International Journal of Innovations in Engineering and Technology (IJIET)
http://dx.doi.org/10.21172/ijiet.224.02

Relationship between HRM, Employee Satisfaction & Healthcare Industry

Dr. Ruhi Bakhare
Assistant Professor and Head Research Cell
Dr. Ambedkar Institute of Management Studies and Research,
Deekshabhoomi, VIP Road, Nagpur, India

Abstract - An attempt has been made in this research study to search the concept of effective with utilization of Human Resource Management with reference to some main public and private hospitals of Vidharba Region. The purpose behind this research is to bring light the real working of HRM in the hospitals of Vidharba Region where establishment of HRM in real sense is still awaited.

The relatively recent perception of human resource management is reflective of modern attitude to what is termed as administration and it stresses the participation of human beings in an organization, whatever be its nature and function. Advances in sciences have brought drastic changes in human society since the industrial revolution, having great impact, besides industry, on agriculture, business and industrial machines. It used to be the production and profit being assigned on priority before the employer, while far less thought was given to human rights and demand.

Keywords: Employee Satisfaction, Healthcare Industry, Vidarbha Region, Productivity and Organizational Success

I. INTRODUCTION

The Health Enterprise Act (2002) has given rise to an organizational structure where the hospitals have become larger and more complex network-like organizations. This implies a new approach to the value-generative sphere. To tackle the managerial challenges of optimizing the resource allocation and the organizational capability require quicker rates of response, continuous improvements and cost-effective treatment processes. Increasing competition and growing demands for activity and cost control intensify the focus on quality of professional service and care.

The complexity of somatic hospitals has grown gradually. The trend in India is that more and more patients are treated during the daytime. The amount of patient beds filled goes down and the share of out-patients and day patients increases. Further, the medical complexity of the average patient is growing and is likely to continue to grow, since patients become older. Patient expectations are rising and 7 patients are becoming more demanding regarding the access to advanced treatment procedures.

The combination of the development on the supply side, more advanced and more complex services, and on the demand side, an older and sicker population, will subject hospitals to new and more demanding clinical-logistical challenges. Those challenges are related to the coordination of the utilization of the key resources; the personnel, the clinical rooms and the technology. The challenges will be so great that problems are unavoidable. Such problems can also have clinical consequences, in the form of misunderstandings, lower technical quality, reduced caring quality and even errors. Such problems will also affect cost-efficiency in a negative way.

When people become older and develop more and more complex diagnoses, they require extra resources. The pressure caused by the expansion of medical knowledge and technology, imply further development of more complex time consuming treatment processes. When the threshold for treatment is lowered, patient groups can be offered new methods of treatments. Even though the technology implies that patients can be treated faster, waiting lists will probably rise. The most recent numbers of patients on waiting lists recorded show a rise in the number of patients waiting for assessment and treatment. To try to increase efficiency in such a situation is difficult. It may even result in decreased efficiency.

Defective coordination and incomplete information are important causes of the often criticized inefficiency in hospitals. If the patient logistics is not good, it causes unacceptable external and internal waiting times for patients and personnel. The aim was to measure patient satisfaction on the most important satisfaction

indicators. The survey gives health enterprises an opportunity to develop their services by following up the results on six main quality indicators:

- Physical standard (waiting room, toilet, cleaning)
- Communication with the personnel
- Organization (cooperation, information, preparation and coordination)
- Information from the health personnel
- Accessibility (access to the out-patient clinic, "internal access")
- Experiences before entering the out-patient clinic (waiting time, information and availability on the phone)

What kind of change is desirable? The issue at stake is the added value of treatment versus the resources used, or simply the income versus cost of care. If the hospitals are to be able to meet the expectations of society, it will be necessary to pay attention to the internal operational efficiency. To secure more uniform patient pathways, and equality of access and entrance to care, a mutual underlying understanding of the patient's journey is essential. Process-thinking is supposed to give better quality outcomes for patients, better working conditions for the staff and even lower hospital costs. What these ideas represent is influencing the logistics discussion going on within the hospitals too. Some hospitals have ongoing pioneering projects developing process-based delivery pathways which flow more smoothly and efficiently, to save resources and ensure a better outcome.

Some highly specialized hospital, which stresses the importance of "The Patient First", and has achieved international reputation as a cutting edge hospital. It also acts as a reference hospital in the fields of research and development. The vision of the organization is to represent "Advanced Medicine in a Safe Environment". Careful planning, commitment and a proactive learning orientation are factors that are to ensure that the hospital preserves its solid public trust. The main objective is to be at the forefront and to create higher value in the future. An on-going project at the national hospital is to secure an efficient and patient-friendly model in out-patient care services.

This study was undertaken in order to ascertain that an organization under HR planning seeks:

1. To make full use of the staff employed.
2. To ensure that employees receive all the training and development necessary for effective performance in their current roles and develop the flexibility to be able to undertake other roles as the need arises.
3. To attract and retain appropriately skilled staff in sufficient numbers to be able to operate effectively and achieve its corporate objectives.
4. To anticipate and meet changes in the demand for its services or in the labour supply.
5. To keep control of human resource costs and effectively anticipates the staffing cost of any new initiatives.
6. To ensure that equal opportunities for promotion and development are available to staff, particularly women, members of ethnic minorities and the disabled.
7. To fulfil future HR needs from its own internal resources.

II. OBJECTIVES OF STUDY

The following are the objectives of research:

1. To create awareness among workers about future skills and to attain a comprehensive understanding of their problems.
2. To analyse effective utilization of Human Resource Management in Hospitals.
3. To explore effectiveness, efficiency and productiveness of public and private hospitals.

III. RESEARCH HYPOTHESIS

The following hypothesis is being formed for the research:

A. Null Hypothesis:

H01: There is a significant relationship between effective utilization of HRM and productivity of hospital employees and success of the health care organization.

H02: There is a greater level of satisfaction among employees of private healthcare sector.

H03: There is a positive relationship between hospital staff's, job satisfaction and quality care provided to patients through client-provider relationship, and policy of HR management.

B. Alternate Hypothesis:

H11: There is no significant relationship between effective utilization of HRM and productivity of hospital employees and success of the health care organization.

H12: There is no significant level of satisfaction among employees of private healthcare sector.

H13: There is a no relationship between hospital staff's, job satisfaction and quality care provided to patients through client-provider relationship, and policy of HR management.

IV. RESEARCH METHODOLOGY

Research methodologies can be quantitative (for example, measuring the number of times someone does something under certain conditions) or qualitative (for example, asking people how they feel about a certain situation). Ideally, comprehensive research should try to incorporate both qualitative and quantitative methodologies but this is not always possible, usually due to time and financial constraints.

Research methodologies are generally used in academic research to test hypotheses or theories. A good design should ensure the research is valid, i.e. it clearly tests the hypothesis and not extraneous variables, and that the research is reliable, i.e. it yields consistent results every time.

Part of the research methodology is concerned with the how the research is conducted. This is called the study design and typically involves research conducted using questionnaires, interviews, observation and/or experiments.

The term research methodology, also referred to as research methods, usually encompasses the procedures followed to analyze and interpret the data gathered. These often use a range of sophisticated statistical analyses of the data to identify correlations or statistical significance in the results.

Objective, representative research can be difficult to conduct because tests can normally only be conducted on a small sample. This means that researchers need to have a very detailed understanding of the types and limitations of research methodologies which they are using.

There are two ways to conduct research:

A. Universe of study:

The universe of study will include major hospitals in Vidharba and the employees of these hospitals which include Doctors, Nurses, Front office, Administrative staff, and miscellaneous i.e insurance executives attached with the hospitals, internal pharma executives, compounders and hospitality service providers and sales and promotion executives etc.

B. Sample frame:

A preliminary survey for primary data of nearly 600 employees shall be conducted in selected hospitals of Nagpur, Amravati, Wardha, Akola, Chandrapur, Bhandara, Gondia, Gadchiroli, Yavatmal.

Out of the total hospital population, 40 multispecialty private hospitals (where the number of beds are above 25 and 20 Government hospitals from all the above mentioned districts will be considered for this study. Overall a sample frame of 60 hospitals including private and government will be considered for this study.

C. Sample size:

Name of the department	Number of employees
Doctors	120
Nurses	120
Front Office	120
Administrative Staff	120
Misc.	120
Total	600

S.No.	Nagpur	Amaravati	Wardha	Akola	Chandrapur	Bhandara	Gondiya	Yavatmal
1	Spandan Heart Institute & Research Centre India Pvt. Ltd.,	Dr.Murkey Auyushkam Bal Rugnalaya & Matrumangalya Maternity Hospital	Sainath Nursing Home	Akola Accident Clinic	Shushrusha Hospital	Fracture Accident & Maternity Clinic	Gondia Care Hospital	Sunetra Eye Hospital
2	Dr.S.B.Gugale Memorial Hospital	Dr Vijay Agarwal Eye Hospital					Gondia Hospital & Medical Research Centre	Tawde Multispeciality Hospital
3	Arihant Surgical & Maternity Hospital	Parashree Hospital						Papalkar Nursing Home
4	Gandhi Maternity & Nursing Home							
5	Anuradha Back Pain & Endoscopic sprial surgey Centre							
6	Om Women's Hospital							
7	Tanna Heart Diabetes Hospital							
8	Mahajan Ortho & Surgical Hospital							
9	Hope Multispeciality Hospital & Research Centre							

10	Jaiswal Children Hospital							
11	Avanti Institute Of Cardiology Pvt Ltd.,							
12	Sood Eye Hospital							
13	KRIMS Hospital							
14	Care Hospital							
15	Choudhary Fracture Accident & Surgical Hospital							
16	Getwell Hospital & Research Institute							
17	Marathe Child Care Hosp. & Neontal Intensive Care Centre Unit							
18	Sindhu Surgical & Maternity Hospital							
19	Sengupta Nursing Home(Sen gupta Hospital & Research Institute)							
20	Ortho Relief Hospital & Research Centre							
21	Shat-Ayu Hospital & Reseach Centre							
22	Naidu Hospital							
23	Chandak Nursing Home							

24	Roy Hospital							
25	Mure Memorial Hospital							
26	Sparsh Urology & Kidney Hospital							
27	SureTech Hospital & Research Centre							
28	(CNMI) Central NeuroSurgical Medical Institute							
29	Shri Krishna Hrudayalaya & Critical Care Centre							
30	Wockhardt Hospitals							
31	Rughwani Child Care Centre & Hospital							
32	Oke Eye Hospital							
33	Evista Eye Care Centre							
34	Crescent Nursing Home and Intensive Cardiac Care Unit							
35	Rathi Nursing Home							
36	Radiance Hospital							
37	CPH Center Point Hospital & Medical Research Institute Pvt Ltd.,							

38	Shravan Hospital & Kidney Institute							
39	Mogre Hospital(Child & Multispeciality Hospital with ICU)							
40	Dande Hospital							
41	Sushrut Hospital Research Centre & Post Graduate Institute Of Orthopaedics							
42	Dr.Gaikwad's Critical Care Centre Pvt Ltd.,							
43	Suraj Eye Hospital							
44	Ashwini Kidney and dialysis Centre							
45	Sreeprabha Orthopaedic Hospital							
46	Central Avenue Critical Care Hospital							
47	Gupta Ear Nose & Throat Hospital							
48	Arneja Heart Institute							

Source:www.midhani.gov.in/Tenders/.../GHPL-HOSPITALS-LIST-050113.xls

D. Sample technique:

For effective utilization of human resource management, stratified random sampling will be used. Eemployees from establishment and administration department and general staff (employees) of Government hospitals will be taken into consideration for personal interview and filling up of questionnaire. The same type of procedure will be followed for the HR department of the private hospitals and the general staff. The data provided by the employees of the HR and Administrative departments will be cross verified with the data provided by employees, in order to cross verify whether the employees are availing the same benefits mentioned in the policy of the hospital.

E. Primary data collection:

The questionnaire will be framed for the research study will be a structured questionnaire in which all the questions will be predetermined before conducting the survey. The form of question will be of both closed and open ended type.

F. Secondary data collection:

The secondary data will be collected data from various Journals, Magazines, Hospital publications, Institutes of Associations Reports, Published news, Finding of the private studies, report of Research organizations and News papers.

G. Test of hypothesis

H01: There is a significant relationship between effective utilization of HRM and productivity of hospital employees and success of the health care organization.

To test this hypothesis Pearson's correlation will be used.

Table: Correlations

		HR as a source of value addition	company performance	operating performance	financial performance	competitive performance	operating profit margin during last three years	average annual growth rate
HR as a source of value addition	Pearson Correlation	1	-.050	.113**	.025	-.091*	-.201**	-.040
	Sig. (2-tailed)		.219	.006	.547	.026	.000	.325
	N	600	600	600	600	600	600	600
company performance	Pearson Correlation	-.050	1	-.042	.047	.254**	-.090*	-.004
	Sig. (2-tailed)	.219		.299	.248	.000	.027	.923
	N	600	600	600	600	600	600	600
operating performance	Pearson Correlation	.113**	-.042	1	.268**	-.010	-.031	.164**
	Sig. (2-tailed)	.006	.299		.000	.805	.452	.000
	N	600	600	600	600	600	600	600
financial performance	Pearson Correlation	.025	.047	.268**	1	-.051	-.011	.011
	Sig. (2-tailed)	.547	.248	.000		.214	.781	.785
	N	600	600	600	600	600	600	600
competitive performance	Pearson Correlation	-.091*	.254**	-.010	-.051	1	.045	-.074
	Sig. (2-tailed)	.026	.000	.805	.214		.275	.071
	N	600	600	600	600	600	600	600
operating profit margin during last three years	Pearson Correlation	-.201**	-.090*	-.031	-.011	.045	1	-.037
	Sig. (2-tailed)	.000	.027	.452	.781	.275		.360

	N	600	600	600	600	600	600	600
average annual growth rate	Pearson Correlation	-.040	-.004	.164**	.011	-.074	-.037	1
	Sig. (2-tailed)	.325	.923	.000	.785	.071	.360	
	N	600	600	600	600	600	600	600
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

Interpretation:

In the above hypothesis effective utilization of HRM practices will include HR as a source of value addition,
Whereas productivity of hospital employees is visible through company performance, operational performance, financial performance, competitive performance, operating profit margin and these parameters defines HRM practices.
Success can be assessed from average annual growth of the organization.
So person's correlation test will be applied and the relationship between these variables will be found out.

- The result says that there is a negative week correlation between average annual growth and HR as a source of value addition (-0.04)
- There is a negative week correlation between average annual growth and company performance (-0.004)
- There is week correlation between average annual growth and operating performance (0.164)
- There is week correlation between average annual growth and financial performance (0.011)
- There is a negative week correlation between average annual growth and competitive performance (-0.074)
- There is a negative week correlation between average annual growth and operating profit margin during last three years (-0.037)

From the result mentioned above it is clear that there is very low correlation between HRM practices, productivity of employees and organizational success, so we can reject null hypothesis H01: There is a significant relationship between effective utilization of HRM and productivity of hospital employees and success of the health care organization and accept alternate hypothesis H11: There is no significant relationship between effective utilization of HRM and productivity of hospital employees and success of the health care organization.

H02: There is a greater level of satisfaction among employees of private healthcare sector.

In order to test the above hypothesis single factor or one-way ANOVA is used. A single factor or one-way ANOVA is used to test the null hypothesis that the means of several populations are all equal.

Table: SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
% of employees left voluntarily	600	1989	3.315	2.86722
training program to increase promotability	600	2052	3.42	2.664708
evaluation of training programs for increasing effectiveness	600	2562	4.27	1.152354
formal evaluation of employee performance provided	600	2248	3.746667	1.838887
performance appraisals are based on objectives	600	2271	3.785	1.694933
performance appraisal based on quantifiable results	600	2581	4.301667	1.666775

performance feedback on routine basis	600	2280	3.8	2.480801
promotions are contingent on performance	600	2303	3.838333	2.075657
reasonable and fair complaint resolution process	600	2429	4.048333	2.570281
employee involvement informal participation process	600	1859	3.098333	2.806675
employee completes an attitude survey	600	2288	3.813333	1.888303
employees are provided opportunities for improvements	600	1935	3.225	2.568656
formal information sharing program	600	2117	3.528333	2.005874

Table: ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1021.633	12	85.13607	39.13454	4.36E-90	1.753413
Within Groups	16940.39	7787	2.175471			
Total	17962.03	7799				

Conclusion: if F > F crit, we reject the null hypothesis. This is the case, 39.13 > 1.75. Therefore, we reject the null hypothesis. The means of the populations are not all equal. At least one of the means is different.

From this we can say that null hypothesis H02: There is a greater level of satisfaction among employees of private healthcare sector and accept alternate hypothesis H12: There is no significant level of satisfaction among employees of private healthcare sector.

H03: There is a positive relationship between hospital staff's, job satisfaction and quality care provided to patients through client-provider relationship, and policy of HR management.

In order to test the above hypothesis single factor or one-way ANOVA is used. A single factor or one-way ANOVA is used to test the null hypothesis that the means of several populations are all equal.

Table: SUMMARY

Groups	*Count*	*Sum*	*Average*	*Variance*
% of employees left voluntarily	600	1989	3.315	2.86722
formal employment planning	600	2208	3.68	2.301436
internal recruitment sources	600	2523	4.205	1.572262
structured interview before hiring	600	2463	4.105	1.423013

pre-employment test for applicants	600	2437	4.061667	1.253286
training need assessment is conducted before training	600	2551	4.251667	1.136892
training program to teach skills required	600	2699	4.498333	1.539229
training program to increase promotability	600	2052	3.42	2.664708
evaluation of training programs for increasing effectiveness	600	2562	4.27	1.152354
formal evaluation of employee performance provided	600	2248	3.746667	1.838887
performance appraisals are based on objectives	600	2271	3.785	1.694933

Table:ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	852.0315	10	85.20315	48.20119	1.04E-93	1.832136
Within Groups	11647.09	6589	1.767656			
Total	12499.12	6599				

Conclusion: if F > F crit, we reject the null hypothesis. This is the case, 48.20 > 1.83. Therefore, we reject the null hypothesis. The means of the populations are not all equal. At least one of the means is different.

From this we can say that null hypothesis H03: There is a positive relationship between hospital staff's, job satisfaction and quality care provided to patients through client-provider relationship, and policy of HR management and accept alternate hypothesis H13: There is a no relationship between hospital staff's, job satisfaction and quality care provided to patients through client-provider relationship, and policy of HR management.

V. CONCLUSION

A. HRM and Efficiency and Effectiveness

HRM works on exploring the importance of efficiency and effectiveness in hospitals. Most of employees from private as well as public hospitals responded that HRM is essential for effective and efficient way of performance.

B. Understanding of Employees

The hospitals are engaged in efforts to improve the understanding of employees so as to enhance their productivity. However there is no association between the employee of public and private hospitals. Private employees relate that hospitals tries to improve understanding of employees to increase productivity.

C. Employee motivation and promotion policies

There is a difference between two organizations. Private hospitals and public hospitals have different promotion practices. In case of public hospitals employees were not satisfied with the promotion criteria as compared to the private hospitals.

D. Technical competency of HR

In private hospitals HR is highly respected. Employee's criticism is encouraged by the hospital

management. Private hospitals encourage the criticism of employees more than the public hospitals.

E. *Incentive schemes for employees*

Private hospitals always provided beneficial incentive schemes to their employees, while public hospitals did not do so. Hospital employees get encouraged by restructuring of their salary structure set up. Private management have restructured the employee's salary, but public hospitals have not.

F. HRM utilization for increased effectiveness and efficiency

Today's organizations and employees are becoming more empowered so hospitals redesigned its practices to meet their needs. Private hospitals gave more empowerment to their employees as compared to public health hospitals.

VI. SUGGESTIONS

1. There is an immediate need of the governance shift from the traditional administration to modern management, incorporating human resource management in the interest of better governance and greater public good.
2. The hospitals should have greater autonomy in decision and policy making and the administrative overburden which means that various ministers' secretariats and directorates should be lessened of this burden to a feasible and practical level.
3. The public and the private health-care intuitions ought to have a closer cooperation between themselves. An assessment need to be carried out of the feasibility of the local governing bodies for the state hospitals for the healthcare service point of view instead of from the economic point of view. There should be a revision of the services rules and condition in the state hospitals in order to incorporate HRM practices. In this regards depending upon its size, there should be a human resource development or section in each hospital and only an HRM professional should head such department/section.
4. At the highest level, particularly in the healthcare sector, human resource management should form an integral part of national planning.
5. Hospitals can use recognized assessment techniques to evaluate the quality by healthcare professionals.
6. Alternative models of assessing healthcare provision, such as delay pattern analysis and critical incident review, can assist with identifying and investigating certain deficiencies in care.
7. Monitor and evaluate the change.
8. Time and planning are both needed in setting up systems for long-term monitoring of indicators, and unrealistically short timescales should be avoided.
9. In a patient-centered healthcare service, patients must be involved, wherever possible, in decisions about treatment and care.
10. The education and training of all healthcare professionals should be permeated with the idea of partnership between the healthcare professional and the patient.

BIBLIOGRAPHY AND REFERENCES

[1] Business Research Methodology, by JK Sachdeva, Himalaya Publishing Pvt.Ltd.
[2] Business Research Methods, by Satyaprasad, Sachdeva, Himalaya Publishing Pvt.Ltd.
[3] Research Methodology for Researchers in Commerce and Management, by Jayalaxmi, Himalaya Publishing Pvt.Ltd.
[4] Kothari (2008), Business research methods, Vikas publication
[5] Zikmund (2005), Research methods ,PHI
[6] A.M.Sheik, (1999), Human Resource Development and Management, by S. Chand & Co. , New Delhi, India, pp-126
[7] Aswathappa K., (2002). 3rd edition, Human Resource and Personnel Management, Text & Cases, Tata McGraw-Hill, New Delhi, India, pp- 379-380
[8] Auntyson Alfred York, (2000). Essentials of Human Resource Management, 4th edition, Replica Press. Pp- 79-80
[9] Armstrong. M. (1987). Human Resource Management Strategy and Action, Kogan Page Limited, UK.
[10] Bhaskar Chatterjee, (1999). Human Resource Management, Strling Publishers Private Limited, pp-70

[11] Bennet, S., B. McPake and A. Mills, eds. (1997). Private Health Providers in Developing Countries. London, Zed Books
[12] Barry Cushway, (1994). Human Resource Management, Kogan Page Ltd. Pp-25
[13] Boynton PM, Greenhalgh T: (2004) Selecting, Designing, and Developing your questionnaire, BMJ, pp-328-1312
[14] Baruett, C. And Ghoshal S. (1998) Managing Across Borders: The Transnational Solution, London Hutchison.
[15] Allen, T. J., & Katz, R. (1995): "The project-oriented engineer: A dilemma for human resource management". R&D Management, Vol. 25, No. 2: 129-140.
[16] Alvesson, M. (2001): "Knowledge work: ambiguity, image and identity".Human Relations, Vol. 54, No. 7: 863-886.
[17] Alvesson, M. (2003): "Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research". Academy of Management Review, Vol. 28, No. 1: 13-33.
[18] Alvesson, M., & Kärreman, D. (2007): "Unraveling HRM: Identity, Ceremony, and Control in a Management Consulting Firm". Organization Science, Vol. 18, No. 4: 711-723.
[19] Barney, J. B. (1991): "Firm resources and sustained competitive advantage". Journal of Management, Vol. 17, No. 1: 99-120.
[20] Beatty, R. W., & Schneier, C. E. (1997): "New HR roles to impact organizational performance: From 'partners' to 'players'." Human Resource Management, Vol. 36, No. 1: 29-37.
[21] Beer, M. (1997): "The transformation of the Human resource function: Resolving the tension between a traditional administrative and a new strategic role." Human Resource Management, Vol. 36, No. 1: 49-56.
[22] Beer, M., Spector, B., Lawrence, P. R., Mills, O. N., & Walton, R. E. (1984): Managing Human Assets. New York: Free Press.
[23] Boxall, P., & Purcell, J. (2000): "Strategic human resource management: where have we come from and where should we be going?" International Journal of Management Reviews, Vol. 2, No. 2: 183-203.

Acknowledgement:

This is the research paper prepared for ICSSR minor project “HRM skill gap among health care workers – A case of cancer hospitals in Vidharba”, Submitted to Indian Council of Social Science Research, File no: File No. 02/37 /2019-2020/MN/ICSSR/RP