

Human Resource Management in Healthcare vis a vis other Sectors: Getting HR Policy and Management “Right” as a Sustainable Solution to Health System Performance.

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Abstract—*Human Resource Management in healthcare vis a vis other sectors: Getting HR Policy and Management “right” as a sustainable solution to health system performance.*

1. INTRODUCTION AND METHODS

Health services management research is a relatively new area of research. There is an emerging need for human resource management in healthcare in India. Unlike any other industry, the advent of technology, modernization, computerization, newer diagnostic and intervention techniques, has not reduced the need of human labour in hospitals, which is now an industry. On the contrary, there is a quantum growth in the need to appoint specialized manpower at various levels of patient care. The healthcare service scenario in India is expected to evolve into a more developed stage. With this transition, strategic management of human resources in health is a major challenge to health systems development in India. It is indeed different from other sectors in India.

2. SETTING

Human Resource Management (HRM) in hospitals has to function in a sector with some unique characteristics. The workforce is relatively large, diverse, and includes separate occupations. The management of health care is very challenging when compared to management in other sectors. First, health care outcomes are highly complex. Health Care organizations face continuous pressure to become productive, innovative and provide quality health care. Second, health outcomes are frequently uncertain and difficult to assess. Third, when public organizations, hospitals cannot, in most cases, be judged on the basis of profitability. Finally, health care organizations are particularly complex due to their dual lines of accountability: professional and administrative.

3. RESEARCH METHODS

The study was designed to assess the human attributes like motivation, leadership, delegation, role efficacy, work values amongst doctors and nurses, other supportive staff working in the hospital with the following objectives in mind. The key objectives were to assess the motivational aspects, dominant and backup leadership style, amount of delegation, the process of delegation, role efficacy, and work value dimensions amongst the doctors and nurses of behavior in doctors and nurses in a large government hospital. The study was conducted in a one thousand bedded government hospital. The study was to be conducted on the following sample populations: Doctors: The study hospital had 22 number of Head of the Departments and 34 number Head of Units, selected by a random sampling process. On this study population the following instruments were administered: Motivational Analysis of Organization-Behavior (MAO-B), Leadership Profile Indicator-Health (LPI-H), Delegation Assessment Questionnaire (DAQ), Role Efficacy Scale (RES) and Work Value Scale (WVS). This was also administered on a total number of fifty (50) nurses, fifty five (55) technicians in various departments across various specialties in the hospital, and eighty five (85) non-technicians (Group C-administrative staff) in who were selected by a random sampling process.

4. RESULTS

Amongst the doctors, the operational effectiveness quotient (OEQ) for achievement, power and extension motives were 70 ± 14.3 , 73.4 ± 17.1 and 43 ± 14 respectively. There was statistical significant difference between the correlations of work experience with OEQ score for extension motive in doctors vs. the nurses. This shows that with an increase in the work experience amongst the doctors that is the desire to help the larger society on a large extent tends to decrease. Whereas

in the nurses, with an increase in the work experience the opposite trend was observed. A total number of 50 nurses completed the leadership profile indicator-health questionnaire through random sampling process. The mean age was 46.2 (4.8 yrs) and work experience of 25.1(5.6 yrs) across various specialties of the hospitals. There was a significant negative correlation between style I (directive style) and style II (supportive style), style II (supportive style) and style III (consulting style), style I (directive style) and style IV (delegating style) and between all styles and leadership effective index ($p \leq 0.05$). 73.4% doctors and 20% nurses felt that they had very little authority to delegate financial responsibility effectively. 44% doctors and 68% nurses felt that they have adequate authority in deciding priorities and targets.

5. DISCUSSION

Human resource development is a complex and multifaceted concept. It is also a continuous process. It requires sensitivity to changing needs in order to set priorities accordingly. The attributes of the human resources like motivation, leadership, delegation, role efficacy, work values etc. are key factors for achieving desired results. The public health infrastructure faces several key human resource issues which limit the system, like inadequate assessment of soft skills and other competencies at recruitment, inadequate continued training,

central level planning and rewards not being linked to performance. According to the norms given by Pareek, 2002, the OEQ of doctors for achievement are on the border line of average and high, those of power are high. This shows that the doctors generally are effectively pursuing both of the excellent, and are also effective in making impact on the patients and systems. However, their OEQ score is low. The similar picture is observed for nurses also.

Good HRM practices are instrumental in helping achieve departmental objectives and enhance productivity. Health care delivery is high labor-intensive and health sector performance is critically dependent on employee motivation. Also, as the demand for quality services rendered by the government health set-ups gets stronger day-by-day, continuous human resource development becomes crucial both for service improvement. In recent years it has been increasingly recognized that getting HR policy and management "right" has to be at the core of any sustainable solution to health system performance. Recent research has also highlighted a so-called "prime building block" of HRM – the principle of "AMO". There must be sufficient employees with the necessary ABILITY (skills, knowledge and experience) to do the job; there must be adequate MOTIVATION for them to apply their abilities; and there must be the OPPORTUNITY for them to engage in "discretionary behavior" – to make choices about how their job is done.