

CHAPTER - VI

FINDINGS AND INTERPRETATIONS

6.1 Findings of the Study:

6.1A *Organizational Structure*

- Government Hospitals have a Formal and Tall organizational structure where there is Centralization of Authority in the matter of Administration and Human Resource Management.
- Multispecialty and Super Specialty Corporate Hospitals and Trust Hospitals in the private sector have a formal organizational structure with a matrix type functional structure.
- Functional structure of Multispecialty, Super specialty Corporate Hospitals and Trust Hospitals facilitates decentralization of Authority and Power in administration while in case of Small Corporate Hospitals, Society Hospitals and Proprietary Hospitals, there is centralization of Authority and Power.
- The organizational structure of Small Corporate Hospitals, Proprietary Hospitals and Society Hospitals is informal.

6.1B *Status of Human Resource Department*

- Human Resource Department does not exist in Government Hospitals. In Private Hospitals, this Department exists only in Multispecialty, Super Specialty Corporate and Trust Hospitals.
- In Government Hospitals, the functions of Human Resource Department are discharged by either the Superintendent/in-charge of the Hospital or by the Administrator where appointed.

6.1C *Functions Performed by Human Resource Department of Hospitals*

- The percentage of Government Hospitals maintaining a Data base of employees is 20. Only 40% of Hospitals in the Private Sector maintain a Data base of employees appointed in the Hospital.

- Government Hospitals do not conduct survey on Morale, attitude and job satisfaction of employees. Only 20 % of Hospitals in the Private sector conduct survey on Morale, Attitude and Job satisfaction of employees.
- Government Hospitals do not make survey on employee Turnover. Only 40% Hospitals in Private Sector conduct survey on employee Turnover.
- There is no provision of taking feedback from employees about Human Resource Management Practices adopted for employees employed on regular and contractual basis in Government Hospitals. Only 40% of Private Hospitals take Feedback from their Employees about Human Resource Management Practices adopted by them.
- 80% of Government Hospitals and 60% of Private Hospitals do not keep a team of personnel prepared to face Disaster related eventualities that might occur any time in the Hospital.
- Government Hospitals and 80% Private Hospitals do not have the provision of holding periodic Staff Meetings to know about problems or grievances of employees.

6.1D Adequacy of Human Resource in Hospitals:

- Human Resource is grossly inadequate in Government Hospitals, especially in the matter of Doctors and Nurses which is manifested by not maintaining adequate number of Doctors and Nurses as per norms prescribed by Medical Council of India and Indian Nursing Council respectively.
- Human Resource is inadequate in Government Hospitals due to not conducting recruitments for various vacancies existing in Government Hospitals and non-availability of many important Departments which are directly related to quality care of patients.
- Hospital Administrators are not appointed in 70% Government Hospitals and in Small Private Hospitals. In Government Hospitals, Doctors appointed as Medical Superintendent or In -Charge do not have any specialization in

Hospital Administration or Human Resource Management. 40% of Private Hospitals recruit Hospital Administrators who are from medical background.

- Only 28.5% of State Government Hospitals have Administrators who specializes in Hospital Administration.
- Medical Record Officer (MRO) is not appointed in 43% Private Hospitals, where there exists a Medical Record Department. In these Hospitals Medical Record Department is run by appointing Medical Record Assistants.
- Public Relation Officer (PRO) is not appointed in Government Hospitals. 30% of Private Hospitals recruit Public Relation Officers.
- Dieticians are not appointed by 90% of Government Hospitals and by 70% Private Hospitals.
- System Analyst is not appointed in Government Hospitals. In case of Private Hospitals only 40% of them recruit System Analyst for their Hospitals.

6.1E Human Resource Management Practices in Hospitals

- Human Resource Management Practices adopted in Government Hospitals are in Conformity with Rules applicable for Government Employees. In case of Private Hospitals, the practices adopted for Human Resource Management by Multispecialty and Super Specialty Corporate Hospitals are much better and holistic as compared to Small Private Hospitals.
- 75% of Paramedic Staff and 73% of nursing staff appointed in Government Hospitals are not provided the benefit of attending Trainings and Refresher Courses linked to their service in the Hospitals.
- Paramedic and nursing staff appointed in Government Hospitals by the Hospital Management Committee are paid a nominal consolidated salary and they are not entitled to Medical Leave; Paid Annual Leave as applicable to employees in nursing and Paramedics Category appointed on regular basis.

- Only 10% of employees in the category of staff other than nursing and Paramedic staff appointed in Government Hospitals are sent for Training or attending Refresher Courses linked to their service in the Hospitals.
- All employees appointed in to service in Proprietary Hospitals are not recruited through interview and not issued letters of appointment even after 2 years of continuous service.
- Annual Leave and Medical Leave is not available for employees recruited in to service in Small Private Hospitals.
- In case of Private Hospitals, 50% of appointed nursing staff are not issued appointment letter; 42.5% of nursing staff do not get their salary on scale; 52.5% of them are not provided the benefit of Medical Leave and 91% of nursing staff do not get the benefit of Annual Leave with pay.
- In Private Hospitals 40% of Paramedic Staff are recruited without interview and not issued appointment letters.
- 72.5% of Paramedic Staff appointed in Private Hospitals are not sent for any Training or Refresher Courses linked to their service in the Hospitals.
- 50% Proprietary Hospital does not provide any kind of leave for employees.
- It is a practice on the part of Autonomous Hospitals and Multispecialty and Super Specialty Hospitals in the Private Sector to sent Doctors, Nurses and Paramedic Staff for Trainings or Refresher Courses linked to their service in the Hospitals.

6.1F Link between Organizational Structure and Human Resource Management Practices in Hospitals

- There exist link between the organizational structure and Human Resource Management Practices. In Hospitals, where functional structure of the organization provides a key position to the Human Resource Manager amongst the Divisional Heads of the Hospital; where the Human Resource Department is involved in making strategic decisions and HR Head invited to

Meetings by the Board of directors, Human Resource Management Practices are found to be Human, holistic and better than others.

6.1G Service Conditions of Employees:

- Service conditions of employees of Autonomous Hospitals and Government Hospitals provide for Service Rules for employees. In case of Private Hospitals, Service Rules exists for employees of Trust Hospitals; Medium Size Corporate Hospitals and 50% Society Hospitals. There is no provision of Service Rules in Proprietary and Small Size Corporate Hospitals.
- Service conditions of employees of Autonomous and Government Hospitals provide for Provident Fund (PF) and Gratuity to eligible employees. In case of Private Hospitals, service conditions of employees of Trust and Medium Size Corporate Hospitals provide for PF and gratuity to eligible employees.
- Only 50% of Proprietary Hospitals and 50% Society Hospitals allow PF and Gratuity benefits to its employees.
- Medical facility under ESIC Scheme is available to employees of Trust Hospital and Medium Size Corporate Hospital. This facility is provided to employees in 50% of Society Hospital and not provided to employees of Proprietary Hospital.
- Service condition of employees serving in Private Hospital do not provide for reimbursement of Medical Bill for treatment of their dependent family members.
- Service conditions of employees of Trust Hospital and Medium Size Corporate Hospital provides for promotion for employees. Service condition of employees appointed in Proprietary Hospitals and Society Hospitals do not have this provision.
- Only 30% of Private Hospitals provide for welfare or benevolent schemes for employees as a part of the service condition for employees of their hospital.

- No Private Hospital offer recreational facilities for employees or their children or wards.

6.1H Effectiveness of Regulatory Acts and Control of Government over Hospitals:

- In the absence of compliance of provisions of section 10 (ii) of The Assam Health Establishment Act,1992, by 30% Private Hospitals, it is found that no effective control is exercised by the competent Authority of state Health Department over Private Hospitals not having a Clinical Laboratory in their hospital.
- No effective control is observed to be exercised by the competent Authority of Government over 50% Private Hospitals which do not comply with the provisions of section 12 of The Assam Health Establishment Act, 1992 by not maintaining in their Hospital a Central Drug Store, Diet Section and Equipment and Linen Store.
- User charges are not displayed in Private Hospitals which are still allowed to function.
- Display on list of services is available in Trust Hospital and Medium Size Corporate Hospitals and not in display in Small Size Corporate and Proprietary Hospitals. This finding indicates lake of control of competent Authority over Private Hospital that does not fulfill the condition for grant of license to operate.
- Display of information regarding Indian Public Health Standards (IPHS) in various respects as envisaged by section 17(d) of The Assam Public Health Act, 2010, is not available in Government Hospitals.
- Display of Charter of Citizens Grants received by State Government Hospitals and display of Medicine and Vaccine in stock available is not available in Government Hospitals.
- Display of services provided to Users as envisaged under section 17(d) of Assam Public Health Act, 2010, is not available in 33% Government Hospitals.

- Display of user charges to be paid as envisaged in Assam Public Health act, 2010, is not available in Government Hospitals.
- Provision of Bi Annual visit of District Authority official for the purpose of inspection of Private Hospitals is not complied with.
- Visit of officials from State Pollution Control Board to Private Hospitals for the purpose of inspection is not regular. It is found that 20% of Private Hospitals are inspected by State Pollution Control Board officials annually; 30% Hospitals are inspected occasionally and 20% Private Hospitals are visited only when there is some adverse reporting about Hospitals by the Press. Medium Size Corporate Hospitals and Trust Hospitals are not visited by officials of Pollution Control Board at all.
- Visit of officials from State Health Department to Government Hospitals is not regular.
- The periodicity of visit of officials of State Health Department to Private Hospitals is not fixed.
- The periodicity of visit of officials of Central Government from Health Department to Government Hospitals is not fixed.
- Updates about Man Power position in Private Hospitals is never asked for by the District Health Authority.
- Update from Private Hospitals is never asked for by the District Health Authority about Trainings and Refresher Courses attended by nursing and Paramedic staff.
- Competent Health Authority of the State asks for Annual update from Teaching Hospitals about Training and Refresher Courses attended by Medical Staff only. The periodicity of asking for such updates from the State Hospitals and District Hospitals is not fixed.
- Monthly Meetings are organized by the District Health Authority in association with District Administration to know about Quality Improvement in few Government Hospitals.

- For 66.7% Government Hospitals, no meeting is organized by the District Health Authority to know about steps taken for Quality Improvement in their Hospitals.
- Meeting is never organized by the District Health Authority to find out status of Quality Improvement of Service in Private Hospitals.
- Meeting is never organized by the District Authority to know about Public grievances about Private Hospitals.

6.2 Interpretation of Findings

Formal organizations are those which are deliberately planned and designed .In a Formal Organization, the structure itself provide for position of different functionaries of the Organization, their power, functions, duties and responsibilities. A Formal Organization is characterized by a clear structure of activities which are predetermined .Formal Organizations utilize the principle of Division of Labour and specialization in assigning responsibilities to its employees. In an organization which is Formal, structures are formed on the basis of job to be performed and not according to individual. The findings of this study revealed that organizational structure of Autonomous and Government Hospitals, both state and Central is Formal because their organizational structures are designed ,planned and duties sanctioned by the competent Authority of the Organization. For Government Hospitals under the control of the State Government, Directorate of Health Services determines the functions to be performed by the Joint Director of Health Services of each District. There exist a formal and established relationship between the Commissioner of Health and Director of Health Services of the State on one hand and between The Director of Health Services of the State and the Joint Directors of Health Services of every District on the other. The principal task assigned to the office of the Joint Director of Health Services of every District is to exercise control and supervise activities of Health establishments within their jurisdiction. The functional and organizational structure of Teaching Hospitals of the State which functions under the Directorate of Medical Education is predetermined and the duties and responsibilities in such Hospital is

distributed amongst the Chief Superintendent (Who is also the Principal of the Medical College), Medical Superintendent and Deputy Medical Superintendent on one hand and the Doctors, Nursing Staff and Office Superintendent on the other .Here the job to be performed by each functionary is based on Division of Labour and Specialization which is a characteristic feature of Formal organization. In case of the State Hospital, the findings revealed that the position of the Additional Superintendent was shown at the top, which was followed by the Deputy Superintendent. The position of Medical officers; Hospital Administrator; the Head Pharmacist; The Matron and the Head of Establishment branch have been assigned positions in the organizational chart considering their functions, responsibilities and area of specialization. In case of the District Hospital also the duties and responsibilities of the Superintendent, the Deputy Superintendent, the Medical and Health Officers, Pharmacists, Matrons and the Hospital Administrator is based on their roles and responsibilities in the organization. In case of the Sub District Hospital also the position, duties and work specifications of the Sub Divisional Medical and Health Officer (who is the designated in-charge of the Hospital); the Medical officers; Nursing Staff and the Administrative Staff is clearly defined in the organizational structure.

The findings about the organizational structure of the Autonomous Hospital revealed that the position of the Director; the Medical Superintendent; The Senior Administrative Officer; The Assistant Executive Engineer; the Finance and Accounts Officer ;Medical Officers and the Assistant Research Officer is connected to overall control and supervision; Medical Administration, General Administration; Engineering and Finance and Accounts respectively. As per the organizational structure, the Director of the Institute is also designated as the ex-officio Member Secretary of the Managing Council of the Hospital to facilitate smooth discharge of functions in the capacity of Administrative Head of the Hospital and implement decisions of the Managing Council at the operational level.

In case of the central Hospital under the Ministry of Labour and Employment, the structure of the organization is such that the functions of the Deputy Director (Administration) and Medical Superintendent are determined so that it fits to their areas of specialization and that there is no overlapping in discharge of functions in their respective areas. In other words, the organizational structure of the Hospital is designed in a way so that each functional Head have their own area of operation according to what is prescribed by the Manual and Rules of the Labour and Employment Department of Government of India.

In case of the Central Government Hospital under the Ministry of Railway, the Functional position of the Head of the organization is determined in the organizational chart itself. An Officer from Indian Railway Medical Service is appointed as the Head of Administration of the Hospital. Various departmental Heads like Superintendents, Chief Matron; Head Pharmacist etc. are assigned positions and duties on the basis of their specialization.

The Organizational structure of the Hospital which runs under the control of a Government of India undertaking (IOC) is also formal. Here, the organizational structure provide for vesting of duties and responsibilities pertaining Treatment, Security; Human Resource Management on those whose position and area of specialization is marked in the organizational chart itself.

This study revealed that the organizational structures of Medium corporate Hospitals provide for formation of Board of Directors. In case of Trust Hospital, it is the Board of Trustees. In Medium Corporate Hospitals the powers and functions of the Board of Directors; the activities to be undertaken by the Company running the Hospital, the responsibility of Directors in individual areas are mentioned clearly in the Memorandum of Association of the Company running the Hospital. The Divisions or Departments through which Administration of the Hospital is to be carried out is also available in the structure of the organization. The functions to be performed by the Divisional Heads and by functionaries placed under them are clearly mentioned in the organizational structure. Hence the relationship between different functionaries is

very much formal. However in contrast to formal structure of Medium Corporate Hospitals, the organizational structure of small corporate Hospitals, Proprietary Hospitals and Trust Hospitals are informal because these categories of Hospital does not have a clearly defined structure of activities which is predetermined by the top management. The organizational structure is not based on division of labour and specialization. For the sake of formality, 2 or more Directors form the Board of Directors of Small Corporate Hospitals. However, in so far as designing the functional structure and entrusting responsibilities are concerned, it has been found that functionaries like the General Manager, Personnel Officer are allowed to play leading role in controlling Administration of the Hospital, while this functionaries' position does not exist at all in the organizational structure. In case of Proprietary Hospitals, existence of functionaries like Administrative officer, Manager in the operational area and allowing them the authority to take part in controlling personnel appointed to discharge different duties without those functionaries having a formal position in the organizational structure indicates that the organizational structure of these Hospitals are not formal. The relationship that exists between these functionaries and employees of the Hospital is informal. From the findings, it is also ascertained that personnel appointed to hold positions of General Manager in small Corporate Hospital and Administrative Officer or Manager in Proprietary Hospitals do not possess any sort of specialization to effectively run a department or discharge Administrative functions in sharp contrast to functionaries appointed by Government, Autonomous and Medium Corporate Hospitals where specialization is the criterion for assigning functions in different Divisions or Departments of the Organization.

The organizational structure of Hospitals has a direct link with the system of Administration as revealed by this study. In case of Autonomous and Government Hospitals, due to centralization of Authority in the hands of Government or the Managing council, different functionaries of these category of Hospitals have limitations in matters of taking Administrative decisions without the approval of the apex Authority. In case of Trust and Medium Corporate Hospitals, the organizational structure provides for creation of Divisions for the purpose of effective

Administration of the Hospital. Different Departments existing within the Divisional level of the organization supports the process of decentralization of Authority which is delegated to them by the Board of Directors. The Managers heading a particular department has specialization in areas handled by his or her Department. The department is the first and the largest Sub Division of the administrative structure of a formal organization. The chief characteristic of organizations having departments is that they remain subordinate to the chief Executive which can be visualized from the structure of the organization itself. Under it the line of authority runs unbroken, link after link, from the chief Executive at the top to the lowest employee at the bottom. The delegation of Authority by the Chief Executive to various departments is visible in the organizational structure of Medium Corporate Hospitals. In contrast to this, in Society Hospitals, authority to take Administrative decisions lies with the Chairperson of the Society or the owner in case of Proprietary Hospitals in sharp contrast to provisions of Medium Corporate Hospitals where resolutions are taken in the Board Meetings. There is no regularity in holding of Annual General Meetings of Society Hospitals as revealed by findings of this study. This gives enormous liberty to Chairpersons in taking major administrative decisions without the concurrence or knowledge of members of the society.

The span of control in Autonomous and Government Hospitals is bound to be tall because there is a hierarchy of officials in the organization whose positions are arranged vertically in the organization. All sorts of Administrative policies are made and major decisions are taken at the topmost level of the organization. These decisions and policies are implemented at the operational level by different functionaries appointed for the purpose in the Hospitals. In case of Trust and Medium Corporate Hospitals, the functional structure is Matrix type which indicates a mix of Horizontal and vertical span of control thereby facilitating decentralization of Authority for the purpose of Administration. In case of Proprietary and Society Hospitals there is no scope of decentralization of authority and power which has been substantiated and supported by type of organizational structure that these Hospitals possesses.

The findings of this study has revealed that Government has not yet realized that Human Resources are the most valuable assets for Hospitals, that Human Resource Management is both a science and Art and that a perfect Human Resource policy is the only solution to ensure a workforce which is committed to provide the best health care to the patients. The prevailing concept among Policy makers for running administration of Government Hospitals, that a separate department for managing Human Resource of Hospitals is not a necessity; is a waste of Public money and that senior Doctors alone can perform the functions of Human Resource Manager of Hospitals could be the possible reason for Government Hospitals running without a Human Resource Department. This study has shown that Government Hospitals do not have a practice of making survey on morale, attitude and job satisfaction of employees; provision of maintaining a data base of employees and of taking feedback from employees about their work conditions and general satisfaction. Medical Superintendents of Government Hospitals also do not hold periodic Staff Meetings to know about problems faced by employees at workplace. The important aspect of Learning and Development is totally overlooked in Government Hospitals because of which there is no system to ascertain the Training needs of employees. This study has given the finding that 75% of Paramedic Staff and 75% of nursing staff appointed in Government Hospitals have never been sent for any Training or for attending any Refresher course related to their work in the Hospital. It is only the Doctors appointed in Government Hospitals that are given importance in the matter of higher studies or for attending Refresher courses. The findings about General Duty staff (engaged in Non-Paramedic and Non-nursing work) revealed that only 10 % of them have been sent for Training or attending some Refresher course. The possible reason for which employees of Government Hospitals are deprived of attending Trainings could be absence of a mechanism to identify training needs; non-availability of adequate data about employees which can be done by maintaining a data base; absence of budgetary approval for conducting Training programmes or inability of Government Hospitals to spare staff for Training because of shortage of Manpower. All these issues can be effectively tackled if Human Resource Management

Department is created in Government Hospitals and this Department handed over to a qualified and capable Manager who has sufficient knowledge about all aspects of Human Resource Management in Hospitals.

Keeping with the spirit of Professionalism, Medium Multi-Specialty Corporate Hospitals; Super Specialty Corporate Hospitals and Trust Hospitals give recognition to the importance of Human Resource Department of Hospitals. This study found that Human Resource Department existed in all the three medium Corporate Hospitals and the Trust Hospital. What was common in all these Hospitals was that in determining the required size of the staff of Human Resource Department, at each interval of 200 employees, the staff of the Human Resource Department was increased by 1 employee. Based on this formula, the Super Specialty Hospital with strength of 950 employees had 5 Staff in the Department which was led by Director, HR. In the Multi- Specialty Hospital with 857 employees, excluding the AGM, HR there was in total 7 staff in the HR Department which included 2 HR Assistants. In this Hospital, different function to be undertaken by Staff of the Department was distributed by the AGM. Periodic Staff Meetings were organized by the HR department of this Hospital to know about problems faced by employees at their places. In the medium Corporate Hospital where the employee strength was 732, assistance of Manager, Personnel was available to the Human Resource Department which was headed by Manager, HR. Trust Hospital with 550 employees also had a Human Resource Department with 3 staff based on the formula that a Hospital employing 200 or more employees can use the services of a full time Human Resource Manager and at each interval of 200 employees, the staff of the Human resource Department should be increased by 1 employee. In contrast to Trust and Medium Corporate Hospitals, proprietary Hospitals with strength of 400 and 392 employees respectively did not have a Human Resource Department. In case of the Society Hospitals and Small Corporate Hospitals, there was no staff to discharge Functions of Human Resource Department. In case of the small size Corporate Hospitals, all functions of Human Resource Department and Personnel Management was discharged by persons who neither had specialization in personnel Management nor in Human Resource Management. Both the incumbents

were Arts Graduates without any previous experience of personnel management or Human Resource Management. This shows that Small Hospitals whether run by a Company, owner or a Society gives no importance to Human Resource Management or Personnel Administration. In case of Trust and Medium Corporate Hospitals Human Resource Department does the function of Recruitment. But in case of Proprietary Hospitals, process of recruitment is one man's business of the owner while in case of Society Hospital it is the chairman who selects candidates for appointment. In case of Small Corporate Hospitals, the General Manager or the Personnel Officer who are just Graduates by qualification without any previous experience of handling personnel or Human Resource Management issues, are given upper hand by the management in matters of recruitment and selection of employees. Going by this, it can be reasonably inferred that the process of Recruitment in all types of small Hospitals are not likely to be fault free. Since Recruitment is a process consisting of various activities, through which search of prospective personnel-both in quantity and quality as indicated by human resource planning and job specification is made, any Hospital which does not have a serious outlook towards framing of a Human Resource policy cannot think of acquiring a workforce which is capable of providing quality service to patients. Assessing from this perspective, small Hospitals are unlikely to recruit right man for the right place at the right moment.

The components that require assessment to understand the Human Resource Management practices adopted by any organization includes the method and procedure of procuring man power for the organization; the system of selection and procedure of appointment; compensation paid to employees; system of reward and promotion and practices adopted for career planning for employees including Training and Development. Recruitment is the process of searching for and pooling of application for jobs so that the right person may get selected for the job. The process of selection which follows the phase of recruitment is meant for choosing the right candidate to man various positions in the organization. Selection of employees through interview and test for appointment in Hospitals helps in judging ability, knowledge and skill for the job opted. Since interview acts as a tool for scientific

selection, Hospitals which appoints personnel on the basis of interview are likely to get quality Human Resource. In case of Autonomous Hospitals which are run by Management Councils and Government Hospitals which functions under the control of Government, appointment to regular posts in Medical Cadre; Nursing and Paramedic Cadre and also for general duty (Non-Nursing & Non-Paramedic) are made on the basis of interview after advertisement for such recruitment is made in the News Papers. However in case of Private Hospitals, the process of recruitment; selection and appointment is based on the policy adopted by the Top Authority of the Concerned Hospital. The findings of the study show that Human Resource Management Practices are Humanistic in a class of Private Hospitals while in case of others; practices adopted are not at all scientific and humanitarian. 45% Nursing Staff and 40% Paramedic Staff who are appointed in Hospitals without any interview or test; 42.5% of Nursing Staff and 40% Paramedic Staff who have not been issued Appointment Letters are those that have been appointed in the Small Private Hospitals including those run by Proprietor. This study shows that 48% General Duty Staff (Non-Nursing & Non-Paramedic) is appointed in Small Private Hospitals without any test or interview and 29% General Duty Staff have not been given appointment letters. This shows that Small Private Hospitals function without any Human Resource Policy. The letter of appointment is a symbol of existence of contractual relationship between the employer and employee where the employer gets an opportunity to intimate the employee the conditions of service that would bind the employee during his course of employment with the Hospital. Acceptance of the Appointment Letter by the employee indicates that the employee is agreeable to all terms and conditions of his appointment in the service. Moreover this piece of document gives the employee a sense of security because the employer can not dismiss an employee's service under conditions which are not mentioned or implied in the Appointment Letter. Hospitals not providing Appointment Letters to employees provide the later a ground to think that his (or her) service may be terminated at any point of time or that the Hospital Authority might harbor a hidden agenda of not showing the concern employee as a permanent staff in their official records so as to deprive the employee

from certain benefits which all Establishments including Private Hospitals are bound to provide under the provisions of various statutory Acts which are applicable to Health Care Institutions. The connectivity between Human Resource Management Practices adopted and type of organization is established if we see the differences between the practices adopted by the Medium Size Multispecialty & Super Specialty Corporate Hospitals in matters of recruitment, selection, appointment, performance evaluation, training and development and those adopted by Small Private Hospitals in these matters. Employees working in the former category are those who are appointed through a scientific process of selection; provided Appointment Letters; are provided compensation; facilities and incentives which are much better than those employed in Small Private Hospitals.

The term compensation refers to a wide range of financial and Non-Financial rewards and incentives to employees for their services rendered to the organizations. It is paid in the form of salary and employee benefits such as paid privilege or annual leave; insurance; retirement benefits; family benefits; paid casual leave; maternity leave and paid medical leave etc. Compensation has two functions: The Equity Function and the Motivational Function. Individuals are likely to work efficiently if they visualize that the prevailing reward system provides equal remuneration for their efforts. In this respect this study reveals that equal compensation is not paid to employees working in the Government and Private Sector Hospitals for the same job and in equal magnitude. While regular employees appointed in the Autonomous and Government Hospitals enjoy the Privilege of getting Casual Leave; Medical Leave with pay; Paid Maternity Leave; contribution towards Provident Fund; Group Insurance and Retirement Benefit, all these facilities are not available in all Private Hospitals. In this respect the employees of Medium Size Multi-Specialty Corporate Hospitals and Trust Hospital are a better lot than those appointed in Small Private Hospitals. This study has revealed that more than 52% Nursing Staff appointed in Private Hospitals do not enjoy the benefit of paid Maternity Leave. Only 23% Nursing Staff who have been appointed by Medium Size Multi-Specialty Corporate Hospitals get the benefit of Annual Leave with pay. Paid Medical Leave is also available to

General Duty (Non-Nursing & Non-Paramedic) staff. Findings of this study reveal that employees not getting paid Annual Leave; paid Maternity Leave and paid Medical Leave are those who are working in Small Corporate Hospitals and Proprietary Hospitals. From the view point of professionalism, the Proprietary Hospitals; Society Hospitals and Small Corporate Hospitals lack severely in understanding the Science and the Art of Human Resource Management because they do not have a Human Resource Policy. In case of Small Corporate Hospitals, it is found by this study that just in external manifestation, they expose their corporate structure, but in operational aspects of Human Resource Management Practices they are lagging behind because their value for employees who are the most important asset for their Hospital is very less. Medical benefits under ESIC scheme is a mandatory provision for Private Sector employees. By not implementing this Act, Small Private Hospitals are committing violation of statutory laws.

The general objectives of wage and Salary Administration are establishment of fair and equitable remuneration; utilization of wages and salaries as an incentive to greater employee productivity and maintenance of a satisfactory public relations image. A fair and equitable remuneration can be ensured in any organization if employees are paid salary which is based on scale of pay with allowances which is pre-determined. The findings of the study reveals that all regular employees appointed in Government Hospitals are paid salary on scale in accordance with Government Policy while those appointed on contractual basis under NHM are paid fix salary. The employees appointed under NHM do not enjoy the benefit of Medical Leave and Annual Leave as applicable to employees appointed in regular basis in Government Hospitals. In Government Hospitals, remuneration paid to employees appointed by the Hospital Management Committee is fixed according to the decision of the committee. This study revealed that remuneration paid to Paramedic and Nursing Staff appointed by the Hospital Management committee is as low as ₹ 5000 to ₹ 6000 which is much below what is prescribed by the Minimum Wages Act of the state. This study further reveals that only 42.5% Nursing and Paramedic Staff appointed in private Hospitals get their salary on scale pay. 57 % of staff who are appointed in

non-nursing and non-paramedic cadre gets their salary on the basis of fixed pay decided by the Top Authority of private Hospital. In case of proprietary and Small Size Proprietary hospitals, the initial salary of certain employees is as low as ₹ 5000 which has been ascertained from employees on the basis of data collected for this study. It is a practice on the part of Trust and Medium Multispecialty and Corporate Hospitals to offer annual increment to employees on the basis of performance evaluation and assessment by the Departmental Head. Data collected and analyzed for this study reveals that all small Private Hospitals do not take up the performance evaluation of employees on a regular basis for the purpose of offering annual increments. Here, employees are offered a token amount of ₹ 1000 or 1500 as annual increment on the sole discretion of Head of the organization which again is not done regularly. According to findings of this study, in 50% proprietary Hospitals employees do not get increment in salary even after putting in 3 to 4 years of continuous service. Payment of Bonus to employees of Small Private Hospitals is also not as per the provisions of the Payment of Bonus Act. The only reason which can be attributed to this type of practice is prevalence of exploitation by the owners of Hospitals and failure of State Government in having a check over small Hospitals in matters of Human Resource management practices adopted by them. Because of absence of performance evaluation system in private Hospitals, there is no scope for employees to know about their own performance in the job and potential for development and the reasons why they are not offered annual increments in salary on a regular basis.

Performance appraisal is a tool in the hands of Management of Hospital to ascertain training deficiencies which presumably should be corrected by additional training. Training is a process of enhancing efficiency, capacity and skill required for the job. Findings of this study reveal that employees of Trust, Multispecialty and Super Specialty Corporate Hospitals are provided induction and orientation training at the time of joining service in the Hospital which is not a practice in small Hospitals. Findings of this study also reveal that Staff Nurse, Nursing Superintendent, Matrons, Assistant Matrons, Floor in charges, Radiographers, Laboratory Technician, ECG

Technicians and physiotherapists appointed in Trust, Multi-Specialty and Super Specialty Corporate Hospitals have been sent for training. However, the present study has given a dismal picture about training and development opportunity given to employees who are appointed in non-nursing and non-paramedic posts in these Hospitals because this study has revealed that only 30% of employees in this category have been sent for Training or attending Refresher courses related to their work. In case of Government Hospitals, findings reveal that only 10 % employees appointed to non-nursing and non-Paramedic posts have been sent for training. Considering the overall percentage of nursing and Paramedic staff from Government and Autonomous Hospitals that has been sent for training, the percentage comes to 27.5 % and 25 % respectively. Here what is noticeable is that compared to Government Hospitals, Trainings offered to Paramedic and nursing staff is more in the Autonomous Hospital than in Government Hospitals. This is because Autonomous Hospitals have the privilege of making tie up with public service organizations for the purpose of training their Medical, Paramedic and nursing staff. Moreover these types of Hospital have no problem in earmarking fund for training and having a Training policy for their employees. In sharp contrast to this, Government Hospitals are devoid of training policies and no budgetary fund is marked for such trainings. It is only Doctors appointed in Teaching Hospitals who are controlled by the Director of Medical Education (DME) that are provided the opportunity of going for higher academic studies and training programmes. Since the Department of Health in general and Directorate of Health in particular has no provision of framing training policy which is based on a criteria for selection such as seniority, ability, qualification, need etc. employees including those appointed in Technical posts have very little opportunity to avail trainings. Generally speaking, it is the Human Resource Department of Hospitals which coordinates the activities related to collection of information, its analysis and making recommendations about the competencies to be developed in different category of employees. In the absence of a Human Resources Department in Government Hospitals, there is no systematic analysis of assessing Training and Development needs of employees of Hospitals.

Service conditions play an important role in boosting the morale of employees. Service Rules made for employees is an important document which details the conditions by which employees are bonded to the organization. Service conditions specify the privileges and benefits available to the employees while in service and after superannuation from service. It also speaks about the Discipline and conduct to be maintained by the employee while in service. This study gives the finding that all categories of employees appointed in Autonomous and Government Hospitals are provided with pay based on scale and are entitled to increments as per Government Rules; gets the benefit of provident fund facility; retirement benefits like Pension and Gratuity. Employees of Central Government Hospitals enjoy the benefits of Medical Facility to dependent family members because of prevalence of Central Government Health schemes for Central Government employees and their dependent members.

This study shows that Service Rules exist for all categories of employees appointed in Trust; Medium Size Corporate Hospital and selected Society Hospitals. However there is no Service Rule for employees appointed in Proprietary Hospitals because of which the facilities and benefits receivable by them are not specific. Matters like giving paid leave; festival holidays; increments or promotion are matters which are decided at the sole discretion of the owner of the Hospital. Under this system there is every possibility of employees getting exploited in the hands of the Proprietor of the Hospital. In case of Multi-Specialty and Super Specialty Corporate Hospitals and those run by Trust, there is prevalence of Service Rules for employees. These Hospitals maintain Employee (Discipline, General Conduct and Appeal) Rules in which details about Appointing Authorities; Service Conditions related to suspension; Termination; Resignation; Leave Policy; Salary; Discipline and appeal review authorities and procedures for taking disciplinary action against employees are found. These rules are indicative of the fact that Multi-Specialty; Super Specialty Corporate and Trust Hospitals have a formal organizational structure which clearly points out the authorities, their position in the organization and their powers and functions.

The study brings in to focus the fact that social security measures are taken care of to a very little extent by Hospitals in the Private Sector. Provident Fund, Gratuity and ESIC Scheme facility is available only to employees of Trust and Medium Size Corporate Hospitals. However these facilities and benefits are not available to employees of Small Private Hospitals and Proprietary Hospitals. By not giving ESIC Scheme benefits to employees of Small Corporate Hospitals and Proprietary Hospitals, the management is not only violating the Statutory Rules and Laws made by Government, but also not providing social security to its employees.

The very object of ESIC Act is to provide for certain benefits to employees in case of sickness, maternity and employment injury. It is a legislation which aims at bringing about social & economic justice to the employees getting salary less than ₹10,000 per month. Under ESIC Scheme, the insured employees, their dependents & certain other persons get sickness benefit; Maternity benefits; Disablement Benefit; Dependents benefit; Medical benefit & Funeral benefit. By not becoming members under ESIC Schemes, Small Private Hospitals, are deliberately depriving its employees certain benefits which are available under the ESIC scheme. These employees are put to double loss because they undergo pay cut for the period of absence in duty since paid medical leave is not granted to them and also incurs a huge expenditure on account of medical benefit which is not reimbursed by their employer. This reduces the morale of the employees in addition to putting them in a state of great insecurity.

This study reveals that only 30% employees appointed in Private Hospitals get the benefit of Welfare or benevolent scheme but no Private Hospital has the provision of offering recreational facilities for their employees. The reason which can be attributed for this is Private Hospitals not having the provision of earmarking funds for Welfare of employees or budgeting funds for investment in benevolent schemes for employees. Management Philosophy of Private Hospitals as revealed from unstructured interview of Heads of Hospitals taken for this study testifies the fact that

they feel that expenditure for benevolent schemes or for welfare of employees is a waste and also contribute to cut in the profit figure of the Hospital.

For Hospitals to run efficiently both the quality and quantity of human resource must be adequate. Quality human resource can be obtained by a scientific method of recruitment; providing necessary training to employees and by adopting good human resource management practices which can motivate the employees and can also increase their morale. This study has shown that the number of Nurses and Doctors is not sufficient in Government Hospitals according to norms set by the Indian Nursing Council and Indian Medical Council respectively. This is likely to cause extra load on the existing Nurses and Doctors because of which there might be a decreasing trend in morale of these employees which in turn is likely to affect the quality of patient care in Government Hospitals. In case of Private hospitals, the number of Nurses and Doctors are in sufficient number as revealed by this study, but what is of concern is the method of recruitment and selection. The process of recruitment and selection adopted by Small Private Hospitals possess a question on the quality of appointed employees since a substantial number of them have been appointed without any test or interview as revealed by this study. Many in these categories have been appointed who hold a degree or Diploma from institutions either not recognized by the Government of Assam or not recognized by appropriate and competent authorities of Government of India.

Apart from Medical; Clinical; Diagnostic and Therapeutic services, support and utility services are equally important in Hospitals for ensuring patient care. Medical Record Department (MRD); Dietary services; Housekeeping Services; Engineering services; Hospital Equipment Management and Public Relations Department in Hospital are very important from this perspective. This study revealed that there is no Food Service Department in Government Hospitals. The functions of Dietary services are inventory control of the food items and development of recipes as per the nutritional requirement of patient of different diseases like Diabetes, Hypertension, Heart Disease, Renal Disorders or diseases, Liver Diseases etc. According to findings

of this study the post of Dietician exists in the District Hospital which is supposed to be a Multi-Specialty Hospital in Government sector. However there is no Food service Department in this Hospital whereas all Multi-Specialty Hospitals in the Private Sector have in them this department which is headed by a Chief Dietician having adequate knowledge about Dietary services. This study revealed that in all the Teaching Hospitals, all State and Central Government Hospitals and Autonomous Hospital, food service is provided to patients through outside agencies which may or may not be having persons who specializes in food science. The possible reason that can be attributed for such state of affairs in Government and Autonomous Hospitals could be not noting the fact by the concern policy makers that making food available to patients as per nutritional requirement supplement medical care which can help patients in early recovery.

Medical Record Department (MRD) is one of the important departments of Hospital because this department deals with clinical; scientific; administrative and legal documents relating to patient care in Hospital. The findings of this study reveal that MRD is not available in the Sub-District Hospital which is a FRU Hospital running services of maternity and Child welfare. MRD is available in 1 out of 3 Teaching Hospitals and in the District Hospital. In the Teaching Hospital where MRD is available, 1 post of Medical Record Technician is vacant as per findings of the study. None availability of MRD in the Government Ayurvedic College Hospital and S.J.N. Homeopathic College is indicative of the fact that Government gives less importance to preservation of medical records. The findings of this study revealed that MRD is not available in all Central Government Hospitals .Not having MRD in all Hospitals is based on the wrong perception prevailing at the policy making level of Government that requirement of medical records arises only in Medico-legal matters. However, this is not correct because medical records possesses scientific data with statements by trained observers about conditions found and the application and the result of examination and treatment of patients during the course of treatment in the Hospital. Medical records maintained by Hospitals in the form of case sheets justify the diagnosis and reasons for treatment and outcome of treatment. This study shows

that MRD is also not given importance by Proprietary Hospitals and Small corporate Hospitals because these categories of Hospitals run MRD with only Medical Record Assistant. Looking at the duties and responsibilities of Medical Record Officer (MRO) which starts from checking that MRD has received files of all discharged patients within 24 hours from the time of discharge and preparing occupancy details of Hospital to preparing reports like International classification of disease wise patients report and attending courts to produce required medical records, the practice of running MRD with under qualified and untrained staff by small Private Hospitals is not at all recommendable. Society Hospitals have been found to be running without a Medical Record Department because of which preservation of Medical Records is unlikely to be good. On the other hand Multispecialty Corporate; Super Specialty Corporate and Trust Hospitals which maintain a Medical Record department with a Medical Officer are unlikely to face problems in adducing before Courts or making it available in case wanted under RTI Act while the Small Private Hospitals may face problems on these grounds.

This study revealed that Bio-Medical Engineer was not appointed in any of the Central Government Hospitals despite the fact that these Hospitals on daily basis use a number of medical equipment which require daily inspection, preventive maintenance, calibration and breakdown maintenance. In case of the Autonomous Hospital which is also a research institute, it was found that the Hospital did not have a Bio-Medical Engineer despite the fact that many sophisticated instruments and equipment used to evaluate the parameters of human body functions and machines that uses electrical signal to get the image of internal organs with the help of diagnostic biomedical equipment were in use in this Hospital for treatment of patients. Hospital equipment used in I.C.U. Clinical Laboratories; Operation Theatres and Physiological Laboratories if not examined and calibrated can give incorrect results thereby leading to wrong diagnosis and incorrect treatment of patients which may be fatal. Under such circumstances, Bio-Medical Engineers have an important role to play in Hospitals. The findings of this study revealed that Bio Medical Engineer was

appointed by Multi-specialty and Super Specialty Corporate Hospitals, but not by Small Private Hospitals.

This study revealed that except for the Autonomous Hospital which was also a research institute, other two Small Corporate Hospitals which had suffixed the terms “Research Institute” to their Hospital names, did not have a research wing in their Hospital. In case of one Hospital where treatment of Diabetes was carried out, except a Research Assistant, there was no other employee to undertake research activities of the Hospital. In case of another Small Corporate Hospital which was offering treatment of cancer, it was found that there was no existence of a research cell with any personnel to work in this department. This was happening despite the fact that this Hospital was making regular advertisements through Radio that it was a Research Hospital with state of the Art equipment like linear accelerator. Had the Hospital been a research institute as well, there would have been a research cell with adequate Manpower. The advertisement made by the Hospital was only an eye wash which deserves attention of Government.

Non-availability of Quality Control Department in Government Hospitals and Autonomous Hospitals indicate that Government is not interested in ensuring quality health care to patients. Quality in the simplest word is defined as “Degree of Excellence”. Organization of Quality Management System in Hospitals comprises of organizational Analysis and awareness campaign and developing of quality culture; Training of top management; senior and middle level officers and all other staff of Hospital; Development of Quality Manual and development of Hospital Information System. The standards in relation to Hospitals are developed on the aspects of standards of structure; standards of processes and standard of output. Only those Hospitals which practices doing Medical Audit and meet the standards of I.S.O. or which are accredited by NABH are recognized as Hospitals offering quality service. From this perspective I.S.O. certification and accreditation of Hospitals by NABH and accreditation of Hospital Laboratories by NABL carries significance.

This study has revealed that Quality Control Department was available in 3 medium size Corporate Hospitals. Out of these 3 Hospitals, 1 was NABH accredited and 1 had a Laboratory with accreditation from NABL. It is due to non-availability of quality Control department in Government Hospitals that not a single Government Hospital under study was found to have accreditation from NABH. Moreover not a single Government Hospital was found to be having a Laboratory with accreditation from NABL. Very little importance on training which has been revealed by findings of this study has connectivity with non-availability of Quality control department in Government Hospitals. On the other hand Multi-Specialty and Super Specialty Hospitals which have Quality control department have been found be alert about the need of sending nursing staff for training which is reflected in the findings of this study.

These days all procedures adopted for treatment are Machine controlled. Therefore software Engineers and System Analyst have very important role to play in Hospitals. This study has shown that System Analyst is not appointed in Government Hospitals while they are appointed by the Multi-Specialty and Super Specialty Hospitals. In the Government Hospitals many important works related to systems is given to employees who are out sourced. This practice is not a healthy one and is prone to heavy risk.

Security Department plays an important role in ensuring security of Hospital Premises; its Staff and Patients undergoing treatment. However, Government Hospitals have been found to be running without this department. Security services in Gauhati Medical College Hospital is run either by taking help of the State Police or Home guard while there is no security arrangement at all in the other two Teaching Hospitals. During the course of informal interview conducted with heads of Hospitals, the authorities of the Government Ayurvedic College Hospital and Homeopathic College Hospital revealed that many stray incidents at night were reported from these Hospitals because of absence of security services. In case of the Central Government Hospitals this duty is performed by forces from the Central Industrial Security Force

in the absence of own personnel from the Security department of the Hospital. In case of State Government Hospitals, in the absence of its own Security Department, security related duties are mostly performed by personnel from Home Guard. In case of Private Hospitals, the Medium Corporate Hospitals and Trust Hospitals maintain their Security Department by appointing trained Security personnel whose services are put under the control of the Chief Security Officer. This study has revealed that Medium Corporate Hospitals and Trust Hospitals show a great deal of professionalism by keeping a batch of security staff along with Paramedic staff always ready to meet disaster related eventualities. However, in case of Private Hospitals, it has been found that security services are run by personnel designated as “Security Guard” although they do not possess any sort of training in security related works.

If Hospitals enjoy a great reputation in respect of the services provided by the Hospital to its patients and visitors, it can be said that the Hospital maintains a very good reputation before the Public at large, the credit for which can be given to the Public Relation Department of the Hospital. Public relations are nothing but the image of the Hospital in the eyes of the Public. P.R.O. is the executive officer of Public Relations Department which acts as a bridge between the Public and the management of Hospital. This study revealed that all Government Hospitals and the Autonomous Hospital under study was being run without appointing a P.R.O. which indicates that Government lacks a policy of implementing that mechanism through which Public in general can be brought closer to the management of Government Hospitals.

Regarding non-maintenance of Housekeeping department by Government Hospitals in sharp contrast to Multi-Specialty and Super Specialty Corporate Hospitals which maintain this department, it can be said that professionalism in health care is yet to grow in the former group of Hospitals. In Small Private Hospitals including those run by proprietors and societies, Housekeeping service is done by Nursing staff while in Government Hospitals, this duty is assigned to ward girls or to sister Nurses.

This study has shown that despite existence of several regulatory Acts and Rules for Hospitals, the same are not implemented in totality by Hospitals. Despite provisions existing in the Assam Health Establishment Act, 1992 and Rules 1995, 30% of Private Hospitals continue to operate services without having Clinical Laboratories in their Hospitals. Control of Government over Private Hospitals have been found ineffective because 50% of Private Hospitals have been found to be operating service without a central Drug Store; Diet Section and Equipment and Linen store. Moreover, Hospitals both Public and Private have been found to be not displaying user charges and availability of list of Services and information regarding IPHS which are mandatory under the provisions of the Assam Health Establishment Act, 1992 (and Rules 1995) and Assam Public Health Act, 2010. The findings of this study reveal violation of many labour laws by Private Hospitals which amounts to exploitation of employees in the hands of employers of Private hospitals. This study has also revealed absence of social security measures in many Hospitals which needs to be looked into with attention. The findings of this study reveals irregular visit of District Authorities to Private Hospitals for the purpose of inspection which they are supposed to do Bi annually. Non-compliance of this provision of the Assam Health Establishment Act, 1992 could be due to engagement of the officials of District Authority in matters connected to law and order or matters connected to other administrative issues. It is probable that due to overloading of usual administrative works, the District Authority is not in a position to spare the Additional District Magistrate or an officer of his rank to inspect Private Hospitals every six month. The authorities of State Pollution Control Board, although empowered to inspect Hospitals under the relevant provisions of the Environment Protection Act, have been found to be irregular in visiting Hospitals although it is their duty to provide license to Hospitals by issuing “consent to operate” after satisfying themselves that the Hospital is not causing pollution of environment. What this study revealed is that pollution control Boards wait for some adverse happenings to take place and reporting of such happenings by the Press only when Pollution control exercises its authority over Hospitals. Not holding periodic meetings and not asking for updates from Hospitals

by the Health authority indicate that competent authority is not exercising its control over Hospitals. Since updates about manpower position in private Hospitals is never asked for by the District Authority, no meetings organized either by the District Authority or by the Health authority to know about quality improvement and public grievances about Hospitals, there is no effective control of competent authorities over Hospitals. Without ensuring effective control over quality and quantity of manpower and without ensuring a grievance free environment in Hospitals, quality patient care is unlikely to be seen in Hospitals.