Chapter -1

INTRODUCTION
1.1. **INTRODUCTION TO RESEARCH THEME**

It is apparent that the human element in an organisation is the most important element in achieving the organisational goal. Focusing to the management of human affairs within the organizations is the responsibility of human resources management (HRM) in an organisation. Traditionally, management of this system has gained more attention from service organizations than from manufacturing organizations (Radcliffe, 2005).

The early decades of the 21st century considered as the era of human resources for health sector. The public health sector is purely a service sector, the human element is a critical element for it success and achievement of organizational goals. In the health sector, a strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century (WHO, 2006). The World Health Organization (WHO) estimates the current HRH workforce at 59 million and its global shortage at 4.3 million. Both developed and developing countries are currently of Health worker shortages. Such shortages are symptoms of a poorly managed health workforce and health care system. The causes of the crisis are more complex with insufficient production capacity, and overall with an inability to keep the workers in the places where they are needed.

Despite of significant achievements after 64 years (1947-2011) of Independence, public health sector in India is facing a critical challenge on several fronts. While the country has made substantial strides in economic growth, its performance in health has been less impressive. Despite an extensive network of government funded clinics and hospitals providing low cost care, curative health services, the country fails to address public health needs of the people. An important reason for this is the inability of the health system to provide health care for all due to inadequate infrastructure and human resource. Distortions in the area of human resources in health sector are one of the significant issues in Indian public health sector today. The country faces a shortage of qualified health workers with large geographic variations in the health workforce, across states and rural and urban areas. These issues are the important challenges in reforming Indian public health sector.

The public sector of the health system has been one of the main targets of the national initiatives of reform for the public administrations, particularly because of the
magnitude of their expenses and the number of personnel employed (Roberto & Jose, 2003). Designers and implementers of decentralization and other reform measures have focused much attention on financial and structural reform measures, but ignored their human resource implications. Concern is mounting about the impact that the reallocation of roles and responsibilities has had on the health workforce and its management. (Kolehmainen-Aitken, 2004).

While to accomplish the ‘Millennium Development Goals’ (MDG) which was adopted in the Millennium Declaration in the year 2000, the strengthening of health care delivery system and improved health care services are utmost importance. Healthcare is a service sector, depends highly on specially trained professionals and technical human resources. Both developed and developing countries are currently facing Health worker shortages along with attraction and retention problems.

At the same time, India is also struggling to accomplish the development goals along with the rest of the developing world. For this, the human resource are needed to developed and retain at all level. There is a need to respond and address the HR issues and challenges and to mobilize a motivated human resource in particular the technical workforce towards the accomplishment of targets of the organization.

In India, health worker shortages are one of the main challenges in achieving population health goals. Adding more on this challenge the geographical distribution of heath workforce is always a matter of concern, featured with urban attraction in the country. More on the issue, the mostly concerned area in health sector are difficulty in producing, recruiting and retaining health workforce in rural and remote areas.

Thus, the major challenge in the new millennium is the retention of health workers, not only in poorer countries, but also within any country in remote and rural areas (Bangdiwala et al., 2011). Therefore, this study aimed at understanding the HR issues on distribution, attraction and retention of Physicians and Nurses including the Mid-wives in Public health care delivery system in rural India with special reference to the State of Arunachal Pradesh. This research process not only generated useful contributions to the field of research, but that it also provided time for reflection and learning for other people involved in the process as there is no literature on the topic as on date in Arunachal Pradesh (as far as this researcher has been able to establish).
1.2. RATIONALE BEHIND THE RESEARCH

Geographical mal-distribution of health care providers, especially physicians and nurses including midwives, is a ubiquitous problem, affecting many countries and reasons (Pong, 2008). While adopting the Millennium Declaration in the year 2000, the international community pledged to “spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty.” We are now more than halfway towards the target date – 2015 – by which the Millennium Development Goals are to be achieved (MDG, Report 2008, UN). The MDGs no. 4, 5 and 6 are related to Reduce Child Mortality, Improve Maternal Health and Combat HIV/AIDS, malaria & other diseases respectively. To accomplish these MDGs, the strengthening of health care delivery system and improved health care services are utmost importance. Whereas, the healthcare is a service sector, depends highly on specially trained professionals and technical human resources. Both developed and developing countries are currently facing Health worker shortages especially physicians and nurses along with their attraction and retention problems. Efforts to overcome physicians and nurses shortage can be divided into two major categories: attraction/recruitment and retention. Whereas the former is an effort to get a doctor to set up practice in a community, the latter is an attempt to keep the doctor there as long as possible (Pong, 2008). The causes of the crisis are complex, with insufficient production capacity, but also with an inability to keep the workers that are being produced in the places where they are mostly needed. The availability of human resource is one of the important components for the efficient functioning of public healthcare delivery system. Increase in health indicators needs increase in the availability of health workers through improved health workforce attraction, distribution and retention. Thus, the causes of the crisis are complex, with insufficient production capacity, inability to keep the health workers that are being produced in the places where they are mostly needed.

India is a vast country with a wide network of public health service with diversified challenges in the achieving health goals, including health worker shortages. The National Health Policy of India (2001) acknowledges the acute shortage of healthcare professionals especially in rural areas. Such shortages are the symptoms of a poorly managed health workforce and health care system. Several issues which are foremost important are producing, distributing, attracting and their
retention rural and remote areas. India has about 1.4 million medical practitioners, 74% of whom live in urban areas where they serve only 28% of the population, while the rural population remains largely underserved. (Sundararaman & Gupta, 2011). The widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary living conditions, poor maternal and child health services and ineffective coverage of national health and nutritional services have been traced out in several studies as possible contributing factors to dismal health conditions prevailing among the tribal and rural population in India (Basu, 2000).

1.2.1. WHY PHYSICIANS, NURSES AND MID-WIVES ARE SELECTED FOR THE STUDY?

The rationale behind the selection of the physicians and the nurses from the pool of professional workforce in the healthcare sector is due to the nature of these categories of workforce. As, these healthcare categories of professionals require special consideration, particularly to the availability, acquisition, retention, development of their competence and meeting their professional needs and expectations. The main skilled health workers in rural areas work in the public health sector are these two categories of health workforce.

Moreover, according to the National Health Policy 2000, India is committed to achieve the reduction in maternal and infant mortality rates set for National Population Policy-2000. The Maternal Mortality in India continues to remain unacceptably high, and there is enough evidence globally to demonstrate that an effective package of obstetric and child health services provided within reach of the communities and families can successfully reduce maternal and childhood mortality. So, to operationalization of all Community Health Centers, Primary Health Centers and Sub Health Centers for providing 24 hours x 7 days obstetric (maternal) and child health services including the management of common obstetric complications, emergency care of sick children and referrals round the clock, all seven days of the week, in the public health setting, the services of Physicians, Nurses and Mid-wives are the critical components besides the infrastructural development at all level.

Thus, the rationale behind the selection of the physicians and the nurses from the pool of professional workforce in the healthcare sector is due to the nature of these categories of workforce, as these healthcare categories of professionals require special consideration, particularly to the availability, acquisition, retention, development of their competence and meeting their professional needs and expectations.
1.2.2. WHY RURAL AND REMOTE AREAS SELECTED FOR THE STUDY?

In recent years, major initiatives have been launched to tackle health and inequalities in access to health. The mal-distribution of personnel has its roots in longstanding global inequalities. It is in this global context of accelerating inequities that health-service policy makers and managers are searching for ways to improve the attraction and retention of staff in remote and rural areas (Lehmann et al, 2008). Recruiting and retaining highly qualified health workers in remotely located areas presents an enormous challenge in both developed and developing countries (Chomitz et al, 1998). In view of these quotes, the remarks are particularly for the rural and remote areas. To talk of Asia as a whole, according to Chen. L., et al. in Joint Learning Initiative (2004) Asia which has about half the world’s population, has access to only about thirty percent of the world’s health professionals and has confirmed that global inequities in the distribution of health personnel hit those countries hardest which can least afford it. India is predominantly a rural area and the Rural Health Care System forms an integral part of the National Health Care System. Provision of Primary Health Care is the foundation of the rural health care system. For developing vast public health infrastructure and human resources of the country, accelerating the socio-economic development and attaining improved quality of life, the Primary health care is accepted as one of the main instruments of action.

The studied area- the state of Arunachal Pradesh is a predominantly a rural and remote area. The rural population constitutes 77.33% whereas; the urban population consists of only 22.67% of the total population of the state (Census 2011).

Thus, the importance of rural and remote areas argues for the selection.

1.2.3. WHY HR PRACTICES (INCLUDING DISTRIBUTION, ATTRACTION AND RETENTION) SELECTED FOR THE STUDY?

According to Infosys CEO, Narayana Murthy said “My employees seek challenging opportunities, respect, dignity and opportunities to learn new things. I keep telling them that my assets are not this building, the business or foreign contacts, My assets – all 8,000 of them – walk out of the gate every evening and I wait for them to come back to me the next morning” This is what has made Infosys one of the best proactive HRD practicing company and also one of the first companies to adopt an employee stock option and create additional wealth for its employees (Ramani, 2003).
The increased attention paid to new HRM practices has been particularly prevalent in the fields of strategic management, human resource management, and increasingly, the economics of organization (Laursen & Foss, 2000). There are significant relationships between human resources practice and organisational success. This is well known that human beings are the most important resources of an organisation especially in service sector organisation as they play a crucial role in its growth and development and achievement of goals.

In the health sector, along with several HR issues, according to Lehmann et al, 2008, one of the most negative effects of severely weakened and under-resourced health systems is the difficulty they face in producing, recruiting, and retaining health professionals, particularly in rural and remote areas.

Efforts to overcome physician and nurse shortage can be divided into two major categories: recruitment/attraction and retention. Whereas the former is an effort to get a doctor to set up practice in a community, the latter is an attempt to keep the doctor there as long as possible (Pong, 2008). Resulted in, the main challenges as experienced to be the recruitment, distribution and retention of health workers.

Thus, keeping the synergies between the research problems, a look on at HR issues regarding distribution, attraction and retention of physicians and nurses in rural and remote areas are considered.

The discussion of attraction, distribution/placement and retention factors and strategies falls within the broad scope Human Resource Management (HRM) as a strategic and coherent approach to managing staff (with inclusions from Armstrong, 2007). These areas are equally important with a focus on rural and remote areas and thus the order of discussion does not represent their relative importance.

1.3. OBJECTIVE OF THE STUDY
As the researcher could able to establish, that there is no academic literature available as on date relating to the research topic in the state of Arunachal Pradesh. In view of the above, this research study aims at exploring the issues on the distribution, attraction and retention of Physicians and Nurses in Public health care delivery system in rural area in the state of Arunachal Pradesh. The study is focused on physicians (doctors) and nurses (Staff Nurse/GNM, ANM -the Mid-wives) only. The research question puts for the study are that- What are the major HR issues on distribution, attraction and retention of physicians and nurses in rural and remote areas in
Arunachal Pradesh? What are the major reform initiatives under reform process for major issues on distribution, attraction and retention of physicians and nurses in rural and remote areas in Arunachal Pradesh?

**Rationally, the following objectives are place for the study:-**

1. **To explore the major HR issues on distribution, attraction and retention of physicians and nurses in rural and remote areas in Arunachal Pradesh.**

2. **To explore the major reform initiatives under reform process for major issues on distribution, attraction and retention of physicians and nurses in rural and remote areas in Arunachal Pradesh.**

3. **To suggest some remedial measures to address the major issues.**

**1.4. SIGNIFICANCE OF THE STUDY**

The early decades of the 21st century considered as the era of human resources for health. This research work has brought out major issues and reform initiatives of distribution, attract and retention of physicians and nurses in Public Health sector of Arunachal Pradesh.

Among all factors of production, man is by far the most important. The importance of human factor in any type of co-operative endeavour cannot be overemphasized. It is a matter of common knowledge that every business organization depends for its effective functioning not so much on its material or financial resources as on its pool of able and willing human resources. The human resource becomes even more important in the service industry whose value is delivered through information, personal interaction or group work (Tripathi, 2009). In the health sector, a strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century (WHO, 2006). The health care sector is both labour-intensive and labour-reliant, and the delivery of quality health care services is strongly dependent on having enough well-trained health care workers to meet patient needs and expectations. There is a growing awareness that human resource issues need to be prioritized more effectively within reforms in order to secure an adequate health care workforce to deliver services now and in the future (Lethbridge, 2004). Health reforms that aims at increasing efficiency, quality and users' satisfaction need to take into consideration human resource issues, because the health sector is labour intensive and the performance of health systems depends on qualified and motivated workers.
(Homedes and Ugalde, 2005). Health sector reform often focuses on changes in financing or organisational structure, but neglects a key resource – “the staff”. This may result in inappropriately skilled staff for new tasks, poorly motivated staff, or even serious opposition to the reforms (Martineau & Buchan, 2000). There has been several analysis of the successes and failures of health reforms in general. However, relatively little attention has been paid to the critical part that human resources (HR), which will play in determining the success or failure of health reforms (Martineau & Buchan, 2000). Several studies have pointed out that human resource issues need to be a primary consideration in reform design, suggesting that reforms can only be implemented successfully where there is consensual participation on the part of the workforce (Ssengooba et al, 2007).

Therefore, the importance of this research is due to: FIRSTLY, the urgency behind “Health Care Delivery System Reform” emphasizes by Government of India, and the human resource is always behind in thinking of Health Sector Reforms. SECONDLY, Human resources management occupies a unique niche in our system of health care and the importance of attraction and retention of physicians and nurses in rural and remote areas in delivering health care services. THIRDLY, the need of motivated and skilled workforce to deliver better and quality primary health care services to the rural mass.

The urge about, how this aspect of issues in India, particularly in the state of Arunachal Pradesh are and can be addressed, motivated the researcher to explore the subject.

**1.5. OUTLINE OF THE THESIS**

The first chapter is on Introductory part includes the objective, rationale and significance of the study. The succeeding chapters are organized as follows: Chapter-2 is Literature review which summarizes the previous study and other related themes. Chapter-3 presents the research methodology. Chapter-4 presents the data analysis and interpretation. Chapter-5 summarizes the Major findings on HR Issues on distribution, attraction and retention of the Physicians, Nurses and Mid-wives and it also presents the suggestions and conclusion of the study. Thereafter, followed by the Bibliography and Appendix.