CHAPTER 5
CONCLUSION

This chapter summarizes the key findings of the study and provides suggestions to improve the motivation of the doctors working in the public health arena and in turn their satisfaction. This could be done by bringing in staff friendly transparent policies which promote retention by keeping the employees satisfied in the current settings and motivated to perform better. This would help in ensuring that the services of the doctors placed at the public health system are available, optimally utilized and equitably accessed. The study has also covered in detail the staffing pattern.

5.1 Findings

The key findings of the study have been summarized below -

5.1.1 Availability of Human Resource for Health and the IPHS norms

- Rajasthan has a great scarcity of staff in terms of both general duty doctors and specialists. The total number of positions of doctors sanctioned in the state was 8405\(^1\). As per Directorate of Heath and Family Welfare nearly 30\% of the positions of doctors were still lying vacant. The government is committed to filling the vacant positions and in a short span of six months, has increased the total number of sanctioned positions of doctors from 8405 to 8762. This is an increase of almost 4\% which is commendable. Fresh recruitments have also been made wherein 354 new doctors have been hired, amounting to a 6\% increase, which has contributed substantially in reducing the overall vacancies in the state. The pace with which government is working to recruit doctors

\(^{1}\) As per posting list on 09/01/2012, Government of Rajasthan
exemplifies the intentions and efforts of the government to address the shortage of health staff.

- In a period of six months, while around 354 doctors joined the system, there were another 93 doctors who did not join the system which probably indicates that around one fourth of the doctors dropped out and did not join the services. This shows that despite the efforts of the government, the government system suffers from certain limitations which restricts doctors from joining the public health system. It was reported by the government doctors that majority of the doctors are attracted to government health system due to the job security it provides. Reservation in PG degrees was also one of the biggest reasons behind joining public health system.

- A gap was found both between the IPHS norms and the norms set by the state government and also between the positions sanctioned by the government and the doctors posted in those positions. It was observed that in case of district hospitals, few positions like that of – Physical Medicine and Rehabilitation specialist, Blood Bank in-charge, environment officer and waste management officer have not been sanctioned by the state. In case of sub divisional hospitals also, there was shortage of positions and staff at almost all levels. Similar situation was found in case of CHCs. A wide discrepancy exists between the total number of positions of specialists especially anaesthetists and paediatricians as stated by the IPHS norms and the total number of positions filled by the state. In case of PHCs the staff in position at the facility was more than the sanctioned positions by the state government, but it was still half of the norm as per IPHS.
The current situation of the human resource in various health facilities in Rajasthan is rather acute. Table 5.1 shows the staff shortage as per bed strength in district hospitals, sub-divisional hospitals, CHCs and PHCs. The percentage gap between the revised IPHS norms has been taken in addition to considering the percentage gap between the sanctioned positions by the GoR and the doctors in position. The table shows that the CHC and Sub-divisional hospital are in worse situation. Since these two types of facilities are supposed to provide the specialized services below the level of district hospital, in an instance of under staffing, they would be less likely to be considered as referral, resulting in an overload at the district hospital.

Table 5.1: Staffing in health facilities in Rajasthan vis-à-vis IPHS and government norms

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Number of Beds</th>
<th>Percentage Gap between Revised IPHS and doctors in position</th>
<th>Percentage Gap between Sanctioned positions by the GoR and doctors in position</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>301-500 bedded</td>
<td>44.02</td>
<td>33.01</td>
<td></td>
</tr>
<tr>
<td>201-300 bedded</td>
<td>36.48</td>
<td>35.68</td>
<td></td>
</tr>
<tr>
<td>101-200 bedded</td>
<td>39.49</td>
<td>31.60</td>
<td></td>
</tr>
<tr>
<td>51-100 bedded</td>
<td>29.17</td>
<td>13.86</td>
<td></td>
</tr>
<tr>
<td>31-50 bedded</td>
<td>50.00</td>
<td>10.81</td>
<td></td>
</tr>
<tr>
<td>Sub Divisional Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101-200 bedded</td>
<td>41.67</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>51-100 bedded</td>
<td>50.00</td>
<td>15.62</td>
<td></td>
</tr>
<tr>
<td>31-50 bedded</td>
<td>76.19</td>
<td>15.87</td>
<td></td>
</tr>
<tr>
<td>CHCs</td>
<td>NA</td>
<td>76.01</td>
<td>54.17</td>
</tr>
<tr>
<td>PHCs</td>
<td>NA</td>
<td>47.29</td>
<td>23.45</td>
</tr>
</tbody>
</table>
5.1.2 HR policies

- Concerns were raised with respect to the quality of the doctors currently being recruited. The reservation was with the conduct of examination and selection criterion was reported to be lacking transparency. Selection of the doctors was also questioned as the current selection criterion is only based on the score of the on-line examination and does not account for the practical knowledge of the candidate. The selection criterion was also questioned for not giving due importance and weightage to experience. It could perhaps be because of this lenient approach that government job has lost its appeal and the doctors believe that they will be able to get the job anytime they want.

- One of the reason because of which entry of the senior experienced doctors to the health system is restricted is policy of recruiting doctors. The public health system recruits doctors only at the lowest position of MO. Given the new scenario where private hospitals are being increasingly viewed as better employers, this is policy gap which needs to be restructured.

- A high level of dissatisfaction among doctors in regard to transfer and promotion was found. The state government does not have a clear policy in regard with transfers; it only states that a person should be transferred in an interval of 3 years. The government has introduced a window period in which the doctors can apply for transfers to their desired place and only in this window period can those transfers take place, however it was not implemented in true spirit. As per the discussion with doctors and other administrative officials most of the transfers were reported to be a result of political influence.
The government does have a promotion policy wherein promotion would be taking place after every six years and ACRs are filled to assess the performance, promotions are reportedly given randomly and are not based on any specified performance related criterion. There was a lot of grievance among the doctors related to the manner in which promotions were made.

After interviews of the doctors who were newly recruited it was found that most of the doctors who had joined in new, had not received any induction training and lacked an orientation to the needs of rural areas.

The government has been trying hard to attract more and more doctors to join the system like – PG quota for the government employees who have served for a minimum period of two years in the rural areas, but the attrition rate of the employees is still high. The suggestions of the staff in this regard included giving home district preference to the staff, providing transport facilities to and from the health facilities, helping create an atmosphere in which the society holds high regard for health care practitioners and also ensuring security.

While the government is giving reservation in selection to the PG course, it is doing nothing to retain the doctors who have got them selected to the PG course because of the quota. The most important reason is that the public health system does not recognize their specialization in terms of any tangible or intangible benefits. Most doctors, hence prefer to leave the public health system after completing their PG.
5.1.3 Determinants of motivation of government medical practitioners

Strengthening understanding of the determinants and consequences of health worker motivation will necessarily go hand in hand with the strengthening of human resource management systems (as well as other management systems). The factors which caused maximum variance in the motivation of the employees included - Organizational citizenship, Supportive management, Policies of the government, Financial rewards, Resource Availability, and Safety and Security. These factors cumulatively caused more than 43% of the variance.

As can be seen after working out the results of the factor analysis, there are some policy which determine the motivation of employees and thereby it can be said that these policies have an effect on the motivation of doctors. These policies are put in the order of importance which needs to be worked upon to result in better motivated employees. The policy which most affects motivation is the current grievance redressal system of the government followed by the posting policy and the third policy which had an effect on the motivation was the promotion policy. The fourth was the transfer policy followed by the remuneration policy.

It was seen from the results of the independent sample t test that there was no relationship between the motivation levels of doctors working the CHCs and PHCs and the initial hypothesis framed was proven otherwise.

The relationship between the motivation and satisfaction of the government medical practitioners was calculated with the help of linear regression and it was found that about half the variation was explained by the model.
The satisfaction of the doctors with regard to the different indicators was also calculated. The indicators on which a majority (>50%) of the employees were dissatisfied include – Current position as compared to similar positions in the private sector, Present jobs in light of future professional expectations, pay offered to them in relation to the efforts put in, incentives and allowance received, scheduled working hours and the performance feedback system.

5.2 Suggestions

The below presented recommendations could be followed to attract, retain and deploy competent staff for optimum utilization. The recommendation have been divided into three parts – recommendations having policy level implications, recommendations for better implementation of policies and lastly recommendations for effective utilization of resources.

5.2.1 Suggestions for Policy Level Implications

- It is true that the public health system is under pressure to recruit more doctors but this should not be at the cost of quality. The selection criteria could be transparent but need to ensure that competent staff is selected. The competence of the doctors, who have completed their degree in some foreign country, particularly where the medium of instruction is other than English, needs to be assessed using some regress standards.

- The non-transparent transfer and posting policy demoralizes the staff. The government needs to aim at developing a fair transfer policy which would have minimal of outside interference and is based purely on merit. Employee-friendly policies like same place of posting for self and spouse, preference in case of availability of vacant position should be implemented in the right
manner to ensure loyalty. A transparent system would impress upon the doctors that the intentions of the system are well-meant.

- One of the major lacunas of the public health system is that all doctors are taken in at entry level. i.e. a specialist with 10 years of experience when plans to enter the government sector would also be placed at the same position in which a fresh MBBS graduate would be placed. It is important that the public health system recognizes the importance of fresh knowledge at the middle level. It will have two fold benefits. One is that the fresh knowledge from outside would update the conventional knowledge of the existing public health doctors and secondly it will not drive away the experienced middle level doctors, thus strengthening the health system both in quantity and quality.

- Given the problem of commuting and interest in living in city/town, the government could think of developing townships at the block levels with partial commuting facilities. This would address two major reasons of absenteeism, work family balance and transportation problem. In view of the fact that lack of basic residential, educational, recreational facilities for children, safety and security of self and family is most often cited reasons because of which doctors shy away from rural posting and the loss incurred by government due to absenteeism, Government could get a feasibility, cost-benefit analysis done to develop townships at the block level.

- Political interference in the health system should be reduced to the minimum. This was reported to be an issue which has spread everywhere, be it place of posting, transfers, promotion, monitoring or grievance. Implementation of Standard operating norms for all the procedures is an urgent need as this would bring in accountably for each level.
The state needs a clear state specific human resource management policy and a strong political and administrative will to ensure transparency in management of cadres.

5.2.2 Suggestions for Implementation

- The state of Rajasthan lags far behind the IPHS norms for which the government should provide resources, flexibility and powers so as to ensure that IPHS standards are achieved at all level of institutions.
- Indicators should be built to assess the performance of the employees. This will help in taking promotion related decisions in a transparent manner and could also be used in developing a performance-based incentive system.
- In addition to attracting the doctors for joining the public health services, strategies for retaining doctors in public health system to be introduced. As mentioned in earlier chapters, doctors have many grievances towards public health system which may lead to absenteeism or resignation from the service. An active platform to resolve the grievances needs to be formulated.

5.2.3 Suggestions for Utilization of Resources

- The government should also make a career progression plan for doctors so that they do not leave the public health system, particularly those who have acquired their post graduation during the tenure of their employment. The doctors should be able to see explicit benefits in continuing with the public health system.
Optimum utilization of human resource could be possible only with proper orientation. Induction training for the newly appointed staff could be arranged within a quarter of their joining.

Many of the doctors who were interested in clinical services were not happy with the administrative responsibilities. While they found the management positions by NRHM fine, they did not find them to have reduced their workload. The rationale behind ever-increasing management positions in the health needs to be redefined so that they could be optimally utilized.

A policy of regular in service training should be initiated to ensure that skills and motivation levels of all staff are periodically assessed and upgraded. Training needs assessment should also be made mandatory as some doctors receive the same type of trainings over and over again while others are trained in a field which is not their field of specialization/ interest or the skill cannot be used in their current circumstances.

There is also a need to develop a credible accountability framework as that the tasks of each and every level are well-defined and could be accordingly assessed.

5.2.4 Suggestions for Improving Motivation

Organizational Citizenship or the feeling of being part of a family could be improved by introducing reward based mechanisms for different achievements, like – number of institutional deliveries achieved, decrease in the number of cases of TB, etc. This should be done on an individual rather than on an organizational basis.

- Team work should be encouraged and meeting of inter hospital staff should be conducted in order to build better strategies and
cohesiveness. This would also contribute to the overarching goal of making the employees feel as a part of an organization.

- Clear and specific goals should be set for each employee rather than for a unit like a block, which is generally done in case of the government as it is a huge setup. Micro planning would help employees see clearly what they are meant to achieve, which would help them understand their duty better rather than just a task oriented job of examining patients.

- The government should also plan on increasing the percentage of GDP spent on the public health sector, which would help in improvement of infrastructure and facilities, and thereby improving service quality. This would imply that the staff would feel proud of working in the public health system, rather than the other way around. Employee branding is the need of the hour in all sectors including the public health system.

- Interrelated to the above mentioned point is that doctors should be posted at places where they can utilize their skills to the maximum and also learn new skills. There should be no dearth of facilities, equipments and opportunities for capacity building, so that they feel that they are gaining professionally while working in the public health system.

- Supportive Management is another very important factor which needs additional focus. Leadership trainings should be organized for the supervisory level positions so that they are able to deliver on that front and provide assistance to the staff in the time of need.
A formal system should be established for taking suggestions regarding improving work from all levels. The Department of Medical, Health and Family Welfare already has an online portal called PCTS (Pregnancy and child tracking software) which is accessible from all locations (all PHCs, CHCs and above). A similar portal or an integration of portals can be established to record such information so that all cadres of doctors can provide suggestions. A committee may also be established to review these so that good suggestions can be integrated.

Benchmarks for the employees should be set in a manner that it builds on their past performance rather than unachievable goals which would further deter them from making any progress. The government has come up with many such initiatives like the monthly progress report, which keeps track of the progress on a monthly basis. Though, this is done at an institutional level, the same model could be replicated at an individual level.

The grievance handling system needs improvement, as has been detailed above. Opportunities for independent thought and action also must be provided to the employees. The State government should also provide some grant for hospitals, for innovative initiatives which should be reviewed by the CMHO of the district.

Revision of the financial packages of the doctors is imperative, as lucrative and better opportunities are being provided to doctors’ world over. The central government and also the government of neighbouring states like Gujarat and Punjab have revised their pay for packages and a lot of migration of the work-
force is seen. Financial Incentives should also be introduced so that the doctors are motivated to perform better. An online portal which is verifiable could be introduced for the ease of granting incentives as is being undertaken in the ASHA soft which is an online system of incentive based payment for ASHA workers in the state.

- Availability of resources should be ensured at each level and the PIPs should be drafted after rounds of discussion with the actual office bearers. Although, the system has been established that the PIPs should be sent from the lowest level of blocks to the State. Only dummy PIPs exist and the PIPs are generally prepared at the state and passed down to the district for implementation post approval from the centre.

- Safety and security of the staff is a key concern, therefore, an additional position of a security guard should be created for PHCs which are located at risky locations. In addition transport facility should be provided to and from the hospital to the district/ block head-quarter so that the employees feel secure at the workplace.

5.3 Scope of the Study

This study is exploratory in nature as an attempt has been made to apply the psychometric scales commonly used in worker motivation studies in the more developed countries to the health care sector in developing countries like India. A lot of care was taken while preparing the tools for the study so that none of the contextual factors are missed.

The study had its own share of ups and downs, substantial problems were encountered, but the ultimate goal was reached. Given the importance of health
worker motivation in delivery of high quality health care and the ever increasing interest in this topic, further research work on expanding what has been done would prove useful.

The research was undertaken with the primary objective to determine the factors of motivation so as to help the government in addressing the concerns and build a motivated workforce. The tools prepared for the study has been prepared for Rajasthan, further research could aim at building on it to make it applicable across the country in varied health care contexts, which would further help in ascertaining and addressing the issues of motivation among doctors. Given the importance of human resources and motivation to the delivery of quality health care services, a synchronized effort to develop further the tool presented in the study would be a worthwhile investment.

5.4 Scope for Future Studies

Aspects to a research which may be related to the study but not researched upon considering constraints of the research question and the time in the hands of the researcher. Some aspects related to the study which could form a scope for future studies related to motivation of doctors are as follows -

1. Deployment of the staff could be studied in detail to increase the efficiency of available resources

2. The response of the beneficiaries, i.e. the patients could also be studies, which would help in gazing the other side of view and help improving service quality

3. Absenteeism among doctors in the public health system could also be studied to gain insight on the relation of absenteeism to motivation