CHAPTER – V:

RESEARCH METHODOLOGY

- Statement of the Research Problem
- Need for the Study
- Research Methodology
- Sampling
CHAPTER – V

RESEARCH DESIGN

“Research is to see what everybody else has seen & To think what nobody else has thought” - Anonymous

TITLE OF THE STUDY:

“HUMAN RESOURCE ISSUES IN THE MANAGEMENT OF HOSPITALS – A STUDY PROPOSED WITH REFERENCE TO MOTIVATING & RETAINING NURSING STAFF IN THE HOSPITALS OF MADURAI DISTRICT”

STATEMENT OF THE RESEARCH PROBLEM:

Nurses form the backbone of any medical services or patient care in the health sector. But in India, this important section of workers are highly exploited, with lack of respect and dignity at workplaces and more importantly paid extremely low salaries with lack of job security. It is in this context that nurses across the country should unite and confront the hospital management and the government on these issues.

Many nurses, who mainly come from poor backgrounds, have to pay lakhs of rupees to get a nursing degree and hence have to take huge loans thus leaving them indebted. But after graduation, what really confronts them is lack of opportunity in government run hospitals. Despite shortage of nurses and other staff in government run hospitals, the government deliberately follows a totally unscientific method of recruitment which keeps the majority of aspirants from getting a post in the government services and at the same time recruits nurses on a contract labour at extremely low wages to fill some of the gaps.

In the private sector, the nurses are confronted with extremely low paying jobs (between Rs: 3000 – Rs. 4000 a month) as against the labour standard of around Rs:
6000 (which is also pathetically low). Even the most experienced ones only get paid about Rs: 8000 – Rs: 9000. Many have to sign a 2-3 year bonded contract that inevitably binds the nurses to the hospital and breaking the contract often entails shelling out Rs: 50,000 – Rs: 100,000 for obtaining their release. Otherwise, all their certificates are held by the hospital management.

Most of the nurses are forced to work beyond the mandatory 8 hours working day, to more than 10 to 11 hours. Apart from low wages, none of the nurses are given employment benefits like Provident Fund (PF) and gratuity. The nurses are not even given health coverage despite facing higher risk of infections.

Another aspect that does not find much of a mention anywhere is the human rights violation in the form of sexual harassment to female nurses. There is also the lack of work place ethics and respect for the nurse profession, with harassment by either doctors or the management by constantly accusing them of dereliction of duty. With the labour department and government neglecting the problems faced by the nurses and lack of unions fighting for the nurse’s cause, many are forced to silently bare these injustices.

It is not as if nurses have not gone on strike. Last year saw many strikes in Kerala and several other places including Bangalore. About 4700 contract nurses from Government hospitals across Karnataka went on a hunger strike for 8 days in February of this year. In Bangalore, the private/ corporate hospitals have threatened police action against the nurses if they dare go on strike. Ultimately, it is the lack of union that is holding many nurses from taking strike action.

Their Major demands are:

- Trade Union rights for all the nurses
- End the bond system. Stop confiscation of educational and experience certificates by the hospital management at the time of resignation
- No to workplace harassment by doctors and the hospital management. All nurses should be treated with respect and dignity.
- Standardised Wages at-least according to the minimum wages fixed by the Government. Wages must be revised and adjusted to the cost of living, with mandatory yearly increments.
- 8 hour working day, overtime allowances, yearly leave and other social security benefits.
- Health coverage for all nurses to be borne by the hospital management.
- End the contract system in government hospitals. All nurses should be recruited on a permanent basis and remove all bureaucratic impediments in recruiting nurses in government run hospitals.

On one hand, the internal situation (as explained above) is causing largely displeasure to the Nurses and on the other hand, the global level demand for experienced Nurses and High salaries abroad are attracting the eye-balls of nurses and hence making Job-Switching a Natural phenomenon universally.

This may be right if we see from the Nurses side. But, from the point of view of organisations, this leaves them to bleeding & bankrupt. Hence, it is every HR manager’s in the health care sector’s concern to stop the out-flowing of their own staff or in the least case, minimize the damage to the organization by the nurse out-flow.

This requires a lot of understanding about the factors that are causing either satisfaction or dissatisfaction to the Nurses individually as well as the Nursing community as a whole.

Hence, naturally, all this forms the Genesis and preamble in choosing this topic for research. This research tries to understand the factors that are causing either pleasure or displeasure to the nursing community and there by suggests some methods for the retention of Nursing workforce from migration or job-switching.
RESEARCH GAP:

There have been many studies globally on the conditions of Nurses, their involvement, their Job Satisfaction, their stress factors, their concerns etc. But, in many a cases, the results of the studies cannot be generalized as the most of the problems are either local market stimulating problems or the local government’s policy causing problems. Though some studies revealed the Work place problems and the factors causing those problems, these studies may not be fully helpful in understanding and evaluating the Indian situations as they greatly differ from the rest of the world on many accounts.

Similarly, in India too, there have been a few qualitative and quantitative studies of trusted quality on the issues Nurses, their work-life issues, their personal issues etc. Though, these studies have largely contributed to the knowledge base of understanding, the results of most of these studies can't be generalized because they are specific to a particular problem or a particular area or a particular organisation.

On the same lines, a few studies have been conducted (mostly in large cities only) in south India too on issues pertaining to Nurses and Nursing community as a whole. Though, these studies have largely contributed to the Knowledge & understanding of the problems of Nurses and the Nursing community in south India to some extent, here too, the results may not be universally applicable.

When it comes to State level data, we have some data and certain predetermined problems and solutions available. But, when it comes to the field level i.e. either the District level data or the City level data of Tier-II cities, there is vacuum everywhere. A few researchers have conducted some occasional studies on the District level or Tier-II city level problems, the methods they used and the results of the research leave us with a BIG question mark on the Quality of the studies.

Madurai is the 3rd largest City by Population, and 2nd largest city by area in Tamilnadu. About 90% of the health care industry in the district is in the hands of
private operators. When comes to the quality of services, the standards are a little bit low and hence, initiating many problems and the need for the researchers to create / discover / invent new solutions to the problems that are taking birth almost every day basis.

This research studies the major problem that is prevalent in the Health care sector in Madurai region i.e. the High rate of Nurse Attrition and aims at generating some quality data with respect to the healthcare industry in Madurai region and tries to find out some possible solutions to this problem.

This research generates the Missing data there by abridging the research gap on the issues of the Nurses in the Madurai Region of Tamilnadu.

**NEED FOR THE STUDY:**

The health industry has emerged as one of the most challenging sectors as well as one of the largest service sector industries in India with estimated revenue of US$35 billion; it constitutes 5.2% of India’s GDP and employs 4 million people. The Indian health industry is expected to grow at 15% per annum to US$78.6, reaching 6.1% of GDP and employing 9 million people by 2012.

Recognizing the significant potential and challenges in the health sector, the government has prioritized it in the Eleventh Five Year Plan. The private sector plays a significant role by contributing 4.3% of GDP and 80% share of healthcare provision. However, deficiencies persist with respect to access, affordability, efficiency, quality and effectiveness, despite the high level of overall private and public expenditure on health.

In order to be comparable with the healthcare parameters of other developing countries, India’s healthcare sector faces many challenges. For example, to reach a ratio of two beds per 1000 population by 2025, an additional 177 billion beds will be required which will need a total investment of US$86 billion.
There is an acute shortage of doctors, nurses, technicians and healthcare administrators and an additional 0.7 million doctors are needed to reach a doctor population ratio of 1:1000 by 2025. Although the health insurance sector is projected to grow to US$3.8 billion in collected premiums by 2012 from the annual collected premium of US$711 million in 2006, there is a dismal health insurance penetration rate; at present only 2% of the total population is insured.

For the desired changes and a healthy growth of the healthcare sector, a well-defined partnership between the government and the private sector is essential.

The Health Services Committee has been pivotal in facilitating interaction among stakeholders to jointly work towards Health Services reforms and provision of ‘Quality Healthcare to All’, a fundamental right of each Indian citizen. In view of the inadequate healthcare infrastructure, human resource, regulations and quality, the Committee has submitted recommendations to the Government from time to time with the following objectives –

- Provide recommendations for policy change and regulatory reforms
- Promote and disseminate information on Quality Assurance Mechanism
- Facilitate streamlining of sectorial issues amongst stakeholders
- Develop white papers on relevant issues with stakeholder consultation
- Provide Networking and collaboration Platform

Besides this sectorial or market demands, Nursing community have their own internal and personal problems which are either making them restless or provoking them to switch their jobs more often.

Following are some of the identified problems through research in other places which are the Need-of-the-Hour –

1. It is a felt in need that adequate number of nurses are not being trained by the nursing institutions to meet the increasing demand of the market.
2. The leading hospitals even in the developing countries are finding it difficult to maintain the appropriate patient - nurse ratio due to the shortage of professionally trained nursing staff. The situation in the developing countries will naturally be far from satisfactory level.

3. Lack of conducive environment and recognition is another important reason for men and women opting for nursing profession.

4. The private hospitals are not governed by the salary structure and compensation package as provided by Government of Tamil Nadu. Therefore, it is difficult for them to attract, recruit and retain the qualified and trained nursing personnel.

5. The private hospitals are not providing a structured induction / refresher training programme to the nursing community for enhancing their professional skills.

6. The work schedule in the hospitals gives more stress to the hospital staff and this issue is rarely addressed by the HR departments of the hospitals. For example, the IT companies which are equally stressful are looking at various options to relieve the employee stress.

   If, we try to see the problem from the point of view of nurses, every Nurse working in India, is unsatisfied with their working conditions or rewards or both and hence, is in constant search of a better place for working. This constant look-out for betterment is provoking the Nurses to switch their jobs more often.

   Switching jobs is only a temporary solution. If we can make the whole healthcare world a better place for working from its existent state of bitter place; there won’t be a need for the organizations, to become restless thinking about their attrition problems.

   No society in the world was born out of rules. One has to work forward, make a few rules here and there, and needs to propel the society as a whole. Ignoring the
problems or Escaping from problems may only temporary relief but cannot be a long-term strategy.

The issues, what so ever may be, have to be studied, understood and properly addressed by forming mutually amicable solutions between all the stakeholders involved.

Hence, arises a great opportunity for research in this topic. This study tries to identify the problems and tries to suggest some remedies with respect to Madurai region.

**OBJECTIVES OF THE STUDY:**

- To study the status of the nursing community and their significance at the global level, national level and state level and the emerging trends.
- To study the work environment of the nursing community in the private hospitals functioning in Madurai District.
- To study the hindering factors for the nurses to work in the in the private hospitals.
- To study the facilitating factors for the nurses to work in the private hospitals.
- To study the critical factors which are responsible for the high turnover of nursing community
- To study and recommend remedial factors which will make the nursing community to sustain in the respective jobs in the private hospitals.

**SCOPE OF THE STUDY:**

- This study covers all the nurses working in Private hospitals in Madurai Region.
- This study examines the working profile of nurses working in various private hospitals in Madurai Region.
• This study tries to examine the various work factors such as Wages paid, Number of Working hours, Burden Of Work, Choice of Nursing Career, etc. amongst the Nurses working in private hospitals in Madurai Region.
• This study tries to examine the various causes of work stress amongst the Nurses working in private hospitals in Madurai Region.
• This study examines the relationship between the Demographics and the Recruitment and Induction procedure amongst the Nurses working in private hospitals in Madurai Region.
• This study examines the relationship between the Demographics and the Work Environment amongst the Nurses working in private hospitals in Madurai Region.
• This Study examines the relationship between the Demographics and the Exit process amongst the Nurses working in private hospitals in Madurai Region.
• This study examines the relationship between the Demographics and the Perception and other reasons of dissatisfaction amongst the Nurses working in private hospitals in Madurai Region.

HYPOTHESIS:

• H₁: Demographics will have an effect on the Recruitment and Induction Process score of the respondents
• H₂: Demographics will have an effect on the Work Environment score of the respondents
• H₃: Demographics will have an effect on the Exit process Score of the respondents
• H₄: Demographics will have an effect on the Perception Score of the Respondents
• H₅: Demographics will have an effect on the Overall (TOTAL) score of the Respondents
• H_6: Demographics will have an effect on the Causes of Stress amongst the Respondents

PERIOD OF THE STUDY:

The Study was conducted between January – 2013 and December – 2013 for a total period of 12 months (Both Months Inclusive).

RESEARCH METHODOLOGY:

Research Methodology defines the procedure followed to design the research and the methods followed in the conduct of the whole research in order to solve the SET research problem without deviating from its SET research objectives. This study, too, followed the strict scientific method.

In this study, a standard Research Methodology which is being in practice worldwide by the Research community in Social Sciences & Library Science is strictly followed with no modifications to the Standard Research Procedure.

The following is the Research methodology that is used for the conduct of the Study on the Nurses working in private hospitals in Madurai region with respect to their Motivation and Retention factors.

1. RESEARCH PROCESS:

The Following is the research process used for the conduct of the Study on the Nurses working in private hospitals in Madurai region with respect to their Motivation and Retention factors.

   Step 1: Research Problem has been identified.
   Step 2: Preliminary data relating to the topic was collected.
   Step 3: A set of Hypothesis were formed.
   Step 4: Secondary Data was collected.
   Step 5: A structured questionnaire to collect primary data was made.
   Step 6: Questionnaire was tested & Problems were identified.
Step 7: Questionnaire was corrected accordingly with the problems found, in order to get the required results in line with the set research objectives.

Step 8: Questionnaire was tested for Redundancy.

Step 9: A Pilot study was conducted in order to collect a small amount of sample data.

Step 10: Collected Sample Data was analysed using statistical tools to check the trend of the results & for the Data FITNESS.

Step 11: Final Changes were made in the Questionnaire used for the Survey according to the results of the Pilot Study Analysis.

Step 12: A Code book was made according to the final questionnaire which contains the treatment of all variables.

Step 13: A Survey was conducted in order to Collect Primary Data using Questionnaire as the Tool & Interview as the Technique.

Step 14: According to the Code book, Collected Data was edited, coded & fed into IBM SPSS Statistics version 22.0 statistical application for the purpose of Data Analysis.

Step 15: Data was analysed & various statistical tests & tools were applied in order to get the required results.

Step 16: Data was re-fed into IBM SPSS AMOS 22.0 for Structural Equation Modelling (SEM).

Step 17: Required path diagrams in order to explain the relationship between the Testing variables were made using the fed data.

Step 18: All necessary interpretations were made based on the Data using all possible Tools.

Step 19: A Detailed project report was made representing all the research observations, findings & suggestions etc.

2. RESEARCH DESIGN: Descriptive Research Design with supporting Empirical Data & with Hypothesis testing.
3. DATA COLLECTION:

- **Secondary Data:** From all possible sources like Journals, Books, Magazines, Published thesis, Web Sites, internet & Etc.

- **Primary Data:** Primary Data was collected using a structured Questionnaire as the Data Collection tool & Personal Interview as the Data Collection Technique.

4. SAMPLE DESIGN:

- **Sampling Method:** Simple Random Sample method was used. The sample size was calculated using the below said method using the standard deviation value calculated from the Pilot Study.

- **Pilot Study:** The Mean standard Deviation (MSD) value of pilot study was calculated as 0.691 at 95% Confidence Level & 5% Significance Level.

- **Sample Size Determination:**

  Total sample size was determined using the equation

  \[ N = \left( \frac{Z S_i}{e} \right)^2 \]

  \( N = \) Required Sample Size
  \( Z = \) Standard Normal Variate Whose value is 1.96 at 95% Confidence Level
  \( S = \) Sample Standard Deviation of the Raw Service Quality Score Obtained from the pilot study based on the experience scale.
  \( e = \) Allowed Sampling Error which is 5/100 or 5%

  By substituting the values in the above equation, it becomes

  \[ N = \left( \frac{1.96 \times 0.691}{5/100} \right)^2 \]
\[ N = 733.716404 \]

Which is approximately equal to \textbf{734}.

So, the Required Total Sample size is found as \textbf{734}.

- **EXTRACTED SAMPLE TABLE (POST SURVEY):** The Following is the Table representing the finally extracted Data SAMPLE for the Data Analysis so as to meet the required sample Size which was calculated scientifically using the stand deviation derived from the Pilot Study.

<table>
<thead>
<tr>
<th>TABLE 8: EXTRACTED SAMPLE TABLE (POST SURVEY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>Number of Questionnaires Distributed</td>
</tr>
<tr>
<td>Number of Questionnaires Unreturned</td>
</tr>
<tr>
<td>Number of Filled-in Questionnaires Collected</td>
</tr>
<tr>
<td>Number of Filled-in Questionnaires REJECTED for Partial / No Filling of all required DATA</td>
</tr>
<tr>
<td>Number of Filled-in Questionnaires REJECTED for Ambiguous Filling / No Clarity in Filling</td>
</tr>
<tr>
<td>Number of Filled-in Questionnaires REJECTED for Statistical Adjustment of Sample DATA Size</td>
</tr>
<tr>
<td>TOTAL NO. OF FILLED-IN QUESTIONNAIRES USED FOR ANALYSIS</td>
</tr>
</tbody>
</table>

5. **Analysis of DATA:** The Collected Data was analysed using the following statistical packages.

- **IBM SPSS STATISTICS Version 22.0:** was used to Generate Graphs, Statistics & to use the Statistical Tools like \( t \) - test, \( F \) - test, ANOVA, Correlation Analysis, Regression Analysis etc.

- **Microsoft Excel Data Analysis Pack:** was used to generate functional and calculative values and scores.

- **IBM SPSS AMOS Version 22.0:** was used to generate models, to evaluate data using \textit{STRUCTURAL EQUATION MODELLING (SEM)} in order to propose the final model of the research.
6. Chapter Schema:

The whole thesis is divided into 5 sections broadly and every section was further sub-divided into chapters. The following is the schema of the Research Report (According to the American Management Association Standards)

- **Section – I: The Genesis & Preamble** Deals with all those required things for the conduct of the research.
  - **Chapter – I: Introduction** Deals with the introduction to the health care industry and Nursing.
  - **Chapter – II: Theories & Concepts** Deals with the various theories and concepts behind the research
  - **Chapter – III: Review Of Literature** Deals with the Existent theories, Published works on this topic etc.
  - **Chapter – IV: HR Issues in Hospitals** Deals with various HR issues relating to health care Industry and especially the hospitals.

- **Section – II: Research Design** Deals with the scientific process of Research that was followed in conducting the research and various other concepts.
  - **Chapter – V: Research Design** Deals with the process & method of the whole study.
  - **Chapter – VI: Survey Instrument** Deals with the Evolution of the survey instrument i.e. the questionnaire over various stages of filtering & testing.
  - **Chapter – VII: Pilot Study** Deals with the conduct of the pilot Study, its results and the outcomes of the Pilot study.
  - **Chapter – VIII: About the Survey Area** Deals with the survey area details i.e. regarding the Madurai Region.
• **Section - III: The Data & The Analysis** Deals with the Data Visualization, Data Analysis & the Regression Models
  - **Chapter – IX: Sample Analysis** Deals with the visualization of the collected Raw Data.
  - **Chapter – X: Rank Analysis** Deals with the various variables and their cumulative rankings.
  - **Chapter – XI: Inferential Analysis** Deals with the various Analysis of data, their results & their interpretations elaborately.
  - **Chapter – XII: Regression Analysis / Modelling** Deals with the various regression models brought out based on the analysis of Data.
  - **Chapter – XIII: SEM Analysis** Deals with the Structural Equation Models of Data, Various Path Diagrams & their interpretations elaborately.

• **Section – IV: The Research Outcomes** Deals with the various outcomes of the research
  - **Chapter – XIV: Findings** Deals with the various observations & Findings of the study.
  - **Chapter – XV: Suggestions** Deals with various suggestions that are suggested in order to improve the Quality Nurses Work Environment.
  - **Chapter – XVI: Managerial Implications** Deals with the various suggestions for HR Managers
  - **Chapter – XVII: Conclusion** Deals with the Conclusion of the Study.

• **Section - V: ANNEXURES** deals with all the testimonial documents that are required to understand & support the research work done by the researcher. The following are the enclosed Annexures.
  - Annexure – I: Questionnaire
SIGNIFICANCE OF THE STUDY:

Every study is significant in its own senses. But a study is said to be a reasonably good study only when it satisfies all the needs of all the associated parties of the system. Associated parties in a Health care system are Authorities, the Hospitals, Nurses (End Users) & the Academicians. This study serves all these associated parties in the following ways.

- **TO THE AUTHORITIES:**
  - Authorities (The Government & Various Other Governing Bodies) can know about the ground reality of the working conditions of the Nurses in Madurai Region, their problems so that they can bring in some legislation in order to solve the problems from the Government or Authorities side.

- **TO THE HOSPITALS:**
  - The Hospitals can know about the status of their Working Environment in comparison with the other Hospitals.
  - They can know about the problems of Nurses on the Ground level unbiasedly as the survey was conducted by a neutral third party.
  - They can compare the wages & various other fringe benefits offered by the competitors in the same field which will help them in improving their own facilities.
  - They can know the collective opinion (perception) of nurses on various issues pertaining to their work environment which will be of help in considering the improvement of facilities in their hospitals.
• **TO THE END USERS (NURSES):**
  - The nursing community can know about various facility differences between the hospitals.
  - The nursing community can know about the hardships of a particular work place, their advantages and their disadvantages before joining the firm which will help them in choosing an organisation carefully which in a way reduce the turn over.
  - The Nursing community can know about the various pay packages available and various other Fringe benefits on offer by various hospitals on a comparison basis.

• **TO THE ACADEMICIANS:**
  - As Always, Academicians are the last parties to any piece of knowledge and will have an understanding about the implementation of various theoretical concepts in the industry.
  - They can know about the various facilities, HR practices and their outcomes on the Nursing community.
  - They can know about the problems which they can take up further for conducting further research in the same / related fields.

**LIMITATIONS OF THE STUDY:**

Every research has its own advantages. Likewise, every research will have its own Limitations based either on the method, sample, area or other external factors. The following are the limitations of this study.

- This study is conducted on the nurses working in the private hospitals in Madurai region. Results may vary significantly if the same survey is conducted amongst nurses working in government hospitals.
• Since this study is conducted in Madurai Region, results may vary significantly if the same survey is conducted across another region / state / country.

• The generalization of results may not be technically appropriated as the sample is a restricted sample and limited by all means.

**SCOPE FOR FURTHER RESEARCH:**

The researcher while pursuing his Ph.D. work entitled, “Human Resource issues in the Management of Hospitals – A Study proposed with reference to motivating & retaining nursing staff in the Hospitals of Madurai District” came across several issues which were beyond the scope of his research. However, it is recommended that such issues could be taken up for further research. They are listed below:

1. The profile of the candidates suitable for the nursing profession needs to be analyzed. Such an analysis will facilitate the counselors in higher education in counseling suitable candidates for nursing education. The HR executives of the hospitals may find it easier to identify appropriate persons for the nursing profession. If suitable persons are trained, then it will ensure their sustenance in the profession.

2. The entire world is becoming a global village. After the liberalization process, migration of work force from one country to another country is on the rise. A research study may be undertaken to study the reasons for the brain drain among the nursing community in the Indian hospitals. It can also throw light on the strategies to be adopted by the Indian hospitals to retain talents in nursing community.

3. The current research study identified the desire of the nursing community for continuous nursing education to update their knowledge and skill. A research study may be undertaken to study the areas in which such continuous
education may be imparted and the delivery mechanism of such continuous education.

4. A research study may be undertaken to assess the status of the work environment of the nursing community and to suggest measures to be taken to enhance the quality of the work environment. Such as a study may cover the financial and the non-financial incentives that may motivate the nursing community and enhance the working environment.