HUMAN RESOURCES MANAGEMENT PRACTICES:  
A CRITICAL STUDY: WITH SPECIAL REFERENCE TO  
HOSPITAL ORGANIZATIONS IN PUNE METROPOLITAN  
REGION

CHAPTER: - 1 INTRODUCTION

1.1 Introduction of the study:

Proper management of human resources is critical in providing a high quality of health care. A refocus on human resources management in health care and more research are needed to develop new policies. Effective human resources management strategies are greatly needed to achieve better outcomes from and access to health care in Pune & Pimpri Chinchwad Area.

Human resources, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services.

Human resources in health sector reform also seek to improve the quality of services and patients' satisfaction. Health care quality is generally defined in two ways: technical quality and socio-cultural quality. Technical quality refers to the impact that the health services available can have on the health conditions of a population. Socio-cultural quality measures the degree of acceptability of services and the ability to satisfy patients' expectations.

Human resource professionals face many obstacles in their attempt to deliver high-quality health care to citizens. Some of these constraints include budgets, lack of congruence between different stakeholders' values, absenteeism rates, high rates of turnover and low morale of health personnel.
Better use of the spectrum of health care providers and better coordination of patient services through interdisciplinary teamwork have been recommended as part of health sector reform.

An examination of the main human resources issues and questions, along with the analysis of the impact of human resources on the health care system, as well as the identification of the trends in health sector in the Pune Metropolitan area has been a key area of focus of this study. These trends include efficiency, equity and quality objectives.

Since all health care is ultimately delivered by people, effective human resources management will play a vital role in the success of health sector reform. Though we have seen the adoption of HRM practices in the corporate sector, the health care sector, where lack of HRM practices could lead to a life or death question has yet to fully adopt them.

The basic and underlying notion of Human Resource Management (HRM) is to attain a sustained competitive advantage through effective utilization of human resources.

Most traditional resources such as capital, equipment and location are less significant as they can be acquired by anyone at a price, whereas, the acquisition of a ready pool of highly qualified and highly motivated personnel is rather difficult if not impossible.

A committed and dedicated work force is a valuable asset that can hardly be duplicated or imitated by the competitors. Commitment has been considered a part of HRM literature since 1980s. This is as a result of Harvard scholars including it in the area of HRM and indicating the advantage it has given Japanese organizations when compared to the Western organizations.

Organization Commitment (OC) can be characterized by three factors: a strong belief of the employees in and the acceptance of organizational goals and values, employees' willingness to exert considerable effort on behalf of the organization and their strong desire to maintain membership in the organization.
Meyer and Allen (1997) gave three dimensions to the concept of OC: (1) 'Affective' component that reflects an emotional bond between an employee and the organization which is based on the individual's identification with the organization. Work experience has shown to be the strongest and the most consistent link with the affective commitment. (2) A 'Continuance' component refers to the perceived cost of leaving an organization due to accumulated investment or 'side bets' in the organization. The employee's association does not go beyond the continuance of membership with the organization; and finally (3) A 'Normative' component that incorporates the notion of moral obligation. The employee feels obligated to remain with the organization either because of loyalty or through an obligation to reciprocate. In contrast with those who remain in the organization from a sense of duty or to avoid the cost of leaving, affectively committed individuals stay because they desire to work.

Workplace commitment has been widely recognized as a major determinant of employee behaviour. Those who have higher commitment are employees who identify highly with the organizational goals, and are ready to exert more efforts on behalf of the organization.

Human resources have been recognized as an indispensable input for the organizational effectiveness and efficient management of this resource has assumed a critical role to play in the performance and success of the organizations.

The effectiveness of management depends upon optimum utilization of different resources such as men, money, material, machines, methods, marketing etc.

From the many factors listed above, Human Resource is an important factor because they can think, plan & arrange the work successfully towards the predetermined goals & objectives. Human resources are not only an important factor of management but they also play an important role in executing different functions such as planning, organizing, staffing, directing, coordinating & controlling. In total, these functions represent the management process.

Motivated human resources play key role in the success of an organization. Optimum utilization of this valuable resource becomes
specialized branch of Management i.e. Human Resource Management. The simplest definition of management is to get the work done from others.

That means for completion of work one has to get positive response from the workforce. Motivated workforce can produce wonders for the organization. Human Resource is the common factor for any kind of industry. A hospital industry is a service industry.

Human resource is an important factor in helping the hospital industry to be successful. In the hospital organization human resources is in force front of service sector & can not be replaced by machine or electronic gadgets. E.g. caring of patients.

**Human Resource Management**

HRM is a management function that helps managers, to recruit, select, train & develop member of an organization. Obviously, human resource management is concerned with the peoples dimension in organization. According to Edwin B. Flippo the following three definitions collectively cover all the human resource management core points are:

1. It is concerned with the people dimension in Management, since every organization is made up of people, acquiring their services, developing their skills, motivating them to higher levels of performance and ensuring that they continue to maintain their commitment to the organization are essential to achieving organizational objectives. This is true, regardless of the type of organization, government, business, education, health, recreation or social action.

2. A series of integrated decisions that form the employment relationship quality contributes to the ability of the organizations and the employee achieve their objectives.

3. Management is the planning, organizing, directing and controlling of the procurement, development, compensation, integration, maintenance and separation of human resource to the end that individual organization & social objectives are accomplished.

Specifically, post world war period has seen a lot many changes in terms of jargons and terminologies in the academics of management &
specifically in Human Resource Management and accordingly there has been a shift in the perspective of researchers.

Human Resource Management (HRM) is a new way of thinking about how people should be managed as employees in a workplace. Advocates of HRM have been presented as having a role to play in both the private & public sectors.

Human Resource Management is a strategic and coherent approach to the management of an organization most valued assets the people working there who individually & collectively contribute to the achievement of its goals.

Human Resource Management is a Philosophy of people management based on the belief that human resources are uniquely important to sustained organization success. An organization gains competitive advantage by using its people effectively drawing on their expertise & ingenuity to meet clearly defined objectives. In one sentence, Human Resource Management is aimed at recruiting capable people, flexible & committed people, managing & rewarding their performance & developing their key competencies.

The importance of human resource management has increased these days because management can achieve the organizational objectives only with the co-operation of the people working in the organization. Without the effective use of human resources management can never accomplish organizational objectives.

Therefore, creating and maintaining a motivated workforce is the central responsibility of management everywhere.

HRM roles include:

- Apply quality & productivity principle to improve HRM function.
- Make policies clear, consistent and complementary or 'synergistic'.
- Facilitate implementation of quality & productivity interventions.
- Attention to such Functions as staffing, training, appraisal & compensation to ensure fit with organizations goals: if goals change, function need to change.
Today human resource managers want to know how to have satisfied employees, not why employees should be satisfied.

Hospitals are the key element in any health care system. Health care is a service every person needs sooner or later. The health care industry is significantly different from its manufacturing counterparts.

Being centers of specialized medicine & technology with large multidisciplinary teams, these institutions deliver a whole range of specialized services. Many hospitals also have a role to play in bio-medical research & in teaching * training of health professionals, moreover, hospitals have a key role in health promotion, environmental concern social human resources, and the creation of patient oriented service & management. Hospital organization presents a number of unique human resources management challenges. Managing human resources is the real challenge of hospital managers. Human resource management contributes to the creation of sound organizational climate characterized by opportunities for growth, fair distribution of work, reward & harmonious relationship quality care beings with HRM.

Nowadays it is widely acknowledgement that staff is an organization most important resource and most valuable asset. Human resource managers (amongst other) recognize that investment in staff is just as important as investment in plant & machinery. Effective human resource management is about enabling each & every member of staff to reach his or her potential & make & key contribution to words company survival and growth in an increasingly competitive world.

A healthier 21st century is our target which necessitates an overriding preference to availability of quality health care.

Human Resources (HR) are the most precious endowment in a country as the success of a plan or development of economy depends on the extent to which human resources are planned & developed, especially in terms of health, well-being skills & education.

In an overpopulated country like India where majority of the population is found below poverty line leading a life in object poverty. Hospitals are supposed to play an important role. Good Health is an important contributor to productivity and economic growth. In India, where the only asset most people have is their body, health assumes even greater significance.
Good Health is fundamental to every person, not only for their well-being but for their survival. If the government exists to safeguard the right of its citizens to the fundamental prerequisites of survival it must also own up to its responsibility to protect them from illness and premature mortality.

The Bhore committee in 1946 argues that for assuring the distribution of medical benefits to all irrespective of their ability to pay the state should assume full responsibility for all measures curative and preventive which are necessary for safeguarding the health of the nation & building a healthy, virile & dynamic people.

The Indian government has articulated this responsibility often enough. Since independence the government drivers by socialistic goals has expressed its intentions to discharge this responsibility in successive schemes have been drawn up to alleviate poverty while promoting the goal of universal health care.

Those health systems that direct their resources and energies towards the health needs of the poor get a better overall health status. This is a logical association since the poor carry the larger burden of disease.

Modern hospitals are very complex, socio-economic, and scientific & highly labour-oriented organization. Still they owe their origin to the sufferings & ailments of people & to the compassion & zeal amongst some philanthropists to relieve these suffer from agony of suffering and discomfort. Given this context the hospitals, of course bear the responsibility of serving the masses protecting the precious endowment and even safeguarding their own interests by enriching the medicare facilities & building a positive image. Creation of a total 'animate' hospital system, which encompasses patients, doctors, nurses and other paramedical staff in a synergetic totality, is no doubt, a crying need of the hour.

1.2 Rationale and significance of the study

The government policymakers, social reformists and activists and NGO's bear the responsibility for making available to the society best services so that physically sound human resources contribute significantly to the process of human capital formation.

Of late we have realized the contribution of professionals in improving the potential of an organization.
The process of social engineering no doubt, a number of factors are found instrumental but, of all the factors, healthcare assumes a place of outstanding significance. 'Health is Wealth' this proverb was effective yesterday, is effective today and will remain effective tomorrow or even a day after tomorrow. This is due mainly to the fact that a sound health is a prerequisite for a healthy & productive mind. To accelerate the pace of economic transformations, we appreciate the contributions of human beings and to improve the quality and strength of human beings. We estimate highly the contributions of HRM practices.

Of late, the concept of managing hospitals professionally has gained momentum all over the world.

For successful HRM practices, it is necessary that hospitals are professionally sound. The slogan of quality in totality can not be translated into meaningful purposes unless the hospital HRM offer world-class services.

We consider a hospital as a social institution. The hospital capable of personnel should be made aware of the organizational goals to make sincere efforts to succeed. Besides the question of survival is a major problem of growth and prosperity. Hence, hospitals organizations are a social institution; it is important to give due weightage to public interests. HRM practices help in professionalizing the services in tune with the defined goals & targets.

The Why & How of Study

THE WHY: - The rationale behind this research effort must be spelled out clearly. This will enable readers to understand the motivation of the researcher in undertaking this task.

Everyone proclaims that human asset is the most important asset. On the other side health is declared to be one of the most important wealth. Hospitals & Pharmaceutical companies constitute two arms of the "health management/ Maintenance" effort of humanity. Hence, it follows that Human Resource Management [HRM] adopted in these institutions/organizations influences 'health us keep' of human race.

Study of HRM system in these vital institutions will show, as to how far they adopt the 'known' i.e. theoretical model found in the literatures. If there is any 'ad-hocism', it will surface and can be consciously scanned by the management concerned. Of course, decision thereafter will have to be that of the
management concerned. All the same the essential first step of diagnosis would have risen up for their decision-making. However goal-being 'health care' through the agency of human hand improvement in HRM will smoothly blend, like oxygen & hydrogen in water to render better 'health-care' to patients i.e. customers. Researcher’s intent is to bring about such cohesion- in a studied way.

Human Resource Management [HRM]
The forgoing analysis of organization is to enable understanding the structure through which organizational goals are routed. But then those goals are achieved by human employed there in, their management including their development, is based on following beliefs in modern times.

1. Humans are the most important resource in an enterprise.
2. Enterprise goals could be delivered or subtly denied depending upon the motivation of Human Resources (HR).
3. HR enjoys working positively.
4. HR wishes to belong to a workgroup.
5. HR seeks a healthy, open climate to grow for mutual benefit; like a child growing in a wanted home.
6. HR knows that future is unpredictable and is adaptive to change if honestly taken into confidence.

The Changing situation have their own peculiarity & uniqueness & with that characteristics, each situation may call for suitable methods of managing hence HRM, even being flexible to adopt situational changes may not have similar pattern of managing in all organization.

HRM strategies will have to be continuously examined and modified in the contest of influences external & internal so as to determine how the organization will be managed.

Human Resource Management can be experienced in various fields such as business, information technology, educational institutions, political organizations & hospitals too.

The Hospital that are managed by them run either for earning profits or for rendering services to the society, or a combination the above or exclusively for rendering services. Today these hospitals run on large scale. This is possible due to Human resource management applied in the Hospitals.
Considering the difference in the scale of operations there is a need to categorize the hospitals in the following three groups-

a) **Primary Group**

b) **Secondary Group**

c) **Tertiary Group**

a) **Primary Group**: The primary type is the clinics & dispensaries wherein the patients approach the doctors for minor illnesses such as cold, cough, fever, headache, pains etc.

b) **Secondary Group**: These are medium scale hospitals where minor operative aids are given to the patients.

c) **Tertiary Group**: There include hospitals which run on a large scale & provide the following medical aids to the patients.

I. Large number of beds.

II. Sizeable number of doctors employed.

III. Availability of operation theatre facility.

IV. Availability of intensive care unit. (ICU)

V. Availability of Cardiac care unit. (CCU).

VI. Availability of in house medical stores.

VII. Availability of facilities like x-rays CAT scan, MRI etc. (CAT: computerized Tomography Computerized Assisted Tomography) (MRI: Magnetic Resonance Imaging)

Doctors, Nurses, Ward Boy's, Aais and other staffs are the largest group within health service organization. They are expected to provide good quality care by diagnosing & treating human responses to health & illness and empower their clients by moving them toward an independent, self regulated healthy life.

The main important aspect of study is to analysis the good relationship management & employee (Doctors, Nurses, Ward boy's & Aais)

After more then 60 years of independence with lot of pride we can claim that, this country has made tremendous development in the filed of medical care. Thanks mainly go to the latest advent of technology in the field of medical care. Also honor goes to the specialists in the field who are considered one of the finest in the world. This development is possible for the policy decisions
taken by the government. With the combined effect and efforts of all these, India has emerged as one of the top most country in the world, where the best quality of hospital services will be available.

The programmes initiated & executed during the yester plans have, no doubt strengthened our health care system. Despite number of constraints, spectacular success has been achieved in devising sophisticated world-class medical aid. There have indeed, been large gains in health status since independence. Life expectancy has gone up from 36 years in 1951 to 64 years in 2005. Infant mortality rate is down from 146 in 1951 to 56 in 2005.

The optimum use of resources is only possible with an efficient and professionally competent management. Management is necessary for smooth running of every institution. A Hospital is no exception to this fundamental rule.

Introduction of quality management system in any health establishment be a small or large, will be of considerable benefit to the provider of care to the patient and the community as the high quality service provided to the patient by hospitals lays the foundations of good hospital community relations.

The management of hospitals assumes an outstanding significance, as it influences the quality life index (QLP) of our society. There is an urgent need for high quality management of our hospitals to ensure optimum & economic utilization of resources prevent under use/ overuse of facilities standardize hospital rules & procedures and pursue twin aims of efficiency & effectiveness.

Today the cost of healthcare in India is only one-tenth the cost in the US in cases of major surgeries. With costs of providing healthcare low, and with global standards available, the world can not compete with us. The cost of a heart surgery at Apollo is $ 2,500 as compared to $ 30,000 in the US. Bone marrow transplants costs $ 50,000 in India as against $ 4,00,000 in US.

Looking at Pune is being a cosmopolitan hub of the country. And with the I.T. Sector and I.T. enabled services sector's mushrooming very fast. There is a need for sophistication of the Medicare services, & also that these services should reach every strata of society, and these things are achieved by effective HRM practices introduced & implemented by hospitals.
Hospitals will soon go hi-tech, not so much in terms of sophisticated medical equipment, but in that a patient’s kith & kin can virtually visit him/her from any part of the world and the patient too can communicate with them and relieve their undue anxiety.

1.3 Review of Literature

A plethora of survey reports, research papers and referral works, reference books and thesis the literature on various aspects of medical care and hospitals

Fadi El - Jardali, Victoria Tchaghchagian and Diana Jamal.

Sound human resources (HR) management practices are essential for retaining effective professionals in hospitals. Given the recruitment & retention reality of health workers in the 21st century, the role of HR managers in hospitals and those who combine the role of HR managers with other responsibilities should not be under estimated. The objective to this study is to assess the perception of HR managers about the challenges they face and the current strategies being adopted & study also aims at assessing enabling factors including role, education, experience and HR training.

Conclusion of this study is to enable hospitals to deliver good quality, Safe healthcare, improving HR management is critical. There is a need for a cadre of competent HR management who can fully assume these responsibilities and who can continuously improve the status of employees at their organizations. The upcoming accreditation survey of Lebanese hospitals (2010-2011) presents an opportunity to strengthen HR management and enhance competencies of existing HR managers. Recognizing HR challenges & the importance of effective HR strategies should become a priority to policy makers & top managers alike.

Ulrich, D, (1998), in a new mandate for Human Resources published in Harvard Business Review, argues that HR has never been more necessary, today, than ever. According to him the competitive forces that managers face today will continue to confront in the future, demand excellence. The efforts to achieve such excellence through a focus on learning quality, teamwork and re-engineering are driven by the way organizations get things done and how they treat people, and these are fundamental HR issues. According to him, HR can help deliver organizational excellence in the following four ways:- First HR should become a partner with senior and line managers in strategy executions, second it should become an expert in the way work is organized and executed, delivering administrative efficiency to ensure that costs are reduced while quality is maintained, third it should become a champion for employees vigorously representing their concern to senior management and at the same time working to increasing employee contribution, that is employees commitment to the organization & their ability to deliver results and finally HR should become an agent of continuous transformation, shaking processes and a culture that together improve an organization's capacity to change.


The role of human resource management in gaining competitive advantage has been discussed in the western literature since the early 80’s. Schular and MacMillan (1984) discussed how companies can strategically utilize their infrastructure requirements to gain competitive advantage particularly through their human resources & human resource management practices:

Although there are many ways by which companies can gain a competitive advantage, as MacMillan (1983) has suggested one way often overlooked is through their human resource management practices. HRM practices enable companies to gain competitive advantage in two major ways: one is by helping themselves and the other is by helping others. There appears to be a significant benefit from having HRM considerations represented in strategy formulation stage rather than only in the complementation stage.

In their article examined the level of operational and strategic involvement by human resource department the influence of HR departments and the level of strategic integration as predictors of human resource management performance. They surveyed 146 senior line managers and HR executives in commercialized and non-commercialized public sector agencies in Australia. Their results indicated a positive relationship between the degree to which operational HR activities were transferred to line managers. HR influence, strategic integration and the performance of the HRM function. Relationship was found between the level of strategic involvement by HR department and perceived performance of the function. The study highlighted the challenges faced by HR practitioners needed to be operational to be valued strategically.

Advani Mohan:- Carried out a study on Doctor patient Relationship in General Hospitals for his doctoral work (1975). He reported that the social status provided to the doctors and their professional values influence their practice to a large extent. In regard to doctors preferred role relations with patients he finds that doctors tend to maintain affective neutrality in order to avoid emotional involvement with patients and to avoid impairing of their efficiency. At the same time the patient’s behavior is affected by the duration of contact, previous experiences & image of the hospital. The choice of hospital, mode of treatment & level of satisfaction of determined by there socio-economic status.
(Reference: Advani Mohan (1975. Doctor- Patient Relationships in Indian Hospital, Sanghi Prakashan, Jaipur.)
Veankataraman R. :- In his study on “The role Analysis of Doctor’s and Nurses, (1979) has generalized that a physician’s role is based on professional status acquired through long period of education & training competence in curing patients and a commitment to Hippocrates oath which binds him to help the sick, refrain from intentional wrong doing and keep confidential relationship. In short a physician needs to acquire a humanitarian- cum- service-oriented attitude & should in his performance make all possible efforts to cure the sick.

More than cure care of patient is the major responsibility of a nurse, especially so in the hospital setting where patients are mainly drawn in for a comprehensive total medical care for restoration of health. A nurse’s role by and large, is occupational in nature, However, unlike physicians, they lack autonomy in decision making and because of the hierachical arrangement they assume a role subservient to the physicians and in general are considered semi or para-professionals.

(Reference : Venkatraman R. (1979) ; Medical Sociology in an Indian Setting, MacMillan, Madras.)

Murthy, Nirmala:- conducted a household survey in Ahmednagar district of Maharashtra (1999) to gauge the extent to which the respondents were satisfied with the government & private services. Most women looked upon private services as ideal. On all items the respondents rated the government services as inferior to the private services. The overall score for the government services was lower than that for the private services significantly, more women thought that private doctors examined them properly and gave more effective treatment than they received from government doctors. Availability of medicines effective treatments proper examination of patients & availability of doctors are the areas of significant dissatisfactions with government services. Differences in the satisfactions with government services by background characteristics such as educational level, economic status & social status revealed no systematic bias toward poor or illiterate clients.

Chaudhary Rena:- In her study on nurses (1986), generalized that nurses reveal a humanitarian attitude towards patients in contrast to doctors who show an instrumental orientation. Nurse in a hospital setting is liaison between a patient, his family, the hospital and the health team, the leader of which is a physician. She being close to the patients has a greater responsibility for the total patient care, than the physicians who makes expert diagnosis and recommends suitable therapeutic treatment. Despite the recognition of services provided by nurses attitude of the Indian society towards them is still negative as nursing was mainly associated earlier with the low castes and poor widows struggling for a meager existence. This social stigma still carries on with them. This is indicative of the fact that still the attitude of the society towards them is unchanged.

The relations of nurses with doctors are generally marked by an undercurrent of hostility primarily due to authoritarian and overbearing attitude of doctors, Mostly resented by the nurses. However, the majority of doctors & nurses do not experience intense conflict.

(Reference : Choudhary, Rina (1986). Explorations in Role Analysis of Nurses: A Sociological Study in a Hospital Setting [Ph.D. Thesis], Department of Sociology, Punjab University, Chandigarh.)

D'Souza, Mario C.-: In his article, "Quality Assurance of Hospital Care" (1990) explained the concept of quality assurance as establishing quality control programmes to evaluate & monitor the quality of hospital care and to ensure that care of reasonable standard is provided in a most efficient, effective and economic manner. Dr. D'souza points out that unreasonable attitude of patients and their attendants along with inadequate infrastructure, lack of equipments, improper maintenance of hospital buildings & equipments, non-availability essential drugs & medical supplies, non-availability and inadequacy of medical & para medical staff are the major constraints in the provision of quality care.
Dr. D'souza maintains that if the general public becomes well informed about the hospitals functioning if hospital accreditations laws are enforced strictly and if the medical faculty themselves lay down minimum hospital/professional standards in institute an accreditation process and regulate the quality of hospital services, the quality of care could be improved. (Reference: D'Souza, Mario C. (1990). Quality Assurance of Hospital Care, Hospital Administration, September-December, 1990, pp 177-187).

**International institute for population sciences (IIPS) and ORC Macro:**
Carried out a study on "patient satisfactions in public and private Hospitals" (NFHS-2,2000) revealed that public sector facilities were more consistently rated lower than private facilities.

Satisfaction with the amount of times spent by the staff was generally high. Private sector health facilities did slightly better than public sector in the matter of time spent by the staff and also in respecting the patients need for privacy. The experience of women regarding the interpersonal communications (staff talked nicely) and cleanliness of the facility was much better from the private sector health facilities than the public sector. There was hardly any difference in median waiting time in private & public sector health care institutes. However, politeness of the staff cleanliness of the facility & waiting time are the areas of concern for the government sector. (Reference: International Institute for Population Services [IIPS] and ORC Macro, (2000). National Family Health Survey [NFHS-2], 1998-99, Maharashtra, Mumbai).

**Yesudian, C.A.K.:** In his study on "Utilization of health services in a metropolitan city" (1979) found that various health services were utilized more by the rich than the poor. The selection of a health centre by the well-to-do persons was on the basis of their personal knowledge of the doctor in the centre and, at the same time, they utilized the private health services also. The poor, on the other hand depend entirely on public health services for all their health needs. Lack of resources and ignorance were the main causes for the poor being unable to properly utilize the health services.
Nandraj, Sunil and Ravi Duggal:- Carried out a study on physical standards of private health sector in an average district of Maharashtra (1997). The study revealed that the standards in private hospitals were poor. Most of them were located in residential premises. Many lacked space-entrances were narrow, passages were congested and it was impossible to manoeuvre either a trolley or stretcher. Some had converted kitchens into operation theatres. Many of the hospitals were ill equipped. Few had doctors round the clock. Most hospitals employed unqualified nurses and other staff. Supportive services like ambulance services, blood, oxygen cylinders, generators, etc. were inadequate. Many of the hospitals did not have continuous water supply sanitary conditions of the hospitals left a lot to be desired. The number of toilets and bathrooms were not keeping with the number of beds in the hospital. Far from incinerating infectious waste material, hospitals dumped waste in ordinary municipal bins.


Roy Massey (1994) - Explored the reasons as to why strategic HRM is a critical issue facing NHS trusts in U.K. He identified the risk associated for not taking a strategic approach. According to Roy organizations that do not adopt a strategic approach are easily recognized to the development and implementation of human resources activities. In those organizations that do not adopt a strategic approach; existing approaches often act as barriers to the implementation of strategy rather than as levers to support or facilities it they are at risk of reacting to somebody's agenda. Failure to have a strategic approach to HRM will directly impact on the performance of the organization; however it is measured, critically. Failure to make a strategic approach will have implications for costs, efficiency, productivity & quality.
Kanjiz Marium Akter - According to most of the HRM literature it is through employees that such competitiveness can best be developed, because employees possess the kinds of skills that allow flexibility & which are difficult to imitate. In other words among all the resources possessed by the organization, it is only manpower or the HR that create the real difference. Because all organizations can have the same technology, they can possess same type of financial resources, same sort of raw material can be used to produce the goods & services but the organizational source that can really create the difference is work force of the organization. Therefore, they are the main sources of innovation & creativity in the organizations that can be used as a competitive advantage. Of course, the organization should gain high commitment, pride & trust which will bring a sustained competitive advantage because it will take years for competitors to reproduce the same level of commitment & trust. If organization are able to manage, its workforce efficiently & effectively this will be beneficial for all stakeholders (organization, employees & society). The quality of the organizations employees, their enthusiasm & their satisfaction with their jobs and the company all has a significant impact on the organizations productivity level of customer service, reputation & survival.

(Reference : Competitive Advantage through Efficient Management of Human Resources ;, A Conceptual View, by Kaniz Marium Akter- Lecturer, M. H. School of Business Presidency University, Bangladesh).

Erja, Wiili -Peltola, Mika Kivimaki, Marko Elovainio, Marianna Virtanen - An inductive content analysis of the comments revealed five strategies frames describing challenges in hospital management at respondents work place. These frames should be regarded as major managerial challenges in hospitals. These findings illustrate important antecedents of organizational justice & suggest that work units tend to share the same perceptions of justice. They also reveal that individually produced comments reflect collective
experiences in organizational justice. Further, the results indicate that problems in management and policies are often experienced in complex way and people making justice judgments do not separate procedural & interactional factors.

(Reference: Organizational justice and employee perceptions on hospital management.

-Erja, Wiili - Peltola, National Research and Development Center for Welfare & Health, Helsinki, Finland.

-Mika Kivimaki, Finnish, Institute of Occupational Health, Helsinki, Finland.

-Marko Elovainio, National Research and Development Center for Welfare & Health, Helsinki, Finland and


Mani, M. K. - Chief Nephrologists, Apollo Hospitals, Chennai, delivered the convocation address at the NTR University of Health Sciences, Vijaywada on 4th February, 1999. He said, "Medical Profession is one of the noblest professions that with the divine gift of healing serve the humanity. It has a rich legacy of countless men & women who, through their selfless dedication & devotion, added new chapters to the long history of medicine. However, now the medical profession has become rapacious viewing every sick man as a gold mine. To quote an ancient Sanskrit verse which means, "Hail to thee oh physician, elder brother of Yamaraja, for Yama takes only life, but you take life & money too." Indeed, physicians need to earn money to live and to support their families, but they should remember that the source of their money is a human being and one who is in distress & suffering.

That action is best, which procuresthe greatest happiness for someone in distress; physicians will receive it multiplied many-fold. We learn from our own experience.

If physicians make an honest appraisal they will find deficiencies in their own performance and can improve on it. The doctors must always examine critically the work they are performing so that they can think better ideas to promote better health care.
C. V. Subramaniam in his article titled “need to consider human element” comprehensively covers participation, communication and motivation for the purpose of organizational development. ‘Human Element’ is the live force in the organizations & the human resources are the precious resources that tend all its other resources. Hence the management’s approach towards its human resources ought to be human and all members of the organizations ought to work in coherence to achieve the common goals. The work place now is the primary focus of people’s lives & it is here that people look for gaining a sense of achievement. The three characteristics of Japanese industrial organizations are : First, Japanese people’s ability to achieve a consensus around a high goal. Secondly, their necessity for fulfillment of purpose, ‘which drives then to intense effort & thirdly their tremendous adaptability the willingness ‘to change’. In India too management policies & practices should be re-oriented towards people & their development.

Reference: Subramaniam C.V. need to consider human element, in mid week review, supplement to ‘The Economic Times’ (daily), Bombay 7-3-1991.

Strauss and Sayles - management training an essential part of management development, supplements other developmental techniques such a job rotation and performance evaluation. Training is necessary to help promotable managers to prepare for advancement, to assist managers having difficulties with their present jobs to prevent managerial absolescence, and to build moral in lower level managers by demonstrating top management’s interest in them.


John R. Welch and Brian H. Kleiner- Hospital over the past years have not truly been challenged in a competitive business environment. Management techniques were not tested, as they would have been in other industries. Now that medicare and business have become more sensitive to rising health care costs and to the fact that other forms of health care delivery have arrived, hospitals have been forced to take a closer look at how they can increase revenue, cut costs, and still maintain quality patient care. Hospitals are still in
their infancy when it comes to doing business in a competitive environment. It will be interesting to see how they perform within the next few years.


1.4 Statement of the Problem:–

As India entered the new millennium with 1.02 billion people, which is the second largest population country in the world & supports 16.7% of the global population, the achievement of national goal of "Health for All". (By 2000 AD) had been elusive and seems to be a utopian vision in today's India. In spite of efforts made by the government of India through five year plans, the 2005 Human development index of India which ranks 128th among 178 countries of the world, is the clear indication of poor performance in the health sector. The human factor is central to health care, yet its proper management has remained beyond the reach health care organizations. & best services of hospital organizations are also not affordable to a larger section of the society. However, best human resource practices & effective functioning of hospital organizations will benefit people at large.

The effectiveness of hospital services (HRM) is reflected in the several dimensions of quality of patient care such as- availability of physical infrastructure, adequacy of equipments & supplies, services & amenities provided, prescription practices, referrals, record maintenance, prices of services, maintenance & upkeep, adequacy & competence of staff, the level of staff’s motivation & dedication, their approach towards work, behaviour of staff, interpersonal relations, work environment, work relationship, professional satisfaction, personal losses & gain, main bottlenecks & effectively of treatment. These dimensions provided a useful framework to analyze the extent a quality of care provided in the hospitals. Quality of hospitals represents how well we do what we do. Thus quality is doing the right thing right the first time & doing it better the next time & it is simple the process of incremental improvements of the status quo. Evidently, quality of health care means how well a hospital treats the patients when they are sick & quality management involves the measures taken by the hospitals to ensure &
improve the quality of care provided. Understanding competencies needed in managing HR functions, which hampered its ability to identify competent HR managers & employees.

1.5 Objectives of the Research Study

The main objectives of the research study are:

1. To study the conceptual framework of Human resource management & hospitals.
2. To identify the HRM practices in the hospitals.
3. To study the percentage of hospitals in Pune & Pimpri Chinchwad area practicing human resource management functions & activities.
4. To study the percentage of hospitals in Pune & Pimpri Chinchwad area that have adequately fulfilled the human resource management objectives.
5. To study the percentage of hospitals in Pune & Pimpri Chinchwad area having human resource development systems in place.
6. To collect data about the human resource management practices in hospital organizations in the Pune metropolitan region, classify, tabulate and analyze it with a view to finding conclusions from the same and assess whether such human resource management practices are being applied.
7. To suggest HRM policy and practices for enhancing the quality of employees.

1.6 HYPOTHESES:

Keeping in view the above objectives, this study proceeds to test the following hypotheses.

\( H_1 \) The percentage of Hospitals in Pune and Pimpri-Chinchwad Area adequately practicing Human Resource Management functions and activities is less than 70%.

\( H_2 \) Less than 70% of the Hospitals in Pune and Pimpri-Chinchwad have adequately fulfilled the Human Resource Management objectives.

\( H_3 \) Less than 70% of the Hospitals in Pune and Pimpri-Chinchwad have Human Resource Development Systems in place.
1.7 **Time Factor:**

The research survey was conducted in the period 15\textsuperscript{th} Jan, 2011 to 30\textsuperscript{th} Nov, 2011.

1.8 **Pune Metropolitan Region:** The study deals with the HR management practices in hospital organization in the Pune metropolitan region includes among others, the limits of the Pune Municipal Corporation, the Pimpri Chinchwad Municipal Corporation, and the Cantonment Board.

i. **Pune Municipal Corporation (PMC):**
   The Pune Municipal Corporation was established in Feb. 1950 by amalgamating the Pune Sub-urban municipality.

ii. **Pimpri-Chinchwad Municipal Corporation (PCMC):**
    The establishment of the PCMC in Oct. 1982, is the culmination of the process of industrialization which had once started and around the Pimpri and Chinchwad villages.

iii. **Pune Cantonment Board (PCB):**
    The Pune Cantonment Board was established in 1818 and covers total area of 13.80 Sq. Kms. It comes into existence under the Pune Corporation Act.

1.9 **Research Design:**

The researcher has made an attempt to explain research design from the following point of view.

i) **Plan that specifies the sources and types of information relevant to the research study.**

ii) **A strategy specifying the approach which will be used for collecting and analyzing the data.**

1.10 **Statistical Population:**

The total number of objects or individuals under study is called the population. In the current research work the statistical population is the sum that of 75 hospitals in Pune city and Pimpri-Chinchwad area. The unit of statistical population is the HR
Department head/ representative of the concerned hospitals and data are collected from them by scientific methods.

1.11 Population Definition:

The criteria for selection of hospitals for interview were hospitals with 30 and above bed capacity.

As per the records of Pune Municipal Corporation, Pune Cantonment Board and Pimpri-Chinchwad Corporation as on date Jan. 2011. The total number of hospitals in Pune Municipal Corporation, Pune Cantonment Board and Pimpri-Chinchwad Municipal Corporations' jurisdiction were 928, however only 75 hospitals had bed capacity more than 30. Thus the population was considered as 75 hospitals from Pune Municipal Corporation, Pune Cantonment Board and Pimpri-Chinchwad Municipal Corporation area.

A pilot study of 10 hospitals revealed that hospitals with 30+ beds observed Human Resource (HR) practices. Thus hospitals with 30+ beds were the selection criteria for sample elements.

1.12 Selection of Hospitals

The researcher had chosen more than 30 beds size hospitals for the study. Out of 928 hospitals, (Pune and Pimpri Chinchwad area) only 75 hospitals are more than 30 beds. The researcher has further chosen 30 hospitals from 75 hospitals randomly.

1.13 Sample Design:

Some representative items are selected from the population, so that all important characteristics of a population are covered in the items of this group, such a group is called a sample.

A sample is a portion of the total population that is considered for study and analysis. The type of sampling, which the researcher has used in the present research work, is random sampling.

The researcher has selected 30 hospitals for collecting actual data and also he has selected from the populating (40%) for filling in the questionnaire.
The representatives of hospitals were selected from the area of Pune Municipal Corporation, Pune Cantonment Board and Pimpri-Chinchwad Municipal Corporation.

The researcher in selection of the hospitals in which the study was conducted (bed strength), however the researcher choices were crucially determined by the willingness of the hospitals to participate in the study. Pune city and Pimpri Chinchwad had 75 hospitals in total; out of this contingent 30 hospitals were selected and approached for detailed investigation in the basis of 30 bed capacity criterion.

As expected not all hospitals responded positively, few hospitals refused to participate in the study. Hence, the researcher, worked with those who agreed to cooperate the study was total 30 hospitals (40% of the total hospitals in the city). Doctor-owner/ Managers of those selected hospitals were administered a comprehensive interview schedule to assess the HRM practices aspects of hospitals, personnel employed, HRM functions and objectives.

In all 50 questionnaires were circulated, 30 hospitals have responded, 17 hospitals have not responded for one or other reason. Remaining 3 hospitals questionnaires filled in were incomplete. In few large hospitals the management had not allowed to make any survey. Some of them refused to provide information. 30 hospitals were selected which had provided information about their hospitals.

In this research work - researcher compute the sample size of following manner.

1.14 Computation- Sample Size:

Sample size for the study was calculated using proportion method.

For small population formula -

\[ n = \frac{Z^2 \times (p \times q)}{e^2} \times \sqrt{\frac{N - n}{N - 1}} \]

Where,

\[ n = \text{Sample Size} \]
\[ Z = \text{Standard Scored associated with 95\% level of confidence (1.96)} \]
\[ p \times q = \text{Variability [since p & q were unknown, the worst case scenario was considered.} \]

Thus, \( p = \) was taken as 0.5 and \( q = 0.5 \)

\( e = \text{(error)} = 15\% \)

\( N = \text{Population Size [75]} \)

\( n = \text{Sample Size [42]} \)

\[
\begin{align*}
n &= \frac{Z^2 \times (p \times q)}{e^2} \\
&= \frac{(1.96)^2 \times (0.5) \times (0.5)}{(0.15)^2} \\
e &= 1\%
\end{align*}
\]

\[
\begin{align*}
&= 3.84 \times 0.25 \\
&= 0.0225 \\
&= 0.96 \\
&= 0.0225 \\
&= 42
\end{align*}
\]

Thus, the sample size calculated as follows.

\[
\begin{align*}
&= 42 \times \sqrt{\frac{N - n}{N - 1}} \\
&= 42 \times \sqrt{\frac{72 - 42}{71}} \\
&= 42 \times \sqrt{\frac{30}{71}} \\
&= 27.30 \text{ rounded off to 30.}
\end{align*}
\]

1.15 Methods of Data Collection:

The researcher in consonance with the present research work has collected both primary data and secondary data. The primary data are directly collected by the researcher. From their original sources the researcher has collected the requisite data
precisely in accordance with the research needs. As in contrast with this the secondary
data, collected by the researcher are taken from readymade sources on which the
researcher has no control over collection and classification. In other words, the
secondary data are those which have already been collected by someone else and have
been probably passed through many possible numbers of interpretations.

Methodology and Techniques to be used:

In order to accomplish research objectives to conduct this study, required data
has been collected from Primary as well as secondary sources. For these purpose
basically two methods i.e. survey method & discussion & interviews technique have
been used. A survey was carried out by personally visited the selected hospitals in
Pune & Pimpri Chinchwad. Primary data is collected through administering a survey
questionnaire, in depth interviews, secondary data is provided from published &
unpublished sources.

1. PRIMARY DATA: Primary data is collected through the following ways:

i) **Questionnaire**: Detailed & comprehensive questionnaire was prepared for
   HR managers / administrators/owner-doctors.

ii) **Discussion & Interviews**: A detailed discussion with the persons directly &
    indirectly related to Hospital Administration was conducted. These persons
    are in the various capacities as Administrators/manager, doctor-owners,
    executives, nurses etc. In the interviews, open end questions were asked to
    gather information. The interviews conducted were unstructured.

Collection of data through questionnaire:

The researcher has designed questionnaire to collect the primary data. As has
been already defined by somebody, by questionnaire, the researcher refers to a device
for securing answers to questions by using a form which the respondent fills in
himself/ herself.

While, on the subject, the researcher would like to mention two other related
tools viz- 'Schedule' and 'Interview guide'. To quote schedule is the name usually
applied to a set of questions which are asked and filled in by an interviewer in a face
to face situation with another person. The two forms obviously have much in
common, particularly in both the cases wording of questions is the same for all
respondents.
An “Interview Guide” on the other hand, is a list of points or topics which an interviewer must cover during the interview. In this case considerable flexibility may be allowed as to the manner, order and language in which the interviewer asks the questions.

Each of these three research tools contains a set of related items that is a set of questions all logically related to a central problem. Not all items obviously have the same form but in general they can be classed by the degree to which they are structured.

However, the questionnaires are distributed to the sample hospitals by the researcher and got them filled in by the relevant HR managers. Then the researcher collected and analyzed them with the help of software like stat graph and excel.

2. SECONDARY DATA:

The secondary data are collected from the secondary sources, these sources which record an event or happening that was never actually witnessed by the researcher. In other words, secondary sources are steps away from the real fact, replete with interpretations.

In general rubric, the Secondary are available from the following:

1. Records and documents written by actual participants or eyewitnesses of an event such types of documentary sources are official records or minutes, deeds, articles, press releases, newspapers items, survey and various reports etc.

2. Records on historical rather chronological developments of the organization or event.

3. Orally transmitted materials.


5. Printed material like books, periodicals, papers and literature.

6. Audio-visual records.

7. Records on personal observations:

As in confirmation with the above, the first part of Secondary data has been gathered by the researcher from the following -

i. Reference books.

ii. Journals.

iii. Relative Thesis.
iv. Computer (Internet) etc.
v. Reports.
vi Magazines, newspaper, and reference books.
vii Medical journals giving theoretical background of HRM practices in the hospitals considered for research.

1.16 Scope of the Study:

The present study has been undertaken to know the process of human resource planning, job analysis & examine the methods of human resource recruitment, selection, assessment of training needs & its utility, impact of motivational schemes on Hospital managers/administrators as well as employees of selected hospitals in Pune and Pimpri-Chinchwad. Only 30+ bed capacity hospitals have been included in the study. The nature of hospitals such as Proprietary, Partnership, Private Limited, Public Limited and Charitable Trusts hospitals have been considered for the study. The sample selected represents 30 hospitals from 75 hospitals (Population).

1.17 Coverage of the Study:

As mentioned earlier, in this study, 50 questionnaires were circulated out of which 30 were properly filled in by the hospital Administration Heads/Doctors, 20 were incomplete hence 30 questionnaires were selected.

The hospitals included Private/Government/ Semi-Government these I have studied carefully according to the purpose and objects of the study.

1.18 Data Analysis and interpretation:

The data gathered through the questionnaires and interview was classified and analyzed with the help of SPSS. A statistical package for social sciences and the perceptions, opinions of the respondents were incorporated in the findings, similarly application specific computer software was used for graphical presentation and to analyze various data statistical tests were used. Analysis would be presented with the help of Pie-charts, bar diagrams.

1.19 Statistical tools and techniques to be used:

On the current research work the analysis of data has been carried out by the researcher as follows -

i) Statistical analysis by several models.
ii) Usage of Software Consisting mainly of excels.

iii) Analyzed using the Statistical Package for Social Sciences (SPSS).

iv) Interpretation & inductive generalization of represented phenomenon.

1.20 Limitations of the Study:

1. This study of HRM practices was mainly confined to hospitals in Pune & Pimpri Chinchwad region i.e. mainly the urban areas so the findings of the study are related mainly with the urban areas.

2. The focus of this study is to know whether HRM practices are being implemented in hospitals for the benefit of the employees, Owner/Body of the Management and the benefit of the patients/beneficiaries.

3. There are 75 hospitals, having more than 30 beds in Pune & Pimpri Chinchwad. 50 questionnaires were circulated. But researcher could select only 30 hospitals for the purpose of the study.

1.21 LIST OF HOSPITALS WHERE SURVEY AND INTERVIEWS WERE CONDUCTED

HOSPITALS SURVEYED

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name and Address of the Hospital</th>
<th>Proprietary/ Partnership/ Pvt./ Govt. / Charitable trust</th>
<th>Name of the respondent/owner/administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lokmanya Hospital, Chinchawad, Pune- 411033</td>
<td>Trust</td>
<td>Dr. V.G. Viadya/ Rakesh Deshmukh</td>
</tr>
<tr>
<td>2.</td>
<td>Unique Children Hospital, Chinchawad, Pune- 411033</td>
<td>Pvt.Ltd</td>
<td>Dr. Sanjay Bagade (Director HR)</td>
</tr>
<tr>
<td>3.</td>
<td>Subodh Hospital &amp; Research Center, Kothrud, Pune- 411038.</td>
<td>Trust</td>
<td>Dr. K. S. Laddha</td>
</tr>
<tr>
<td>4.</td>
<td>Shashwat Hospital, Pvt. Ltd</td>
<td></td>
<td>Dr. P.S. Karmarkar</td>
</tr>
<tr>
<td></td>
<td>Hospital Name</td>
<td>Type</td>
<td>Owner</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------</td>
<td>------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>Kulkarni Hospital, Bhosari, Pune- 411039</td>
<td>Sole proprietor</td>
<td>Dr. Ravindra Kulkarni</td>
</tr>
<tr>
<td>6.</td>
<td>Krishna Hospital, Paud Road, Pune- 411039</td>
<td>Pvt. Ltd.</td>
<td>Dr. Karmarkar CMD</td>
</tr>
<tr>
<td>7.</td>
<td>Jahangir Hospital, Sasoon Road, Pune- 411001</td>
<td>Trust</td>
<td>Prasad Mughikar</td>
</tr>
<tr>
<td>8.</td>
<td>Phadke Hospital, Shivajinagar, Pune- 411004</td>
<td>Sole proprietor</td>
<td>Dr. D. M. Phadake</td>
</tr>
<tr>
<td>9.</td>
<td>Morya Hospital, Dapodi, Pune- 411012</td>
<td>Trust</td>
<td>Dr. Pawan Lodha</td>
</tr>
<tr>
<td>10.</td>
<td>Dwarika Sangamnerkar Medical Foundations, Navi Peth, Pune- 411030</td>
<td>Trust</td>
<td>Dr. Arvind Sangamnerkar</td>
</tr>
<tr>
<td>11.</td>
<td>Sant Dnyaneshwar Hospital, Bhosari, Pune- 411039</td>
<td>Pvt. Ltd.</td>
<td>Dr. Balghat J. C.</td>
</tr>
<tr>
<td>12.</td>
<td>Sancheti Hospital, Shivajinagar, Pune- 411005</td>
<td>Trust</td>
<td>K. H. Sancheti/ Mr. Kulkarni</td>
</tr>
<tr>
<td>13.</td>
<td>S. V. P. Cantonment General Hospital, Golibar Maidan, Pune- 411001</td>
<td>Govt.</td>
<td>Dr. S. M. Mahajan</td>
</tr>
<tr>
<td>14.</td>
<td>Padmashri Dr. D. Y. Patil Medical College &amp; Hospital Pimpri, Pune- 411018</td>
<td>Trust</td>
<td>Dr. P. D. Patil</td>
</tr>
<tr>
<td>15.</td>
<td>District Civil Hospital, Aundh Cantonment, Pune- 411027</td>
<td>Govt.</td>
<td>Dr. Vinayak More</td>
</tr>
<tr>
<td></td>
<td>Hospital Name</td>
<td>Ownership Type</td>
<td>Owner/Partner Name</td>
</tr>
<tr>
<td>---</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>16.</td>
<td>Padmashri Dr. D. Y. Patil Ayurvedic Hospital, Pimpri, Pune-411018.</td>
<td>Trust</td>
<td>Dr. R. B. Chavan</td>
</tr>
<tr>
<td>17.</td>
<td>Om Hospital, Bhosari, Pune-411039.</td>
<td>Partnership</td>
<td>Dr. Ashok Agarwal</td>
</tr>
<tr>
<td>18.</td>
<td>Noble Hospital, Hadapsar, Pune- 411013</td>
<td>Pvt. Ltd.</td>
<td>Dr. Dilip N. Mane</td>
</tr>
<tr>
<td>19.</td>
<td>Mankikar Children Hospital, Bhosari, Pune-411039.</td>
<td>Sole Proprietor</td>
<td>Dr. Gajanan Mankikar</td>
</tr>
<tr>
<td>20.</td>
<td>Kotbagi Hospital, Aundh, Pune - 411007.</td>
<td>Partnership</td>
<td>Dr. Mahesh Kotbagi</td>
</tr>
<tr>
<td>21.</td>
<td>Surya Hospital, Kasba Peth, Pune- 411030.</td>
<td>Pvt. Ltd.</td>
<td>Mr. Mahesh Kulkarni</td>
</tr>
<tr>
<td>22.</td>
<td>Hardikar Hospital, Shivajinagar Pune- 411005.</td>
<td>Trust</td>
<td>Dr. M.S. Hardikar</td>
</tr>
<tr>
<td>23.</td>
<td>King Edward Memorial Hospital, Mudliar Road, Rasta Peth, Pune 411011.</td>
<td>Trust</td>
<td>Dr. K. J. Coyagi/Mr. Shinde</td>
</tr>
<tr>
<td>24.</td>
<td>Madhukar General Hospital, Sinhgad Road, Pune- 411051</td>
<td>Pvt.Ltd.</td>
<td>Dr. Sanjeev Dongare</td>
</tr>
<tr>
<td>25.</td>
<td>Dr. Makan Surgical Maternity &amp; Accident Hospital, Sangavi, Pune 411027.</td>
<td>Sole Proprietor</td>
<td>Dr. P. D. Makan</td>
</tr>
<tr>
<td>26.</td>
<td>Medipoint Pvt. Hospital, Aundh, Pune- 411007.</td>
<td>Pvt. Ltd.</td>
<td>Dr. Ajay Gupta (Chairman/Cl. Takawale)</td>
</tr>
<tr>
<td>No.</td>
<td>Hospital Name</td>
<td>Location</td>
<td>Type</td>
</tr>
<tr>
<td>-----</td>
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<td>------</td>
</tr>
<tr>
<td>27.</td>
<td>Maharashtra Medical Foundation, Joshi Hospital, Bhandarkar Road, Pune 411004.</td>
<td>Trust</td>
<td>Dr. Phadake/Dr. Deshpande</td>
</tr>
<tr>
<td>28.</td>
<td>Sanjavani Hospital, Karve Road, Pune 411004.</td>
<td>Trust</td>
<td>Mr. D. A. Agashe, (Administrator)</td>
</tr>
<tr>
<td>29.</td>
<td>Sahayadri Hospital (Corporate HR), Law College Road, Pune-411004.</td>
<td>Trust</td>
<td>Mr. Unnikrishnan</td>
</tr>
<tr>
<td>30.</td>
<td>Oyster &amp; Pearl Hospital, Shivajinagar, Pune 411005.</td>
<td>Pvt. Ltd.</td>
<td>Col. Menon</td>
</tr>
</tbody>
</table>
1.22 Organization of Thesis

Chapter Scheme: The thesis has been divided into 7 chapters.

Chapter I: is devoted introduction. It explains in detail. Introduction of the study, Rational and significance of the study, Review of literature, Statement of the problem, Objectives of the research study, Hypotheses, Time factor, Pune Metropolitan region, Research design, Statistical population, Population definition, Selection of the hospitals, Sample design, Computation of sample design, Methods of data collection, Scope of the study, Coverage of the study, Data analysis and interpretation, Statistical tools and techniques, Limitations of the study, List of hospitals surveyed.

Chapter II:-
Pertains to introduction to theoretical concepts regarding Human Resources Management which includes, Introduction, What is HRM, History of HRM, Characteristics of HRM, Scope of HRM, Objectives of HRM, Functions of HRM, HRM Model, Importance of HRM, HRD, HRM and personnel management.

Chapter III:-
Offers broad profile historical perspective of the Hospital Industry, meaning and importance of the Health, meaning of Hospital, nature and scope of the Hospital, Hospital organization, Objectives of hospital management, Classification of the hospitals, New developments in hospital management.

Chapter – IV:-

Chapter – V:-
Research Methodology –Introduction, meaning of Research Methodology, Importance of Research Methodology, Research Methodology & data collection, objectives of the research study, hypotheses, statistical population, population definition, selection of hospitals, sample design, computation - sample size, methods of data collection, primary and secondary data, scope of the study, coverage of the study, data analysis and interpretation statistical tools and techniques, limitations of the study.
Chapter VI:-
Analysis and Interpretation: presentation and Interpretation of the data collected and inferences drawn by classifying and tabulating the data, Hypothesis testing, adequacy index model.

Chapter VII:-
It is devoted to Summary of conclusions, recommendations and suggestions. The questionnaires used for collecting the primary data appear as appendices and comprehensive bibliography concludes the thesis.