Chapter-VI
HUMAN RESOURCE MANAGEMENT
IN GOVERNMENT HOSPITALS

1. HUMAN RESOURCE PLANNING

A developing economy needs high level technical human resource as urgently as it needs capital. A crucial factor in improving the coverage and quality of services is the availability of adequate number of personnel with task-oriented training. Among the three components required for developmental task-men, money and material (M³), it is more the men (or the human element) duly qualified then any other factor which determines the quality and quantity of the performance and output. After all even the contribution of money and material to performance depends substantially upon their manipulation by the men in an organisation. Human resources are critical for the success of any social activity.

"The process by which management determines how an organisation should move from its current manpower position to its desired manpower position. Through it management strives to have the right number and the right kind of people at the right place at the right time, doing things which result in both the organisation and the individual receiving maximum long range benefit." ¹

¹ Eric W. Vetter: Manpower planning for high talent personnel 1967.
"Manpower planning is the strategy for the acquisition, utilisation improvement and preservation of an organisation’s human resources. It is aimed at co-ordination of the requirements for and the availability of different types of employees."²

"Human resource planning is a process of determining and assuming that the organisation will have an adequate number of qualified persons, available at the proper times, performing jobs which meet the needs of the enterprise and which provide satisfaction for the individuals involved."³

Development is not a mechanical process. It is enterprise and its success will depend ultimately on the skill the quality and motivation of the persons associated with it. Human rather than capital is the key to development. Improvements in the effectiveness of development administration depends on the quality and training of public servants who man it and on a social and political environment which liberates their energies. Structural adjustments can work no developmental miracles where administrative manpower is inadequate or the will to develop is lacking. The secret of development is not concealed in the interstices of governmental or administrative structure. Development takes place where skill is supported by commitment and the human material resources exist to translate dreams into actualities.

² G. Stainer: Manpower Planning.

³ Dale S. Beach: Personal management of people of work.
Assessing Human Resource Requirements

The major stages involved in human resource planning are given below:

- **Analysing of organisation plans:** First of all the objectives and strategic plans of the organisation are analysed. Plans concerning technology, production, marketing finance, expansion and diversification give an idea about the volume of future work activity. Each plan can further be analysed into sub-plans and detailed programmes. It is also necessary to decide the time horizon for which human resource plans are to be prepared. The future organisation structure and job design should be made clear and changes in the organisation structure should be examined so as to anticipate its manpower requirements. It is necessary to study business plans because all manpower plans stem from business plans relating to nature, level and organisation of actively. A company’s plans are based on economic forecast, company’s sales and expansion forecast, and the labour market forecast.

- **Forecasting Demand for Human Resources (Manpower forecasting):** On the basis of corporate and functional plans, and future activity levels, the future needs for human resources in the organisation are anticipated. The number of people and the skill levels needs in future depend on the production and sales budgets in a manufacturing enterprise. But the human resource requirements for a given level of operations vary depending upon job contents, behaviour patterns and control
systems. It is necessary to make projections for new positions to be created and the vacancies arising in current manpower. Job analysis and forecasts of future activity levels help in human resource forecasting.

- **Forecasting Supply of Human resources**: Every organisation has two sources of supply of human resources – internal and external. Internally, human resources can be obtained for certain posts through promotions and transfer. Human resources flow in and out of organisation due to several reasons. Policies relating to these aspects need to be reviewed regularly to judge their impact on the internal supply of human resources. In order to judge the inside supply of human resources in future, human resources inventory or human resource audit is necessary.

- **Estimating Manpower Gaps**: Net human resource requirements or manpower gaps can be identified by comparing demand forecasts and supply forecasts. Such comparison will reveal either deficit or surplus of human resources in future. Deficits suggest the number of persons to be recruited from outside whereas surplus implies redundants to be redeployed or terminated. Similarly, gaps may occur in terms of knowledge, skill and aptitudes. Employees estimated to be deficient can be trained whereas employees with higher skills may be given more enriched jobs.

- **Action Planning**: Once the manpower gaps are identified plans are prepared to bridge these gaps. Plans to meet the
surplus manpower may be redeployed in other departments/units and retrenchment in consultation with the trade unions. People may be persuaded to quit voluntarily through golden handshake. Deficit can be met through recruitment, selection, transfer, promotion, and training plans. Realistic plans for the procurement and development of manpower should be made after considering the macro and micro environment which affect the manpower objectives of the organisation. All the action plans are summarised.

- **Monitoring and Control:** Once the action plans are implemented the human resource structure and system need to be reviewed and regulated. Zero-base budgeting may be used to encourage managers to justify their action plans. An organisation operating on a five years planning cycle may record human resources levels in such a way that it is easy to monitor progress and hold managers responsible.

Monitoring and control phase involves allocation and utilisation of human resources over time. Review of manpower plans and programmes helps to reveal deficiencies. Corrective actions should be taken at the right time to remove the deficiencies. Manpower inventory should be updated periodically. Necessary modifications in manpower plans should be made in the light of changing environment and needs of the organisation. An appraisal of the existing manpower plans serves as a guide in future manpower planning.
Human resource planning and its development is one of the principal essentialities for effective implementation of any development programme or policy involving human resources in the health sector. It should be pragmatic and based on scientific approach. There are very strong linkages between medical educational planning and health human resources planning.

Health human resources planning is a process whereby health human resource development goals, objectives, priorities and activities are established systematically in order to ensure that current and future health human resources meet adequately the requirements for delivering health services to a population.

The aim of health human resource planning is to design manpower and its utilisation in order to move the health human resource system from a given situation to a predetermined improved situation in future.

Human resource planning is a technique of correcting imbalances between the human resource demand and human resource supply in the economy. Such imbalance can create either the problem of unemployment or shortages. Both situation are dangerous and suicidal for the socio-economic development of a country. Thus, it is necessary to plan the long term growth and development of highly skilled human resource to avoid the evil consequences. Human resource planning is not only concerned with the balancing of demand and supply of different categories of manpower, but also with overall development and utilisation of human resources in a country.
Health human resource planning is primarily concerned with assessment of health manpower availability and requirements and projecting additional production required or surplus availability of health human resource.

Human resource planning has not received due attention in the government sector inspite of its expansion and diversification. The development of human resources has an importance that can only be overlooked at the cost of survival. An important pre-requisite for improving such situation in any country is undoubtedly the availability of different categories of human resource suitability trained to fulfill the needs of the people and respond to the established and emerging needs of the people. Effective human resource planning is vital national responsibility because on it largely depends the success of all other activities.

Thus "Human resource planning is concerned with organising in systematic fashion the goals, objectives, priorities and activities of human resource development in order to ensure that the right number of staff with appropriate skills are provided at the right time to meet the requirement of the work to be done."  

The human resource planning is the key-stone in the arch of personnel management. Human resource planning looked at form the statistical point of view is a process of information collection, analysis and projection to determine the likely effect of existing or proposed human resource policies on the human resource system.
under study and to present, and advise upon possible course of action to overcome present or future problems.

The area of activity of hospital human resource manager must be made clear. Generally, he is responsible for desirable working conditions and fair and adequate supervision. He should also take interest in the employees personal problems and should given his opinion in policy determination and represent employees in different committee meetings. He should also execute grievance procedure, incentive schemes and maintain communication between the employees and top level management.

Hospital administration also face unionization at lower level, mostly among class III and class IV personnels and sometimes also at the level of doctors in teaching hospitals. Personnel manager knows the art and skill of dealing with any situation emerging from this. It cannot expect such skill and functions from a doctor administrator. Hence, the services of professionals in personnel management are badly required in hospitals.

Human resource planning assumes more importance for the organisations like government hospitals where the role of physical satisfaction is closely associated with mental satisfaction of the patients. A correct man at a correct position can only deliver best result in this records. The more is the mental satisfaction of the patients the speedy is the recovery. Such recovery can be obtain when persons involve with the patients in the treatment are tackling in the right direction.
2. ANALYSING AND IDENTIFYING OF JOBS

Job analysis is a formal and detailed study of jobs. It refers to a scientific analysis of a job in order to obtain all pertinent facts about the job. Job analysis has been defined as "The process of determining by observation and study and tasks, which comprise the job, the methods and equipment used, and the skills and attitudes required for successful performance of the job." Job analysis is essentially a process of collecting and analysis data relating to a job. It is a part of overall work planning called work design. A job can be analysed only after it has been designed and someone is already performing it. Job analysis is therefore, performed upon ongoing jobs. As jobs are always subject to change, a job analysis may become obsolete within a start period of time.

A comprehensive programme of job analysis is an essential element of sound human resource management. It provides valuable information has taking right decisions about the organisations human resources. Most functions of human resource management can be carried out with the help of information generated by job analysis.

The health sector gives emphasis on specialisation in the job of employees. The sector has mullet functionary system to deal with different category of jobs. The management of government hospital prefer to select employees for specific job and match the education and professional qualification background of employee.

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The employee with specific training and specialisation and qualification are offered job as per these specification for example a person having M.B.B.S. degree, M.D. or super specialty degree are employed as doctors and allowed to treat the patients. Similarly those who have done nursing training are kept as the employees to under take the supporting job to the doctors. Similarly those who have done other paramedical courses are offered job according to their qualification. For IVth class employees like ward boy, sweeper, washer man etc. their work experience also works as yardstick of their employment. Hospital use to have out door as well as indoor patients and for that wards are constructed and maintained for this purpose a big hospital particularly engineers are also recruited with proper professional qualification. To maintain regular supply electricity and water for the patients required electrical and water works qualified and experienced employees are given jobs. Besides this security staff is also recruited.

Hospitals are maintained and run by the administrative offices therefore, suitably qualified staff such as accountants, clerks, peon are recruited.

3. RECRUITMENT PROCESS

"Recruitment is the process of searching for prospective employees and stimulating and encouraging them to apply for jobs in an organisation."\(^6\)

The recruitment process consists of the following steps:

• Recruitment process generally begins when the human resource department receives requisitions for recruitment from any department of the company. The human resource requisitions contain details about the position to be filled, number of persons to be recruited, the duties to be performed, qualifications required from the candidate, terms and conditions of employment and the time by which the person should be available for appointment, etc.

• Locating and developing the sources of required number and type of employees

• Identifying the prospective employees with required characteristics:
  i) Communicating the information about the organisation, the job and the terms and conditions of service.
  ii) Encouraging the identified candidates to apply for jobs in the organisation.
  iii) Evaluating the effectiveness of recruitment process.

According to Famulrao, recruitment process consists of five elements, namely a recruitment policy, a recruitment organisation, developing sources of recruitment, techniques used to tap these sources, and a method of assessing the recruitment programme.

**Recruitment Policy**

Recruitment policy specifies the objectives of recruitment and provides a framework for the implementation of the recruitment programme. It may involve commitment to principles such as
enriching the organisation’s human resources by filling vacancies with the best qualified people, attitudes towards recruiting handicaps, minority groups, women, friends and relatives of present employees, promotion from within. It may also involve the organisational system to be developed for implementing the recruitment programme and procedures to be employed. Recruitment policy should be based on the recognition that it is hard to find qualified executives. A recruitment policy involves the employer’s commitment to such general principles as:

(a) to find and employ the best qualified persons for each job:

(b) to retain the most promising of those hired:

(c) to offer promising opportunities for life-time working careers:

(d) to provide facilities and opportunities for personal growth on the job.

**Recruitment Organisation**

Recruitment practices differ from one organisation to another. Some organisations like public sector banks adopt centralised recruitment, whereas other organisations resort to decentralised recruitment under centralised recruitment human resource department at the head office performs all the functions of recruitment. Every operating department sends requisitions or indents for recruitment to their central office. On the other hand, each department/unit carries out its own recruitment in case of decentralised recruitment.
Sources of Recruitment

Various sources of recruitment may be classified into two broad categories, namely internal sources and external sources.

Internal Sources: Internal sources consist of the following:

- Present employee—Permanent, temporary and casual employees already on the pay of the organisation are a good source. Vacancies may be filled up from such employees through promotions, transfers, upgrading and even demotion. Transfer implies shifting of an employee from one job to another without any major change in the status and responsibilities of the employee. On the other hand, promotion refers to shifting of an employee to a higher position carrying higher status, responsibilities and pay.

- Retired and retrenched employees who want to return to the organisation may be rehired.

- Dependents and relatives of deceased and disabled employees.

External Sources: External sources of recruitment lie outside the organisation. These are as follow:

- Educational and Training Institutions.
- Executive Search Agencies.
- Employment Exchanges.
- Casual Callers.
- Labour Contractors.
- Gate Recruitment.
- Similar Organisations.
• Employee Recommendations.
• Press Advertisements.

Techniques of Recruitment

Recruitment methods or techniques are the means by which an organisation establishes contact with potential candidates, provides them necessary information and encourages them to apply for jobs. These methods are different from the sources of recruitment. Sources are the locations where prospective employees are available. On the other hand, methods are ways of establishing links with the prospective employees. Various methods employed for recruiting employees may be classified into the following categories:

• **Direct Methods**: Under direct recruitment scouting, employees contacts, manned exhibits and waiting lists are used. In scouting, representatives of the organisation are sent to educational and training institutions. These travelling recruiters exchange information with the students, clarify their doubts, stimulate them to apply for jobs, conduct campus interviews and short list candidates for further screening.

• **Indirect Methods**: Advertisement in newspapers, journals, on the radio and television are used to publicise vacancies. A well-thought-out and clear advertisement enables candidates to assess their suitability so that only those possessing the requisite qualifications will apply. This method is appropriate when the organisation wants to reach out to a large target group scattered geographically. Whenever necessary, a blind
advertisement cab be given in which only box number is given without identifying the firm. Considerable details about jobs to be filled and qualifications required can be given in the advertisements. But a large number of applicants may be unsuitable.

- **Third Party Methods:** Various agencies can be used to recruit personnel. Public employment exchanges, management consulting firms, professional societies, temporary help societies, trade union, labour contractors are the main agencies.

**Evaluation and control of recruitment**

"Evaluation and control of recruitment programme is the last stage of a recruitment process. In any process, evaluation and control is required to ensure that the process has gone well in the light of its stated objectives and costs. The post action evaluation of a recruitment programme has important implications for further recruitment programmes. While the basic objective of recruitment is to attract maximum number of suitable applicants the costs of recruitment are on the following items."

- Cost of salary and other perquisites of recruiters.
- Management and professional time spent on preparing job descriptions, job specifications, advertisements, agency liaison. etc.

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- Cost of advertisement or other recruitment methods such as cost of campus recruitment, consultant's fee, etc.
- Cost of producing supporting literature.
- Recruitment overheads and administrative expenses.
- Cost of overtime and outsourcing while the vacancies remain unfilled.
- Cost of recruitment unsuitable candidates for the selection process.

The total recruitment programme should be evaluated in the light of its objective and costs involved. For this purpose, various qualitative and quantitative criteria can be developed to measure the effectiveness of a recruitment programme.

**Recruitment practices in Government Hospitals**

Government hospitals require various types of personnel such as doctors, nursing staff, paramedical staff and IV\(^{th}\) class employees etc. At the top of all a chief Medical Supervisor (CMS) who used to be an experienced and senior doctor. For doctors in Uttar Pradesh provincial health service recruitment is made by public service commission. Any doctors having M.B.B.S. degree may applied against vacancies in government hospital through public service commission of Uttar Pradesh.

The minimum qualification for provincial medical service or provincial health service for a doctor is M.B.B.S. degree from recognised medical university. Temporary appointment can be made
by a directorate of health services under government of Uttar Pradesh. On control basis doctors can be appointed by Chief Medical Officer (CMO).

CMOs and CMSs are the key persons looking after the hospital administration and they are appointed by the government of Uttar Pradesh on the basis of their seniority and length of service. Once a doctor is recruited on a permanent post on probation they become part of P.M.S. services. Specialist and superspecialist doctors are appointed by the government through directorate.

Paramedical and Nursing staff will also be appointed either by directorate or by CMO as per qualification and norms prescribed for them by the government from the time to time.

Clerical staff is also fall in the same category. IVth class employees are also recruited by CMO on falling their post vacant.

At all the levels of proposed, promotions are carried out as per state government rules and regulation. For this employee's service track record is reviewed.

4. **SELECTION AND PLACEMENT**

Selection is the process of choosing the most suitable persons out of all the applicants. In this process, relevant information about applicants is collected through a series of steps so as to evaluate their suitability for the job to be filled. Selection is a process of matching the qualifications of applicants and finally identify the most suitable candidate. Selection divides all the applicants into two categories -
(a) suitable, and
(b) unsuitable.

Selection may be described as a process of rejection because generally more candidates are turned away than are hired. Selection is different from recruitment. Recruitment technically precedes selection. Recruitment is different from recruitment. Recruitment involves identifying the sources of manpower and stimulating them to apply for jobs in the organisation. On the other hand, selection is the process of choosing the best out of those recruited. Recruitment is positive as it aims at increasing the selection ratio. Selection is negative as it rejection a large number of applicants to identify the few who are suitable for the job. Recruitment involves prospecting or searching whereas selection involves comparison and choice of candidates. The purpose of selection is to pick up the right person for every job. Selection is an important function as no organisation can achieve its goals without selecting the right people. Faulty selection leads to wastage of time and money and spoils the environment of an organisation. Scientific selection and placement of personnel can go a longway in building up a stable work force. It helps to reduce absenteeism and labour turnover. Proper selection is helpful in increasing the efficiency and productivity of the enterprise.

Placement is the process of assigning a specific job to each one of the selected candidates. It involves assigning a specific rank and responsibility to an individual. It implies matching the requirements of a job with the qualifications of a candidate. Placement is the determination of the job to which an accepted
candidate is to be assigned and his assignment to that job. It is a matching of what the supervisor has reason to think he can do with the job demands. It is a matching of what he impose in strain, working conditions, and what he offers in the form of payroll, companionship with others, promotional possibilities, etc.

Proper placement helps to improve employee morale. It also helps to reduce employee turnover, absenteeism and accident rates. If a candidate adjusts himself to the job and continuous to perform as per expectations, it might mean that the candidate is properly placed. However, if the candidate has problems in adjusting himself to the job and he continues to perform below expectations, he might be misplaced. Supervisors/executives should review all such cases to find out cases of misplacement. Such candidates should be assigned some other more suitable jobs. Alternatively, they may be given further training to make them fit for the job.

Selection and Placement Practices in government Hospitals

After their recruitment employees are placed at the place of their posting. Government hospitals employees serve on the transferable post from one place to another so far as the doctors are concerned. Their transfer policy is framed by directorate with the approval from the government. Normally a doctor having sought for 10 years at a place should be transferred to another hospital at another place Away from his current posting place.
Nursing and paramedical staff may also be transferred from one hospital to another in the same city and or out of city but with in the district by the competent authority.

IVth class employees are normally not shifted as/ of the district however they can be transferred to some other hospital at a same place.

5. TRAINING AND DEVELOPMENT

Training is an essential part of a sound personnel policy and that the organisations should, if they have not already done so, make arrangements for a systematic and continuing training programme, covering general orientation, in service refresher and development training. Training is meant to remedy the deficiency of recruitment.

Ninth Five Year Plan has rightly mentioned that one of the important reasons for the sub-optimal performance of health care institutions is the poor quality and inappropriateness of the education and training of health care providers, resulting in a lack of problem-solving competencies and skills.

One of the key factors in the efforts of the health system to accomplish its health goals is to enhance its professional and administrative capability for development at all levels of a health system, which is very much a part of the development process. Our experience during the last five decades has demonstrated that the health plans have not been satisfactorily implemented because of inadequate professional/administrative performance. The reason for the low level of administrative performance include: organisational
defects, lack of coordination, complex and cumbersome administrative and financial procedures. There defects and deficiencies need to be corrected in order to bring about a sharp reduction in the administrative obstacles to health development and to bridge the gap between aspirations and performance. Simultaneously, the level of competence of health personnel directly involved in the execution of development plans can be raised by training them in modern concepts and techniques of administration and management and their field of specialization. This category of personnel at the senior or intermediate levels, comprising both technocrats and generalists, is constantly called upon to discharge increasingly heavy administrative and managerial responsibilities. In order to equip such personnel with the required expertise, skill, methodology and aptitude, there is a definite need to train them.

Training is:

(a) an action process,
(b) by which capabilities of the personnel can be improved,
(c) to meet the organisational needs in terms of their knowledge, skills and attitudes required in performing organisational tasks and functions, and
(d) within relatively short period of time.

Training is the well articulated effort to promote competence in the health services by imparting professional knowledge, by broadening of vision and adoption of correct patterns of behaviour among the health personnel with regard to their existing functional
responsibilities. It also enables the employees to equip themselves for senior professional and administrative positions in future.

**Training Contents**

There are generally three aspects of training which are as under:

- **Job Aspects**: Knowledge of the job, that has to be supervised. Planning procedures, work analysis, method of work, organisation and co-ordination and cost analysis of the services.

- **Human Aspects**: Skills to improve motivation, to increase the productivity of the personnel working in the organisation.

- **Organisational Aspects**: The knowledge of the organisation in which the employee and his department works, the use of available organisational means, the use of records, communication skills and measure to raise morale of the employees, covers the organisational aspects.

**Types of Training for all the Categories of Hospital Personnel**

There may be two kinds of training programmes for hospitals:

- Orientation programme for new entrants.

- Formal required training for new entrants and regular refresher courses for old employees.

Orientation programme and formal training programme deal with induction process human relationship and required managerial as well as technical aspects. While regular refresher courses deal with the new development in concepts, methods, techniques and tools in the expending horizons of medical science.
These training programmes may employ various methods such as lectures, conferences, seminar, case study, role play etc.

Training officers may be selected from among the various department of the hospital organisation itself as well as outsiders who are experts in their respective fields.

Education and training are the main methods of staff development. Participation in a conference or seminar or a workshop can also help one to develop in one’s area. Continuous reading of current journals in concerned branches contribute to (HRD) Human resource development.

The State Institute of Health and Family Welfare is nodal training institute for both health and family welfare departments. All the training plans for trainings proposed and funded by other agencies will be shared with SIHFW. This will facilitate formulation of state level Comprehensive Training Plan and avoid clashing of dates and manpower. It is proposed that the training plans for trainings like routine immunization and village health committees mentioned in the PIP will be shared with CTI to facilitate this implementation process. Clarity will be sought on routine immunization training for health worker and paramedical staff as it can be considered to be clubbed with supplementary ESI training package. Therefore TNA and course development workshops can also be held together. Orientation of VHCs is proposed to be clouded with orientation training of the responsibility can be delegated to panchayat raj department or NGO, sector if UNICEF consents for this.
### Table No. 6.1 - Total Training Budget

#### S.No. | Training Centre (A) State Level | Budget for year 2008-09 (Rs. in lacs)
---|---|---
1 | ANMTCs | 30.00
2 | District Training Centres for BHW (female) training | 7.50
3 | Nursing Training Centres in Private Sector | 0.00
4 | Regional Training Centres | 13.75
5 | District Training Centres for Male Worker Training | 15.00
6 | LHV Training Centres | 5.80
7 | PHN Training Centres | 1.20
8 | SIHFW | 57.25

**Total (A)** | **130.50**

#### S.No. | Training Centre (B) Division Level | Budget for year 2008-09 (Rs. in lacs)
---|---|---
1 | ANMTCs | 176.96
2 | District Training Centres for BHW (female) training | 87.50
3 | Nursing Training Centres in Private Sector | 0.00
4 | Regional Training Centres | 14.40
5 | District Training Centres for Male Worker Training | 284.00
6 | LHV Training Centres | 5.28
7 | PHN Training Centres | 16.86
8 | SIHFW | 0.00

**Total (B)** | **585.00**
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Training Centre (C) District Level</th>
<th>Budget for year 2008-09 (Rs. in lacs)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>ANMTCS</td>
<td>379.00</td>
</tr>
<tr>
<td>2</td>
<td>District Training Centres for BHW (female) training</td>
<td>10.00</td>
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<tr>
<td>3</td>
<td>Nursing Training Centres in Private Sector</td>
<td>440.00</td>
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<tr>
<td>4</td>
<td>Regional Training Centres</td>
<td>8.25</td>
</tr>
<tr>
<td>5</td>
<td>District Training Centres for Male Worker Training</td>
<td>2.00</td>
</tr>
<tr>
<td>6</td>
<td>LHV Training Centres</td>
<td>1.00</td>
</tr>
<tr>
<td>7</td>
<td>PHN Training Centres</td>
<td>2.75</td>
</tr>
<tr>
<td>8</td>
<td>SIHFW</td>
<td>23.40</td>
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<td><strong>Total (C)</strong></td>
<td><strong>866.40</strong></td>
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<td></td>
<td><strong>Grand Total (A+B+C)</strong></td>
<td><strong>1581.90</strong></td>
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</tbody>
</table>

**Training Facilities**

Training institution in Medical Health & Welfare Department U.P.

**A. STATE LEVEL**

- State institute of Health & Family Welfare, U.P. Indira Nagar, Lucknow

**B. DIVISION LEVEL**

- Divisional Medical Health & Family Welfare Training Centre, Indira Nagar, Lucknow
- Divisional Medical Health & Family Welfare Training Centre, Swaroop Rani Hospital, Allahabad.
- Divisional Medical Health & Family Welfare Training Centre, Near Mental Hospital, Agra.
| Divisional Medical Health & Family Welfare Training Centre, Medical College, Jhansi. |
| Divisional Medical Health & Family Welfare Training Centre, Shivpur, Varanasi. |
| Divisional Medical Health & Family Welfare Training Centre, Medical College Campus, Meerut. |
| Divisional Medical Health & Family Welfare Training Centre, Medical College Campus, Gorakhpur. |
| Divisional Medical Health & Family Welfare Training Centre, Darshan Nagar, Faizabad. |
| Divisional Medical Health & Family Welfare Training Centre, Gandhi Gram, Bhagyan Das Leprosy Campus, GT Road, Kanpur |
| Divisional Medical Health & Family Welfare Training Centre, Avas Vikash Maghola, Moradabad. |
| Divisional Medical Health & Family Welfare Training Centre, Mental Hospital Campus, Civil Lines, Bareilly. |

C. DISTRICT LEVEL

<table>
<thead>
<tr>
<th>ANM Training Centre (38)</th>
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<tbody>
<tr>
<td>District – Agra, Aligarh, Mainpuri, Mathura, Allahabad, Pratapgarh, Bareilly, Pilibhit, Shajahanpur, Banda, Charkhari Mahoba, Jhansi, Behraich, Faizabad, Gonda, Sultanpur, Azamgarh, Basti, Deoria, Gorakhpur, Etawah, Farrukhabad, Kanpur City, Kheri, Lucknow, Raibareilly, Sitapur, Ghaziabad, Meerut, Muzaffarnagar, Saharanpur, Bijnore, Moradabad, Rampur, Ballia, Jaunpur, Mirzapur, Varanasi.</td>
</tr>
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<thead>
<tr>
<th>Peripheral Training Centre (DPTT/Achal Prashikshan Kendra-16)</th>
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<tr>
<td>District - Etah, Firozabad, Fatehpur, Badaun, Jalaun, Lalitpur, Barabanki, Maharajganj, Mau, Siddharth Nagar, Kanpur Dehat, Hardoi, Unnao, Bulandshahar, Ghazipur, Sonbhadra.</td>
</tr>
</tbody>
</table>
Status of training capacity of the state

Pre-service training of ANMs was not taking place between the years 1992-2004. Realizing the ANMs vacancies at the sub-centres and non-availability of trained ANMs in the state, efforts were made to start the training again in the year 2004. At present the training capacity of the state is as follows:

i) ANMs training centres: These centres conduct 18 months pre-service training of ANMs. 30 centres have been made partially functional although the problem of availability of PHN Tutors affects the quality of training. The capacity of these centres is maximum 60 per batch.

ii) District training centres: These centres are non-functional at present. Their capacity is to house 30 participants. They can be used as pre-service training centres of MPW (Males) and ANMs but they will need recognition from the competent authority after which these centres can be manned and strengthened to function as above.

Partnership with Private Sector Nursing Training Centres

There are many training centres that have been established and approved by State Nursing Council and State Government to run three-and-a-half year training programme for diploma nurses. 20 centres out of these will be identified in agreement with State Nursing Council to agree to run 5 batches of 18 months BHWs training for state government. To fulfill the state priorities 60
students are proposed to be sent at each of these 20 centres. These centres will be given financial support by the state government.

Marshall suggests the development of the following ingredients to promote right and rational attitudes:

- Development of rational thinking.
- Development of objective thinking.
- Development of social understanding.
- Development of aesthetic responsiveness.
- Development of practical abilities and
- Development and placement of memory in action.

Executive development consists of all the means by which executives learn to improve their behaviour and performance. It is designed to improve the effectiveness of managers in their present jobs and to prepare them for higher jobs in future. Management development includes the process by which managers and executive acquire not only skills and competency in their present jobs but also capabilities for future managerial tasks of increasing difficulty and scope.

Thus, executive development is any planned effort to improve current and future managerial performance. It is attempt at improving an individual’s managerial effectiveness through a planned and deliberate process of learning.

**Objectives of Executive Development**

Any programme of executive development aims at achieving the following purposes:

- To improve the performance of managers at all levels in their present jobs.
- To sustain good performance of managers throughout their careers by exploiting their full potential. i.e., to prepare managers for higher jobs in future.
- To ensure availability of required number of managers with the needed skills so as to meet the present and anticipated future needs of the organisation.
- To prevent obsolescence of executives by exposing them to the latest concepts and techniques in their respective areas of specialisation.
- To replace elderly executives who have risen from the ranks by highly competent and academically qualified professionals.
- To provide opportunities to executives to fulfill their career aspirations.
- To ensure that the managerial resources of the organisation are utilised optimally.

**Process of Executive Development**

The essential ingredients of an executive development programme are as follows:

- Analysis of development needs
• Appraisal of present managerial talent
• Inventory of executive manpower
• Planning individual development programmes
• Establishing training and development programmes
• Evaluating development programmes

6. PERFORMANCE APPRAISAL

Appraisal is the evaluation of worth, quality or merit. In the organisation context, performance appraisal is a systematic evaluation of personnel by superiors or others familiar with their performance. Performance appraisal is also described as merit rating in which one individual is ranked as better or worse in comparison to others. The basic purpose in this merit rating is to ascertain an employee’s eligibility for promotion. However, performance appraisal is more comprehensive term for such activities because its use extends beyond ascertaining eligibility for promotion. Such activities may be training and development, salary increase, transfer, discharge, etc. besides promotion. A formal definition of performance appraisal is as follows:

"Performance appraisal is the process of evaluating the performance and qualifications of the employees in terms of the requirements of the job for which he is employed, for the purposes of administration including placement, selection for promotion, providing financial rewards and other actions which require
differential treatment among the members of a group as distinguished from action affecting all members equally". 

Beach has defined performance appraisal as follows:

"Performance appraisal is the systematic evaluation of the individual with regard to his or her performance on the job and his potential for development". 

**Objectives of Performance Appraisal**

- Salary Increase
- Promotion
- Training and Development
- Feedback
- Pressure on Employees

Performance appraisal is the process of measuring quantitatively and qualitatively on employee’s past or present performance against the background of his expected role performance, the background of his work environment and about his future potential for an organisation. Performance appraisal facilitates the development of an organisational climate of mutuality, openness and collaboration and helps towards achievement of individual as well as organisation goals.

Performance and qualifications of the employees in terms of the requirements of the job for which he is employed, evaluates their capabilities for purposes of administration including placement, selection for promotion, providing financial rewards.

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The primary purpose of performance appraisal is to help each man handle his current job better. It is the principal medium through which human talent in organisations may be most effectively utilized.

There is no systematic policy for performance appraisal in government hospitals of Uttar Pradesh.

Performance appraisal is the most neglected area in the health services. Appraisal is not done on the basis of quantity and quality of health services provided but on extraneous considerations. A multipurpose health worker who is very good at his work may get average rating while another very poor at work may get excellent because of personal reasons or compulsions.

**Measurement of Performance**

There are various methods of performance appraisal. In fact, each organisation may have its own unique system and method of appraisal. In one organisation it may be continuing and informal where personal opinion of a superior about his subordinates may be the basis of appraisal. In another, it may be well defined and particular system and method may be followed by all managers. Whatever system may be adopted, usually performance appraisal has two bases:

- appraisal of employees according to traits, attributes and general behaviour on the job, commonly known as trait approach.

- appraisal of results, work and goals achieved by the employees, known as appraisal by results. These two approaches, however,
are not mutually exclusive and can be used in combination. Either trait approach, or results approach, or combination of both of these may be adopted in different forms resulting into different methods of appraisal which can be classified in different ways. Beatty and Schneier have categorised various methods of appraisal into four groups comparative methods, in which an appraisee is compared with others; absolute standards, in which the appraisee’s performance is compared with the standards fixed for him: goal setting, in which goals for the appraisee are set through mutual participation between appraiser and appraisee and the performance is measured against those standards: and direct indices, in which the appraisee is appraised in terms of various outcomes such as, productivity, absenteeism, tardiness. etc. Performance appraisal is essential in order to:

i) Allocate resources in a changing environment.

ii) Reward employees

iii) Give employees feedback about their own performance

iv) Couch and develop employees

v) To comply with equal opportunity regulations

There are a number of system for measuring the performance of employees: some of there are as under:

- Graphic Scale

- Ranking

- Forced Distribution Methods

- Critical Incident Methods

- Forced Choice Rating Methods
The most appropriate approach for accomplishing this philosophy is management by objectives (MBO). In MBO, an employee considers of his job and his personal goals for the next period. The employee then presents them to his superior and through mutual discussion, they agree on the employee’s objective/goals for the following year. They also discuss and agree on the criteria that will be used to measure the performance of the employee in achieving his goals. When MBO is applied in an appropriate manner, it tends to produce improved results.

Employee and unions prefer pay – increases and rewards based only on seniority. It is true that seniority systems are more simple, easy to understand and easy to administer than performance system.

Performance system rewards to those who contribute more, so it tends to be favoured by management. The rewards may be either economic or non-economic. Systematic Performance appraisal provides useful information for important decisions like promotions, pay – increases, rewards, lay offs, transfers etc. It serves to guide employee development also.
Evaluation and Performance appraisal in government hospitals of Uttar Pradesh

Evaluation

Physicians utilise their knowledge and skills to care for patients in the environment provided by the hospital. Out of the structure, process and outcome, it is the last two which occupy the interest of physicians concerned with the quality of clinical care. Classically, review of medical records of discharged and dead patients has been employed in the west to fulfill this function. The review mechanism has the potential of a positive force in maintaining and improving clinical care and education as long as the evaluations are performed by the practicing physicians themselves. Retrospective evaluation of patient care carried out in the form of a peer review based on the study and analysis of medical records serves this purpose well.

Inspections of hospitals by the administrative medical officers and consultants provide subjective or judgmental information and yet they serve as a useful devise to locate defects, weaknesses and deficiencies in hospital operation. They also lead to improving upon the established standards and result in innovations and further developments.

A hospital inspection demands from the inspecting officer extensive knowledge and skills. Apart from in service experience, commonsense, pragmatism and intuition, the inspecting officer can apply all this better if he has acquired through formal training in the fundamentals of certain formalised subjects such as hospital
planning, bio-statistics, work-study, work simplification, organisational behaviour and in general the principles of modern managements, for, the eyes cannot see what the mind does not perceive.

**Performance appraisal**

In Government Hospital Departments of Uttar Pradesh performance appraisal is done through annual confidential reports. A very casual attitude is found among raters, while filling confidential reports of the employees working under them, Confidential reports combine different techniques or rating discussed earlier.

The confidential report is written for a unit of one year and relates to the performance, ability and character of the person during that year. The most important factor on which the success of confidential report depends is objectivity. The essential feature of the methods of preparation and communication of confidential reports of officers under the administration control of the health department are:

- Annual confidential remarks are recorded with a view to judging the performance and efficiency of health functionaries.
- The object of maintenance of character reports is to put health functionaries on proper line by pointing out the defects.
- Adverse entries should be communicated to him in time to enable him to rectify the defect.
- From December 4, 1946, till April 20, 1966, both remediable
and irremediable defects were being communicated. From 1966 defects touching integrity and morality are not being communicated.

- The confidential character roll recorded by reporting officers is to be countersigned by superior authorities in certain cases, as indicated in the letter.

- The countersigning authority may take a view different from that of the reporting officer in which case the view of the former will prevail.

- Until the countersigning authority gives his remarks, the character roll is not complete and is not to be acted upon.

- Time schedules have been prescribed in each case for recording remarks at different levels and to submit them to the government for maintenance of confidential character roll.

- Representation against adverse remarks will not ordinarily be entertained as the very purpose of such communication is to enable the officer to know his failings to rectify them and the officer should profit by it. The communication should not be taken as a matter of argument to enter into controversy.

- In rare cases, however, where the remark is on specific facts or is obviously the result of a mistake on the part of the reporting officer, representation exists.

- The views of the superior officers on the representation must reach the government within two months of the date of filing of such representations and the representation is to be disposed of
by the government within three months from the date of receipt of the same.

Confidential reports have a far reaching influence on the career of employees since their future prospects depend on such reports and, therefore, these should be handled scientifically. It need not be emphasized that the remarks such as “good”, “very good” “satisfactory”, “fair”, etc. cannot be construed to have been made with exactitude because each one of these different objectives carries with itself different shades of meaning having a great subjective content therein.

7. COMPENSATION AND BENEFITS

Compensation benefits are payable under two conditions under Workmen’s Compensation Act, 1923 and under Contractual Obligation. Under the act, the compensation is payable in the case of injuries, fatal or otherwise, to worker during course of his job performance. The compensation is payable according to the nature of the injuries. Under contractual obligation, an employer is liable to pay equivalent to three months’ wage/salary or any other sum specified under the terms of employment.

Compensation management, also known as wage and salary administration, remuneration management, or reward management, is concerned with designing and implementing total compensation package. The traditional concept of wage and salary administration emphasised on only determination of wage and salary structures in organisational settings. However, over the passage of time, many
more forms of compensation, entered the business field which necessitated to take wage and salary administration in comprehensive way with a suitable change in its nomenclature. Beach has defined wage and salary administration as “Wage and salary administration refers to the establishment and implementation of sound policies and practices of employee compensation. It includes such areas as job evaluation, surveys of wages and salaries, analysis of relevant organisational problems, development and maintenance of wage structure, establishing rules for administering wages, wage payments, incentives, profit sharing, wage changes and adjustments, supplementary payments, control of compensation costs and other related items”.  

The basic objective of compensation management can be briefly termed as meeting the needs of both employees and the organisation. Since both these needs emerge from different sources, often, there is a conflict between the two. The employers want to pay as little as possible to keep their costs low. Employees want to get as high as possible. The compensation management tries to strike a balance between these two.

**Specific objective**

- **Attracting and Retaining Personnel:** From organisation’s point of view the compensation management aims at attracting and retaining right personnel in the organisation.

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• **Motivating Personnel:** Compensation management aims at motivating personnel for higher productivity. Monetary compensation has its own advantages in motivating people for superior performance.

• **Optimising Cost of Compensation:** Compensation management aims at optimising cost of compensation by establishing some kind of linkage with performance and compensation. It is not necessary that higher level of wages and salaries will bring higher performance automatically but depends on the kind of linkage that is established between performance and wages and salaries. Compensation management tries to attempt at this.

• **Consistency in Compensation:** Compensation management tries to achieve consistency both internal and external in compensating employees. Internal consistency involves payment on the basis of criticality of jobs and employee’s performance on jobs. Thus, higher compensation is attached to higher level job. Similarly higher compensation is attached to higher performance in the same job. Level of jobs within an organisation is determined by job evaluation. External consistency involves similar compensation for a job in all organisations.

**Process**

• **Organisation’s Strategy:** Organisation’s overall strategy, though not a step of compensation management, is the starting point in the total human resource management process including compensation management. Organisations follow different
strategies in different market situations and align their compensation strategy and contents with these strategies.

- **Compensation Policy:** Compensation policy is derived from organisational strategy and its policy on overall human resource management. In order to make compensation management to work effectively, the organisation should clearly specify its compensation policy, which must include the basis for determining base compensation, incentives and benefits, and various types of perquisites to various levels of employees.

- **Job Analysis and Evaluation:** Job analysis provides basis for defining job description and job specification with the former dealing with various characteristics and responsibilities involved in a job and the latter dealing with qualities and skill required in job performer. Job analysis also provides base for job evaluation which determines the relative worth of various jobs in the organisation.

- **Analysis of Contingent Factors:** Compensation plan is always formulated in the light of various factors, both external and internal, which affect the operation of human resource management system. Various external factors are conditions of human resource market, cost of living, level of economic development, social factors, pressure of trade unions and various labour laws dealing with compensation management. Various internal factors are organisation’s ability to pay and employees’ related factors such as work performance, seniority, skills, etc.
• **Design and Implementation of Compensation Plan:** The organisation may be able to design its compensation plan incorporating base compensation with provision of wage/salary increase over the period of time, various incentive plans, benefits and perquisites.

• **Evaluation and Review:** A compensation plan is not a rigid and fixed one but is dynamic since it is affected by a variety of factors which are dynamic. Therefore compensation management should have a provision for evaluating and reviewing the compensation plan.

**Incentives**

Incentives various needs of human beings serve as driving forces for their behaviour. In the context of these needs, an organisation tries to govern the behaviour of its employees to satisfy their needs. The objects which are perceived to satisfy the needs are broadly called as incentives. Thus, the scope of incentives is quite broad and includes basic compensation as well. Besides, it also includes the total organisational environment which facilitates or blocks job performance. Thus, incentives may be either positive or negative. Positive incentives are those which motivate people for desirable behaviour such as salary increase, promotion, etc. Negative incentives are those which motivate people to refrain from undesirable behaviour such as fines for doing something wrong.

**Type of Incentives**

- Individual output – linked incentives
• Incentive scheme of schemes
• Bonus
• Profit sharing
• Co-partnership

**Fringe Benefits**

Employer are provided various types of benefits and services by the organisation. These benefits and services are not linked to employees' productivity but are provided to different classes of employees either as a matter of statutory requirement or on voluntary basis or a combination of both. Such benefits are called by various names such as ‘fringe benefit’, ‘employee welfare’, ‘wage supplements’, ‘subwages’, ‘supplementary compensation’, ‘social security’, ‘transpecuniary incentive’, etc. However, the term fringe benefits is more common in practice.

**Types of Benefits**

- Legally - required payments – old age pension, survivor benefits, disability pension, health insurance, unemployment insurance, separation pay and the payments made under the Workmen’s Compensation Act.
- Pension, group insurance and welfare payments.
- Paid rest periods, waste – up time, lunch periods.
- Payments for time not worked – vacations and holidays.
- Christmas Bonus.
Various benefits provided by an organisation may be classified under two groups – employee welfare and social security.

**Compensation, Benefit and incentives in government hospitals in Uttar Pradesh**

Employees of government hospitals in Uttar Pradesh are paid salary by the government of Uttar Pradesh for this purpose. A provision is made in the budgets of state government. Currently salaries are fixed and paid according to recommendations of VI\textsuperscript{th} pay commission of central government as modified by the state government. To compensate the increasing cost of living from time to time, state government pays D.A. as per declaration made by central government. The government gives incentives also to the various categories of employees. Employees who out performs other make at additional increment, out of turn promotion also. Government offers pension to the staff under the terms and conditions. Family pension scheme also operates and on humanitarian grounds jobs are also offered to the dependents of the employees who die in the course of their service. Recently doctors and other employees are also appointed on contract basis at a fixed remuneration. In some cases like medico legal a prescribed fees is charged and out of this fees a share of it passes to the doctor concerned. Accommodations to the employees are provided in hospital campus itself a far as possible. For this benefit a percentage of the salary is deducted. To prevent private practice doctors are paid non-practicing allowance (NPA) also. A compensation is paid to the employees who depart while performing their duties.
Employees getting up to specific salary are also entitled to received bonus declared by the government from time to time.

8. EMPLOYEES MANAGEMENT RELATIONS

Parties to Employees Management Relation

Various parties to EMR\(^{12}\) can be grouped in three categories:- Employee and their associations/unions, employers and their associations, government and various agencies. These three parties perform different roles in EMR and derive their power within the framework of environment.

Employees

Employees are a party to EMR as they are affected most by the IR outcomes. In an EMR system, employees may be grouped into two categories – those who have been defined as workers/workmen under the industrial disputes Act, 1947 and those who are not covered by this act. Various characteristics of employees such as their commitment to the organisation, their level of education and social background, their attitudes towards the management and the organisation, and their commitment to the work and the organisation determine the extent to which they will:

- Improve their conditions of Employment.
- Voice only grievances.
- Exchange views and ideas with management, and

\(^{12}\) EMR – Employees Management Relations
• Share in decision making

**Trade Unions**

Trade unions or other employee’s associations play crucial role in the effectiveness or otherwise of an EMR system. The employees may have grievances claims and other demands on individual basis but they express these, often, on group basis. In order to strengthen their bargaining power, they form some kind of associations to voice their grievances.

**Employers**

The management of an organisation is responsible to various stakeholders including the employees. Therefore, employer-employee relationship is also termed as management-labour relations.

Management’s role in determining the status of EMR system is quite crucial. The following factors related to the management are important for EMR:

- Attitudes of management towards the employees and their unions.
- The extent to which the management wants to exercise absolute authority to enforce decisions affecting the interests of the employees.
- The extent to which the management has designed the procedures for handling grievances, claim and demands of the employees.

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- The extent of the effectiveness of management in dealing with problems and disputes related to EMR.
- The organisation's business strategy – stagnating, growing or declining. In different situations, different EMR strategy will be adopted.

**Employer’s Associations**

Like employees associations, employers may also join associations at the local level. Besides, there are associations at state/regional/national level. The major functions of the employer’s with regard to EMR are:-
- To represent employers in collective bargaining at the national or industry level.
- To develop machinery for the avoidance of disputes.
- To provide information on employee relations.
- To advise member organisations on the issues related to EMR.

**Government**

The role of the government has been changing from time to time in the matter of EMR. Till 19th century the governments throughout the world adopted a policy of laissez faire and left the EMR matter to be settled by the employees and employers.

However, with the increasing conflicts between them even on tiny matter, the governments attitudes changed to some kind of intervention in EMR matters towards the end of 19th century. In the present context, everywhere, governments intervene in the HR
system in different ways. In India, government has prescribed various laws dealing with employee – employer relations and set machinery for resolving conflicts – labour courts, tribunals at state and national levels. These courts and tribunals intervene in the solution of industrial disputes referred to these. While developing an EMR system, the organisation has to take into account the role played by the government in EMR activities.

**Employee Management Disputes**

Dispute, in a general sense, is the expression of difference over some issues of interest between two or more parties however, since the settlement of industrial disputes proceeds according to the legal provisions contained in the Industrial Disputes Act, 1947. We have to go through the specific meaning of industrial disputes. According to section 2 (k) of the act.

Industrial dispute means any disputes or difference between employers and employers or between employers and workmen or between workmen and workmen, which is connected with the employment or non-employment or the terms of employment or with the conditions of labour of any person.

**Causes of Industrial Disputes**

While management attributes the causes to the uncooperative and negative approaches of trade unions and political interference, trade unions find causes in terms of high-handed and unfair labour practices adopted by the management. Politicians blame both management and trade unions according to their own convenience.
Following factors used to be responsible for most of organisational disputes.

**Economic Factors**

Economic factors in terms of direct compensation, incentives system, benefit and investment for creating good working condition are the major causes of organisational disputes.

(a) **Wages:** Pressure from workers for upward revision of wages becomes the bone of contention between labour & management. Workers compare their earning with other organisations and sectors and when they find wage differential they treated as unfair. This generates dissatisfaction among the workers in subsequently organisational disputes.

(b) **Incentives:** Incentives are also major causes of disputes between employee and management. Sometimes inadequacy of incentives as compared to profits and efforts may be taken as cause of disputes. On the other hand demand for new incentives may create the same situation for incentives performance and profitability are the two yardsticks and whenever there is to be disagreement for anyone of the two may create the dispute.

(c) **Benefits:** Various types of benefits, both statutory and voluntary, are provided by organisations to their employees. Such factors as leave with wages, medical benefits, pension and other fund benefits, facilities for subsidised services to
employees and their dependents, etc, often, create dissatisfaction among workers and disputes between labour and management.

(d) **Working conditions**: Sometimes working conditions such as light, ventilation, safety, devices, pollution control devices and physical facilities may not be according to prescribed standard and can be call inhuman. If it is so it may cause disputes among workers and the management.

**Management Practices**

Various management practices relating to employees which are not in accordance with the legal requirements or which are discriminatory to employees are sources of disputes. Such practices may be in the form of unfair labour practices, ineffective supervision, and violation of acceptable norms prevailing in the organisation.

**Trade Union Practices**

Besides the management practices, there are many trade union practices which lead to emergence of industrial disputes. Such practices may be grouped in two categories: union rivalry and non-cooperative approach.

- **Union Rivalry**: There is problem of multiplicity of trade unions in India. In many organisations, more than one union exists. In such a case, each union claims to further the cause of workers so as to attract them to its fold. The result is that any settlement arrived at between management and a union is opposed by other
unions irrespective of the most favorable conditions for the workers in a given situation. Such a rivalry among unions leads to violence and other similar problems and the disputes become natural outcomes.

**Non-Cooperative Approach:** Many trade unions and their leaders proceed on the assumption that 'what they do is right and what management does is wrong'. Such a tendency on the part of trade unions makes them to adopt non-cooperative approach and they oppose all settlements.

**Legal and Political Factors**

There are many legal and political factors which unnecessarily interfere in the EMR systems of an organisation or in industry as a whole. These factors may be grouped in two categories: *multiplicity of labour laws and political interference in industrial relations system*.

**Prevention of Employees Management Disputes**

Prevention of EMR disputes is a proactive approach in which an organisation undertakes various actions through which the emergence of industrial disputes is prevented. Such actions may relate to the adoption of effective human resource management practices right from recruitment of employees to their integration with the organisation. More specific actions, besides creating a supporting organisational climate and industrial relations system that takes care of employees are in the form of code of discipline, grievance procedure, labour participation in management, suggestion
schemes, etc. Management and employees or their union may sort out their problems through collective bargaining.

**Grievance Management**

Emergence of grievance is a natural outcome of interaction among people whether in the organisational context or in other context. In the organisational setting, employees may have some grievances against employers; in the same way, employers may have grievances against employees. Grievance is a state of dissatisfaction over some issues related to employment. Generally, expression of this dissatisfaction in oral form is known as complaint while in written form, it is known as grievance. This is the latter form of expression of dissatisfaction which requires redressal.

The grievances may emerge at any level of the organisation and by any factor in the organisation: wages and working conditions, supervisors, management policy and practices, and the employee's own maladjustment.

"The grievance procedure is problem-solving, dispute-settling machinery which has been set up following an agreement to that effect between labour and management. It is the means by which a trade union or an employee makes and processes his claim that there has been a violation of the labour agreement by the company". 14

A grievance procedure provides the way through which grievances can be redressed, both to the satisfaction of employees and management. It may be relevant to recognise that if grievances

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are not handled properly, they may become the source of much explosive situation.

Grievance procedure serves as an outlet for employee’s gripes, discontentment, and frustration. Keith Davis has observed that “The grievance procedure acts like a pressure valve on a steam boiler. The employees are entitled to legislative, executive, and judicial protection and they get this protection form the grievance redressal procedure”15.

**Settlement of Disputes**

Preventive measures of industrial disputes attempt at preventing the emergence of disputes through mutual negotiations and interaction without the interference of any third party. If the situations are conducive, most of the differences between management and employees may be sorted out. However, the differences which cannot be sorted out and lead to the emergence of disputes; the industrial Disputes Act provides machinery for settlement of such disputes. In a settlement process, the interference of a third party is required and the degree of this interference depends on the settlement method used. The machinery for settlement of industrial disputes between employers and employees as provided by the Act consists of three methods:

- Conciliation
- Arbitration
- Adjudication

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Conciliation: Conciliation is a practice by which the services of a neutral third party are used in a dispute as a means of helping the disputing parties to reduce their differences and to arrive at an amicable settlement or agreed solution. It is a rational and orderly discussion of differences between the parties to a dispute under the guidance of a conciliator.

Conciliation is a type of collective bargaining with the lack of its spirit. The lack of this spirit necessitates the interference of the third party. Another term which is used for conciliation is mediation. Conciliation is a type of State intervention in settling the industrial disputes and the Industrial Disputes Act empowers the Central and State governments to appoint conciliation officers and board of conciliation as the case may be.

Board of Conciliation: Under Section 5 of the Act, the appropriate government may appoint a Board of Conciliation consisting of a chairman who shall be an independent person and two or four other members nominated by the disputing parties. In case of their failure, the government may nominate persons whom it may think fit to represent the concerned parties. The Board acts on the basis of reference made to it.

Arbitration: Arbitration is the process in which a neutral third party listens to the disputing parties, gathers information about the dispute, and makes a decision to be binding on both the parties. It differs from conciliation in the sense that in
arbitration, the arbitrator gives a decision on a dispute while in conciliation, the conciliator merely facilitates the disputing parties to arrive at a decision.

**Adjudication**: Adjudication refers to the process of intervention in a dispute by a third party appointed by the Government with a view to settling it. The intervention may be with or without the consent of the disputing parties concerned. When the dispute is referred to adjudication on the consent of the parties concerned, it is known as voluntary adjudication. When it is referred to by the Government on its own without consulting the parties, it is known as compulsory adjudication. For the purpose of adjudication, the Industrial Dispute Act provides three-tier machinery:

1. Labour Court
2. Industrial Tribunal
3. National Tribunal

The award given adjudication process has legal sanctity and, therefore, it is binding on both the parties.

**Employees Management Relation in Government Hospitals of Uttar Pradesh**

In government hospitals of Uttar Pradesh, the management side is represented by various medical officers of government of Uttar Pradesh. These officers works under the policies and directions of the state government. Employees of these hospitals are called
Government Employees because they are appointed and remunerated by state government.

Employees management relation on those hospital much depend on the behavior of government towards its employees and the employees towards governments. Employees normally form their working condition poor and they agitate over it from time to time. They organise DHARANA demonstration hunger strike to register their protect, but some time due to sudden provocation they go on strike. Some times without effecting emergency services in the hospitals and some time they go on strike without caring for emergency services.

Whenever dispute arises employee’s union which are cadre base are called for discussion and settlement of dispute by the management of the hospitals. Sometime these deliberation uses to be fruitful and sometime without any conclusions. At this stage on behalf of the state government local administration comes in picture and negotiations are organised. If the local district administration fails to settle the disputes the employees are called at government level to negotiate on the issue. Normally till this stage amicable solutions are found out, if at all they fail the government resorts to their administrative tactics. Such at arrest and suspension of employee’s leader etc. At present employees are not satisfied with the terms and conditions of the working in the government hospitals of Uttar Pradesh.