Chapter VII

SUMMARY AND CONCLUSIONS
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CHAPTER VII

SUMMARY AND CONCLUSIONS

The healthcare sector in Kerala is witnessing a spiralling growth due to the healthy economic development and the serious outlook of individuals towards personal health. Private sector is thriving exuberantly well since there is a wide gap between demand and supply for healthcare due to the lack of government initiatives. The proliferation of these private hospitals have paved the way for many unhealthy practices like poor working conditions, low wages, excess workload and lack of retirement and welfare measures to the employees. This state of affairs demanded a serious investigation into the functioning of the private hospitals in Kerala, especially on the human resource management practices, as the success of every organisation depends on the satisfaction level of its employees, which, in turn, will benefit the consumer, i.e., the patients.

Hence the present study was undertaken to find out the extent of human resource management practices in private hospitals in Kerala with a view to suggest appropriate remedial measures wherever required. For this purpose an interview schedule was administered to the management of 46 selected private hospitals (corporate, mission-run and societies/trusts) selected for the study to assess the level of human resource management practices exercised by them. In order to assess the extent of human resource climate existing in these hospitals, a questionnaire was also administered to 308 employees. The data collected by these tools were analysed
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Using appropriate statistical techniques like percentages, correlation, ANOVA, and weighted average score.

In addition to this, secondary sources were also made use of to arrive at suitable conclusions for the study. Reports and publications of Indian Society of Hospital Administrators (ISHA), World Health Organisation (WHO), Administrative Staff College of India (ASCI), Centre for Development Studies (CDS) Thiruvananthapuram, C Achutha Menon Memorial Library, Thiruvananthapuram, Kerala State Planning Board, Thiruvananthapuram, Directorate of Health, Thiruvananthapuram etc. were referred for the study.

7.1 OBJECTIVES OF THE STUDY

The overall objective of the study is to assess the effectiveness of human resource management practices in different types of private hospitals in Kerala State. The specific objectives of the study are:

1. To investigate into the different Human Resource Management practices in private hospitals, particularly focusing on the problems, limitations and effectiveness of these practices.

2. To identify the reasons for the high rate of employee turnover in the private hospitals in Kerala.

3. To examine whether factors influencing human resource management differ with hospitals under different managements.

4. To examine how the working environment can be improved and a favourable work culture introduced in the private hospitals.
5. To draw some conclusions and make recommendations for the effective human resource management practices in the private hospitals in Kerala.

7.2 CHAPTER SCHEME

Chapter 1 gives a brief introduction along with the statement of the problem, significance of the study, objectives to be examined, methodology adopted, sources of data, limitations and scheme of chapterisation.

Chapter 2 deals with literature survey pertaining to the topic of the study in the Indian and global scenario.

Chapter 3 explains in detail about hospitals – their origin, health status of Kerala, public health spending by the state governments in India, budget and health and Government healthcare infrastructure. The Private Hospital Sector, Reasons for Slow Growth of Hospitals etc are also explained in this chapter.

Chapter 4 is devoted to explain the various functional areas of managing hospitals. Starting with types of hospitals, the chapter has covered organizational structure with Henry Mintzberg model. Other areas include medical departments like surgery, nursing, general medicine, pharmacy, pathology etc and functional management departments like finance, marketing, human resource, materials and stores etc. Significance of human resource management and human resource climate is explained in detail in this chapter.

Chapter 5 provides an analysis of the interview schedule given to the hospital administrators/directors. The interview schedule covers areas namely, general details about the hospitals under study, decision-making practices, various HR issues like
manpower planning, recruitment and selection, training, promotion, transfer, performance appraisal, compensation, communication networks and industrial relations.

Chapter 6 deals with the analysis of the questionnaire given to employees (doctors, nurses and para-medical staff), to assess their perception about a good human resource management system in their respective hospitals. This questionnaire has 12 sections which include Working Environment, Cooperation, Training Programme, Performance Feedback, Favouritism, Policies, Fairness of Pay, Top Management, Employee Separation, Welfare Measures, Retirement Benefits and Legislative Enactments. Data received from 308 employees were used for analysis.

Chapter 7 is meant for giving a summary and suggesting conclusions of the study. It also highlights the areas where management and employee’s opinion on human resource management practices differ or agree. Both parties converge in areas like training, communication and certain aspects of performance management. Differences of opinion exist in areas like fairness of pay, welfare, employee separation, etc.

7.3 MAJOR FINDINGS OF THE STUDY

The important findings of this research work are summarised in this section to understand the areas of convergence of ideas by employers and employees on human resource management. The management has their views on various aspects and they need not necessarily be favourable to the employees of the hospital. The first part presents the findings that emerged out of the analysis of data collected from hospital
managements and the second part deals with the perceptions of employees on the human resource management practices prevailing in their hospitals. The details are given below:

7.3.1 Findings based on Human Resource Management Practices in Private Hospitals in Kerala

Data collected from managements of 46 allopathic hospitals from eight districts of Kerala were analysed and interpreted. Findings of the study include the following:

7.3.1.1 Human Resource Department

All corporate hospitals have a human resource department. This practice is less prevalent in hospitals run by societies and trusts. In 46% of mission-run hospitals and 71% of hospitals managed by societies and trusts, all activities of an HR department are carried on by the hospital administrator.

7.3.1.2 Decision-Making Practices

Centralised decision-making is a phenomenon in all the hospitals under corporate management (100%). Majority of the hospitals managed by societies and trusts (71%) and 67% of the mission-run hospitals also follow centralised decision-making.

7.3.1.3 Recruitment Practices

Sixty per cent of the hospitals under corporate managements consider hospital expansion as the criterion for recruitment. Mission-run hospitals recruit employees to meet the excess workload (66.66%) and for hospitals managed by societies and trusts
the basis for recruitment is hospital expansion (64.52%), quiet similar to corporate hospitals.

7.3.1.4 Criteria for Selection: Qualifications and Experience

(i) Majority of the hospitals make the selection of their clinical and non-clinical staff on the basis of both education and experience. Almost 60 per cent of the hospitals always counted on experience in the process of selection of candidates. One unique feature to be noticed here is that corporate hospitals do not entertain reference as a criterion for employee selection, while in hospitals managed by societies and trusts there is a substantial role for reference of candidate.

(ii) None of the hospitals (89.13%) studied considered marks as the only criterion for the selection of doctors. Marks coupled with experience or reference mattered most. Corporate hospitals did not consider any community as a criterion for the selection of doctors. Only the mission-run hospitals consider 'community' along with other factors like marks and experience.

(iii) Selection of nurses in 100 per cent of the private hospitals studied give priority to marks, experience and reference of the candidate. Eighty per cent of the mission-run hospitals consider experience and community as a major factor for selecting nurses. Hospitals managed by societies and trusts also considered community, provided they possessed marks and experience also.

(iv) Marks, experience and reference are considered as the major criteria for the selection of para-medical staff in hospitals studied under different managements.
7.3.1.5 Mode of Communication

(i) Majority of the corporate hospitals issue appointment letters to their staff at the time of their joining itself though it is not similar in the other two types of private hospitals. In corporate hospitals appointment letters are provided to all the permanent employees, irrespective of job category. In the mission-run and the hospitals managed by societies and trusts, permanent employees of the categories of junior nurses and below are provided the joining letters only on request.

(ii) Appointment letters issued by majority of the corporate hospitals contain salary details (80%) and job description (100%). Salary payable is not always specified in all the appointment letters in the hospitals studied.

(iii) Memos/circulars are used by 48% of hospitals and 36% hospitals depend on individual letters for communicating with employees. Wherever matters had to be conveyed individually, the management used letters and issues on common human resource management were conveyed through circulars.

(iv) According to the management representatives, majority of employees (50%) use exit interview as the medium to communicate their grievances to the management. Suggestion box is considered by only 17.4 per cent of the respondents. Grievance procedure is also an accepted channel of communication used by employees through the grievance cell existing in hospitals.
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7.3.1.6 Awareness of Personnel Policies

Personnel policies are not made known to all the employees by majority of the hospitals (52.38%) studied. Still, a good number of the hospitals managed by societies and trusts (47.61%) inform the employees their hospital’s human resource policies.

7.3.1.7 Capacity Building Process

(i) Orientation programmes for the new recruits are conducted by majority of the hospitals under the three management groups studied. The department heads in case of doctors and nursing superintendents in case of nurses and auxiliary staff do these orientation programmes.

(ii) Majority of the hospitals under study (71.74%) have their own training policies.

(iii) From among the 46 hospitals studied, only 18 are interested in sending doctors for training and 22 for sending nurses. It is noteworthy that 93 per cent of the hospitals did not have any policy of sending their para-medical staff for any kind of training.

(iv) Post-training appraisal is conducted only by 30% of the hospitals studied for their employees after they return from training.

(v) Majority of the mission-run hospitals (73.33%) and 50 per cent of the corporate hospitals always permit their trained staff to administer new skills acquired through training. Hospitals managed by trusts (42.86%) are also in favour of permitting their employees in implementing skills learnt by them through training received from external agencies.
Para-medical staff is rarely sent for seminars or conferences by majority of the hospitals managed by societies/trusts and mission. On the contrary, corporate hospitals as a policy send majority of their employees for training.

7.3.1.8 Performance Appraisal System

(i) It is seen that all the corporate hospitals (100%) have a performance appraisal system in place and a majority of the mission-run (60%) and societies/trusts (61.91%) hospitals also have a performance appraisal system.

(ii) Wage/salary revision was ranked as the first use of performance appraisal by 32.60 per cent of the hospitals and 23.91 per cent used performance appraisal for training needs identification. Verbal feedback is ranked first by 17.39 per cent of the respondents. Only six hospitals each gave promotion and transfer as the first use of performance appraisal. Verbal feedback is ranked by 29.26 per cent of the hospitals as the second use of performance appraisal.

(iii) Quantity of work done was ranked as the prime criterion for 6.52 per cent of the respondents, while 54.35 per cent consider regularity at work as the prime criterion for performance appraisal. Thus a person who takes less leave and is regular at work is ranked highest. Quality of work is ranked first by 50 per cent of the respondents as the criterion for performance appraisal.

7.3.1.9 Employee Turnover

(i) The primary reason for labour turnover according to majority of the hospitals is better job prospects abroad. In the case of mission-run hospitals better job prospects within India also lured employees from their present organisation. But
marriage as 'always' a prime reason for leaving the present organisation was cited only by hospitals run by trusts and societies (52.38%).

(ii) No significant difference was found among the private hospitals under the three managements in the case of the reasons like better job prospects abroad and better job prospects in India when tested for significance using ANOVA. But in the case of marriage as 'always' the reason for labour turnover, significant difference was observed ($F = 6.32; p < 0.01$) for hospitals under different managements. As seen earlier, the hospitals run by societies and trusts experience more employee turnover due to marriage.

### 7.3.1.10 Salary Administration

Corporate hospitals consider cost of living, productivity, prevailing rates in the industry and retention practice, while fixing salaries for doctors, nurses and para-medical staff. Mission-run hospitals and hospitals managed by societies/trusts consider collective bargaining strength alongwith other factors since trade union exists in some of these hospitals, though trade unions are consulted only for lower level employees and not for doctors, nurses or para-medical staff.

### 7.3.1.11 Welfare Schemes

(i) Majority of the corporate hospitals offer financial incentives for motivating their employees. Doctors are paid private practice allowance and senior doctors have case allowance, i.e. for every special case they attend to, they receive a special pay. Some hospitals also have a system of paying a retainer fee to doctors.
For permanent nurses and other para-medical staff, financial motivators like interest-free housing loans, washing allowances, subsidised canteen facilities, free hostel facilities for unmarried staff and travel allowance exist.

In majority of the hospitals managed by trusts and societies there is no system of providing any financial incentive other than the statutory benefits that the hospitals have to necessarily comply with under Industrial Disputes Act, Employees State Insurance Act and the Labour Welfare Board.

(ii) Awards and certificates are distributed for motivating their employees by the majority of hospitals (56.09%), but it is sad to note that there are hospitals that do not have any non-financial motivators as well.

(iii) The obtained F-values are not significant at any level. It clearly shows that there is no significant difference among the different hospitals classified on the basis of management (Corporate, Mission-run and Trusts) on the welfare measures such as financial motivators and non-financial motivators. It suggests that irrespective of the type of management of hospitals the welfare measures for employees adopted by hospitals are not significantly different.

7.3.1.12 Retirement Policies

(i) Hospitals are complying with all the statutory benefits for permanent staff like Provident Fund, Gratuity, Employees State Insurance and contributions to State Labour Welfare Board.

(ii) Corporate hospitals, mission-run and hospitals managed by societies/trusts had in general a policy of appointing doctors, nurses and para-medical staff. Subsidised medical treatment is provided for all the three categories of
employees by majority of the hospitals though non-statutory welfare schemes are almost absent for all.

7.3.1.13 Employee Grievance

Reasons for grievances for doctors were poor facilities provided to them – both clinical and personal – followed by disciplinary actions. Promotion was another cause of concern for doctors.

In the case of nurses, salary increment policies mattered most followed by salary as cause of grievance. The next reason for employee grievance was on facilities – clinical and personal – provided. They also lacked a proper course for individual advancement.

Regarding para-medical staff, majority of the respondents view their chances of promotion as almost nil. They also rated increment and salaries to be very low.

7.3.1.14 Trade Unions

In the majority of the hospitals under the corporate sector (80%) there is no role for trade unions in determining the wages. But in 33.3% of the mission-run hospitals the trade unions have a role in determining the wages of employees, more specifically for nurses, para-medical staff and other lower level employees.

7.3.2 Findings based on Employees’ Perception on Human Resource Management Practices in Private Hospitals in Kerala

The sample comprised of 96 (31.17%) employees who are working in the corporate hospitals, 92 (29.87%) in the mission hospitals and 120 (38.96%) in the hospitals owned by trusts and societies.
7.3.2.1 Working Environment

(i) Forty-two per cent of the employees in the corporate hospitals, 37% in the mission-run hospitals and 30% in the hospitals managed by societies and trusts are unhappy with the present job rotation policies.

(ii) Majority of the staff under the corporate and trust-managed hospitals experience a psychological climate which is conducive for working (62.50% and 70% respectively). But 54.30% of the employees of the mission-run hospitals did not experience a similar work environment.

(iii) There is a mixed response of the modes of communication used by employees of private hospitals studied. When 63% employees of the corporate hospitals communicated their problems directly to their heads of departments, 54% of the mission-run hospitals and 70% of the employees of the hospitals managed by trusts and societies depended upon suggestion box.

(iv) ANOVA suggests that the factor ‘working environment’ is significant since the level of significance is less than 0.5. Thus we can accept the fact that the various factors under ‘work environment’ influence the perception of the human resource management practices in private hospitals studied in Kerala.

7.3.2.2 Co-operation

(i) Team work is highly encouraged in 79 per cent of the hospitals under the three different types of managements.

(ii) Medical cases are discussed openly between different levels of staff with the objective of solving them in 77% of corporate, 50% of mission-run and 72% of society/trust-managed hospitals.
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(iii) Hospitals managed by trusts (85%) have a systematic mentoring policy than any other type of hospital. Majority of the corporate hospitals (85.40%) and mission-run hospitals (52.20%) do not give attention to this aspect due to their hectic schedule.

(iv) The mean value for ANOVA test on cooperation is less than F value. It means that the mean value is significant i.e. there is cooperation among employees of private hospitals under different forms of managements.

7.3.2.3 Training Programmes

(i) Majority of the employees from the three forms of management (79.22%) takes sponsored training by the hospitals seriously and tries to learn from the programmes they attend.

(ii) Opportunities to try out what they have learnt from training programmes are provided by majority of the employees (62.34%).

7.3.2.4 Performance Feedback

(i) Employees obtain feedback about their strengths and weaknesses from supervising staff from 87.50% of the corporate hospitals and 83.34% of the society/trust managements, while only 52.20% of the employees from the mission-run hospitals receive the feedback about their performance.

(ii) All the employees under corporate, mission-run and trust-managed hospitals take the performance feedback seriously and utilise it for their development.

(iii) Employees of 52.10% of the corporate and 63.30% of trust hospitals agreed that good work is appreciated in their hospitals, though the rate of appreciation is not up to the expectation that 'good work pays'.
Comparison of the three groups from the different management showed no significant difference in the utilisation of performance feedback ($F = 0.832; p > 0.05$). That is, irrespective of the management, employees under the three managements utilise the performance feedback for their development.

### 7.3.2.5 Favouritism

(i) In 58.30% of the corporate hospitals promotion is based on favouritism, whereas in the case of 65.20% mission-run and 63.30% of the trust-managed hospitals promotion is based on the efficiency of the person. Efficiency is given due acknowledgement in the mission-run and trust hospitals.

(ii) Performance rewards are based on adequate assessment in 56.25% of the corporate hospitals. But in the majority of the mission-run (56.52%) and trust (50%) hospitals the rewards are based on favouritism.

### 7.3.2.6 Policies

(i) Employees belonging to corporate (72.90%) and mission-run (56.50%) hospitals are not satisfied with the hospital policies on employees, while 60 per cent of the employees under society/trust managed hospitals showed satisfaction with the policies of the hospitals.

(ii) Suspension/dismissal procedures were informed earlier in majority of the hospitals (58.44%), though 41.56% are fully unaware of them.

(iii) Comparison of the opinion of employees under the three different management showed significant difference in their views on hospital policies ($F = 10.24; p < 0.01$). Scheffé test of post hoc comparison revealed
significant difference between employees of corporate and trust hospitals and between mission-run and trust hospitals with respect to acceptability of hospital policies to employees. No significant difference was noted between employees of corporate and mission-run hospitals on the acceptance of hospital policies to employees.

7.3.2.7 Fairness of Pay

(i) Majority of the employees under all the management groups (66.88%) are not satisfied with their present salary. They feel that their present salary is not compatible with the prevailing rates in the industry.

(ii) Corporate hospitals and trust hospitals consider experience while fixing salary (66.67% and 61.70% respectively) for employees. In the case of mission-run hospitals (45.65%) experience is not always a criterion for fixing an employee's salary.

(iii) The prevailing salary scheme of corporate (55.20%) and mission-run (63.04%) hospitals does not motivate the employees. Employees of trust hospitals (50%) interviewed agreed that they were motivated by the present salary scheme.

7.3.2.8 Top Management

(i) In 60.40% of the corporate and 75% hospitals managed by the societies/trusts enjoyable work is ensured to employees, though 56.50 per cent of the mission-run hospitals do not follow this practice.
(ii) The top management of the majority of the hospitals under the three managements (75.95%) believes in their employees and treats them humanely.

(iii) Top management of the mission-run (52.20%) and society/trust (71.66%) hospitals of Kerala under study identifies and utilises the employees' potentials more compared to the corporate hospitals (37.50%).

7.3.2.9 Employee Turnover

Employees from all the three different management groups would leave the present hospital for an alternative job of a similar nature, though 37% employees of mission-run hospitals disagreed to the same.

7.3.2.10 Welfare Measures

The various welfare measures adopted by the management for the employees are satisfactory in the majority of the corporate (72.90%) and society/trust (58.34%) hospitals. But in 52.20% of the mission-run hospitals the hospitals do not ensure various welfare facilities for the employees.

7.3.2.11 Retirement Benefits

Majority of the employees belonging to the mission-run (63.05%) and trust hospitals (70%) are not satisfied with the retirement benefits offered to them, while 45.80% of the employees of the corporate hospitals are happy with the retirement benefits offered by their management.

7.3.2.12 Legislative Enactments

Exactly 50 per cent of the employees working in the corporate hospitals and 65.20 per cent of the mission-run hospitals are not aware of the various labour
legislations. But in a good number of trust hospitals (50%) employees are aware of the Minimum Wages Act.

7.3.2.13 Overall Findings

Different human resource variables affect the perception of employees in different types of hospitals. When Team Work, Daily Case Discussions, Feedback from Supervisor, Performance Feedback and Humanely approach of Top Management influenced the perception of human resource management among employees working in corporate hospitals, Team Work, Serious Training, Performance Feedback, Promotion and Humanely approach of Top Management influenced the perception of human resource management among employees working in mission-run hospitals. Team Work, Feedback from Supervisor, Performance Feedback, Mentoring and Humanely approach of Top Management influenced the perception of human resource management among employees working in hospitals managed by trusts/societies also. As such there are similarities in variables that influenced the perception of human resource management of private hospitals positively.
7.4 RECOMMENDATIONS

Based on the above findings of the study the following recommendations are made, which will pave the way for a healthy human resource management practice in the private healthcare sector in Kerala.

7.4.1 Human Resource Department

Every hospital must set up a human resource department headed by a qualified human resource manager. Functions of a hospital administrator should be separated from the human resource manager. All functional aspects of human resources which are plenty in hospitals, since it is employee-dependent should be carried on by the human resource manager. A good human resource manager can help build good employer-employee relationship.

7.4.2 Centralised Decision-making

Though majority of the hospitals studied are practising centralised decision-making, it is not prevalent in all the hospitals. Centralised decision-making for human resource must be established in all the private hospitals. This can provide the management a clear picture of the employee-related activities like number of appointments, dismissals, reasons for leaving jobs, promotion, training etc, and these information can assist them in rethinking various human resource policies already implemented, or going to be implemented.

7.4.3 Recruitment

It was found that criteria for recruitment are not manpower plan or hospital expansion in majority of the hospitals. Manpower plan-based recruitment is the ideal recruitment procedure. The human resource department should be able to plan the
manpower requirements for a year. Employees will feel work pressure if hospitals follow an unscientific method of recruiting as and when adequate staff is not available, which, in turn, will affect the quality of functioning at the hospital.

7.4.4 Personnel Policies

The study showed that majority of the hospitals does not reveal the personnel policies to the employees in writing. Unless there is transparency from the part of the employer on personnel policies the trust of the employees towards the organisation they work will get diluted. This anomaly must be addressed properly by providing timely information to the employees on the personnel policies of the hospital, so as to make them convinced about their importance in the organisation.

The employees were also not satisfactory with the hospital policies of management. The various welfare measures adopted by the management were also found to be not satisfactory in the majority of the hospitals. Hospital management should ensure that an employee-centric policy must be adhered to in winning the trust of the employees, which could ultimately benefit the hospital.

7.4.5 Training received by Doctors and Nurses

A good number of the hospitals under study does not seem to have a proper training policy for their staff, especially doctors and nurses. As the medical profession is changing rapidly due to intense research and newer technologies training and post-training appraisal to medical and para-medical staff must be made compulsory in private hospitals. Employees should also be allowed to administer new skills acquired through training to encourage them to get hands-on-experience. It will enhance the morale and acceptance of the management among employees.
7.4.6 Seminars and Conferences

Hospital managements are hesitant to send their employees, more specifically, nurses and para-medical staff for seminars and conferences. In a rapidly changing field like medical science, up-to-date knowledge of the happenings is of utmost importance for any employee. So, participation of employees in seminars and conferences must be encouraged by the management.

7.4.7 Individual Advancement

Promotion for doctors and nurses was found to be limited in corporate and trust hospitals compared to mission-run hospitals. Adequate promotion must be provided to all the employees in the hospitals, especially to doctors and nurses. In addition to that, employees felt that promotion was based on favouritism rather than the suitability of the person, especially in corporate hospitals. This system of promotion should be checked urgently as this will erode the trust of employees in hospitals.

7.4.8 Mentoring

Though mentoring was common in society/trust-managed hospitals it was almost absent in hospitals under corporate and mission-run management. Hospitals must change their strategy and assist in helping employees who lack skills. It was also found that in majority of the corporate hospitals the guidance to juniors by seniors for future job responsibilities is absent. Nonavailability of time is the reason cited by employees. If the hospitals can systematically allocate work and develop a system where seniors are allotted a particular time for mentoring, then, skill can be
developed and expertise made use of by hospitals. Such a mentoring system can create a sense of commitment among employees in private hospitals.

7.4.9 Top Management

In a majority of the mission-run hospitals the top management does not ensure a congenial working atmosphere to the employees. Unless the top management is involved in creating an employee-friendly atmosphere in the working sphere, the employees will feel insecure, resulting in quality deterioration and discontentment. The top management of the private hospitals should be actively involved in creating a pleasant working atmosphere to the employees in their hospitals. It was also seen that majority of the top management of the mission-run hospitals is not much aware of the importance of employee development. In addition to the involvement in creating an employee-friendly atmosphere the top management should ensure professionalism. Identification and utilisation of employee potential by top management is of vital importance for any successful organisation. It should always be remembered that employees are the 'internal customers' in any organisation. Unless the internal customers are satisfied, it would be very difficult to get positive feedback from the actual customers, which could create negative consequences to the organisation.

7.4.10 Performance Feedback

Use of performance feedback as a scientific tool to enhance the productivity of employees was found to be good since employees consider this review of performance seriously and utilise it for their development.
7.4.11 Pay Scale Revision

In considering the pay scale revision, only very few hospitals were found to be relying on cost of living, productivity and prevailing wage rate. Nowadays the cost of living is becoming very high in Kerala, and so the pay revision must be essentially linked to the cost of living and productivity of the employee. It is also to be noted that majority of the employees were not satisfied with the present salary structure. One should consider experience and competence of the employee in fixing pay scale. Pay scale should be compatible with other industries and should be the prime motivating factor for an employee. Always pay the promised salary to the employees to avoid deep discontentment among them.

7.4.12 Financial Schemes

A great majority of the hospitals does not have any financial scheme for motivating the employees. Performance-based financial schemes must be implemented in the private hospitals of Kerala.

7.4.13 Non-financial Motivators

Money alone is not a motivating factor in work. Though some hospitals were found to employ awards and certificates for their employees, it is not a common practice in the private hospitals of Kerala. Here also, the practice prevailing in other sectors like best volunteer award, best team worker award, etc., which is best suited to the healthcare sector, would prove to be inspiring to the employees.

7.4.14 Employee Grievances

A good number of doctors and nurses were found to have grievance over poor facilities in the hospitals. Lack of promotion was found to be another unpleasant
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reason for doctors. Facilities in the hospitals must be enhanced both for the well-being of the public and for the staff working there. Except for doctors, the major grievance of all other staff is about salary. This should be urgently remedied in such a way as to enable them attain a decent living.

7.4.15 Labour Turnover

Labour turnover was found to be high in private hospital sector which occurs mainly due to opportunities to go abroad. But the study also revealed that a good proportion of the employees is willing to go for better jobs even within India. This phenomenon shows the lack of a stimulating atmosphere in the private hospitals studied. Steps could be taken to reduce the employee turnover by increasing facilities at the hospital, salary and various welfare measures. The study found that majority of the employees of all the three different management groups would leave the present hospital for an alternative job of a similar nature. This clearly shows the employee discontentment and aspiration. This phenomenon shows the lack of welfare measures and inadequacy of salary paid to the employees. For the retention of the employees the management should take urgent steps to reward the employees, which could enable them to earn a decent living. These measures could bring down employee turnover to a great extent, and boost the morale of the employees which could result in increased performance.

It was also pointed out by a good number of the employees of the mission-run and trust hospitals that performance rewards are not based on adequate assessment, but are decided on favouritism of the management. This also could pave way for employee dissatisfaction, thereby causing attrition of the employees. So, like in any
professional organisation, performance rewards in private hospitals also must be decided on adequate assessment of the employee’s competence, and not on favouritism.

The above recommendations, if implemented properly, will go a long way in the effective human resource management practices in the private hospitals of Kerala. These steps could create a more efficient and satisfied workforce, which could metamorphose the present-day working of these institutions, which, in turn, will benefit the end-user, the management and the employees of the private hospitals in Kerala in a healthy and constructive manner.

7.5 SUGGESTIONS FOR FUTURE STUDY

In the course of the present study, several avenues for further research in the area under investigation have been identified and a few of which are listed below:


2. A detailed study of the HRM issues in the private hospitals in other states of India could be done to get an overall view of the practices prevailing all over the country.

3. A study can be attempted into the HR practices of super-speciality corporate hospitals in India (Apollo hospitals, Escorts hospitals etc.) which would be very helpful in evolving a professional human resource management practice for the entire industry.
4. Relationship between quality of service rendered and employee satisfaction in private hospitals is also an interesting area worth studying.

7.6 CONCLUSION

The overall HR management practices in private hospitals in Kerala are fairly satisfactory. There are several areas which need immediate attention of policy makers and the private hospital managements. Policies which will address issues relating to employee discontentment and introduction of a more professional approach to HR management practices is the need of the hour. The study revealed that the existing HR practices are not conducive for delivering quality healthcare to the stake holders. A more professional approach for HR practices will definitely pave the way for containing the high employee turnover and contribute to building a team of highly motivated and committed group of employees. The recommendations of this study, if implemented, will bring about a positive change in the attitude of both the management and employees leading to a healthy work culture in the private hospitals in Kerala. Let all concerned remember; “Health is Wealth….!!!”.