CHAPTER VI

SUMMARY OF FINDINGS, SUGGESTIONS, RECOMMENDATIONS AND CONCLUSION

The success of any organisation, be it in the public sector or in the private sector, depends to a large extent, on the quality of the products or services it offers. In the case of products, it is their quality that determines the satisfaction of the customers. Whereas, in the case of services, due to their intangible nature, the quality of the service delivery process is what determines customers’ impression about the service provider. Therefore, any service organisation that is keen to be successful has to understand the end users’ perception of the quality of services offered by them. It is a fact that the quality of services provided by such concerns depends to a great extent on the motivation and commitment of the employees, which in turn depends on the kind of HRD practices and the HRD climate of these organisations. This is very much true in the case of government hospitals since they are basically service institutions committed to serving society.

In the present study, the researcher has made an attempt to understand and analyse the perception of doctors regarding the extent of HRD practices at government hospitals on the one hand and the perception of patients and bystanders on the other, about the quality of health care provided at government hospitals. This chapter provides a summary of the major findings of the study and suggestions. Certain practical recommendations to improve HRD practices and the quality of health care in the government hospitals across Kerala are also included in this chapter.

The following section summarises the key research findings regarding doctors’ perception of HRD practices at government hospitals in Kerala. As a prelude, a brief account of the profile of the respondent doctors is given below.

6.1 Profile of respondent doctors

- Out of the 240 doctors who participated in the study, 55.4 percent were males while the remaining 44.6 percent were females. 12.1 percent were below 30 years of age, 45.4 percent were in the age group of 31 to 40, 29.2 percent of doctors were in the age group of 41 to 50 and 13.3 percent of doctors were above 50 years of age.
• Among doctors under than 30 years of age old, 65.5 percent were MBBS holders, 10.3 percent had an MBBS with Diploma, 17.2 percent of had completed their MD or MS degree and 7 percent had some other additional qualifications. In the age group of 31 – 40 years, 10.1 percent of doctors had only an MBBS degree, 49.5 percent had an MBBS degree with Diploma, 34.9 percent of doctors were M.D or MS holders and 5.5 percent had other qualifications. In the age group of 41 – 50, 51.4 percent of doctors had an MBBS degree with Diploma, 47.2 percent had MD/MS and 1.4 percent had some other additional qualifications. Among the doctors above 50 years of age, 56.3 percent of doctors had MBBS with Diploma, 37.5 percent had an MD or an MS degree, and 6.2 percent doctors had some other additional qualifications. However, it may be noted that there were no doctors above 40 years who had only an MBBS degree.

• 43.6 percent of male doctors had an MBBS with Diploma, 39.8 percent of male doctors had an MD/MS degree, 10.5 percent had only an MBBS degree and 6.1 percent had some other qualification. Among the female doctors surveyed, 49.5 percent had MBBS with Diploma, 32.7 percent had MD/MS, 15 percent had only MBBS and 2.8 percent had other additional qualifications.

• 47.4 percent of male doctors worked as Consultants, 34.6 percent were Junior Consultants, 8.3 percent were Senior Consultants, 6 percent were Casualty Medical Officers and 3.7 percent were working as Resident Medical Officers. Among female doctors, 49.5 percent were Consultants, 36.5 percent were Junior Consultants, 6.5 percent were Casualty Medical Officers, 5.6 percent were Resident Medical Officers and 1.9 percent worked as Senior Consultants.

• 40 percent of doctors with only an MBBS degree worked as Casualty Medical Officers, 33.3 percent worked as Resident Medical Officers, 20 percent were Junior Consultants and 6.7 percent worked as Consultants. Among the doctors with an MBBS degree and Diploma, 55 percent were Consultants, 41.4 percent were Junior Consultants, and 2.7 percent were Senior Consultants and 0.9 percent worked as Casualty Medical Officers. Among doctors with an MD/MS, degree 55.7 percent were Consultants, 29.5 percent were Junior Consultants, 11.4 were Senior Consultants, 2.3 percent were Casualty Medical Officers and 1.1 percent of doctors were Resident Medical Officers. Among doctors with other additional qualifications, 63.6 percent worked as Junior Consultants and 36.4 percent worked
as Consultants. Among those under 30 years of age, 48.3 percent of doctors were Junior Consultants, 27.6 percent were Casualty Medical Officers and 24.1 percent were Resident Medical Officers.

- In the age group of 31 to 40, 47.7 percent of doctors were Junior Consultants, 44 percent were Consultants, 4.6 percent were Casualty Medical Officers and 3.7 percent were Resident Medical Officers. In the age group of 41 to 50, 68.6 percent of doctors were Consultants, 20 percent were Junior Consultants, 8.6 percent were Senior Consultants and 2.8 percent were Casualty Medical Officers. Among those above 50 years of age, 62.5 percent were Consultants, 21.9 percent were Senior Consultants and 15.6 percent were Junior Consultants.

- Among doctors with less than 1 year of experience, 45 percent worked as Junior Consultants, 40 percent worked as Resident Medical Officers, 10 percent were Casualty Medical Officers and 5 percent were Consultants. Among doctors with 1 to 5 years of experience, 57.8 percent were Junior Consultants, 20.3 percent were Consultants, 17.2 percent were Casualty Medical Officers and 4.7 percent were Resident Medical Officers. Among doctors with 5 to 10 years of experience, 70.1 percent were Consultants, 28.6 percent were Junior Consultant and 1.3 percent were Casualty Medical Officers. Among doctors with more than 10 years of experience, 60.7 percent were Consultants, 21.6 percent were Junior Consultants, 16.4 percent were Senior Consultants and 1.3 percent of doctors were Casualty Medical Officers.

6.2 Perception of doctors regarding HRD practices at government hospitals – A summary

- A ‘mechanism to ensure timely availability of adequate manpower’ and a ‘mechanism to ensure effective utilization of manpower’ were the two prominent factors influencing the perception of doctors about manpower planning and management system at government hospitals. The doctors were generally of the opinion that there was no effective manpower planning system at government hospitals. 44.1 percent of male respondents and 41.7 percent of female respondents felt that mechanisms to ensure timely availability and effective use of human resources hardly existed at government hospitals in Kerala (refer Appendix VIII, Table 28 for details). This finding is in tune with the finding of the study conducted by the Central Bureau of Health Intelligence, Government of India.
(2007) in Gujarat and Madhya Pradesh, which reported that a formal mechanism to undertake manpower planning and management was not present at most of the public hospitals in those states.

- The most important factors impacting doctors’ satisfaction with the induction and training facilities at government hospitals were ‘proper conduct and evaluation of training’, ‘effective training and induction policy and procedure’, ‘involvement in training’ and ‘role of training policy’. While 68.5 percent of doctors remarked that ‘effective training and an induction policy and procedure’ were not present at government hospitals, 73.8 percent of doctors opined that ‘proper conduct and evaluation of training’ were also scarce at government hospitals. 71.4 percent of doctors stated that employees had low level of involvement in training programs. 72.3 percent of doctors felt that training policy did not have much role in government hospitals in Kerala (refer Appendix VIII, Table 29 for details). This is in line with the findings of Sengupta (2013) who pointed out the drawbacks in training facilities under public health systems in India wherein training is provided to doctors only, neglecting other stakeholders in patient care process such as nurses and midwives..

- ‘Goal setting and performance evaluation’, ‘performance appraisal and employee development’ and ‘employees satisfaction with appraisal system’ were the most crucial factors determining the perception of doctors regarding performance appraisal and management at government hospitals in Kerala. 75.4 percent of respondents stated that effective goal setting and performance evaluation mechanism were not present at government hospitals in Kerala. 67.8 percent of doctors remarked that the existing performance appraisal was not very useful in enhancing their skills and performance. The existing appraisal process at government hospitals was primarily in the form of confidential reports which were often considered as merely routine activity. 71.1 percent of respondents were not satisfied with the present appraisal system at government hospitals (refer Appendix VIII, Table 30 for details). This finding bears resemblance to the one reported by Choudhary et al., (2013), who stated that the appraisals were carried out in a very traditional and routine way and therefore, there was a need to modernise and rationalise them

- ‘Proper job rotation policy and procedure’ and ‘proper sequencing of activities’ were prominent factors influencing the satisfaction of doctors with their job and
management system at government hospitals. 72.6 percent of the respondents felt that proper sequencing of activities was not in currently in place in government hospitals in Kerala. The respondents pointed out that this results in undue delay in the delivery of patient care services. They suggested proper streamlining of activities as this could have a significant impact on care delivery process. This line of thinking is, in fact, underlined by the study (Campbell et al., 2006) which showed clear linkage between proper work flow patterns and quality of patient care. 73.7 percent of respondents felt that proper job rotation policy and procedure were not followed at government hospitals (refer appendix VIII, Table 31 for details). While there was no significant difference in the perception of male and female respondents regarding proper sequencing of activities (p = .740 ; > .05), there was a notable difference between the genders regarding existence of job rotation policy and procedure (p = .036 ; < .05) at government hospitals in Kerala.

- ‘Career guidance and mentoring mechanism’ emerged to be the sole factor determining the satisfaction of doctors with the career guidance mechanism at government hospitals in Kerala. 75.2 percent of respondents felt that career guidance and mentoring facilities hardly existed at government hospitals in Kerala. 77.1 percent of doctors felt that they received very little encouragement from their superiors in coming up with new ideas. 72.9 percent of respondents remarked that they were not provided with a clear picture about career opportunities at government hospitals in Kerala (refer Appendix VIII, Table 32 for details). The report by the Joint Commission on Accreditation of Health Care Organisations, Washington (2002) also stressed the fact that mentoring was practised to a very minimal extent in the health care industry, globally in general. The report also emphasises the need to have a proper mentoring system at hospitals in order to enhance the performance of employees as well as that of hospitals.

- ‘Openness of communication’ and ‘common understanding about emergency communication procedure’ was the underlying factors influencing the perception of doctors regarding the effectiveness of communication system at government hospitals. 74.7 percent of respondents stated that a commonly understood communication procedure in case of emergencies was not present at government hospitals in Kerala. This is similar to the findings of the study by Revere et al. (2011) wherein they found that the emergency communication procedure at public hospitals was not very effective. They also concluded that in order to meet the
present as well as future information needs of emergency care, a more rigorous emergency communication procedure was required. However, there was significant difference in the opinion of respondents belonging to the different age groups regarding the existence of open communication (p =.023 ;< .05) at government hospitals in Kerala. While about 9 percent of respondents felt that the communication environment was not very open, nearly 85 percent of the respondents felt that there was open communication at government hospitals in Kerala (refer Appendix VIII, Table 33 for details).

- ‘Adequacy of compensation’ and ‘timely receipt of rewards and recognition’ were the major determinants of perception of doctors regarding the reward management system at government hospitals in Kerala. 62.6 percent of respondents stated that adequate rewards were hardly provided at government hospitals in Kerala. It may be noted that 52.8 percent of respondents felt that timely receipt of rewards and recognition (refer appendix VIII, Table 34 for details) did not exist at government hospitals. This is in support of the arguments of Gebbie and Turnock (2006) that the public health care system faces various bureaucratic and administrative hurdles like competitive salary strictures and lack of recognition. As pointed out by Luthans and Stajkovic (2006), recognition interventions can have significant impacts on both quantitative and qualitative outcomes of patient care.

- ‘Joint effort in patient care’ proved to be the only factor determining the perception of doctors regarding the effectiveness of teamwork at government hospitals in Kerala. 85.9 percent of doctors opined that effective teamwork in patient care hardly existed at government hospitals in Kerala (refer Appendix VIII, Table 35 for details). There was no significant difference in the perception of male and female doctors regarding this (p =.748 >.05). This is a very alarming find because patient care delivery is an area where teamwork assumes utmost importance. In order to deliver quality patient care, it is necessary that doctors, nurses and support staff work as a team. So in any hospital, teamwork will have to be obviously present while effective teamwork may be absent. By stating that joint effort in patient care was absent at government hospitals, they might have been referring to the lack of synergy among the team members. As discussed by Borrill et al. (2000), there are numerous factors that impede effective teamwork like professional barriers, gender differences, perceived status differentials as well as lack of organisational systems and structures for managing teams effectively.
• Teamwork, professionalism and freedom of expression', ‘Conducive physical and ethical environment’ and ‘Empowerment at workplace’ were the key factors determining the satisfaction of doctors with the overall work environment at government hospitals in Kerala. 84 percent of doctors opined that teamwork, professionalism and freedom of expression were not present at government hospitals across Kerala. 78.1 percent of respondents felt that conducive physical and ethical environment was not there at government hospitals (refer appendix VIII, Table 36 for details). 81.1 percent of doctors noted that they were not adequately empowered to perform their job. There was no notable difference in the opinion of male and female doctors regarding these aspects (p =.936; >.05; p = .833; > .05; p = .231; >.05). So the respondents were not very satisfied with the overall work environment at government hospitals in Kerala. Hendrich (2006), states that there exists a clear link between work environment and employee satisfaction at hospitals which in turn affects the quality of care provided at these hospitals. As such, it is very important to create a positive work environment at hospitals which will enhance employee satisfaction which in turn facilitates the provision of better quality care. Therefore, the authorities concerned should make all possible efforts to create a conducive work environment at the hospitals so that all employees work at their best possible level.

The following section summarises the key research findings with regard to the perception of patients and bystanders about the quality of care provided at government hospitals in Kerala. The perception of patients and bystanders regarding the service quality at government hospitals were examined in this study with the help of SERVQUAL dimensions, namely tangibility, reliability, responsiveness, assurance and empathy.

6.3 Profile of respondent patients

• 52.4 percent of patients who participated in the survey were males while the remaining were females. 12.4 percent of the surveyed patients were under the age of 20, 23.6 percent of patients belonged to the age group of 21 to 30, 15.5 percent belonged to the age group of 31 to 40, 13.9 percent belonged to the age group of 41 to 50 and 34.6 percent belonged to the age group of above 50.
• Among patients under 20 years, 56.1 percent had below 10th standard education, 26.8 percent had 10th standard education and 17.1 had 10th to 12th standard
education. Among the patients belonging to the age group of 21 to 30 years, 38.5 percent had less than 10th standard education, 30.8 percent had 10th to 12th standard education, 20.5 percent had 10th standard education, 7.6 percent were undergraduates and 2.6 percent were post graduates. Among the patients in the age group of 31 to 40 years, 60.7 percent had below 10th standard education, 27.5 percent had 10th standard education and 11.8 percent had 10th to 12th standard education. Among the patients in the age group of 41 to 50 years, 69.6 percent had below 10th standard education, 15.2 percent had 10th standard education, 13 percent had 10th to 12th standard education and 2.2 percent were undergraduates. Among the patients above 50 years, 93 percent had below 10th standard education, 3.5 percent had 10th standard education and 3.5 percent had 10th to 12th standard education.

- Among male patients, 68.8 percent had below 10th standard education, 16.2 percent had 10th standard education, 13.2 percent had 10th to 12th standard education, 1.2 percent was undergraduates and 0.6 percent was post graduates. Among the female patients surveyed, 65.6 percent had below 10th standard education, 15.3 percent had 10th standard education, 15.3 percent had 10th to 12th standard education, 3.2 percent were undergraduates and 0.6 percent was post graduates.

- Among male patients, 28.4 percent were unmarried, 9.2 percent were married and not having kids and 62.4 percent were married and were having kids. Among the female patients, 8.3 percent were unmarried, 14.6 percent were married and not having kids, 74.5 percent were married and were having kids, 1.3 percent was divorced and 1.3 percent were widows.

- 0.6 percent of surveyed patients were professionals, 11.5 percent were government employees, 27.6 percent were salaried employees, 2.7 percent were retired employees, 13 percent were daily wage earners, 37.6 percent were housewives and 7 percent were students. Hence, the largest proportion of surveyed patients was housewives.

- 44.5 percent of patients had no regular income, 37 percent had a monthly income of less than Rs.3,000, 8.2 percent had monthly income of Rs.3,000 to Rs.6,000, 7.3 percent had monthly income of Rs.6,000 to Rs.9,000, 2.7 percent had a monthly income of Rs.9,000 to Rs.12,000 and 0.3 percent of patients had a
monthly income more than Rs.12,000. The reason for majority of the respondents not having income is because they were either housewives or students.

- 67.6 percent of patients had family income of less than Rs. 5,000 per month, 20.3 percent of patients had monthly income of Rs. 5,000 to Rs.10000, 8.8 percent of patients had monthly income between Rs. 10,000 to 15000, 2.7 percent had monthly income between Rs.15,000 and Rs.20,000 and 0.6 percent had a monthly family income above Rs.20,000.

6.4 Perception of patients and bystanders regarding the quality of care provided at government hospitals: A summary

- Patients were generally satisfied with the tangible aspects at government hospitals in Kerala. ‘Pleasantness of rooms as well as nurses and availability of medicines’, ‘drinking water and sanitation facilities’ and ‘timely availability of patient mobility facilities’ were the vital factors determining the satisfaction of patients with the tangible elements at government hospitals. There was no significant difference in the perception of patients regarding the pleasantness of nurses (P = .892; > .05) at government hospitals depending on their period of stay at these hospitals. They felt that the nurses were pleasant in their appearance. There existed significant difference in the perception of patients regarding the sanitation facilities as well as availability of drinking water at these hospitals (p = .032; < .05). While about 85 percent of the patients stated that drinking water was available and the bathrooms were cleaned daily, nearly 15 percent of the patients disagreed with the same (refer Appendix VIII, Table 37 for details).

- The bystanders perceived that patient mobility facilities were readily available at the hospitals. The perception of bystanders was almost similar to that of patients. ‘Easy accessibility, pleasantness of room and availability of medicines’, ‘drinking water and sanitation facilities’ and ‘timely availability of patient mobility services’ were the primary factors influencing the satisfaction of bystanders with the tangible aspects at government hospitals. The bystanders also felt that the rooms were pleasant in nature. While there existed significant difference in the perception of patients regarding the availability of drinking water and sanitation facilities (p = .032; < .05), no such difference existed in case of bystanders (p=. .544; >.05). Similarly like the patients, the bystanders also felt that patient mobility services were readily available at government hospitals. Even though, on the whole, both
patients and bystanders were satisfied with the tangible aspects at government hospitals, on examining specific aspects, it was found that nearly 30 percent of the patients and 21.5 percent of the bystanders were either dissatisfied or just moderately satisfied with the availability of required medicines. Similarly around 15 percent of the patients and 18 percent of the bystanders were dissatisfied or moderately satisfied with the cleanliness of bathrooms and 12 percent of the patients and bystanders were unhappy or moderately happy with the availability of drinking water at these hospitals (refer Appendix VIII, Table 38 for details). This clearly indicated that service gaps were present at government hospitals in case of tangible elements. This is in line with the findings of the study undertaken by Solayappan, Jayakrishnan, Velmani (2011) who found that there existed major gaps between the expectation and perception of patients regarding tangible elements at leading hospitals in Tamil Nadu. De Jager and Du Plooy (2011) also found that patients were less satisfied with the tangible elements at public hospitals in South Africa.

- Though patients were generally happy with the reliability of services offered at government hospitals, there existed certain areas of dissatisfaction among patients. It was found that ‘appropriateness of doctors’ prescription and co-ordination with staff’, ‘proper diagnosis and communication by doctors with the support of nurses’, ‘clear explanation of test results by doctors’ and ‘clarity of prescriptions and medical advice’ were the major factors determining the satisfaction of patients with the reliability of services offered at government hospitals. Though most of the respondents felt that the doctors properly diagnosed the diseases with the support of nurses, gave clear prescriptions and clearly communicated the health issues with them, about 5 percent of respondents felt that test results were not clearly explained by doctors. Majority of them (61.5 percent) felt that the doctors did not clearly explain the side effects of medicines (refer Appendix VIII, Table 39 for details). At the same time, ‘proper provision of treatment related information as well as co-ordination between doctors and nurses’, ‘transparency of billing system’, ‘proper examination of patients as well as co-ordination among nurses’, ‘clarity of discharge summary as well as Instructions to nurses’, ‘appropriateness of doctors’ prescriptions as well as post discharge care instructions’ and ‘regularity of doctors’ were the important determinants of satisfaction of bystanders with the reliability of services. 92.15 percent of bystanders agreed that there was
transparency in the billing system. 96.5 percent of bystanders remarked that doctors properly examined the patients and there was good co-ordination among nurses. 93.45 percent of bystanders felt that clear instructions were given by doctors to nurses and that the discharge summary was very clear. 93.45 percent of bystanders felt that the prescriptions and post discharge care instructions given by doctors were appropriate and 96.9 percent of doctors came for check up regularly. It was found that there was significant difference in the opinion of bystanders regarding proper provision of treatment related information as well as co-ordination between doctors and nurses (p = .027; < .05) as far as gender of respondents was considered. While about 75 percent of bystanders echoed that the information relating to risks and benefits associated with a treatment as well as the treatment cost were not provided before adopting a treatment, about 25 percent felt that such information were provided to them (refer appendix VIII, Table 40 for details). While the patients were not satisfied with the way the side effects of medicines were explained by the doctors, the bystanders were unsatisfied with the extent of information provided regarding the risk and cost aspects of the treatment.

So in general both patients and bystanders were not satisfied with the reliability of services provided at government hospitals in Kerala. This is similar to the findings of Sudhakar, Rao and Rahul (2012) wherein they found that significant gap existed between the expectation and perception of patients regarding the reliability of services at public hospitals in Andhra Pradesh. Abro and Jalbani (2012) in their study at Civil Hospital, Karachi also found that the perception of the patients regarding the reliability of services at Civil Hospital, Karachi was not up to their expectation.

- Patients were generally satisfied with the responsiveness of staff members at government hospitals. The key factors influencing their satisfaction with responsiveness of staff members were ‘Availability of doctors’ and nurses’ services whenever required’ and. ‘Willingness of doctors, nurses and attendants to help patients and to clear their doubts’. 95.5 percent of patients agreed that the service of doctors, nurses and support staff were available at the hospitals whenever required and 94.22 percent of patients felt that staff was always willing to help patients and to clear their doubts. 97.3 percent of bystanders also stressed that the doctors, nurses and attendants were willing to help the patients and to clear their doubts. ‘prompt availability of test results as well as bills’, ‘availability of
nurses' and attendants' services whenever required' and 'willingness of doctors, nurses and attendants to help patients and to clear their doubts' were the major factors determining the satisfaction of bystanders with responsiveness of staff members. 88.7 percent of bystanders also opined that the test results and hospital bills were promptly available without having to wait for long. It was found that there existed significant difference in the perception of bystanders regarding the availability of nurses’ and attendants’ services whenever required (p = .007; < .05). While most of the bystanders (96.1 percent) agreed with the patients’ viewpoint that the services of doctors, nurses and attendants were readily available without having to wait for long, a few bystanders felt the opposite (refer Appendix VIII, Tables 41 and 42 for details). Hence, in general majority of patients and bystanders were satisfied with the responsiveness of staff members except a small proportion of bystanders who felt that the services of doctors, nurses and support staff were not available whenever required. This is in contradiction to the results of the study by Solayappan, Jayakrishnan, and Velman (2011) at leading hospitals in Tamil Nadu which indicated that there existed a lot of scope for improvement in responsiveness of staff members. The results of a study by Abro and Jalbani (2012) at Civil Hospital, Karachi also found that the patients were not very satisfied with the ‘responsiveness’ of staff members.

- On the whole, the patients and bystanders were satisfied with the assurance of services offered by government hospitals. ‘Doctors’ response during subsequent visit and clear explanation of health condition to relatives’, ‘courtesy of doctors and nurses and proper diagnosis of diseases’ and ‘confidentiality of disease related information and consent of patients before conducting tests’ were the key factors that impact the satisfaction of patients with the ability of hospitals to provide promised services properly. 88.6 percent of patients opined that doctors responded positively on subsequent visits, clearly explained their health condition to relatives and were able to recall the history of patients in subsequent visits. 63.4 percent of patients pointed out that their permission was not sought before performing various tests. There was no significant difference in the perception of male and female patients regarding doctors’ response during subsequent visits (p = .788; > .05). However, there existed a significant difference in the perception of male and female patients regarding the courtesy of doctors and nurses and proper diagnosis of disease (p = .004; < .05). While majority of patients (95.76 percent) were of the
opinion that doctors and nurses were polite and approachable and that the doctors correctly diagnosed the disease, a marginal section of respondents felt the other way round. At the same time, there was no major difference in the perception of male and female bystanders regarding the courtesy of doctors, nurses and support staff as well as proper diagnosis of diseases (p = .240; > .05). As such, in general the patients and bystanders were satisfied with the ability of the government hospitals to provide promised services dependably and accurately. However, the fact that about 63 percent of patients were either dissatisfied or moderately satisfied that their consent was not obtained from them before performing any test is something which requires attention on part of the authorities concerned. Also, there existed at least a small segment of patients who were not satisfied with courtesy of doctors and diagnosis of diseases (refer Appendix VIII, Tables 43 and 44 for details). As the study indicated that a considerably large segment of patients were dissatisfied with assurance of services offered by government hospitals, especially with regard to obtaining informed consent from patients, there existed scope for improvement in this area. This is in line with the findings of Sudhakar, Rao and Rahul (2012) wherein they found that there still existed scope for further improvement in assurance of services at public hospitals in Andhra Pradesh.

- Majority of the respondents were satisfied with the extent of empathy shown by doctors, nurses and support staff. At the same time, there were a small proportion of patients and bystanders who were unhappy with the same. There was significant difference in the perception of patients regarding both the determinants of their satisfaction, namely, ‘patience, care and concern of doctors and nurses’ (p = .048; < .05) and ‘doctors’ interest in patients and the comfort provided by them’ (p = .018; < .05) as far as gender of respondents was considered. While almost all the patients (99.1 percent) agreed that the doctors were patient in nature and 97.9 percent felt that doctors had a caring attitude, a small proportion of patients had a perception that doctors were not very caring in nature. While more than 95 percent of the patients felt that the doctors were interested in them as a person and made them feel comfortable, the rest of them opined the other way round. About 97 percent of the patients remarked that nurses showed concern for their worries and anxieties. However, there were about 3 percent of patients who were of the perception that nurses were not showing concern towards them (refer Appendix VIII, Table 45 for details). In the case of bystanders also it was found that there
existed significant difference in the perception of male and female bystanders regarding the ‘care and concern of doctors and nurses’ (p = .012; < .05) which was the sole determinant of their satisfaction. While majority of the bystanders (96.43 percent) were satisfied with the extent of empathy shown by doctors and nurses, a small proportion of bystanders were dissatisfied with the same (refer appendix VIII, Table 46 for details). Hence, a small proportion of patients as well as bystanders were not fully satisfied with the extent of empathy shown by doctors and nurses, whereas majority of patients and bystanders were satisfied. This is similar to the findings of Abro and Jalbani (2012) who found that the clients were not fully satisfied with the empathy of staff members at Civil Hospital, Karachi.

- Patients were generally satisfied with the overall service quality of government hospitals. Two factors that emerged to be the determinants of patients’ satisfaction with overall service quality were ‘knowledge, sincerity and behaviour of doctors, nurses and support staff’ and ‘facilities and administrative effectiveness at the hospital as well as communication and team spirit of doctors’. There were a considerable number of respondents who were not really satisfied with various aspects like ‘facilities at the hospital’, ‘Administration and follow up system at the hospital’ etc. While around 24 percent of patients were either dissatisfied or marginally satisfied with the ‘facilities at the hospitals’, about 22 percent of patients were either dissatisfied or marginally satisfied with the ‘administration of the ward and follow up system’ and about 17 percent of patients were dissatisfied or moderately satisfied with the ‘communication and team spirit of doctors’. There existed significant difference in the perception of patients regarding knowledge, sincerity and behaviour of doctors, nurses and support staff (P = .021). While nearly 75 to 80 percent of patients were satisfied with various aspects determining overall service quality like the behaviour of doctors, nurses and support staff, knowledge, sincerity and duty consciousness of doctors, help received from support staff to doctors etc. the remaining 15 to 20 percent expressed dissatisfaction with these aspects. The fact that about 15 to 20 percent of patients were dissatisfied or moderately satisfied with various attributes relating to overall service quality indicates that there was scope for improving the overall service quality of hospitals (refer appendix VIII, Table 47 for details). These findings are in contradiction to the findings of Abro and Jalbani (2012) who found in a study
conducted at Civil Hospital, Karachi that the patient were generally satisfied with the overall service quality.

6.5 Suggestions and recommendations

Based on the findings of the study discussed in the foregone section, a few practical suggestions and recommendations are made below which might go a long way in improving the HRD practices and the quality of health care in government hospitals in Kerala.

- One of the major issues that exist in government hospitals is the shortage of doctors. This is because of the absence of a proper manpower planning and management system in the hospitals. There is absolutely no realistic assessment on the part of the authorities to understand the actual number of doctors to be recruited and posted in government hospitals from time to time. There is always a huge mismatch between the actual number of doctors needed and the number of posts actually created, sanctioned and posted in the hospitals. As a result, the available number of doctors in the hospital is compelled to work overtime without any extra benefits. Under such circumstances, doctors face lot of work stress because they are forced to attend much more patients than what they can under normal circumstances. Hence, the authorities should post adequate number of doctors in these hospitals based on their workload and the number of patients visiting these hospitals.

- Moreover, in almost all government hospitals, at any given point of time, nearly 15-20 percent of doctors will not be present. These doctors are either on some kind of leave or could be working in some other hospitals of their choice or as per the direction of the authorities. It is very disturbing to note that at least some doctors are on unauthorised leave. In reality, in a government hospital, at any given point of time, only 80 – 85 percent of the appointed doctors will be available. We should view this in the context of having lesser number of doctors being appointed than what is actually needed. This unenviable situation can be controlled only if the authorities concerned are determined to take bold steps to curb the tendency of doctors to go on unauthorized leave or to move to hospitals of their choice under the pretext of working arrangements. Measures should be taken to bring back on duty all those doctors who are on unauthorised leave. There should be proper
guidelines based on which only, working arrangements should be permitted. Such arrangements should be permitted only in genuine cases.

- It is very important for the authorities to have a very clear picture of the manpower position in government hospitals in Kerala. It is equally essential for the authorities to periodically undertake an HR audit so that they will have a clear idea about the vacant positions existing at various hospitals and can take measures to fill them.

- It is found that additional manpower is not provided when new health care schemes are introduced and implemented. The existing staffs are compelled to shoulder additional work load when such new schemes are introduced. This obviously results in ineffective implementation of schemes thereby making it a wasteful exercise. Similarly, there is no standardized procedure for implementing these schemes, which results in faulty implementation and monitoring of such schemes. These points to the need for a standardised procedure for implementing various schemes and also the need to ensure the required manpower to implement the scheme.

- At present, training is conducted more or less as a routine activity wherein doctors are supposed to attend certain number of training sessions every year. Many a times, the content of the training programmes is not given its due importance. There is a feeling among doctors that training does not impart the kind of knowledge that they really wish to acquire. A proper training need analysis is not always conducted. To improve the content and delivery of the training programme, it is necessary to have a free and open environment at hospitals where in the doctors can express their opinion about their training needs. The authorities should consider this very seriously.

- There are instances where doctors are given training in those aspects which are not even a part of their daily routine activity thereby nullifying the benefits of training. Similarly there are cases being reported where doctors working in higher level hospitals are made to attend training programmes conducted at a lower level institution. For e.g. if a doctor who is working at a district hospital is given training at a Taluk hospital, it may not serve any purpose because the doctor who is working at a district hospital might be already an expert in handling cases that are attended at a Taluk hospital. This makes the training a wasteful experience. So
whenever a training programme is organised, it should be provided at a higher level institution and should also be linked to the trainees’ routine job.

- Like the content of the training, the status and designation of the trainer who is imparting the training is equally important. It is found in certain instances at least, the trainers who handle sessions for MBBS doctors handle training sessions for specialist doctors. This will be a very embarrassing situation for the doctors attending such training sessions. The authorities should therefore be very careful in selecting the trainers and should ensure that the profile of the trainers is at least on par with that of the trainees.

- A generally observed trend is that maximum number of training sessions is organised during the month of March every year, mainly with the objective that the funds allocated for conducting training programs do not get lapsed, without considering the usefulness or quality of the training programs. As such, the usefulness of the training programs has to be looked into before conducting the same. Training is an activity that involves huge financial commitment. As such, it is very important to assess the effectiveness of training by collecting feedback from the trainees. Hence, the opinion about the training sessions should be sought from the trainees so as to identify areas requiring improvements in future training sessions.

- The rough and tough nature of health care professionals in government hospitals has always been a concern of patients and bystanders. A positive change can be brought about in the behaviour of health care professionals by providing soft skill training to them. It is recommended that soft skill training programs may be arranged for doctors, nurses as well as support staff to enhance their communication and interpersonal skills.

- The present appraisal process of doctors is only in the form of ‘Confidential Report’ (CR), wherein every year a confidential report is sent about the performance of a doctor by his/her superior. Actually, preparing and sending confidential report is considered just as a routine activity. There are practically very slight variations in the confidential reports of different employees in terms of its content. These reports may not reflect the actual performance of the doctors in most of the cases. Moreover, it is a descriptive report only of a general nature and does not attempt rating of the employees across various accepted performance and capability parameters. As such, the confidential report may not give a true
picture of the doctor’s job performance. Also, the confidential reports are mostly prepared and sent only on request from higher officials and not otherwise. There are instances where the confidential reports of a doctor for four to five years in are sent together when a promotion is due for the doctor. This does not really serve any purpose of the confidential reports. So the present system of confidential report has to be holistically reformed and steps should also be taken to ensure that confidential reports present an objective picture about the doctor being assessed and reported and the reports are sent on time.

- It is very essential to develop and implement a comprehensive performance appraisal system based on proper guidelines which enables the evaluation of performance along various parameters against standard benchmarks with minimum scope for bias. Moreover, every person will be interested to know where he/she stands in terms of job performance. So the doctors should be given an opportunity to know their appraisal results.

- In addition to this, the authorities can even maintain a database of the number and type of patients treated by a doctor throughout his service period, which may prove to be useful in assessing the performance of the doctor. This may also indicate the area of expertise of the doctor. However, though developing a well-structured performance appraisal system is a tedious process, considering its merits, it is beyond doubt that implementation of a well-designed appraisal system at government hospitals is very essential.

- The results of the study indicate that there is no proper sequencing of activities currently existing at government hospitals. This undoubtedly results in duplication of work leading to wastage of resources. One of the main reasons for duplication of work is that the tasks to be performed are not clearly divided among different staff members primarily owing to shortage of staff. Though a pretty clear job description and division of work is specified in the service manual, most of the times, when a particular employee or a cadre of employees who are supposed to perform a particular job is not there, the employees who are there will have to perform that job also. This increases the workload of the employees thereby reducing their motivation. So the authorities should ensure that all categories of employees in adequate number is present at the hospitals at any given point of time and the tasks to be performed are clearly divided among them so as to avoid duplication of work.
It is generally found that if there are five sanctioned posts of doctors in a department, there will only be two or three doctors. So these two or three doctors will have to do the entire work which is to be done by five doctors thus demotivating them. Similarly as per the speciality cadre rule implemented in government hospitals, every hospital, especially district and general hospitals are required to have specialist doctors who are supposed to attend only cases pertaining to their speciality. But actually speciality cadre system, in its real sense, is not implemented in many of the district and general hospitals. As adequate doctors are not available in many of the specialities, the available doctors have more work load. In certain departments, the situation may be the opposite, i.e., specialist doctors may be there while non-specialists may not be there. In such instances, the specialist doctors may have to perform the tasks that are to be actually done by non-specialists thus making the very idea of speciality cadre meaningless. Such instances will have serious negative influences on the motivation of doctors thereby hindering the quality of services offered. In order to change this state of affairs, the authorities should first ensure that adequate number of specialist and non-specialist doctors as well as other staff are posted at all hospitals. Moreover, the speciality cadre system should be properly implemented at hospitals.

It is found that most of the doctors were of the opinion that an effective career guidance and mentoring mechanism was not there at government hospitals. Though there is a hierarchical chart indicating the career path in government service, many a times the doctors are unable to achieve the expected career growth due to various reasons. For e.g. a doctor may be eligible for a promotion in terms of his service as well as qualifications, but if there is no vacant positions existing, his promotion may be with held, thus creating an uncertainty about his career progression. When a doctor is not given a promotion which he deserves, it leads to de-motivation and even a kind of frustration thereby negatively impacting the quality of his work. Hence, a proper career progression schedule should be made available at the hospitals and should be made known to all employees at the hospitals and should also be implemented effectively.

Moreover, as doctors are generally promoted on the basis of their tenure of service, once they complete the tenure they are assured of a promotion. As the doctors are
usually given service based promotions without considering their efficiency, there is no motivation for doctors to improve their performance. There may be even cases where an efficient junior doctor is not promoted while a not so efficient senior doctor is promoted to higher position which obviously de-motivates the junior doctor because his/ her efficiency is not rewarded. So in short, the efficiency of a doctor is not looked at seriously once he/she is into the service. So the authorities concerned should reform the present promotion system and the efficiency of the doctors should also be made criteria for promoting them rather than just considering their length of service.

- Doctors usually work in a highly pressurised environment. They find it extremely difficult to vent their stress, especially in departments where there are no colleagues or seniors with whom they can share their emotions. Excessive stress will naturally reduce their performance. It would be extremely beneficial in such cases if there is a mentoring cell, manned by a counsellor, in every hospital where the doctors are given an opportunity to share their emotions and reduce their stress level. Considering the difficulty in establishing a mentoring cell in every government hospital, it would be ideal if at least every district has a counselling centre or minimum there should be a centralised mentoring cell in the state.

- Effective communication between doctors, nurses and support staff is very essential to ensure the provision of proper patient care services. The results of the study revealed that openness of communication was there at government hospitals. While the authorities concerned can be happy about the fact that open communication existed at government hospitals, it is very important for them to reaffirm this and also to ensure that such an open environment is sustained permanently.

- It was also found that a commonly understood emergency communication procedure hardly existed at government hospitals, which calls for immediate attention on part of the authorities. Though there is an emergency/casualty department functioning in all hospitals, a proper emergency communication procedure is missing at most of the hospitals. The absence of such a system can have serious negative consequences including irreversible ones. So it is very important for every hospital to have a proper emergency communication procedure. A hospital should undoubtedly have all the facilities to address an
emergency situation including a well-equipped intensive and trauma care unit, mobile ICUs etc. The hospitals should have the latest communication and information technology facilities including video conferencing facility so that clinical issues can be discussed with experts on a real-time basis.

- We usually find that government hospitals are not fully equipped to meet an emergency situation. The normal practice is to form a crisis management team after a crisis situation arises which obviously leads to delay in the provision of emergency care thereby aggravating the casualties caused. Moreover, the team so formed will generally be incomplete in the sense that the team may not consist of all the members needed to manage the crisis effectively, in which case, the purpose of forming the team will not be fully served. The main reason for the occurrence of such instances is that the teams are formed on an ad-hoc basis, that too after the occurrence of the crisis. Such instances can be avoided by having a permanent crisis management team in place. It is highly desirable that such teams be established permanently at every government hospital or at least at the district headquarters hospitals so that any emergency situation can be handled without any delay. So the authorities should sustain the open communication environment existing at government hospitals and should implement effective emergency communication system at hospitals including a permanent crisis management team.

- Adequacy of compensation is one the basic factors that motivates an employee to remain with an organisation. The findings of the study indicate that doctors are generally not happy with the amount of salary provided at government hospitals. It can be seen that the salary received by doctors in government service is much below the salary drawn by their counterparts working in private sector. Considering the workload of government doctors, the compensation received by them is highly inadequate. The reports by various government and non-government agencies have also highlighted the increased workload of doctors as well as other health workers, especially in public sector. In addition to the routine task of attending patients, government doctors will usually be assigned lot of additional tasks like conducting various indoor and outdoor camps, immunization and awareness programs etc. which are not usually recorded and recognised by anyone and for which they are not provided any additional compensation or benefit. As such, there is no motivation for doctors to be part of such activities and they are
just doing it out of compulsion which normally reduces the quality of their work. Though an annual salary increment system is there for doctors, the quantum of increment is very nominal. Government doctors generally get a reasonable hike in their salary only during pay revision commissions which will usually be constituted once in five years. On the other hand, salary hikes are provided to doctors in private sector at short intervals. This is one of the basic reasons why government doctors resort to private practice. So the authorities concerned should see to it that a reasonable salary hike is provided to government doctors annually at par with industry standards so that they feel motivated to continue in government service.

- One of the major factors that attract any individual to join public service is the provision to receive pension after retirement. However, the recent introduction of contributory pension system, wherein the employees have to contribute a certain portion of their salary towards their pension has reduced the attractiveness to government service in general which can be overcome, at least partly, by providing adequate salary. So the authorities should provide adequate compensation to doctors.

- Another major concern of doctors was that they received little recognition for coming up with innovative ideas. Such an attitude from the authorities naturally makes them very discouraged and demotivated. So the authorities should ensure that worthy ideas of doctors as well as other staff are accepted and appreciated at appropriate forums so that they feel motivated to come up with innovative ideas. If employees are to come up new ideas, there has to be an open and receptive culture existing at government hospitals. So the authorities should take steps to ensure that the innovative ideas proposed by doctors are recognised and rewarded at appropriate forums.

- Patient care delivery is a team activity where the doctors, nurses, support staff and the patients have their own role to play. So a joint effort, in its literal sense, from all the parties involved is necessary to ensure effective patient care delivery. However, most of the doctors have opined that effective team work is missing at government hospitals. This is something which requires immediate attention because, the lack of cohesiveness among the doctors, nurses and support staff may seriously hamper the quality of care which may even lead to disastrous
consequences. However, one of the important reasons for the absence of effective teamwork may be that except in departments like surgery, causality etc. there exist only limited scope for teamwork. The teams in consulting departments like general medicine, dermatology, ophthalmology, psychiatry etc is generally limited to the concerned doctor and one or two nurses and attendants who may be permanently associated with that department. Hence, they usually don’t have an opportunity to interact with others. This also creates a situation where a particular nurse or support staff develops expertise in one particular area thereby limiting the scope for their substitutability. Moreover, the interaction between doctors belonging to different departments is also limited to casual talks rather than a detailed case discussion. The ego clash between doctors also hampers the success of teamwork. It is always desirable to have open case discussions between doctors because this will provide them an in-depth understanding about different types of cases being attended at the hospital thus enhancing their knowledge and skill level. Detailed intra-departmental and inter-departmental case discussion sessions can be organised at periodic intervals. This will definitely help to reduce the friction that may be there between different departments. This will be beneficial for the patients as well because, if the case details are known to all the doctors in a department, the patients need not explain the case details in case a different doctor attends them on subsequent visits. Hence the authorities concerned should take steps to facilitate intra-departmental and inter-departmental case discussion sessions at regular intervals. It is also desirable to shift the nurses and support staff between different departments so that they develop expertise in attending different types of cases.

- Every organisation should have a positive work environment to enable the employees to perform at their best level. The results of the study implied that the doctors were not very happy with the overall work environment at hospitals. They felt that teamwork, professionalism and freedom of expression were not there at hospitals. As already stated, effective teamwork is very essential to ensure effective patient care. A professional touch in the service delivery process will also help in providing better patient care services. It is very important to provide freedom of expression to doctors as well as other staff members in order to enable them to come up with new ideas. Hence, it is very important to establish an open and blame-free culture in the hospital where the staff members feel free to express and to come up with innovative ideas.
The doctors also felt that a conducive physical climate was absent at government hospitals. Any person will be able to perform his/her job effectively only if he/she is provided with sufficient physical facilities like good furniture and fixtures, sufficient working space, adequate lighting and ventilation etc. It is very unfortunate that most of the government hospitals do not have good furniture and fixtures. Many a times, the doctors do not have sufficient number of chairs and tables as well as adequate space to examine the patients. All these aspects will reduce the motivation level of doctors which will obviously get reflected in the patient care quality. So it is extremely necessary to provide adequate physical facilities at hospitals.

The kind of ethical environment existing at government hospitals will seriously impact the attitude of doctors. So, it is important to ensure the existence of positive ethical climate at hospitals. Hospitals generally have an ethics committee which plays a vital role in ensuring the existence of ethical climate at government hospitals. However, in case of hospitals where such committees are not present, such committees may be constituted and in hospitals where ethics committees are present, it should be ensured that ethics committees are functioning properly.

It was also found that the doctors felt less empowered to perform their duties. If a doctor has to discharge his duties efficiently, he should be adequately empowered. Though the doctors are generally empowered to take treatment related decisions, they have only limited power to make use of the hospital resources. For e.g. to make petty purchase of consumables necessary for the proper functioning of the department, a doctor will have to obtain sanction from higher authorities. Even for using a common hospital property, permission will have to be obtained. This leads to undue delay in the provision of services. This might have been done to control the misuse of resources, but it creates a feeling of lack of empowerment in the minds of doctors. In fact, the doctors or at least the superintendent should be given a certain degree of empowerment to make use of the physical and financial resources of the hospital. The doctors can be permitted to make purchases up to a certain amount, beyond which they may be required to obtain permission from higher authorities. However, a periodic audit system may be implemented so that the doctors remain accountable for whatever amount they spent.
6.6 Managerial implications

One of the most important factors determining the competitive edge of an organisation is the kind of HRD practices existing in an organisation. This study made an attempt to understand the perception of doctors regarding the HRD practices prevailing at government hospitals in Kerala. The views of doctors regarding various aspects relating to manpower planning, recruitment and selection, training and development, compensation strategies etc. were analysed as part of the study. The findings of the study clearly indicate that a positive HRD practices were missing or inadequate by and large at government hospitals in Kerala. Since an effective manpower planning system, which is very essential to ensure the availability of right number and kind of people at the right time is found missing at government hospitals, the authorities should implement effective manpower planning mechanism at government hospitals. The findings of the study show that the training and development mechanism, though existed at government hospitals, were not very effective in enabling employees to enhance their knowledge and skill level. Employees will be willing to continue with an organisation only if they are provided with opportunities to update their knowledge and skills thereby facilitating their career advancement. As the provision of effective training and career development opportunities is inevitable to retain qualified employees and to sustain their motivation, the top management may try to provide effective training and career development opportunities to their employees. The findings of the study show that the doctors are generally unhappy with the salary and allowances provided at government hospitals. It is generally believed that the extent of compensation received will directly impact the motivation and commitment of doctors. The inadequacy of compensation may even generate a tendency among doctors to go in for corruption and malpractices. Hence, the authorities have to develop and implement effective compensation strategies thereby ensuring adequate salary and benefits to all employees. Another major finding of the study is that effective teamwork and communication are absent at government hospitals. As both teamwork and communication are very crucial in effective patient care delivery, the absence of the same may have serious negative consequences on the quality of care provided. Hence, it is very essential for the authorities to take measures to encourage teamwork and effective communication at government hospitals. Patient care is a process that involves multiple activities to be performed simultaneously. As there are multiple activities to be performed by a group of people, there should be a clear plan regarding the specific tasks to be
performed by each employee in order to avoid confusion, delay and duplication of work. The findings of the study show that proper scheduling of activities is absent at most of the hospitals. Hence, the authorities should implement an effective work scheduling system at hospitals so as to facilitate proper streamlining of activities. The study also investigated the perception of patients and bystanders about the quality of services offered across various parameters like tangibility, reliability, assurance, responsiveness and empathy at government hospitals. The results indicated that though the patients and bystanders were generally satisfied with the kind of services offered by hospitals across all parameters, there existed a considerable proportion of patients and bystanders who were actually dissatisfied with the services. The most prominent areas of dissatisfaction include inadequate provision of treatment related information and not seeking permission before conducting tests and procedures etc. The fact that there is a considerable segment of dissatisfied patients and bystanders implies that there exist huge scope for improvement in these aspects. The dissatisfaction of doctors regarding the H R D practices may be a cause for the negatively perceived quality of care. Hence, the authorities concerned shall try to make use of the current findings to improve the overall H R D climate as well as service quality at government hospitals thereby enhancing customer satisfaction.

6.7 Conclusion

In today’s competitive milieu, the need for customer service is a progressively important reason for cultivating positive customer loyalty. The organisation stands to benefit, both in terms of revenue and good reputation when customer satisfaction is optimised. This can be achieved by developing to the fullest, the bond between customer and employee, and its consequent impact on customer contentment, loyalty and the organisation’s income.

Employees will provide their best services to customers only when they are fully satisfied with the organisation they work for. Even a slightest dissatisfaction may negatively influence the quality of service delivery. Hence, it is very important to make sure that the employees are fully satisfied at any given point of time. Among others, one of the prime factors that determine the satisfaction of employees is the H R D climate of an organisation which comprises various aspects like training and development opportunities, compensation strategies etc.
Human Resource Development has a vital role to play in shaping and supporting a workplace culture with people management practices and programmes that promote, reward and maintain behaviour focused on quality service. Firms that have a very robust services climate have policies, practices and behaviours that put great store by service excellence. Proactive HR leaders always monitor how an organisation engages its workforce and how they can do so to better support the organisation’s tactical focus. Such policies are very important in creating and maintaining a positive work culture that supports and expects employees to consistently and thoughtfully focus on the quality of their work and service. Their aim, of course, is optimal customer satisfaction. Such a workplace climate is characterised by well-trained employees who have the apparatus that they require to do their jobs and have the chance to participate in decisions affecting how they do their work. It is also characterised by various other aspects like training and development opportunities, and compensation strategies.

Being a service organisation, all these are true in case of hospitals as well. Patient care, in general, is a team work and not an individual job. The mix of employees is an amalgam, consisting of uneducated, low skilled workers to highly qualified physicians and surgeons. In such a workplace, it is important to give accountability for each task performed by each person, so as to guarantee faultless delivery of quality healthcare.

As part of the present study, the researcher attempted to analyse the perception of doctors regarding the HRD practices at government hospitals across Kerala on one hand, and the perception of patients and bystanders regarding the quality of services provided at these hospitals on the other. The findings of the study implied that majority of the doctors working at government hospitals felt that a conducive HRD climate was not present at government hospitals and that this has resulted in their dissatisfaction. However, most of the patients and bystanders were generally satisfied with the quality of services offered by government hospitals across Kerala. This may sound slightly contradictory in nature, in the sense that, in spite of doctors working with low level of motivation and commitment owing to their dissatisfaction with the HRD practices in vogue at government hospitals, the majority of patients and bystanders were generally happy with the kind of services offered at these hospitals with the exception of a small proportion of unsatisfied patients and bystanders. An important fact to be noted here is that the people who make use of the services of government hospitals are those who belong to the lowest strata of the society. Most of them are provided treatment, free of cost, under Rashtriya Swathya Bima Yojna.
(RSBY). They are generally happy that they do not have to spend money to get cured of their illness. Moreover, most of them have a feeling that doctors serve them free of cost and they do not realise that it is their right to get free treatment at government hospitals. Maybe this is the reason why patients and bystanders feel happy and contented with the services offered at government hospitals. Moreover, when asked about the quality of service presently offered at government hospitals, the patients and bystanders usually tend to respond by comparing the present service quality and ambience of the hospitals with the one that existed about 5 to 10 years ago. It is a fact to be admitted that the quality of services as well as the physical environment of government hospitals have dramatically improved over the last few years. This may also be one of the reasons for the positive impression of the majority of patients and bystanders about the quality of services offered. However, there existed a considerable proportion of patients and bystanders who perceived that the services offered were much below their expectations and that there was scope for improvement across all aspects of service delivery. Though the authorities concerned can be happy that majority of the patients and bystanders were satisfied with the service quality of government hospitals across various dimensions, the fact that there existed a considerable proportion of dissatisfied or moderately satisfied patients and bystanders implies that they have to improve the service quality across all parameters. The negative perception of doctors about the HRD practices at government hospitals requires immediate attention because the dissatisfaction of doctors may get negatively reflected in the quality of patient care, which in turn, may hinder patient satisfaction. Hence, the authorities concerned should take all possible measures to improve HRD climate, as well as quality of service at government hospitals in Kerala.

6.8 Scope for future research

The present study tried to examine only the perception of doctors regarding the extent of HRD practices at district/general hospitals across Kerala. Apart from the doctors, nurses and support staff are also very crucial stakeholders in the patient care delivery process. As such, their perception regarding the human resource environment at government hospitals can have significant impact on the quality of services offered at government hospitals. So similar studies may be undertaken to analyse the perception of nurses and bystanders at district/general hospitals in Kerala. As the present study focused exclusively on district and general hospitals in Kerala, there is always a scope to extend the study to other public
health care institutions like Taluk hospitals, community health centers, primary health centers etc. Along with the public sector, both private and co-operatives sectors play significant roles in meeting the health care needs of the people of Kerala. Hence, similar studies may be carried out in private and co-operative health sectors. A huge section of population is dependent on the services of medical colleges which act primarily as referral hospitals. Hence, similar studies at medical colleges may be beneficial in understanding the perception of service providers and service users regarding work environment and service quality respectively.

Studies can also be undertaken into the level and quality of training available to employees for mentoring and counseling including administrative and supportive staff. Research can also be carried out to examine the various aspects of the staffing pattern so as to get an accurate picture of the staff-patient ratio as they exist in government and private hospitals today and thereby, to arrive at optimum levels of staffing. Surveys can also be done to look at funding in hospitals and its correlation to services provided.

Patient centered hospital management with its implications of timeliness, safety, effectiveness and efficiency, is a constantly evolving area that constantly throws up possibilities in keeping with the changing face of health care in Kerala. In short, HRD in hospitals and quality of patient care is an area that opens up multitude of opportunities and challenges for further research along the lines suggested above.