CHAPTER 9
SUMMARY OF FINDINGS, TESTING OF HYPOTHESES AND SUGGESTIONS

9.1 Introduction:
An attempt is made by researcher in present study to seek the answer of the following questions.

1. To what extent employees of hospital know the manpower planning practices adopted in hospital?
2. Whether employees of hospital know the existence of manpower planning department, manpower planning process undertaken, and duration of human resource planning practiced by hospital?
3. What factors are considered in manpower planning in hospital?
4. Whether job analysis description practices or not in hospital? If yes, then to what extent?
5. What are the sources of recruitment in hospital?
6. What is a pattern of external sources of recruitment adopted or practiced in hospital?
7. What methods are followed by hospital in selection of human resource?
8. Which training - on the job and off the job had received by hospital employees and to what extent? What is outcomes of such a training?
9. What is a outlook of hospital employees towards training?
10. Whether performance appraisal followed or not in hospital? If yes, then what is a need for making performance appraisal?
11. What is current status of performance appraisal practiced in hospital?
12. Whether job rotation is practiced in hospital for their employees?, If yes then to what extent?
13. Whether employees of hospital are aware career planning, career paths and its adequacy, if yes to what extend?
14. Whether promotion practices are followed or not in hospital? What is opinion of employee of hospital towards promotion practices in term of (a) Promotion as a part of career planning,
(b) Existence of promotion policy for employees in hospital,
(c) Basis of promotion practiced in hospital
(d) Factors influencing promotion etc.

15. What welfare practices are followed in hospital for employees in respect of
(a) Salary structure,
(b) Perquisites, (c) Social Security,
(d) Leave facility enjoyed,
(e) Deductions from salary,
(f) Infrastructural facility,
(g) Reward and recognition,
(h) Learning culture and climate,
(i) Additional welfare facility etc.

16. What is the level of human resource practices regarding
(a) Manpower planning, recruitment and training,
(b) Career planning, performance appraisal and promotion,
(c) Employees welfare facilities, and
(d) Overall for hospital.

In order to address the above questions/ Problems the researcher had set the following main objectives.

1. To study and evaluate manpower planning practices in selected hospitals in Mumbai.
2. To study and examine recruitment and training practices in selected hospital in Mumbai.
3. To study and analyse the performance appraisal practices in selected hospitals in Mumbai.
4. To study and assess the career planning and promotion practices in selected hospitals in Mumbai.
5. To study and examine the salary structure and welfare practices in selected hospitals in Mumbai.
6. To investigate and analyse the learning culture and climate practices in selected hospitals in Mumbai.
7. To measure, identify and assess the levels of human resource practices in selected hospitals in Mumbai.
8. To compare and analyse the inter-hospital variation level in human resource practices in selected hospitals.

For the study purpose, eleven hypotheses are set. They are as under:

**Hy 1**: There is no separate manpower planning department in studied hospitals.

**Hy 2**: Political concern and government policy are the main two factors influencing the Manpower planning of studied hospitals (i.e. in fixing staffing pattern).

**Hy 3**: External sources are adopted in recruitment in studied hospitals and within it, advertisement as a external recruitment source is highly practiced.

**Hy 4**: On the job training is highly practiced in studied hospitals.

**Hy 5**: Performance appraisal is highly practiced in studied hospitals.

**Hy 6**: Performance appraisal has ‘average’ consideration in promotion in studied hospitals.

**Hy 7**: ‘Moderate level’ career planning practices are adopted in studied hospitals.

**Hy 8**: High level manpower planning, recruitment and training practices are followed in studied hospitals.

**Hy 9**: High level career planning, performance appraisal and promotion practices are followed in studied hospitals.

**Hy 10**: ‘Average level’ employee welfare practices are practiced / adopted in studied hospitals during study period.

**Hy 11**: ‘Moderate Level’ human resource practices are practiced / adopted in studied hospitals during study period.
The study area is Mumbai city. Two hospitals namely ESIS and J.J. Hospitals are selected for study purpose. The study is mainly based on primary data and to some extent on secondary data source. The primary data was collected through questionnaire, discussion, interview and telephonic method. The samples are doctors and non doctors employees of ESIS and J.J. Hospital. 700 employees consisting of 200 from ESIS and 500 from J.J. Hospital are sample size. The survey was based on convenience. The study covered the period of 2010-2012. Data was interpreted and analaysed with help of tables, percentage, frequency, average, levels and comparative approach. The study is organized into 9 chapters, as under:

1. Introduction
2. Review of literature
3. Research methodology
4. Profile of the sample respondents
5. Assessing manpower planning, recruitment and training practices in selected hospitals in Mumbai.
6. Assessing performance appraisal, career planning and promotion practices in selected hospitals in Mumbai.
7. Assessing employees welfare practices in selected hospitals in Mumbai.
8. Levels of human resource practices in selected hospitals in Mumbai.
9. Summary of findings, testing of hypotheses and suggestions.

The summary of findings and conclusions of the study are highlighted as under:
9.2 Summary of findings on review of literature.
9.3 Summary of findings on profile of sample respondents.
9.4 Summary of findings on manpower planning, recruitment and training practices in studied hospitals.
9.5 Summary of findings on performance appraisal, career planning and promotion practices in studied hospitals.
9.6 Summary of findings on employees welfare practices in studied hospitals.
9.7 Summary of findings on levels of human resource practices in studied hospitals.

9.8 Testing of hypotheses.

9.9 Suggestions.

9.2 Summary of findings on review of literature:
The literature is reviewed into 3 dimensions as under:
   i) studies on human resource practices in corporate sector.
   ii) Studies on human resource practices in service sector.
   iii) Studies on human resource practices in hospital.

It was found out from the review of literature that
1. There exist human resource practice studies at corporate level and service sector levels extensively.
2. There exist few studies on human resource practices adopted in hospital in private and public sector.
3. Not a single research study at micro and macro level had been done taking into ESIS hospital and J.J. hospital and multiple performance indicators of human resource development / management practices in Mumbai.
4. There is not a single study on the ESIS and J.J. hospital, human resource development practices.
5. This study highlights manpower planning, recruitment, training, performance appraisal, promotion, welfare facilities, learning culture and climate practices in ESIS and J.J. Hospital in Mumbai.

9.3 Summary of finding on profile of sample respondents:
In chapter 4, profile of the sample respondents was studied on the basis of age, gender, marital status, education, income, religion and work experience. It was found out from profile of the sample respondents that
1. The majority of the respondents belong to the 46 - 55 age group (38 percent), 42 percent from ESIS hospital and 36 percent from J.J. hospital respectively followed by 36 - 45 age group respectively.

2. The majority of the respondents were male (62 percent) in the sample 68 percent and 60 percent from ESIS and J.J. hospital respectively.

3. The majority respondents were married to the extent of 66 percent, of which 62 percent from ESIS hospital and 68 from J.J. hospital respectively.

4. 54.7, 23, 22 and 0.3 percent respondents were undergraduate, graduate, post graduate and super specialisation category indicating majority respondents were (54.7 percent) undergraduate who are working in hospitals. Of it, 48.5 percent and 57 percent from ESIS and J.J. hospital respectively.

5. 37, 33 and 30 percent respondents having work experience about 21 - 30 years, upto 10 years and 11 - 20 years indicating experienced staff is working in hospital.

6. Majority of the respondents (36 percent) earning were Rs.10,001-30,000 range, followed by 30,001 - 50,000 range (24 percent) respectively.

7. Majority respondents were from Hindu religion (Le. 71 percent) followed by Christians (22 percent) respectively.

9.4 Summary of findings on manpower planning, recruitment and training practices in studied hospitals:

The objective of chapter 5 was to assess manpower planning, recruitment and training practices adopted in ESIS and J.J. hospital during study period. The opinion of employees (i.e. doctors and non – doctors) of ESIS and J.J. hospital was collected through questionnaires and same was analyzed and interpreted with help of frequency distribution and parentage and average.
After assessing practices adopted by ESIS and J. J. hospital on manpower planning, recruitment and training, following was found out.

9.4.1 Findings on manpower planning practices:
The following is the summary of findings on manpower planning practices assessment.

1. Majority respondents of E.S.I.S. hospital (63 percent) and J.J. hospital (54 percent) has stated that there is no a separate manpower planning department in hospital.
2. Out 700 respondents only 35 percent (246) respondents agreed whereas 57 percent (396) disagreed that whether there is a separate manpower planning department.
3. Majority (57 percent) respondents are state that there is no separate manpower planning department in E.S.I.S. and J.J. hospital.
4. Out of 700 sample respondents, 39 percent and 47 percent and 14 percent agreed, do not agreed and do not know that whether in hospital manpower planning practices undertaken; indicating majority 47 percent (328) respondents state that manpower planning process is not undertaken.
5. Majority of the ESIS hospital (44 percentage) and J.J. hospital (48 percent) together 47 percent respondents are of the opinion that manpower planning practices is not undertaken.
6. Political concern or will is the most important factor followed by government policy influencing manpower planning as 40 percent (282) and 22 percent (156) respondents agreed on this point, indicating political will (concern), government policy, nature of work and review of existing staff are main factors to be considered in manpower planning or in staffing pattern of hospital in order of merit.
7. As compared to J.J. hospital, political concern with E.S.I.S. hospital is less it is for J.J. hospital 42 percent and for E.S.I.S. hospital it is 36 percent respectively.
8. Regarding job analysis description practice it was found that majority respondents of ESIS (81 percent) and J.J. hospital (85 percent) agreed on job analysis description is done, indicting majority respondents (84 percent) together state ‘yes’ job description is practiced.

9. 62 percent (124) and 66 percent (330) respondents of E.S.I.S. hospital and J. J. hospital agreed that job analysis description is undertaken 'annually', indicating that annual job analysis description practice is adopted in studied hospital.

10. 54 percent (108) of E.S.I.S. hospital and 58 percent (290) of J. J. hospital respondents state that job analysis description is do regularly.

11. 55 percent (110) of E.S.I.S. hospital and 68 percent (340) of J. J. hospital respondents state that job analysis description is done as and when promotion is due.

12. 70 percent (140) of E.S.I.S. hospital and 75 percent (375) of J.J. hospital respondents agreed that job analysis description is done during as and when job transfer took place.

13. Majority (65 percent) respondents agreed that annual pattern is practiced for job analysis description in studied hospital. As far as whether job analysis description regularly done or not, in this connection result shows that majority (57 percent) respondents agreed on this point. Further results shows that 64 percent respondents out of 700 agreed on 'as and when promotion due'. Job analysis description is done, on the other hand 74 percent respondents out of 700, also agreed on as and when job is transfer. Job analysis description is done.

9.4.2 Findings on recruitment practices:

Recruitment includes the process of identification of potential applications for the required job in the hospital organization. It is a positive measure which estimates competent people to apply for the job, with an increased living ratio. For the purpose of recruitment, internal and external sources are practiced. An attempt was made by researcher to know the
recruitment practice adopted by ESIS and J.J. hospital. In this context the following was found out.

1. 13 percent (90) respondents agreed that internal sources are used by hospital in recruitment. Whereas 87 percent (610) respondents agreed on external source as the recruitment source practiced by selected hospital, indicating that external source is the main recruitment source practiced in studied hospital.

2. Majority of E.S.I.S. (85 percent) and J.J. hospital (88 percent) respondents agreed on external recruitment source in practiced, indicating, external source is the main recruitment source practices in studied hospital as 87 percent respondents agreed upon this source.

3. Advertisement, followed by labour contract are the external source practiced by studied hospital (i.e. 87 percent and 10 percent).

4. Majority respondents of E.S.I.S. and J.J. hospital agreed they had selected through written examination and through selection committee method, indicates that written test and then oral before competent selection committee is the selection method practiced by E.S.I.S. and J.J. hospital.

9.4.3 Findings on training practices:

It was found out from assessment of training practices that

1. 88 percent of E.S.I.S. hospital and 86 percent of J.J. hospital together 87 percent hospital employees had received training respectively. Indicating majority respondents had received training.

2. 88 percent of ESIS and 92 percent of J. J. hospital respondents together 91 percent hospital employees had received on the job training.

3. Majority respondents (i.e. 68 percent) of studied hospital had not done the ‘off the job’ training.

4. Out of 700 respondents, 59 percent of ESIS and 62 percent of J.J. hospital employees together 61 percent respondents of hospital agreed that their outlook of hospital towards training is positive.
5. 62 percent (123) and 67 percent (333) respondents, out of 200 and 500, of E.S.I.S. hospital and J. J. hospital together 65 percent (456) on an average agreed that outcome of the training is positive and at moderate level.

6. 55 percent (110) of E.S.I.S. hospital respondents out of 200 and 58 percent (290) J.J. hospital respondents out of 500 expressed heightened morale due to attending training programme together 57 percent (400) respondents are of opinion that morale is heightened after attending training programme respectively. It means training heightened morale and enhanced confidence of hospital employees upto moderate level.

7. Regarding stress it is observed that 69 percent (138) of E.S.I.S. hospital respondents out of 200, and 73 percent (365) of J.J. hospital respondents out of 500 agreed that their stress level has reduced after attending training programme, together 72 percent (503) of hospital respondents agreed on stress has reduced.

8. Regarding efficiency, it was found out that 53 percent (106) of E.S.I.S. hospital respondents out of 200, and 59 percent (295) of J.J. hospital respondents out of 500, agreed that efficiency has increased. Here also moderately agreement among the respondents of hospital that affiance has increased or enhanced after attending training programme. The score of two hospital shows that out of 700, 57 percent (401) respondents agreed that efficiency has increased.

9. Regarding change in attitude due to attending training also enquired. The result shows that out of 200 respondents of E.S.I.S. and 500 respondents of J.J. hospital, 68 percent (136) and 75 percent (375) respondents agreed that their attitude has changed positively. Together 73 percent (511) respondents of hospital agreed that their attitude has changed towards doing better or performing better in the assigned job.
9.5 Summary of findings on performance appraisal, career planning and promotion practices in studied hospitals:

An attempt was made in chapter 6 to assess and analyse the performance appraisal, career planning and promotion practices adopted in J.J. hospital and E.S.I.S. hospital during study period based on primary data collected through questionnaire from 700 samples.

The findings are summarized as under:

9.5.1 Findings on performance appraisal practices.

9.5.2 Findings on career planning practices.

9.5.3 Findings on promotion practices.

It was assumed here that government hospital which employ a large segment of our work force can do better in forms of productivity, quality and cost effectiveness by nurturing, developing and utilizing their capabilities and potentials.

9.5.1 Findings on performance appraisal practices:

The extent, need, status, nature, duration and rotation variables were considered to know performance appraisal practices in studied hospitals (i.e. ESIS and J.J.). Following is the summary of findings on performance appraisal practices adopted by ESIS and J.J. hospital.

1. 94 (184) respondents in E.S.I.S. and 95 percent (475) respondents in J.J. hospital expressed their agreement on 'yes' hospital makes performance appraisal.

2. Majority out of 700, 94 percent (659) respondents agreed on hospital make performance appraisal of employees.

3. On an average 72 percent in E.S.I.S. and 75 percent in J.J. hospital respondents agreed that need for making performance appraisal is absolutely requirement, hence this score indicate that majority respondents
of studied hospitals respondents agreed that need for making performance appraisal is absolutely requirement.

4. Need for making performance appraisal in studied hospital is ‘ high level’ as average score for two hospital was 72 percent, indicates 72 percent respondents agreed that there must be performance appraisal.

5. Regarding view of E.S.I.S. hospital employees, it was observed that practice of periodically work performance appraisal (59 percent) is moderately followed and proper record maintained (64 percent) and superiors support on work performs (62 percent) is practiced at high level, similarly high level practice was found on authority structure for writing the performance appraisal (65 percent), indicating, current status of performance appraisal in E.S.I.S. is practiced at high level.

6. High level practices are followed in J.J. hospital on periodically evaluation of work performance (69 percent) and properly maintaining performance records (67 percent). As well as high level practices are also followed in superiors support in performing work successfully (70 percent) and the authority structure for writing the performance appraisal (72 percent) respectively, indicating current status of performance appraisal is practiced at high level in J.J. hospital.

7. High level practices are followed on performance appraisal in studied hospital currently as 68 percent respondents agreed on this, indicating majority respondents agreed that high level performance appraisal are practiced in studied hospitals.

8. Out of 700 respondent (for both hospitals) 96 percent (675) respondents state that confidential nature of performance appraisal is practiced in hospital.

9. Majority respondents of ESIS Hospital (95 percent) and J.J. hospital (97 percent) agreed that both hospital practiced confidential method of performance appraisal.

10. Majority respondents of E.S.I.S. hospital (76 percent) and J.J. hospital (81 percent) agreed that annual performance appraisal is followed. It means
together hospital respondents 80 percent (557) out of 700, express that annual pattern of performance appraisal is practiced in selected hospital. In other words 'Annually' performance appraisal system or method is practiced in selected hospitals (i.e. E.S.I.S. and J.J.).

11. 25 percent ESIS and 75 percent J.J. hospital respondents agreed that Job rotation is practiced in their hospital.

12. Majority respondents of ESIS hospital (71 percent) state that job rotation is not practiced whereas majority respondent of J.J. Hospital (75 percent) agreed it is practiced.

13. Job rotation in J.J. hospital is practiced higher than that of ESIS hospital.

9.5.2 Findings on career planning practices:
The present study has undertaken career planning as a sub-system of human resource development and management practice. Awareness of employees on career planning, career paths, hospital makes career planning, adequacy of present system of career planning and development, career planning activities practiced and motivation programme for employee arranged were assessed in sub-section 6.3 of Chapter 6. The following is the summary of findings on career planning practices.

1. 72 percent (144) respondents in E.S.I.S. hospital out of 200, and 87 percent (435) respondents in J.J. hospital out of 500, are of the opinion that career planning is an important sub-system of human resource development and management tool. The employees of both the hospitals confirm this belief that career planning can become an effective tool for development of the employee and a key factor in human resource development system. They agreed to the extend of 83 percent (579) that they are aware career planning is an important sub-system of human resource development.

2. 42 percent respondents of ESIS hospital and 73 percent respondents of J.J. hospital agreed that their hospital makes career planning.
3. Majority respondents 64 percent, out of 700 agreed that hospital makes career planning to employees.

4. Majority respondents (60 percent, i.e. 68 percent of J,J. and 39 percent of E.S.I.S.) are aware career path in the hospitals.

5. Majority respondents in ESIS (68 percent) and in J. J. hospital (52 percent) opined that the present system of career planning and development is not adequate to fulfill their needs;

6. Majority respondents (57 percent) out of 700 agreed that the present system of career planning and development is inadequate to fulfill their needs.

7. Regarding what career planning activities are practiced/ followed/ undertaken by J. J. and ESIS hospital to their employees found out that only 3 percent respondents in ESIS and 8.2 percent respondents in J.J. hospital agreed that they practiced/ enjoyed/ availed career planning activity.

8. Very low level of career planning activities practiced in studied hospitals as only 6.7 percent respondents out of 700, agreed on this.

9. As compared to ESIS hospital, career planning activities of J.J. hospital is higher.

10. Majority (78 percent) respondents express that motivation programme is not arranged in E.S.I.S. hospital.

11. Majority respondent (56 percent) in J.J. hospital not agreed on that motivation programme is arranged for employees.

12. Majority respondents of hospitals (62 percent) disagreed on motivation programme arrangement is made by hospital to employees. Of which 78 percent belong from E.S.I.S. hospital and 56 percent belong from J. J. hospital.

13. Majority respondents (86 percent), of which 78 percent from ESIS and 89 percent from J.J. hospital, are expressed their willing to stay in hospital till their retirement.
9.5.3 Findings on promotion practices and relationship between performance appraisal and promotion:

The promotion practices were observed in terms of (1) promotion as a part of career planning, (2) sound promotion policy exist in hospitals (3) basis of promotion and (4) factors influencing promotions. Assessment summary of promotion practices is as under:

1. Majority respondents of ESIS (82 percent) and J.J. (88 percent), together 86 percent agreed that promotion is a part of career planning.
2. Majority respondents (88 percent) including 86 percent of ESIS and 89 percent of J.J. hospital respondents agreed that there exist sound promotion policy.
3. Seniority or experience is the main basis of promotion practiced in J.J. and ESIS hospital followed by seniority cum merit policy.
4. Seniority and merit is the main factor influencing the promotion process. 60 percent respondents in ESIS hospital out of 200 and 62 percent of respondents in J.J. hospital out of 500 (together 61 percent) agreed that seniority and merit is mainly influencing promotion.
5. Relationship between performance appraisal and promotion is not sound or significance as overall score of relationship between performance appraisal promotion is 32 only percent, indicating it is ‘average’ relationship between two.

9.6 Summary of findings on employee welfare practices in studied Hospitals:

The human resource practices include employee welfare practices of organization. It is recognized everywhere that human resources in an organization are an essential prerequisite for growth or development, especially in health institutions, where personal constitute the main resource. It is a human enterprise and its success will depend ultimately on the skill, quality and motivation of the persons associated with it. Therefore, to what extent welfare
and salary practices are adopted by E.S.I.S. and J.J. hospital was studied in chapter 7.

Salary structure, perquisites, social security measure, satisfaction towards salary, leave facility enjoyed, rewards and recognition, learning culture and climate etc. was covered under welfare practices. The following is the summary of findings on welfare practices adopted in ESIS and J.J. hospital during study period.

9.6.1 Findings on salary structure and perquisite provided to employees:

1. 53 percent of ESIS and 57 percent of J.J. hospital employee's salary is upto 30,000. Moreover, about 1/5th employee's salary is below Rs.10,000.

2. Out of 700 sample respondents, 157 (22 percent) employee received salary upto 10000 per month and 245 (36 percent) respondents between Rs.10001 - 30000 per month. It means 58 percent respondents getting salary upto 30000 per months. On enquiry it was observed that large number of employees are working on contract basis are getting Rs.5000 to Rs.10000 per month. Specially, ward boy, peon, sweepers, nurses and clerk.

3. Out of 700 employee respondents, 383 (55 percent) are fully satisfied towards salary received by them. Of the 383 sample respondents who are satisfied towards salary, 108 )54 percent) of ESIS and 275 (55 percent) of J.J. hospital employee satisfied towards salary offered by Government hospital.

4. 215 (31 percent) respondents are not satisfied on salary received by them from government. Out of 215 respondents who are unsatisfied towards salary wages compensation offered to them, 73 (3 7 percent) of ESIS and 142 (28 percent) of J.J. hospital respondents are unsatisfied towards salary.
5. The level of satisfaction of employee towards salary in ESIS and J.J. hospital is moderate (i.e. 55 percent). In other words, salary structure adopted by J.J. and ESIS hospital is moderate.

6. 28 percent (193) of the 700 employee ' take benefit of medical allowance. This benefit was highest among J.J. employees. It was 29 percent and in ESIS it was 23 percent. The 2nd benefit i.e. transport allowance was enjoyed 58 percent employees. In this respect ESIS employees pocketed 70 percent whereas J.J. employees pocketed 53 percent respectively. Festival allowance indicates that 71 percent (495 employees) take the benefits of this allowance. Out of 495 employee who enjoyed the festival allowance, 60 percent (120 employee) of ESIS and 75 percent (375 employee) of J.J. hospital employees take the benefits of this allowance. It means large number of majority employee enjoyed these benefits. Regarding group insurance it was found that 40 percent (280 employee) out of 700 take the benefit of this facility of 280, 75 (68 percent) and 205 (41 percent) employees enjoy group insurance facility, indicating that 60 percent employees are not part of group insurance scheme and hence not enjoyed group insurance facility. As compared to J.J. hospital employee, ESIS employee take more benefits of group insurance. This is due to ESIS is meant for insurance. However, here also 100 percent employees are not involved in group insurance.,

7. Home loan facility was taken by 63 percent (440 employee) out of 700. Out of employee who availed home loan facility, 135 (68 percent) of ESIS and 305 (61 percent) of J.J. hospital employee take advantages this benefits.

8. Regarding bonus facility, it is observed that out of 700 sample employees, 558 (80 percent) received bonus. Of 558, 148 (74 percent) of ESIS and 410 (82 percent) of J.J. hospital employee enjoyed bonus facility.

9. Moderate perquisite found in ESIS and J.J. hospital.
9.6.2 Findings on social security measures for employee in hospital:

1. Out of 700 employees respondents, 396 (57 percent) take the benefit of provident fund whereas 430 (61 percent) respondents agreed that they are receiving gratuity benefit from government hospital. Overall 413 (59 percent) employee respondents benefiting from these two perquisites as social security measure. This can be rated to the extent of moderate social security protection practice.

2. Out of 396 respondents, 116 (58 percent) of ESIS hospital and 280 (56 percent) of J.J. employee take benefit of provident fund as against 120 (60 percent) of ESIS and 310 (62 percent) of J.J. hospital employee. As compared to J.J. hospital, more employee of ESIS take benefit of provident fund whereas less employee take benefit of gratuity. ESIS and J.J. hospital adopted moderate social security practice

9.6.3 Findings on leave facility enjoyed by hospital employees:

1. No one enjoyed study leave in ESIS hospital whereas only 2 (0.4 percent) enjoyed study leave in J.K. hospital. Together only 2 (0.3 percent) employee enjoyed study leave. This clearly shows that doctors, nurses, paramedical staff are not going for further education or training.

2. Only 7 (1 percent) enjoyed special leave and out of these, 02 (1 percent) and 5 (1 percent) employee of ESIS and J.J. hospital take special leave.

3. Overall 179 (26 percent) take advantage of leave facility. Out of these 48 (24 percent) of ESIS and 131 (26 percent) of J.J. hospital employee enjoyed leave facility.

4. The general assumption that public organization employee enjoyed more leave and did not work is proved wrong at least by ESIS and J.J. hospital employee.
9.6.4 Findings on deduction from salary and management relation:
7 deductions were questioned namely, provident fund, income tax, professional tax, housing loan, education loan, insurance premium and festival advance. Following are found out.

1. 55 percent ESIS and 58 percent J.J. hospital employee respondents together 57 percent respondents on an average agreed that there is deduction from their salary towards 7 studied items.
2. Welfare practices regarding deductions from salary in ESIS and J. J. hospital are just ‘moderately’.
3. Out of 700 respondents, 53 percent, 12 percent and 35 percent satisfied, some extent satisfied and unsatisfied towards management relationship.
4. Majority employee (i.e. 53 persons) satisfied towards management relation, indicating ‘moderate level’ relationship between employee and management.

9.6.5 Findings on infrastructure and additional facilities:
1. Out of 700 sample employee respondents, 373 (53 percent) 232 (33 percent), 95 (14 percent) rated infrastructural facilities in hospital below average, average and moderate on the other hand nobody rated infrastructural facilities in studied hospital are at high level or world class level.
2. Majority respondents (53 percent) rated below average level facilities are available in hospital or provided by hospital to employee as well as to patient.
3. 88 percent (out of 700 ) respondents agreed that basic amenities was provided in both hospital.
4. 86 percent of ESIS and 89 percent of J. J. hospital respondents accepted that there are basic amenities.
5. High level of basic amenities are available and provided by hospital to employees.
9.6.6 Findings on learning culture and climate practices in hospital:
1. Out of 200 ESIS respondents and 500 J.J. respondents, 25 (13 percent) and 83 (17 percent) respondents agreed with existing learning culture and climate in ESIS and JJ hospital together 108 (15 percent), indicating below average learning culture and climate is exist in ESIS and J.J. hospital.

9.6.7 Findings on rewards and recognition practices in hospital:
1. 31 percent of ESIS and 27 of J. J. hospital together 28 percent respondents agreed that work achievement of employee is appreciated by management. This practice is below average.
2. Cash reward in ESIS is Nil as against in J.J. 2 percent.
3. Nobody is promoted under reward and recognition scheme.
4. 24 percent of ESIS and 24 percent of J.J. hospital employee respondents together 24 percent, agreed that rewards and recognition practiced in studied hospital. It means majority (i.e. 76 percent) respondents agreed no such practices. In other words below average level rewards and recognition practices are followed during study period.

9.7 Summary of findings on levels of human resource practices in studied hospitals:
In chapter 8 an attempt was made
i) To identify the level of human resource practices in selected hospital
ii) To access the inter-hospital variations in human resource practices in selected hospitals.
iii) To compare the human resource practices followed by ESIS and J.J. hospital.
Five categories were assumed namely (1) below average (0-20 percent), average (21-40 percent), moderate (41-60 percent), high (
61-80 percent) and excellent or world class (81-100 percent). The level was determined with following measures and indicators.

1. Man power planning, recruitment and training practices.
2. Performance appraisal, career planning and promotion practices.
3. Employees welfare practices and
4. Overall human resource practices level.

9.7.1 Findings on levels of manpower planning, recruitment and training practices:

The findings on human resource practice level are summarized as under:

1. Level in manpower planning practice in E.S.I.S. and J.J. is average. There is no change in level of manpower planning practice in both hospital. But comparison further shows that extent of manpower planning practice in J.J. hospital is little higher (more) than that of E.S.I.S. hospital it is in the ratio 40:30 (i.e. 4:3) respectively.

2. Job analysis description practice level is also same in both hospital. It is high in both hospital. Therefore it can be stated that that. There is no change as for as job analysis description level is concerned. Here also extant of job analysis description practice in J.J. hospital is some what higher (more) than that of E.S.IS. hospital. It is to the extent of 70 percent and 66 percent in J.J. hospital and E.S.I.S. hospital. For other words it is in the ratio of 70:66 respectively.

3. Comparison of recruitment level practice in J.J. hospital and E.S.I.S. hospital show that it is excellent in J.J. whereas it is high level in E.S.I.S. hospital. It is clearly indicate that recruitment practices in J.J. hospital is at higher level than E.S.I.S. hospital. Further it is in the ratio of 82:79 it means the hospitals are practicing signifcanting good recruitment practices.

4. Training practice level in both hospital is at high level. There is no much differences in it. The score for J.J. is 70 percent and for ESIS 69 percent.
5. The manpower planning practices, job analysis description practices, recruitment practices and training practices in selected hospital scored 37 percent, 69 percent, 81 percent and 70 percent respectively (out of 700 respondents), indicating average, excellent and high level practices are followed. Hence it can be concluded that ‘high level’ practices is followed by studied hospitals in respect of human resource as for this indicator is concerned.

9.7.2 Findings on levels of performance appraisal, career planning and promotion practices:

1. Practice followed in career planning in E.S.I.S. and J.J. hospital were to the extend of 38 percent and 56 percent respectively, indicating that average and moderate level practice is followed in E.S.I.S. and J.J. hospital in career planning. As compared to E.S.I.S. hospital career planning practice followed (average level) higher level (moderate level) career planning practice was followed in J. J. hospital. (i.e. 38 : 56).

2. Practice followed in performance appraisal in E.S.I.S. and J.J. hospital were to the extend of 71 percent and 82 percent respectively. This shows that high level and excellent level practice was followed in E.S.I.S. and J.J. hospital in performance appraisal. As compared to E. S. I. S. hospital performance appraisal practice followed (high level), higher level (excellent level) performance practice was followed in J. J. hospital. (i.e. 71: 82).

3. Practice followed in promotion in E.S. I.S. and J.J. hospital were to the extent of 80 percent and 84 percent respectively; which indicate that high level and excellent level practice was followed in E.S.I.S. and J.J. hospital in respect of promotion. As compared to E.S.I.S. hospital promotion practice followed (high level), higher level (excellent level) promotion practice was followed in J.J. hospital. (i.e. 80 : 84).
4. High level practices are seen followed in human resources in terms of career planning, performance appraisal and promotion in studied hospitals.

9.7.3 Findings on levels of employee welfare practices:
42 variables divided into 8 indicators were considered for knowing employee welfare practices in studied hospitals. They are (1) perquisites, (2) social security, (3) leave facility (4) deductions from salary, (5) rewards and recognition, (6) learning culture and climate, (7) additional welfare facilities and (8) miscellaneous human resource practices. The following is the summary of findings in respect of levels of employee welfare practices.
1. ‘Average’ level practices are seen in leave facility enjoyed, rewards and recognitions and miscellaneous human resource in ESIS hospital and J. J. hospital respectively.
2. ‘Below average’ level practice is followed in learning culture and climate in ESIS and J. J. hospital during study period.
3. Moderate level practice is followed in perquisites, social security, deduction from salary and additional welfare facilities in ESIS and J. J. hospital.
4. Overall average level employee welfare practice is followed in ESIS as well as J. J. hospital as average score for 8 variables comes to 38 percent for ESIS hospital and 40 percent for J. J. hospital.
5. Aggregate employee welfare practice scored 40 percent for both hospital (i.e. out of 700 respondents) and hence result shows that ‘average level’ employee welfare practices are followed in studied hospital.

9.7.4 Findings on overall levels of human resource practices in selected hospitals in Mumbai:
Overall level of human resource practice means combined score on (1) average of manpower planning, recruitment and training practices (2) average of career
planning, performance appraisal and promotion practices and (3) average of employee welfare practices. This is referred here as human resource practices. Following is the summary of findings on overall levels of human resource practices in selected hospitals in Mumbai.

1. The average score of manpower planning, recruitment and training practices in E.S.I.S. hospital, J. J. hospital and both hospital (combined) are to the extent of 61 percent, 66 percent and 64 percent respectively. This indicates 'high level' practices are followed in respect of manpower planning, recruitment and training in E.S.I.S. and J. J. hospital as well as in studied hospitals.

2. The average score of practices in career planning, performance appraisal and promotion in E.S.I.S. hospital, J. J. hospital as well in both hospitals (combined) are to the extent of 63 percent, 64 parent and 70 percent respectively. It means 'high level' practices are followed as far as career planning, performance appraisal and promotion practices is concerned.

3. The average score of employee welfare practices in E.S.I.S. and J.J. hospital and in both hospitals (together) are to the extent of 38 percent, 40 percent and 40 percent respectively. This means 'average' level practices were followed in E.S.I.S. hospital, J. J. hospital and in both hospitals.

4. ‘Moderate level’ human resource practices are followed in ESIS and J.J. hospital.
### 9.8 Summary of findings on testing of hypothesis:

Following table shows the summary of hypothesis testing.

<table>
<thead>
<tr>
<th>Hy. No.</th>
<th>Hypothesis</th>
<th>Hypothesis accepted/rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is no separate manpower planning department in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>2.</td>
<td>Political concern and government policy are the main two factors influencing the manpower planning of studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>3.</td>
<td>External sources are adopted/practiced in recruitment in studied hospitals and within it, advertisement source is highly practiced.</td>
<td>Accepted</td>
</tr>
<tr>
<td>4.</td>
<td>On the job training is highly practiced in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>5.</td>
<td>Performance appraisal is highly practiced in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>6.</td>
<td>Performance appraisal has average consideration in promotion in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>7.</td>
<td>Moderate level career planning practices are adopted in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>8.</td>
<td>High level manpower planning, recruitment and training practices are followed in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>9.</td>
<td>High level career planning, performance appraisal and promotion practices are followed in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>10.</td>
<td>Average level employee welfare practices are adopted in studied hospitals.</td>
<td>Accepted</td>
</tr>
<tr>
<td>11.</td>
<td>Moderate level human resource practices are followed/adopted in studied hospitals during study period.</td>
<td>Accepted</td>
</tr>
</tbody>
</table>
9.9 Suggestions

The most critical component of hospital (i.e. health service organisation) is not its physical facilities or location or its ownership (i.e. Private or Public) nor is the sophistication of computer services, high-tech machines or streamlined procedures. The most critical component of health service sector or hospital is the human resource development and management only by nurturing from properly may an endeavor develop on critical and effective system, ensuring its continued survival, growth, efficiency and success.

The survival, growth and success of government hospital is totally depends on obtaining and retaining qualified human resources. The high qualified human resource practices is concerned with the quality of human behaviour and relationships as they influence performance of the individual as well as that of organization. On the basis of assessment of human resource practices followed/adopted in ESIS and J.J. hospital the following some suggestions are offered by researcher.

1. Majority respondents of ESIS hospital and J. J. hospital has stated that there is no separate manpower planning department in hospital, so there is a need of separate manpower planning department.

2. Job analysis description should be done in periodic interval but regularly.

3. External source is the main recruitment source practiced in studied hospital but along with external source, other source should be practiced such as tele advertisement, walk in interview, internet etc.

4. Performance appraisal should be done on periodically basis, not only on annually basis, every 3 months, there must be performance appraisal.

5. Job rotation practices is not practiced in higher percentage at ESIS as J.J. hospital, so as ESIS, there should be job rotation practices apply at major level.

6. Career planning activities are not found out in both ESIS and J. J. hospital so there is a need of high level of career planning activities.
should practice in both the hospitals. There should be separate leave facility for research work and doctors & employees should motivate to do research work and for that special leave with full pay is necessary i.e. quality improvement programs, etc..

7. In promotion practices, seniority or experience, is the main basis of promotion practiced in both hospital hence do but also give importance to be given knowledge, skill and loyalty towards work or organisation.

8. There should be high protein diet – at free or atleast at minimum rate for all employees of the hospital.

9. There should be special security facility to all doctors and employees of hospital.

10. HR department should maintain balance of the current supply of employees and to develop realistic forecast of employee supply and demand accordingly as per purposes of HR planning or requisition of public and private hospital.

11. There is a need to considered recruitment plan, age distribution of employee total number of human resource available as well as salary range at the criteria for human resource planning for hospital.

12. Hospital HR management need to have sound recruitment policy and the recruitment programme and the hospital must be in line with its recruitment policy with better package.

13. Appointment on contracted basis should be stopped and permanent nature appointment be made with proper scale or pay package.

14. Proper attention and consideration be given to changing the work context with reference to salary and promotion policies in ways that can contribute to job satisfaction and maintain work force for the future.

15. Create positive overall image of employees both within and outside the government hospital and in society.

16. Create an educational plan for the entire staff of government hospitals.

17. Providing rewards for advanced training or education.

18. The hospital organization should have a common format of performance appraisal, for effective and objective assessment of
performance, the nature of the assessment should be changed from confidential appraisal to at least semi confidential appraisal giving scope to for self assessment.

19. Out of 200 E.S.I.S respondents and 500 JJ. respondents, only 13 percent and 17 percent respectively, agreed with existing learning culture and climate, that indicates below average learning culture and climate. This is not good for any organization so there should be good learning culture and climate in both hospitals.

20. 58 percent of JJ. hospital employees and 55 percent E.S.I.S respondents, together 57 respondents on an average agreed that there is a deduction from their salary towards studied items, this should be increased to maximum level. Similarly welfare practices regarding deductions from salary in E.S.I.S and JJ. hospital are just moderate, this should be increased to maximum level. There should be good management relationship.

21. Every employee of hospital is important because hospital is a teamwork place. So there should be good repo between administration and employees. For that they should receive good salary, rewards and recognition. Employees should get good and hygienic food while they work at hospital. There should be proper motivation from administration for research work. Administration should keep an eye on employee and patient relationship because patient is main factor in any hospital, as we are thinking for employees but at same time the employees must give good services to the patient, employees should not only concentrate on their demands but should take good care of the patient then that organization will get good success.

To achieve world class or excellent human resource, Government of Maharashtra should appoint a separate commission for this purposes, and to implement HR practices properly in hospitals, in such a way that efficiency of all employees should increase to maximum level.