

Developmental aspects of health care sector in India: An empirical study of HRD mechanisms

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Abstract

Individuals are a potential business resource through the enhancement of their personal skills; they are seen as any other investment in equipment. Performance appraisal are subordinated under a notion of the 'individual as resource', to be drawn on and used to the full, much like machinery. Training, rather, continuous training is the time-tested HRD technique generally employed to enhance the productivity of the personnel. Many a time it comes as a handy tool to motivate the individuals as well to boost the morale of a group. While many took upon it as a serious program for individual betterment, some take it as a pastime from the routine or hectic work schedule. Research on HRD mechanisms at National and International level, particularly in Health care sector is limited. Taking into consideration the limited study on Health care sector, the present study was undertaken on three hospitals-SKIMS, SMHS and GMC Jammu in the state of J&K (India) with special focus on Performance Appraisal system (PAS) and Training and Development (T&D). The results revealed that HRD Mechanisms in the health care sector is above the level of satisfaction and that both the managerial and non-managerial staffs are equally satisfied towards the HRD mechanisms.

Keywords: HRD Mechanisms, Performance Appraisal System, Training and Development.

Introduction

Performance appraisal belongs to the post-modern organizational notion of a human centred, subjective management system, manifest in HRM, strategic manpower planning and total quality management. For many individuals, performance appraisal conjures images of piecework and Performance-Related-Pay (PRP), and has been seen as a less than objective principle (Mc Ardle 1992). This fear has become a rational one in recent times for education, articulating notions of surveillance and control. It has its roots in a classical theory of organizations with strong notions of power and control through management. This management control was an attempt to overcome the problems stemming from the lack of control over manual employees. Moreover, the increasing use of performance appraisal and PRP at all levels, illustrates that the problem of intransigent employees is seen by organizations to have transferred itself to the non-manual sector. Like many other people management concepts such as organizational commitment, performance appraisal are subordinated under a notion of the 'individual as resource', to be drawn on and used to the full, much like machinery. In this, performance appraisal stresses both employer and employee should focus on the complementary purpose of the organization's furtherance. On the one hand individuals are a potential business resource through the enhancement of their personal skills. While on the other, they are seen as any other investment in equipment. Performance appraisal's definition however, prescribes a 'required' outcome of productive increases in performance. Individuals, as people, are only peripherally related to it. It is thus a formal organizational mechanism for controlling the performance of work tasks on a rational, subjective and continuous basis. In essence, it is an attempt to involve individuals in the regular clarification of their work tasks, goals and achievements, at the same time making them more accountable for them. Such management practices accentuate one aspect in particular for performance

appraisal. With the move away from a direct and technical supervision of work towards a discretionary or self-management aspect, performance appraisal has become the means to monitor the form in which this discretion is understood and practiced. This discretionary feature has come about partly through technological changes in the work process, and partly a desire to achieve flexibility through the elimination of job descriptions and union staffing requirements. It has also been the attempt to adopt Japanese employment practices. It serves as a mechanism to measure such internalization. Explicit rules play a lesser role in the regulation of performance^[3].

Of the various techniques of HRD, training occupies the prime position as it has the direct bearing on the individuals^[15]. Training refers to the teaching/learning activities carried on for the primary purpose of helping members of an organization to acquire and apply the knowledge, skills, abilities and attitudes needed by the organization and it is the act of increasing the knowledge and skill of an employee for doing a particular job. Training, rather, continuous training is the time-tested HRD technique generally employed to enhance the productivity of the personnel. Many a time it comes as a handy tool to motivate the individuals as well to boost the morale of a group. While many took upon it as a serious program for individual betterment, some take it as a pastime from the routine or hectic work schedule. Though it is considered one of the significant internal sources of competitive advantage, there is some ambiguity regarding the value-addition vis-à-vis the investment in training. Unless the training is evaluated, the investment and its effects cannot be tested and the resources could be wasted in inadequate activities^[15].

Review of Related Literature

Motivation, Performance and Satisfaction among University Teachers was compared in Public and Private Sectors in

Pakistan and Malaysia. The research aimed to determine the difference in performance, achievement motivation and job satisfaction of teaching faculties of selected private and public sector higher educational institutions of Pakistan and Malaysia. The study revealed that private and public sector management were playing significant role in managing teaching faculty of educational institutions of Pakistan and Malaysia. There did not seem cross-cultural difference between Pakistan and Malaysia when performance and job satisfaction of teaching faculty of private sectors is concerned; however, both private and public sectors educational management of Malaysia seemed to be doing vital job in developing more achievement motivation in their teaching faculty than Pakistani management. Moreover, performance of public sector Malaysians teachers appeared to be more than Pakistan public sector teachers, although it was not in the low range. Nevertheless, public sectors teachers of Pakistan were more satisfied with their jobs than private sector Pakistani teachers. [9], surveyed the Effects of Appraisal Purpose, Perceived Consequences, and Rater Self-Monitoring on Leniency of Ratings and Decisions in the education sector. This study investigated one avenue through which appraisal purpose influences ratings and related personnel decisions. Support for hypotheses suggested that ratings and decisions were more likely to be distorted as the severity of consequences increased. [10], surveyed the Performance evaluation of inpatient service in Beijing: a horizontal comparison with risk adjustment based on Diagnosis Related Groups. Evaluation was undertaken at all at all large public hospitals of general acute care in Beijing.

June, Cynthia & Martin (2000), carried out the research on Effects of training method and learning style on Cross Cultural training outcomes and the results indicated that cross cultural attitude and trainee reaction were more positive when the training method matched trainees learning styles than when it did not. [16], the analysis indicated that the relationship between training and firm performance might be mediated by employee knowledge and attitude. Furthermore, capital investment or organizational strategy does moderate the training performance relationship. Stephen, Craig, Barbara & Kenneth (2006) [2], surveyed that the level of perceived training needs varied dramatically by job category and health department type. When comparing aggregate training needs, public health workers with greater day to day contact indicated a greater need for training than their peers who did not such as those working in administrative positions. A series of studies was undertaken to establish the training and development needs of nurses and midwives working within a variety of contexts in Indonesia, with the ultimate aim of enhancing care provision within these domains. The majority of health delivery was undertaken by nurses and midwives educated to secondary school level only, with the higher, more specialist qualifications being delivered by educators with restricted clinical experience. This, together with a context of high demands for health care, restricted resources and limited equipment and facilities, inevitably presents a real challenge for the Indonesian health system. The vast majority of nurses and midwives (60%) had inadequate training and preparation for the role, which created the potential for substandard care delivery. An intensive in-service training program improved the performance of village midwives in three out of five key skill areas. A comparison of the two ratings on any item

provided an assessment of the training need associated with it, in that tasks considered to be highly crucial but not well-performed had a training implication, while those items for which criticality and performance were rated similarly had little training requirement. The occupational roles of the midwives varied significantly by province, indicating regional service delivery distinctions, but very little difference in the roles of hospital and community midwives.

Sample Organizations at a Glance

Hospitals are an important sector of the society and this sector continuously deals with both, its own human resource and humans from outside the organization, to be managed and handled tactfully. So the study on this sector is important. The sample organizations include; 1) SKIMS Srinagar 2) GMC Jammu & 3) Fortis Chandigarh.

Sher-i-Kashmir Institute of Medical Sciences Srinagar.

The Institute was partially commissioned on 5th December 1982. Sher-i-Kashmir Institute of Medical Sciences is a post graduate Institute for training, research and patient care. With this objective, various committees appointed by the Government of Jammu and Kashmir identified the specialties in which postgraduate and post doctoral courses would be undertaken.

Government Medical College Jammu.

The Govt. Medical College, Jammu, the premier institution for delivery of health care in this region was started in May, 1973. At present, govt. medical college, Jammu is catering to the patients from whole of Jammu region, parts of Kashmir valley and adjoining areas of neighbouring states of Punjab and Himachal Pradesh.

Fortis Health Care: -

The Fortis Hospital at Mohali in Punjab with a 209 - bed capacity was the first facility of its kind in the region. Amongst other specialties, it runs the largest cardiac program in North-West India. The hospital is a super specialty cardiac hospital. It is the largest cardiac care hospital in the region.

Objectives of the Present Study

- 1) To analyze the existing environment for HRD Mechanisms in the sample study hospitals, i.e.(a) SKIMS (b) GMC and (c) Fortis.
- 2) To examine the perceptual difference in the opinion of Managerial and Non managerial staff and
- 3) To draw conclusions and to provide result oriented guidelines and suggestions to the sample study hospitals for improvement of their existing HRD Mechanisms.

Hypothesis

In consonance to the above objectives, the hypotheses formulated for the present research are as under:

1. HRD Mechanisms in the hospitals is satisfactory.
2. The managerial and non-managerial staff shares a common perception about HRD mechanisms in the hospitals.

Research Approach and Design

The tool used for obtaining the information was a 'Structured Non Disguised Questionnaire', a questionnaire was designed keeping in view both major and minor objectives of study. A

close format questionnaire was used. It consisted of two Sections and 39 statements. Sec “A” consisted of 38 statements, the rating for each to be done on a scale from 5 to 1,(5)=Almost always true,(4)=Mostly true,(3)=Sometimes true,(2)=Rarely true,(1)=Not at all true. Sec “B” sought for suggestions and name, gender, age, pay scale, designation of the respondent.

Simple Random Sampling Method (SRSM) was used to cover employees from Medical, Administrative, Supportive and Technical cadres in the sample selected organizations. A sample of 100-125 was targeted from each organization covering doctors, engineers, nurses, officers and others. Thus the total sample for the study was 375.

Data Analysis and Interpretation

Environment for HRD Mechanisms in the sample study organizations.

Table 1 reveals that the mean score for HRD Mechanisms in the sample study organizations falls in a satisfactory range of scale with mean > 3. SKIMS and GMC score a total mean of 3.1(52.5%), Fortis a total score of 3.4(60%). Comparing the three organizations, it is clear from table 1 that SKIMS and

GMC score a mean of 3.1 which is less than the mean score of Fortis 3.4.

Statement 26 i.e. “Employees are sponsored for training programs on the basis of genuine training needs in health care sector”, and Statement 24 i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”, scores the largest mean score of 3.6(65%) for SKIMS. Again statement 24 i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”, scores the largest mean of 3.5(62.5%) for GMC and 3.8(70%) for Fortis.

On the other hand, statement 16, i.e. “When an employee in the health care sector does good work his supervising officers take special care to appreciate it”, scores the least mean score of 2.7(42.5%) and 3(50%) for SKIMS and GMC. Statement 21, i.e. “Weaknesses of employees in health care sector are communicated to them in a non-threatening way”, scores the same least mean of 3(50%) for GMC. For Fortis statement 17, i.e. “Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism”, scores the least mean score of 3.2(55%).

Table 1: Environment for HRD Mechanisms in the sample study organizations.

S.No	Statements	SKIMS (No. 106)		GMC (No. 100)		Fortis (No. 70)		Total
		M.S	% age	M.S	% age	M.S	% age	
1	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.0	50	3.1	52.5	3.3	57.5	3.1
2	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.7	42.5	3.0	50	3.4	60	3
3	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.1	52.5	3.1	52.5	3.2	55	3.1
4	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.9	47.5	3.0	50	3.4	60	3.1
5	When behaviour feedback is given to employees in health care sector, they take it seriously and use it for development	3.1	52.5	3.2	55	3.5	62.5	3.2
6	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.8	45	3.2	55	3.5	62.5	3.1
7	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.6	65	3.5	62.5	3.8	70	3.6
8	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.3	57.5	3.2	55	3.4	60	3.3
9	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.6	65	3.2	55	3.5	62.5	3.4
10	Job rotation in health care sector facilitates employee development.	3.5	62.5	3.3	57.5	3.4	60	3.4
Total		3.1	52.5	3.1	52.5	3.4	60	

Notes

1. PAS= statement 16, 17,21,22,23. T&D= 13, 24,25,26,38.
2. Scoring Scale : same as in table 1
3. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.

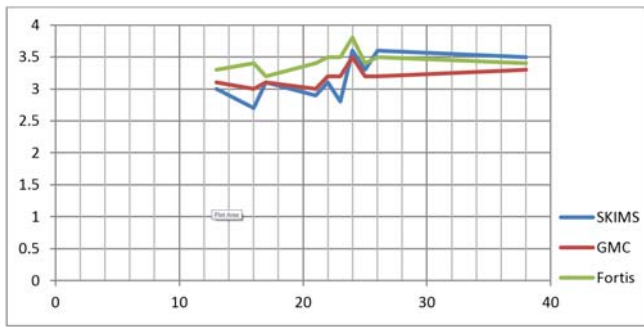


Fig 1: Environment for HRD Mechanisms in the sample study organizations.

Existing status of HRD Mechanisms in the sample study organizations using T values.

Using ANOVA test for evaluating the significance level, it is inferred from the table 2 that HRD Mechanisms in the health care sector falls above satisfactory level except for the PAS which score a mean of <3 for SKIMS. F values for PAS (P value=0.003) < 0.05 and T&D (P value=0.132) falls > 0.05. Ho that “the HRD Mechanisms in the sample study organizations is satisfactory” is accepted for T&D and Ha is accepted for PAS.

Table 2: Existing status of HRD Mechanisms in the sample study organizations with T values.

Dimensions	SKIMS	GMC	Fortis	F Value	P Value
	M.S	M.S	M.S		
Performance Appraisal	2.9	3.1	3.4	6.0	0.003**
Training & Development	3.4	3.2	3.5	2.0	0.132*

Notes

1. Scoring Scale : same as in table 1
2. *Ho is accepted (p>0.05), **Ha is accepted.

Post Hoc test for PAS

	SKIMS	GMC	Fortis
SKIMS		-0.2	-0.4
GMC	0.2		-0.2
Fortis	0.4	-0.2	

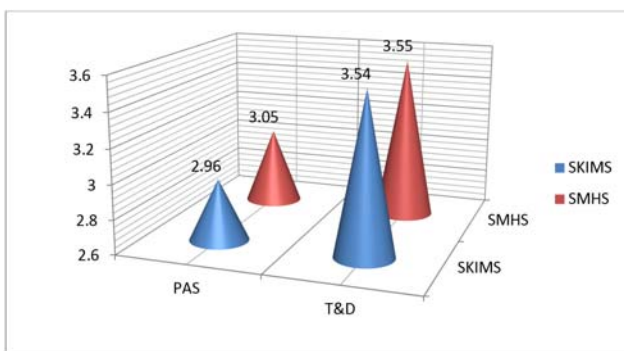


Fig 2: Existing status of HRD Mechanisms in sample study organizations with T values

Perception of Managerial and non managerial staff towards HRD Mechanisms.

Table 3, represents the HRD Mechanisms, with respect to managerial and non managerial staff in the sample study

organizations. The table represents that the perception of managerial and non managerial staff towards HRD Mechanisms, falls above the satisfactory range. The overall mean values of managerial group is >3 (3.2)55% as revealed from table 3, which falls above the satisfactory range of scale. The table also reveals that the overall mean values for non managerial staff also falls above the satisfactory level with the mean >3 (3.2)55%, which indicates that the environment for HRD Mechanisms is above satisfactory for both managerial and non managerial staff of the sample study organizations. Managerial and non managerial staff score the highest mean score of 3.5(62.5%) and 3.7(67.5%) respectively for statement 24 i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”. Least mean score of 3(50%) is scored by managerial staff for statement 16 i.e. “When an employee in the health care sector does good work his supervising officers take special care to appreciate it” and the non managerial staff of scores the least score of 3(50%) for statements 17 i.e. “Performance Appraisal reports in the health care sector are based on objective assessment and adequate information and not on favoritism” and statement 21 i.e. “Weaknesses of employees in this organization are communicated to them in a non threatening way”.

Table 3: Perception of Managerial and non managerial staff towards HRD Mechanisms.

S. No	SKIMS			SMHS		
	Managerial Staff (No.169)			Non Managerial staff (No.106)		
	M.S	S.D	%age	M.S	S.D	%age
1	3.2	1.1	55	3.1	1.2	52.5
2	3.0	1.2	50	3.1	1.3	52.5
3	3.2	1.1	55	3.0	1.1	50
4	3.1	1.0	52.5	3.0	1.1	50
5	3.3	1.0	57.5	3.2	1.1	55
6	3.1	1.1	52.5	3.1	1.2	52.5
7	3.5	1.1	62.5	3.7	1.1	67.5
8	3.3	1.1	57.5	3.3	1.1	57.5
9	3.4	1.1	60	3.5	1.0	62.5
10	3.4	1.1	60	3.5	1.3	62.5
Total	3.2	1	55	3.2	1.1	55

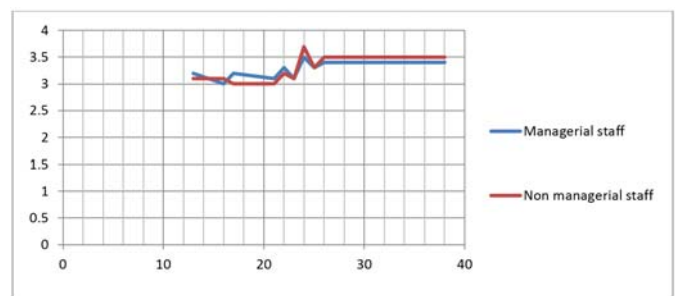


Fig 3: Perception of managerial and non managerial staff towards HRD Mechanisms in sample study organizations.

Existing status of HRD Mechanisms for managerial and non managerial staff in the sample study organizations with Z values.

Using Z test for evaluating the significance level, it is inferred from table 4 that the mean for both the staffs for HRD

Mechanisms >3 with the P value >0.05. Thus it can be inferred that there is no significant difference in the perception of managerial and non managerial staff of the sample study

organizations, hence the hypothesis that “the managerial and non managerial staff share a common perception about HRD mechanisms” is accepted.

Table 4: Existing status of HRD Mechanisms for managerial and non managerial staff with Z values.

Dimension	Managerial Staff N. 169		Non Managerial Staff N. 106		M.S diff	T value	P Value
	M.S	S.D	M.S	S.D			
PAS	3.1	0.8	3.1	0.8	0	0.6	0.5*
T&D	3.4	0.8	3.4	0.8	0	-0.3	0.6*

Notes

- 1 Scoring Scale : same as in table
- 2 Ho is accepted (p>0.05)

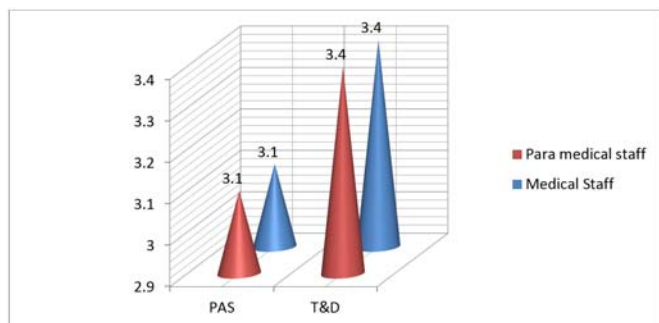


Fig 4: Existing status of HRD Mechanisms among Managerial and non managerial staff with Z values.

Conclusions and Suggestions

It can be concluded from the findings that HRD Mechanisms in the hospital sector is satisfactory. An overview of the study is that,

- HRD mechanisms in the health care sector is found to be satisfactory.
- There is difference in the HRD mechanisms of the two organizations.
- HRD mechanisms in Fortis is better than that of SKIMS and GMC.
- There is a satisfactory environment for Training and Development in the two organizations.
- Training and Development is imparted only after assessing the need for it.
- Performance Appraisal System is found to be above satisfactory in both the hospitals.
- Employees are sponsored for training programs on the basis of genuine training needs in health care sector.
- When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.
- When an employee in the health care sector does good work his supervising officers do not take special care to appreciate it.
- Weaknesses of employees in GMC are communicated to them in a threatening way.
- Performance Appraisal reports in Fortis are based on non objective assessment and inadequate information and on favoritism.
- Managerial and non managerial staff when sponsored for training takes it seriously and try to learn from the programs they attend.

- When managerial staff in the health care sector does good work his supervising officers do not take special care to appreciate it.
- Non managerial staff believes that performance appraisal reports in the health care sector are not based on objective assessment and adequate information but on favoritism.
- Weaknesses of non managerial staff are communicated to them in a non threatening way.

Development is the burning issue in today’s competitive corporate environment, hence should be catered to and updated with the dynamic environment. Organizations today are moving forward towards objective assessment of development needs in their organizations and fulfilling the requirements by updating themselves in terms of technology, HR, finance etc. Keeping the HR updated gives employees the idea of their importance in the organization, keeping them updated in terms of their skills, hence enhancing their satisfaction level and increasing their efficiency and effectiveness and productivity of the organization. The three hospitals though high in HRD mechanisms should keep themselves up to date and try to maintain the present position they are in trying to move the graph to high values. Supervising officers should appreciate the work of his subordinates. Performance appraisal reports in the health care sector should be based on objective assessment and adequate information and not on favoritism. Weaknesses of staff should be communicated to them in a non threatening way.

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