CHAPTER -VI
FINDINGS, CONCLUSION AND SUGGESTIONS

6.1 Introduction:

The present chapter, being the concluding one, brings together the conceptual, theoretical and analytical strands in the preceding chapters to present an integrated picture of the conclusions that have emerged at the end of this investigation and submits appropriate recommendations commensurate therewith.

6.2 FINDINGS AND CONCLUSION:

6.2.1 Hospital Heads or Doctors:

1. It is observed from the study that, the actual growth of hospital organization in private sector started picking up in the LPG decade i.e., 1991-2000 and since then it continued to show on increasing trend. In other words growth of private hospitals in Kolhapur district is of recent period and has taken place from 1991 onward. During this period the growth of private hospitals took place at a rapid speed and it is about 76% of the total private hospitals in the sample area are established.

2. Except for few large hospitals owned and operated by charitable trust and institutions, the rest majorities hospitals have been constructed on the plots of land or have to be located in the tenements as became available from time to time. Some hospitals are housed in rented premises; still some others are located in congested areas. Many hospitals neither have protective compound walls, nor adequate vehicle parking space nor their own access roads. The growth and development of so many hospitals, though a contribution to the larger society, has taken place in a haphazard, rather than in a planned and phased, manner.

3. Majority hospitals also lack the basic amenities and facilities like waiting spaces (together with reading matter), drinking water, toilet facilities, canteen/refreshment stall, wash-basins and sinks, wheel-chairs, patient trolleys and stretchers, lifts, etc., to alleviate the patients’/visitor’s anxiety and agony. In other words, many hospitals are not pre-planned but put together in a haphazard manner. The only inference that can be drawn is that the doctors have made themselves busy catering to the patients’ problems, neglecting the infrastructural part of the hospitals.
4. On the basis of observation, it is found that, those doctors possessed with MD, MS, and MBBS qualifications, their hospitals are located at towns and urban areas with special and multi-special type of hospitals and rest of them who are belonging to BAMS, BHMS, and other qualifications, there location of hospitals has seen in villages. Similarly, 44% doctors are qualified in other pathies i.e., BAMS, BHMS and other, but they are adopting the allopathic treatment to cure the patients. Considering the human resource factor, no doubt, the highly qualified doctors can procure, maintain and use a good amount of human resource properly as per their specialization. Well qualified doctors are the real asset of hospital organization.

5. Majority of the (69%) private hospital heads are having professional experience up to 15 years. Since, the establishment of private hospitals which begins from 1991 onwards and more number of young doctors have established the well equipped hospitals of their own. Again, it is observed that even if experienced doctors are specialized in their field, they are not fully acquainted with the principles of human resource management.

6. It is found from the available data that the proportions of general category private hospitals are more than others, because it includes medical + surgical or medical + maternity or surgical + maternity etc.

7. Specialized hospitals like ENT, Psychiatric, Eye, Dental, Neurologist, and Urologist etc, concentrate only on a particular disease and provide medical care in that field only. In such private hospitals need of human resource is limited, so the specialized skill and quality of availed human resource is high for fulfilling the objectives of specialized hospitals and needs of patient community.

8. Majority of private hospitals in Kolhapur district are owned and managed by proprietary concerned and few are by the trust. Obviously, though missionaries-trust had taken lead in setting up pioneer medical organization in Kolhapur district, subsequently, sole proprietorship (Private) initiatives have been overtaken by them in setting up new hospitals rapidly to provide the effective and efficient health service as per the need of patients. After 1991 various changes have taken place in the Indian economy and standard of living of the Indians. These changes have reflected on number of hospitals established by individual doctor-entrepreneur.
9. Out of all 1452 private hospitals located in Kolhapur district, researcher has selected 120 as samples in which constitute 1311 employees including 276 doctors, 251 nurses and sisters, 205 brothers and ward boys /compounders and 579 other staffs. It is found that there is uneven distribution of staff strength in private hospitals.

10. It is found from the available data, out of total private hospitals, 85% hospitals fall within the bed size of 5-15 beds and remaining only 15% hospitals fall within the bed size of above 16 beds. Hence, the overall picture that emerges from the above data is that majority of the private hospitals in Kolhapur district are small and medium size hospitals. It is further observed that, majority of 73.3% hospitals provide two ward facilities including general and special ward.

11. The rate of bed occupancy shows ups and downs in the sample hospitals. None of the hospitals have found 100% occupancy rate. But human resource management plays an important role in this situation for avoiding the over and under utilization of hospital manpower and cost control. Informal discussion reveals that in orthopedic cases (accidents) continuous supervision over the patients necessitate hospitalization, some times over longer period. In other cases patients themselves are anxious to cut-short their hospital stay and return home but continue the treatment by visiting the hospital daily.

12. The figure from the study reflects that, majority of the private hospitals in Kolhapur district either have one or other type of the facilities. Special room facility is commonly observed in almost all the private hospitals and about ½ of studied hospitals have laboratory, Operation Theatre and radiology facilities. The facilities like EEG, MRI, CAT scan, Micro-biology, Histopathology etc., are not sufficient in sample hospitals located in semi urban and rural areas.

13. Though medical law gives a liberty to a doctor to choose his patients in any emergencies, it is found that this liberty is not used by doctors in the present studied private hospitals and they accept almost all emergency cases.

14. It is found that, more number of (54.17%) hospitals have appointed non-qualified and technically un-trained employees, due to lack of proper human resource planning and policies in particular and human resource management of hospital in general.
15. It is found that, 3/4th of the studied hospitals have laboratory facility in which majority are supervised by doctors themselves rather than laboratory technicians. It affects the functioning of a doctor since he spares his valuable time for managing both attending the patients and supervising the laboratory. It is also a problem from the point of human resource management.

16. It is seen that, majority of studied hospitals have not pathology section / department in their hospital premises. Doctor asks the patients to take the services from private laboratory / pathology. Hence, patients are not always affordable and some of the qualified candidates loose the chance to enter in hospital for job as pathologist.

17. It is found that, most of the hospitals have availed essential drugs but they could not appoint a single person as a pharmacist / druggist. Hence there is more scope for experienced human resource to look after these services. On the other hand majority of studied hospitals lack the medical store within the hospital premises. Hence, there is again good amount of scope to establish medical store and recruit the necessary human resource.

18. Basically, the hospital functioning starts from OPD. Among studied private hospitals almost all hospitals have a separate OPD block, but little more than ½ proportionate hospitals have an office in-charge of OPD as a receptionist.

19. It is found that, out of the total, merely 11.7% hospitals have separate hospital administrator or medical superintendent. Where as, majority of hospitals the administrative or superintendence responsibilities are discharged by doctor himself. This role duality must be putting him under a lot of stress. It is difficult for him to attend both kinds of duties efficiently and effectively.

20. Though delegation of authority may be provided to motivate the human resources of private hospitals, the rate of delegation of authority and its implementation by the subordinates is not considerable in the studied private hospitals. Similarly, acceptance and implementation of suggestions from subordinates is a part of workers involvement in management and it’s motivated to create healthy
relation between executive and subordinates. However, there is not sufficient scope to the subordinates for any suggestions.

21. It is observed that, only few (15%) hospitals allow the outsiders to communicate directly with administrator or individual departments. Similarly, about the management of complaints from patients or relatives, hospital supplier or regulatory agencies, it is found that none of the hospital has any pre-planned response strategy.

22. It is seen that, there are total 251 nurses employed in 88 hospitals, in which about 3/4\(^{th}\) (74.1%) proportion of total nursing staff has received up to higher secondary education. They are not familiar with medical science. Hence, they are considered as unqualified nursing staff.

23. It is important to note that, none of the respondent nurses working in the private hospitals during the period of study are recruited through Government Employment Exchange office and all are recruited through external sources, specially recommendation and local advertisement. Hence, they fail to adopt and implement human resource planning and scientific selection procedure for appointing qualified, trained and needful candidates as nurses, but preference has been given to local candidates.

24. It is found that, collectively 104 nurses are working in night shift in the 88 hospitals, which is about 40% proportion of the total nurses (251) in the studied private hospitals in Kolhapur district. Again it is seen that, majority of nurses are not ready to prefer night shift duty, due to lack of basic requirements of staff such as recreation, overtime incentives, messing, resting room, canteen etc. again, social restriction, family responsibility and problems of conveyance at night time.

25. The qualified and experienced nurses provide health and family welfare education to patients and their relatives. However, in the present study it is seen that, there is not adequate number of (27.5%) nurses involved in the health education program. It is not good sign for efficient and effective utilization of human resource for development of qualitative patients’ care and hospital organization in this competitive age.
26. It is observed that, majority of (57%) hospitals’ nursing records of each patient are maintained in the place like rack or boxes and less nursing records of patients are maintained in the place of ward and nursing station. It indicates that, there is desirable place of centralized location for minimizing time, space and labour.

27. It has been observed that nurses are constantly joining and leaving the hospitals on one pretext or the other and cause labour turnover. It is important to note that, the rate of nurses turnover is 40% during the period covered in the study. Nurses turnover rate is less in large size hospitals where as it is high in small and medium hospitals.

28. It is significant to note that, except one hospital, no any other hospitals are provided residential accommodation for nurses in the hospital premises. The residential arrangement, while on the one hand offered greater convenience to the nurses in terms of reduce to and fro travel fatigue, on the other, it also automatically put them on 24 hours call.

29. It is found that, only nine hospitals have a laundry (including one mechanical) attached to it and total (14) number of laundry staff varied ‘between one to three’ depending on the size and bed capacity of hospitals.

30. It is revealed that, no private hospitals have a diet kitchen nor a dietician. Merely 6 hospitals offer canteen facilities on premises and four of them provide concessional rate for hospital staff, but not to the patients or their relatives and visitor. Out of which two each canteen is being run by the ownership, rental and contract basis respectively. One each hospital owned canteen has staff strength of two and three persons. Providing the canteen facility in hospital premises is a subsidiary source of income and employment generation, but the significance of these services has so far not been accepted increasingly in sample hospitals.

31. Out of total, only 13 (11%) hospitals own ambulances, in which 9 hospitals own just one and another 4 hospitals own two vehicles each. Further it is clear that, in all ambulance owned hospitals, the uniform records like mileage, repairing, servicing etc. are not maintained. Ambulance fare, in almost all the hospitals is charged as per distance (per Km.). Again it’s found that, the maximum (41.18%) responsibility of
ambulance facility is done by doctor himself. Hence, there is adverse effect on the indoor patients and the generation of employment.

6.2.2 Hospital Human Resources:

The next few paragraphs present the conclusions derived from the analysis of the data collected from the existing hospital human resources.

1. Regarding gender composition it is important to know that, large number of (60%) male employees working in private hospitals than the female employees. It is similar trend in the society that more number of male workers engaged in the outdoor activities then females. One more thing is noted that, the proportion of working women in private hospitals is near about 50%. It means women working in outdoor activity have been rapidly increased in the district, due to large expansion of transport and communication, education and vocational training facilities and medical and paramedical field of hospital industry women are getting more opportunities as human resource.

2. On the whole, majority of (61%) staff in sample private hospitals belong to the young age group of 15 to 29 years. Absence of middle age and senior employees is perhaps the trend of people to enter early while learning and retire early from hospital related occupations. Majority of the human resource prefer to locate their place of residence within walkable distance from the hospital where they work.

3. It is found that, majority of (91.67%) private hospital staff belongs to Hindu religion, which is a dominant religion in the district area. A further castes group shows that, majority of 56.67% employees belong to general category followed by the other backward castes. No one employee is found amongst the schedule tribe category, though their sizable populations are seen in the district.

It is clear that, the major staff proportion of private hospitals belongs to general category of Hindu religion. It means, the human resource of private hospital in Kolhapur District does not affect by religious factors, but it has affected by relatives of hospital head or doctors. It has been observed that, in most of the private hospitals owner-entrepreneur, appoint their staff with locally suitable persons as human resource from recommendation by relatives or friends or ex-employees.

Hypothesis No.3, The selection and promotion of administrative and other staff is influenced by religious and economic factors in private hospitals has not proved.
4. Marriage makes an individual a more responsible member of a group. It forces an individual to improve his own performance. Out of total studied hospitals staff 47.5% are married and 46.7% are unmarried. It means the proportion of married and unmarried employees is more or less same and rest of employees are either divorced or widowed or widower. Further it is observed that, those employees who are unmarried are the temporary worker and followed the pattern of work while learning. Where as married employees are physically on firm footing and show more efficiency.

5. Nearly 3/4th of private hospital human resources are educationally qualified only up to the minimum required (i.e., up to HSC level of education) for the securing employment. Though some staff is highly qualified, none is found to possess hospital administration or management specific qualification.

6. It is seen that, near about 2/3rd (64.2%) proportion of employees belong up to 4 year experience group followed by 12.5% in the 5-8 years group. It is clear that, the less experience and novices employees are more (marginalized) in number as compared to veterans’ and more experienced employees. The average hospital staff is experienced up to the level of 5-8 years. Majority of employees are from younger group. It gives efficient services and more work speedily. It is helpful to patients (Customer) and doctor-owner (Management) too.

7. The study has revealed that, majority of (85%) employees are appointed on purely temporary basis, while only 12.5% staff are permanent whose proportion is found more in larger size hospitals located at urban areas. Hence, it adversely affect on working performance of an employee as well as workers themselves, due to lack of stability, job satisfaction and motivation. They are not free from tensions. On the other hand, doctors show unwillingness to make them permanent because once the employees are made permanent, they claim for all facilities and monetary benefits.

8. The study reveals that, there is existence of human resource planning in all the hospitals but a separate person is not employed nor a separate department is created to assess the human resource requirement for the Hospitals. In all the private hospitals employers/doctors themselves have taken the responsibility of assessing the manpower planning requirement who are already burdened with the work of
recruitment, selection, maintenance of accounts and over all supervision and management of the hospitals. The small size hospitals did not feel the need of manpower planning and proceeded further to recruit the employees as and when shortages of employees are realized.

9. Except few posts, management of the private hospitals of Kolhapur district have not prescribed any qualification for employees and all the employees are recruited without considering their educational qualification.

10. It is shocking to know that virtually there is no recruitment of policy in private hospitals of Kolhapur district and have not at all adopted recruitment policy for recruiting its employees during last four years i.e. 2004-05 to 2007-08. However, it begins from the year 2008-09 in few talukas, where there is big size private hospital located in urban area. Recruitment is made as per the need of the hospitals. In other words, majority of 80% private hospitals do not adopt the independent recruitment policy for recruiting its employees and proper management of their human resources.

_Hypothesis No. 1, Accepted and proved that, there is lack of clear policy and planning for human resource management in the private hospital in Kolhapur district._

11. It is observed from the study that all the private hospitals in Kolhapur district have followed both internal and external sources of recruitment. External sources of recruitment are quite common in private hospitals and majority of (2/3) hospitals operating in Kolhapur district have recruited their employees through recommendation of present employees, by relatives, friends, ex-employees etc. and few at hospital gate / notice board. 15% of the hospitals have followed the source of advertisement for recruitment their employees. Among the internal sources “Trainee” is the only source that has been followed by only three hospitals.

12. It is important to note that none of the respondent employees working in private hospitals during the period in the study are recruited through government employment exchange office and almost all are recruited through recommendation and hospital gate and local advertisement.
13. Almost all 97.5% of the respondent employees affirmed that they have recruited through external sources and only 2.5% of the respondents are recruited through internal sources i.e., Trainee. Thus, majority of the employees are recruited through external sources especially through recommendations, advertisement and at hospital gate. However, there is no uniformity about different sources of recruitment used in private hospitals.

14. It is found that through advertisement a major source of recruitment, but only 15% respondent employees recruitment is recruited through advertisement. Out of which, maximum employees’ recruitment is done through advertisement in regional language at local level newspapers, followed by local TV cable and Hoardings.

15. There is not uniformity about recruitment and forms of application used. Out of total respondents, only 18 (15%) employees are directly concerned to communicate and used the application through advertisement. Out of which merely two employees have used prescribed printed application forms and rest of 16 employees have applied on plain papers at the time of recruitment.

16. The study has revealed that 75% of the private hospitals have followed direct selection process, while 25% of the private hospitals have selected their employees through personal interview. Thus direct selection is quite common in private hospitals.

17. It is seen that, very large number of 102 (85%) respondent employees from the private hospitals in Kolhapur district do not receive any sort of formal call for the interview, they indirectly approach to the hospital head for job through recommendation while very small number of 18(15%) respondents from few large size hospitals were received formal interview call for the process of selection.

18. It is evidently clear that, 3/4th of the respondent employees affirmed that they have not faced any interview but got selected directly, while 1/4th employees agreed that, they have faced the interview during the process of selection. Selection process differs from large private hospitals to small and medium hospitals. Almost all large private hospitals have recruited their employees through personal and formal interview, while in small and medium hospitals, though employees are not personally
interviewed, they are selected on the recommendations by relatives and friends of employees and employers and hence they are known to employers in one or the other ways.

**Hypothesis No. 2, Accepted and proved that recruitment and selection procedure of hospital human resources is different from hospital to hospital.**

19. It has been observed that, preference is given to local persons during the process of selection and majority of employees from the adjoining areas, i.e. local and ruralities

20. More than 2/3rd (68%) responded employees are got selected in private hospitals, without any test. While near about 1/3rd (32%) employees are selected through test, especially in large hospitals located in urban area. Of those who got selected through different test, the maximum 17.5% employees have undergone personality test, 5% have gone through performance test and remaining 9% respondent employees have undergone practical test, medical test, Aptitude test, and other test respectively. Based on the discussion held with doctors come to know that, conducting the various test for selection process is new idea, which in earlier days was not necessary for selection of employees.

21. Overall it is found that, there is inadequate recruitment policies and lack of scientific selection procedure found in private hospitals of Kolhapur district. Similarly it is important to note that, except few, many more private hospitals from district are lacking to arrange the formal interview procedure and tests for their staff selection process.

22. It is interesting to note that, the staff of private hospitals in Kolhapur district is selected purely on need and merit basis, without using any monetary transaction, either by way of donation or deposit.

23. 58.3% of the respondent employees affirmed that, they have not used any sort of the influence for getting the present job; they got selected directly, without using any mediator, while 42% agreed that they have used different sources of influence while getting the present hospital job. Of those who used influence for seeking job, the maximum 25.8% employees have used different social agencies like friends, relatives
etc. as a source of influence. 13.3% staff has influenced their employer by the local political leader and 2.5% worker took the help of ministry and top management of concerned private hospitals for seeking the job.

**Hypothesis No.3, The selection and promotion of administrative and other staff is influenced by religious and economic factors in private hospitals has not proved.**

24. It is significant to note that, majority of 81% employees are properly placed in the hospital job as per their experience and qualifications. Discussion held with doctors revealed that, importance is given to employees’ qualification and experience rather than their personal choice. (Management has not used any force influence while placing the employees at the job.)

25. The study has revealed that, almost all (97%) of the respondent employees do not face any problems at the time of their selection in the private hospitals. Similarly, majority of (88%) the respondent employees are happy and satisfied with existing procedure of recruitment and selection already followed by private hospitals. However more than half (56%) proportion of respondent employees are found to be unaware of the present selection process in studied hospitals, due to low education level of respondent employees, lack of clear and uniform recruitment and selection policies in all private hospitals and absence of career path counseling to candidates.

26. It is evident from the data that, about 2/3rd hospital staff remain working in their respective private hospitals, They do not move elsewhere for job in their service tenure due to job satisfaction and convenient. However, about 1/3rd employees have changed their services one time, two times and three times, because of inconvenience of hospital place and time, marriage of female employees, inadequate remuneration, heavy work, improper treatment etc. It indicates that they are not the bread earners but work for pocket money and will work till they get alternative employment.

27. The method of remuneration in private hospitals of district differs from hospitals to hospitals. Wages and salary to the hospital employees have been paid both on time and piece wage rate basis.

28. Almost all (98%) respondent employees receive their remuneration on time wage rate system with different forms. It means majority of 57.5% employees receive
their pay in fixed amount of consolidated form, 37.5% staffs receive their remuneration including basic pay and other allowance (TA & DA) (Such type of wage system applied in large size hospitals) and remaining 3.3% employees are paid on time wage system for 8 hours per day. However negligible (2) employees receive on piece wage rate system. Though almost all employees are paid on time wage rate system, it is not as per the rules and regulations of remuneration Act fixed by Government.

29. It is found that, majority of (73.3%) employees have not any deductions from their salary package, since they are getting low wage rate compare to permanent employees. While 26.7% respondent affirmed that, they have made deduction from their salary for repayment of loans and advances or for saving and investment. In short those who have deduction either they are permanent workers or borrowers of hospital owner.

30. There is no uniformity among the private hospitals with regard to wage rate, criteria for fixing the wage and timing of payment of wage and salary. However about 3/4th employees in the private hospitals are receiving monthly remuneration up to Rs. 2000 only. 18% staff receives from Rs. 2001 to 4000 per month, 5% hospitals pay from Rs. 4001 to 6000 per month to their employees and rest of 3% hospitals pay above Rs.6000 per month to their experienced personnel in big size private hospitals.

31. The study has revealed that, about 2/3rd respondent of private Hospitals asserted that they are not satisfied with the wage they received. Due to low amount to meet the family basic needs, less scope to improve the standard of living and there is no any chance to work elsewhere. While slightly more than 1/3rd employees are found satisfied, that they are either friends or relatives of private hospital heads / owners.

32. Majority of (78%) respondent employees working in private hospitals and getting remuneration from them which has linked with cost of living only, 7% employees received wages on the basis of work put in the hospital or performance and 13% staff are responded for both i.e. cost of living and work based. While very few employees’ payment has been linked with Government rule.
33. It is evident from the data that, majority of (54.2%) the respondent employees are not paid any bonus as such particularly in small size private hospitals in rural area. While 45.8% employees are receive bonus either in the form of money or goods from their hospital owner. Out of which highest 15% staff receive bonus of Rs 1000/- per head annually. 12.5% employees are paid Rs 1001 to 2000, 9.2% workers were paid between Rs. 2001 to 3000, and 5% staff are paid bonus above Rs. 3000/- by their employer/hospital owner. It is interesting to note that only 4.2% respondent employees accept a bonus in the form of goods and cloth at the time of Diwali festival.

34. Almost all hospital staff is aware of their inadequacies in performing their assigned duties and the need for proper training to improve their performance. It is interesting to note that only 5% staff expressed that, they do not face difficulties in their work; the rest admitted that there indeed are difficulties and attributed these to such reasons as lack of training, ignorance of the nature of job, non orientation about hospitals information, communication gap and wrong placement. These are very serious flows in any human interactive business organization particularly the hospitals that ultimately affect the organization efficiency and profitability. Overall the hospital staff does not seem to be taking pride in their work.

35. Almost all (95%) hospital staff responded positively towards the need of training to discharge their duties efficiently and effectively. Where as, rest of only 5% employees expressed against the need of training. As they are senior and experienced in health sector, they have confidence to meet the assigned responsibilities. Almost all employees demand the need of training, they prefer different methods. 97% staff would like to receive extensive on the job training, another 92% staff wished to be trained in their employing hospital itself, 10% prefer to take apprenticeship training and rest of 9% staff wish to be deputed to other hospital for training and job rotations. However, it is evident that neither, a single employee has attended the training out side the hospital premises nor arranges the training program within the premises.

36. It is seen that, almost all (97.5%) private hospitals from Kolhapur district do not organize any training program for their employees either within the hospital premises or they do not allow the employees to attain the training outside the hospital.
Similarly, management of private hospitals neither becomes ready to spend any amount of fund for human resource training nor they want to improve the skills and knowledge among the employees.

**Hypothesis No. 4, Accepted and proved that, the need based training to the human resources in different private hospitals is not given and therefore training procedure is ineffective.**

37. Majority of respondent employee preferred to be trained within their employing hospitals itself. Self development is the primary drive behind the staff’s desire for getting training followed by the desire for increased wages and contributing to the fulfillment of the organizational goals.

38. It is found that, majority of (71%) private hospital employees are working for more than normal (8 hours) time in the Kolhapur district. All of them, are allowed to do over-time work and more or less employees do the overtime work accordingly, due to their services are temporary in nature, hence they follow their employer.

39. It is shocking to know that, majority of the employees were engaged in overtime work at their respective private hospitals, but they did not paid any extra remuneration for their overtime work. Such long duty hours without reward cause to poor performance, frustration, labour turnover, inter-service tension and low morale of employees.

40. Majority of private hospitals in Kolhapur district have adopted two shift systems (Day and Night) which are beneficial to both employer and employees. It helps to reduce the strain of work by individual employee and need to apply the division of labour and specialization principle. However, most of the respondents wish to prefer for working in day shift only, due to their convenience from all aspects.

41. It is significant to note that, most of the respondent employees are not satisfied with the available welfare facilities in private hospitals of Kolhapur district. Exact 2/3rd respondent employees have availed the free medical facilities in their concerned hospitals; merely 5% hospitals have canteen facility for refreshment only. Similarly, only 4.2% employees were allotted the quarters for residential purposes which are the permanent staff of the concern private hospitals. 10.8% respondents have availed the
credit facility as a part of welfare activity. About 2% respondent employees have free school facility for their wards.

42. It is interesting to note that, uniform of hospitals’ staff is a symbol of identity which helps to differ from civil peoples. However only 27.5% respondents are allowed to use dress code (uniform) during the working period, in which merely 22.5% respondents are provided dress code (uniform) by their concerned hospital authority.

43. The practices granting promotion to the employees is virtually absent in small and medium size private hospitals. There is no well defined policy in respect of promotion in private hospitals other than those served by trade union and few large size hospitals. The decision in this respect is depend on the will of the employer. It is frightening to know that, majority (95%) of the hospitals does not follow any promotion policies for job satisfaction among the employees. and they are fully dissatisfied on the same. While only 5% hospitals are found to have promotion policy mainly on the basis of qualification and experiences.

44. It is found that, majority of 2/3rd hospital employees enjoy weekly off with their wages for personal or domestic work. While 1/3rd employees are not granted a paid weekly off by their employer due to scare human resource in hospitals where there is 24 hours emergency services.

45. A very large 3/4th proportionate respondents are granted casual leave and other emergency leave, while 1/4th respondent are allowed sick and maternity leave. However, majority of (75%) respondent employees not granted paid leave by their concerned hospitals, while only 25% respondents receive the benefit of paid leave from their employer. It makes clear that, being informal organization sector; private hospitals do not observe definite work rules. Granting or rejecting the leave request is depending on the employer’s will and wish. In short for majority of the employees the existing leave procedure fixed by respective private hospitals in the district is not helpful and they do not realize the importance of privilege of leave encashment for human resource development.
46. As majority hospital staff is not permanent in their service, they are not provided any sort of retirement benefit in the form of gratuity, pension etc. by their employers. However, merely 7.5% respondents who are permanent in their service, avail the retirement benefit with different forms like provident fund and gratuity. In brief post retirement benefits are the grossly neglected aspect of private hospital employment.

47. It is seen that, except three, almost all hospital employees are not aware about the concept and objectives of trade union, due to inadequate education and training, lack of counseling, lack of unity at hospital level etc. Merely two recognized trade union of concerned hospitals took struggle for fighting in favour of staffs, but no one from the union or their member plays the representative role in minimum wage committee fixed by government.

48. It is disheartening to note that, management of private hospitals covered in the study has not adopted the policy of welfare found assistance and no employee has taken it so far.

49. Majority of (92.5%) hospital employees are neither aware the availability of formal grievance procedure, nor it helps to solve the problems of employees in private hospitals covered under study. Majority of the staff grievances resulted from heavy work load, inadequate salary and no leave facilities. The grievances were mostly taken directly to the hospital head instead of being routed through proper channel, probably because of undefined organization structure.

50. It is encouraging to note that, 95% of the respondent employees are neither punished nor terminated on their job or employment by way of lay off from their respective employers. While only 5% respondents are given a lay off by their employer mainly due to other reasons and temporary services.

51. The management of private hospitals in Kolhapur district covered by the study does not seem to realize the importance of incentives to motivate human resource. It is revealed that, majority of (83.3%) respondents assert that the incentive schemes do not exist in their respective hospitals, while rests of (16.7%) respondents affirm the existence of incentive scheme.
52. Highest number of 89% respondents are not satisfied on available monetary benefit. It leads to improper human resource management in private hospitals. While few number 11% respondents express the satisfaction over the availed monetary benefit in sample hospitals.

53. The study reveals that, more than 3/4\textsuperscript{th} respondents are express satisfaction with the available working condition, while 21% respondents are not satisfied with the existing working conditions.

54. 68.3% human resources perceived that they are paid minimum level of salary, 23.3% feel that they are paid inadequate or poor level. 4.2% felt that their salary is just adequate / fair and again merely 4.2% employees perceived it to be sufficient. It is evident from the data that, a very large number of 92% (68.3+23.3) of respondents are dissatisfied over the monetary aspect of their employment, not a very conducive atmosphere to build strong team spirit among the staff.

55. It is evident from the data that, most of the 88% respondents human resources are happy and satisfied with the hospital organization behavior. It is a good indicator to increase the morale of employees and it turn to overall development of human resource and hospital organization too.

6.2.3 Hospital Patients and Relatives:

The hospital being the service delivery institutions, the opinions of the service beneficiaries, the patients carry equal weightage in assessing the overall performance of the hospitals and efficiency of hospitals’ human resource. The following paragraphs record the conclusion derived from the data gathered from hospital patients.

1. It is found that, children’s and elderly persons who are below 15 years and above 76 years respectively are well aware about health by their family members. However, the young age group people are not taking care of health themselves. Hence, they remain hospitalized due to gynoecia or maternity cases of female and accident orthopedic case victims of male.

2. Education profile of patients show a fairly high level of literacy. Patients evidently do not have much exposure to higher education. Hence, it is observed that higher
qualified people are more aware about health care (they ignore to attend in hospital as patient) as compared to less qualified people.

3. It is found that, the joint family norms are still prevalent in the rural area reflected in this study; where as small (nuclear) family is a “Smart and Safe” family, because they are aware about “Health is Wealth” by taking mutual care of health.

4. It is found that, more number of patients belong to the farmers’ category. It may be due to their low standard of living resulted in to malnutrition, (farmers health conditions are very much vulnerable to any external infections due to malnutrition), changes in environmental conditions also affect their health standards and more probably they become the victims of minor accidents by the equipments used in farming.

5. Availability of the doctor in an emergency situation as well as the doctor taking keen interest in the patient admitted in his hospital is quite satisfactory. However, more precisely, investigation at micro level indicates that the patients are not satisfied over the use of latest medical technology by the doctors and the fees charged by doctors do not seem to be reasonable (hardly 17% patients confirming the reasonableness of fees)

6. On an average the hospitals’ working hours are convenience for the patients, because most of the doctors are staying in hospital building or near to the hospital premises and they are available at any time. Similarly, IPD hospitals have to provide 24 hours services in a day

7. The doctors’ interaction with the patients leads to an above average. The doctors seem to give an ear to what the patients have to say and reciprocate it by carefully examining the patients and informing them about their health.

8. One thing that is found to be missing in the interaction is the justification for various test to be carried out like blood test, x-rays etc. Majority of the respondents are of the opinion that they should not be given justification for the test and procedure that are done on them
9. The staffs’ interaction with patients reflect that, majority of respondents have expressed their satisfaction over the cooperation from hospital staff. It is due to most of the employees are temporary in their service; they want to stable on their job with good performance. Where as, less proportionate respondents have expressed, their dissatisfaction over the lack of cooperation from the hospital staff. It is stated by the respondents that right from the day of admission in the hospitals the staff expect some monetary reward from the patients, in case their expectation are not fulfilled, the patients are neglected, without much personal care and attention.

10. It is found that, an above average doctors examine the patients carefully and showing keen interest with them, because right diagnosis is a pre-requisite for the proper treatment. It is possible only through the careful examination of patients. As result, patients can get rid of from all ailments.

11. Diagnostic communication between the doctor and patient has come out in poor light from the patients’ viewpoint. This is probably because of the technology-oriented set up of the modern day hospitals and the rural patients’ inadequacy to understand the full implications of the doctors’ advice and prescription.

12. Majority of hospitals’ staff is friendly and courteous with patients, because most of them remain temporary and less experienced. They must have to show their performance satisfactorily, which is possible through friendly relations with patients.

13. Majority of the respondents who have undergone treatment experienced that their doctors ordered too many x-ray, laboratory tests, drugs and medicines, because many a time, the illness is cured after consuming only about ½ or 2/3rd quantity of the prescribed medicine. (It led to unnecessarily prescribe excessive quantity of drugs and medicines) This leads to the generation of negative opinion that the doctors main interest is in extracting as much money as possible from the patients.

14. Majority patients’ respondent report positives experiences about the checking of the prescribed medicine by the doctor and also of the doctors’ detailed advice in taking the medicines. However, the majority of respondents report the disturbing / shocking matter that, mostly the doctors or his assistant insist upon the purchase of medicines from a particular shop and also cross-check the purchases so as to ascertain
that the medicines have indeed been purchased from the particular shop.

15. Overall, majority of patients are not fully satisfied with the treatment and the care they have received during their hospital stay, because majority of the hospitals lack basic amenities, facilities and latest medical technology. Although, doctors’ provide good treatment to the patients, they charge heavy and prescribe more medicines too, which result negative attitude amongst patients.

16. The hospitality to patients’ relatives provided in the private hospitals is satisfactory; it leads to create good impression among the relatives of patients for future visit. This is one of the techniques of attracting more patients and developing reputation about the hospital in the society.

6.3 SUGGESTIONS:

Majority of private hospitals in Kolhapur district are now functioning as family owned proprietary concerned with small and medium size. The doctor-proprietors or doctor-entrepreneurs of these hospitals are unaware of the significance of human resource, human resource development, research and development. Owners of these hospitals need to know the importance of hospital management and human resource development and to make an investment on human resource management.

In the light of the above findings the following suggestions are made which may be useful for better hospital management and managing human resources efficiently and effectively.

6.3.1 Private Hospitals:
1. Basic amenities and facilities-wise, the hospitals in Kolhapur district have come out in a very poor light. It is high time that they took initiative in removing the various physical deficiencies in the premises. The thought that the patient is not an intruder in their premises but is the purpose of their existence should dominate their thinking. Hence, everything possible within the hospital’ means should be done to reduce the patient’s anxiety and offer him succour, at the same time, maintaining his dignity as a human being. It is suggested that, required amenities, facilities and infrastructural support should be provided on the basis of needs and requirement of the concerned hospitals. It is also suggested that, the concerned hospital authority should visit to other renowned hospitals to see the modern facilities.
2. A major impediment / hindrance to the efficient use of the available diagnostic and curative equipment lies in the absence of technically qualified and trained human resource to operate these, that in turn is traceable to the absence of requisite training facilities in the area. In this behalf, it could be suggested that local Medical Association through liaison effort may take lead in establishing appropriate medical equipment training centers in collaboration with the local technical colleges or institutes. It is also suggested to conduct in house training program minimum four times in a year for all employees.

3. Human resource manager / management of private hospital should appoint special, experienced Lab-Technicians as a lab in-charge for the supervision of laboratory function, instead handling over this burden to the doctor himself. Further it is suggested that, by reducing the workload of doctors, it may create new employment opportunities for young qualified persons in the concerned field. For effective implement of the suggestions, it is advised that, “profit sharing” or “receipt sharing” practice may be adopted.

4. The rate of bed occupancy shows ups and downs in the sample hospitals. But human resource management plays an important role in this situation for avoiding the over and under utilization of hospital manpower and cost control. Here proper human resource planning is required. It is suggested that the medium and big size hospitals should use PERT and CPM techniques. In this regard, it is also suggested that near by hospitals can share hospital manpower under peculiar circumstances. It is also suggested that, ‘Hospital Employees Bureau’ or ‘Hospital Employees Exchange Centre’ can be started.

5. In this age of advance information and technology there is urgent need to install different types of services and facilities for easy and quick diagnoses. It will create additional job opportunities for technical and para-medical human resources like, X-ray technicians and their assistances. Considering this situation, it is suggested that hospital management should increase the facilities and start “Para-Medical Course Center”.

6. The attitude of hospital human resources at every stage and place must be of supportive and leading nature and not of frightening or unconcerned mind. An OPD
service provides the main linking of hospitals with community. For the timely attending the persons, replying their queries, minimizing waiting time, easy accessibility to OPD and other investigatory department will go a long way in creating a positive opinion about the hospital. It is suggested that, every OPD must maintain separate and sound equipments with adequate para-medical and administrative staff. Enquiry counter (Receptionist) should be managed by efficient people with expertise in public relations. It is also suggested that, to provide behavior science training to employees, time management training, etiquette and manners training, patients and relatives’ psychology training and communication skills training should be provided to the hospitals’ staff.

7. Majority of the private hospital heads / doctors plays dual role as a medical officer and administrator / superintendent, but it is difficult for them to attend both these duties efficiently and effectively. It is suggested that, competent human resource should be recruited as “Hospital Administrator” for better hospital management. It is important to note that; good doctor may not always be good administrator. He himself is a doctor and he has to look after so many administrative matters. So, private hospitals require a separate cadre for the management of hospital as professional services. It is also suggested that, the doctor may take management education through ‘Distance Learning Program’ or appoint a qualified manager for hospital administration. It is also suggested for small hospitals that ‘flexi time’ and on ‘sharing bases’ or ‘part time’ qualified administrator should be appointed.

8. It is suggested that, there should be proper delegation of authority and acceptance and implementation of suggestions from subordinates which is part of workers’ involvement in management and it motivates to create healthy relation between executive and subordinates. It is also suggested to use job analysis, job description and job specification for delegation of authority. In this regard the hospital authority should develop the chart of authority and responsibility of each and every hospital employees.

9. There is an urgent need of every private hospital to have easy accessibility to outsiders who can freely interact with administrator for the sake of both hospital as well as patients community. It is suggested that, there should be pre-planned response
strategy. In this regard “Computerized Hospital Data Management” should be implemented.

10. It is suggested that, maintenance of medical records required not only many hours of tedious manual labour, but also space to store the data effectively. A lot of forms need to be filled while admitting a patient or at the time of operation etc. The records of patients have great value in proper treatment and review in medico-legal cases and at the repeat visits. Hence, there is necessity to maintain a medical record of patients at centralized location of nursing station is desirable. They can store in a computer, for minimizing use of time, space and personnel. In this regard, it is specially suggested to use Japanese “5 S” (Seiri, Seiton, Seiso, Seiketsu and Shitsuke) technique for effective and efficient hospital and hospital human resource management.

11. It is advised that hospital authority should make proper arrangement for nursing accommodation to stay the nursing staff in hospital premises or nearby hospitals. Where new hospitals are established it is understood that there are no nurses ‘quarters’. This problem should be solved by the constructions of quarters with sufficient accommodation at hospital premises; it helps to put them on 24 hours call. It is also suggested that, the hospital authority can take room /rooms on rental basis and provide to the nurses, which will minimize nurses’ human resource problem.

12. No hospital can pursue its activity of patient care even for one day without the aid of proper linen and laundry services. It is suggested that, the best system for linen supply in the private hospital is hospital operated laundry with own linen. If sample area hospitals’ situation may not have the financial capacity to do so, for such hospitals, cooperative type of joint laundry services is recommended. It is also suggested that, hospital authority can nominate one of the brother or sister at his / her home, providing washing machine as a capital investment with regular laundry charges for laundering, which will solve the linen problem and provide additional income to the concerned brother /sister.

13. It is suggested that, instead of driving ambulance by doctor himself, the hospital authority should appoint trained human resource for ambulance operating and supervision in private hospitals. It enables to stop adverse effect on indoor patients
and inconvenience to OPD patients too; by reducing the dual workload of doctors in concerned hospitals. It is also suggested that, doctor can train one of the brothers or contractual persons for ambulance driving.

6.3.2 Hospital Staff:

1. It is interesting to note that, no private hospital has prescribed any qualification for its employees, except few posts. Hence, private hospital industry is very good source of employment both for those who has basic education and for those who have no basic educational qualification. On the other hand, there is necessity to prescribe the level of educational qualification for different posts under various section or department in private hospitals by the health department of state Government. Considering this situation it is suggested that, hospital authority can motivate the employees to take basic education for which hospital authority should give financial support and study leave for taking required technical education. It is also suggested that, employee should be allowed to take education through ‘Distance Learning Mode’.

2. In order to motivate human resource to do more and better work, it is suggested that, they should be assured security of job by the hospital management. This is possible only with applying the principles of management by human resource management in hospital organization. Unwanted employee turnover is both the cause and effect of bad management. It is also suggested that, hospital authority should have 5 years contract on performance basis to an employees.

3. Presently, there is no definite recruitment policy followed in private hospitals of Kolhapur district, the management should evolved a policy to recruit people meeting job requirement. A yearly recruitment plan should be prepared considering expected quits, separations, job requirement and expansion programs. The management should recruit right personnel and put them at right place. In this regard, it is also suggested that to take help from “Private Employment Agency” or to start independent private employment agency centre through Medical Association, which will provide required manpower only to the hospitals in the sample district.

4. It is suggested that, direct selection process followed by majority of the private hospitals should be stopped and selection must be made through at least personal
interview process. It helps to know employees’ interest and intention to work for the hospital organization and those who are prepared to work for longer duration should only be selected.

5. To match the right man for right job at given time and maintaining the standard and quality in hospital services there is need to follow proper and scientific recruitment and selection procedure i.e. advertisement of posts, collection of applications, scrutiny of applications, written and oral test, physical fitness, referral check etc., without seeing references and recommendations.

6. Majority of the managements of private hospitals have not paid wages and salaries as per the rule in force. Management of the private hospitals are advised to compare the wage structure of their hospitals with the wage structure prevailing in government hospitals in Kolhapur district and make a suitable correction in the wage structure. Cheap labour is always costly labour, so appropriate wages should be given, considering minimum wages to an employee.

7. There is necessity for all private hospitals to establish a remuneration system, which is acceptable, equitable and adequate enough to meet the needs of its employees with relation to their performance. Then they will get an opportunity to use their skill, ability and knowledge during the hospital job. In this regard it is suggested that, considering location of the hospital, expertise of prospective employee, supply and demand of hospital related manpower and employees’ cost of living, the remuneration should be fixed.

8. For the purposes of attracting and retaining efficient and dedicated labour force in private hospitals, a uniform bonus system, adequate rate of bonus and implementation of bonus Act 1965, should be offered for all private hospitals. It is also suggested that, “Work Centre” or “Activity Centre” should be fixed in the hospitals. On the basis of work centre, proportionate revenue should be calculated and salary and bonus should be correlated with proportionate revenue of concerned work centre, where concerned employees are working, which is definitely possible in big hospitals.

9. Training is a key to productivity. The knowledge and skill of people at work needs continuous improvement, which can be ensured through proper training. Proper
training facility needs to be provided both in and outside the hospital premises. Mere on-the-job training (trial and error) will not help in improving the work culture, work ethics and change in the attitude and behavior aspect of employees. External and institutional training program should be arranged for improving employees’ work culture and work ethics. Periodical conference, workshop, lectures and demonstration should be arranged for updating knowledge and skills in changing the attitude and behavior of the employees. It is also suggested that, on taluka basis once in a quarter training program should be conducted through which employees will be empowered.

10. At present, majority of private hospitals’ staff is engaged in overtime work at their concerned hospital job, but they are not paid any extra remuneration for their overtime work. It is advised to follow Labour Act, 1948, for avoiding the physical and economical exploitation of available human resources. In this regard it is also suggested that, job analysis and manpower requirement, manpower workload, should be studied and additional, contractual, need based manpower should be recruited which will minimize excessive overtime burden. Also neighboring hospitals should establish “Manpower Inventory” i.e. ‘Manpower Bank’ or ‘Labour Bank’ which will be provided to the concerned hospitals where additional manpower required under emergency.

11. Human resources working in any organization always expect higher pay and better position. Therefore private hospitals should evolve and adopt a time bound promotion policy for the benefit of their employees. Those employees who have put 5 years of continuous service may be given promotion as ‘senior assistant,’ ‘senior nurse,’ ‘senior sister / brother’ with increase in pay and facility which may be helpful in minimizing absenteeism, dissatisfaction and labour turnover rate. Promotion policy may influence the employees to work for more number of years. Promotion can be offered after 5 years, 7 years, 10 years and so on to an employee with appropriate designation, dress code and perks.

12. At present employees are not allowed to avail the leave as a matter of their right by majority of the private hospitals, which is also one of the reasons for dissatisfaction, inefficiency and absenteeism. Management of the private hospitals are therefore advised to evolve a policy which will allow their employees to avail stipulated number of leave during particular season which may help the management
to increase efficiency and control absenteeism. In this regard it is also suggested that, regular weekly off must be given, badali off, continuous 2-3 days off, off on the basis of workload, festival off and if weekly off is not given, to pay two time (double) salary for respective off days to the concerned employees.

13. It is observed that, only 5% private hospitals have made contribution towards employees’ provident fund, while remaining private hospitals’ human resources have expressed dissatisfaction for non-contribution of provident fund. Therefore all the private hospitals in Kolhapur district should take steps to make the arrangement of provident fund contribution. In this regard Medical Association should take interest, hospital employ regular or contractual or part time labour welfare officer and government authorities should force the hospital management regarding provident fund provision. It is a moral duty of the hospital authority to take care of our employees along with the patients who are coming to or admitting in the hospital.

14. At present, gratuity is not paid by almost all the private hospitals covered in the study. Gratuity as a pension scheme must be implemented by the private hospitals and be extended to eligible employees, because it is a statutory provision.

15. For the benefit and protection of the interest of the human resources, it is advisable to form ‘Employees Union’ or ‘Quality Circle’ or ‘Maitry Group’ in all the private hospitals or hospitals at taluka levels, so that any problem relating to employees can be amicably settled through same.

16. It is suggested that, in order to retain dedicated and well trained human resource and there by to avoid frequent labor turnover, adopt well planned incentive scheme, which will encourage human resources to show their intelligence and initiative give scope for their career development, make a provision of old age benefit or retirement benefit is an immense importance to the hospital organization.

17. It is suggested that, there is more need for effective provision of working conditions in hospital organization. For hospital, there is an urgent need on the part of hospital authority to be more generous and enlightened in this respect

18. It is suggested to the hospital authority and take the morale responsibility to provide welfare facilities like free medical aid, welfare fund, staff uniform;
recreational facilities, school bus to staff wards, communication and transport, leave and credit facility etc., to every human resource working in the respective private hospital to retain efficient and dedicated work force and there by to increase employees morale.

19. At present none of the staff is provided the accommodation in hospital premises. It is suggested to improve the hospital efficiency and productivity, the staff must be provided with residential accommodation within or near by hospital premises with necessary staff quarters or provide rooms in the hospital for night shift employees’ accommodation or take near by accommodations on rental basis and provide to the hospital employees, which will increase the employees’ efficiency and staff control will be comparatively easy.

6.3.3 Hospital Patients and Relatives:
1. In order to create awareness in the society, it is suggested that, there is a need to express the “Health Care” information by highly educated people or hospitals’ human resources to less educated or uneducated people for creating “Health for All” climate in a society. It is also suggested that dietician, counselor, infrastructure maintainer, physical director, psychologist, trainer and other specialist from medical field can be appointed on full time or contractual or visiting basis for overall development of human resource management and hospital management in the hospital.

2. It is suggested that, the reception area should be managed by competent persons in the hospital’s working hours. The medical records of resident, transferred and recently discharged patients should be promptly issued on demand at reception counter. So, problems will not be incurred in the hospital.

3. Considering the age, physical fitness, education, sex of hospital patients, it is suggested that, strong, healthy, charming face, fast, having sense of hummer, positive thinker, pleasant personality, good character etc. employee should be recruited. For getting such a type of employee written test, medical test, IQ test, emotional test, behavior test, and oral interview should be conducted.

4. Considering the family size and occupations of the patients, it is found that, the majority of family size is nuclear. Under this circumstance human resource support
from family to patient is less. So, it is suggested that, the hospital authority should appoint good human resource for overcoming problems of human resource support from nuclear family. It is also suggested that, hereafter, no longer period, hospital will not be as a ‘Hospital’ as they will be “Rest Houses” for the patients, considering the size of family and occupations these ‘rest houses’ hospitals should be well human resource supported.

**Table No. 6.1: Brief Conclusion and Suggestions**

<table>
<thead>
<tr>
<th>Nos.</th>
<th>Problems &amp; Conclusion</th>
<th>Applicable Suggestions</th>
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<tbody>
<tr>
<td>1</td>
<td>In Majority hospitals lack of basic amenities, facilities &amp; sound infrastructural support</td>
<td>To provide need base amenities, facilities &amp; infrastructural support after seeing the modern facilities in renowned hospital</td>
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<td>2</td>
<td>Majority of doctors plays dual role as a medical officer &amp; administrator, due to lack of separate hospital administrator</td>
<td>To appoint qualified &amp; competent HR as ‘Hospital Administrator’ or doctor may take management education through ‘Distance Learning Mode’ or in small hospitals flexi time &amp; on sharing basis / part time administrator should be appointed.</td>
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<td>3</td>
<td>Lack of delegation of authority to subordinates and less scope to the subordinates for any suggestion</td>
<td>Use job analysis, job description &amp; job specification for delegation of authority. Develop ‘Chart’ of authority &amp; responsibility of each employee</td>
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<td>4</td>
<td>Lack of clear policy and planning for human resource in private hospitals</td>
<td>Prepared yearly HR plan, considering expected quits, separations, job requirement &amp; expansion programs. Take help from private ‘Employment Agencies’ or to start independent private ‘Employment Exchange’ through medical association</td>
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<td>5</td>
<td>Inadequate recruitment policies &amp; lack of scientific selection procedure found in private hospitals</td>
<td>Need to follow proper &amp; scientific recruitment &amp; selection procedure i.e., advertisement of posts, collection &amp; scrutiny of applications, written &amp; oral test, physical fitness, referral check etc, without seeing reference &amp; recommendations only</td>
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<td>6</td>
<td>Majority of employees are not satisfied with the wage they received, due to low amount to meet the family basic needs</td>
<td>‘Cheap Labour is always Costly Labour’. To compare the wage structure with prevailing in govt. hospitals and make suitable correction or considered at least minimum wages to an employees</td>
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<td>7</td>
<td>Almost all hospital staff lack the training to discharge their duties efficiently and effectively</td>
<td>Proper &amp; periodical training should be provided in the form of workshop, conference, lectures, demonstration etc, both in &amp; out side the hospital premises or conduct training program on taluka basis once in a quarter</td>
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<td>8</td>
<td>Majority of hospital staff engaged in overtime work, but they are not paid any extra remuneration for same</td>
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<td>Majority of hospital staff lack the necessary welfare facilities</td>
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<td>10</td>
<td>Higher qualified people ignore to attend in hospital as patient, as compare to less qualified people</td>
<td>Need to express “Health Care” information by highly educated people to less educated people for creating “Health for All” climate in a society. To appoint counselor, dietician, physical director, psychologist &amp; other specialist from medical field on full time or contractual or visiting basis for development of HRM and hospital management in hospital</td>
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### 6.4: Summary

Overall, the hospital human resources are observed to be totally unsatisfied with their salary / wages, working condition, welfare facilities etc. Consequently, their work alienation and frustration appeared to be irreversible. At the same time, they are not unionized for pressing their demand and improving their lot through collective effort, for the fear of victimization and even losing their employment. One can very well imagine the adverse effect of this low employee morale and seething discontent on the quality of medical services offered by hospitals.

In any case, promoter-doctor would do well to realize the crucial importance of the people working in their hospitals. Here also, these hospitals have a long way to go in establishing cordial relations with their staff, create a warm and trusting workplace.
atmosphere, develop team spirit and sense of belongingness to the organization, which all together lead to an increase in the staff’s productivity, efficiency and the hospital’s goodwill. Again it is observed that, the human resource available so far is not utilized effectively. If we want to make the utilization of hospital manpower more effectively, education and training of the human resource is an immediate task. Along with the increase in general literacy level, proper attention is required to be given for vocational training and guidance to human resource. The need is more urgent in case of females in the district.