. 7, pp. 509–33.

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- dhs.kerala.gov.in
- cooperation.kerala.gov.in
- :- www.igchkochi.com
- <https://www.nhp.gov.in/>

