

**HUMAN RESOURCE PRACTICES IN HOSPITALS
IN MUMBAI DURING 2010- 2012**

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OCTOBER -2013

CERTIFICATE OF THE GUIDE

This is to certify that the thesis entitled “**Human resource practices in hospitals in Mumbai during 2010-2012**”, which is being submitted herewith for the award of the Degree of Philosophy (Ph. D.) in Management of Tilak Maharashtra Vidyapeeth, Pune is the result of original research work completed by Mr. Alankar Khanvilkar, under my supervision and guidance and I am fully satisfied with it. To the best of my knowledge and belief the work incorporated in this thesis has not formed the basis for the award of any Degree or similar title of this or any other university or examining body upon him.

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CANDIDATE'S DECLARATION

I hereby declare that the thesis entitled “**Human resource practices in hospitals in Mumbai during 2010-2012**”, submitted by me for the degree of Doctor of Philosophy in management of Tilak Maharashtra Vidyapeeth, Pune is of original nature and is carried out by me during the period from 2008 to 2013, under the guidance of professor (Dr.) Ram Sable and has not formed the basis for the award of any degree, diploma, associateship, fellowship, titles in this or any other University or other institution of higher learning.

I further declare that the material obtained from other sources has been duly acknowledged in the thesis.

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CONTENTS

Sr. No.	Name of Chapter	Page No.
	Cover Page	i
	Certificate of the Guide	ii
	Candidate's Declaration	iii
	Acknowledgement	iv-v
	Content	vi-xii
	List of Tables	xiii-xv
	List of Charts	xvi
	Abstract	xvii-xxxiii
	Chapter 1 – Introduction	1-30
1.1	The statement of the problem.	1
1.2	Meaning and significance of human resource.	5
1.3	Hospital human resource management.	8
1.3.1	Meaning of health.	8
1.3.2	Meaning of hospital.	8
1.3.3	Human resource development/ management in hospital.	9
1.4	Essentials of inducting HRD in hospital/health system.	10
1.5	Objectives of human resource development/management.	11
1.6	Constituents/framework of HRD practices.	12
1.7	Present study: objectives, hypotheses and area.	13
1.7.1	Functions of human resource development/management.	14
1.7.2	Human resource development/management practices: Measures and indicators.	15
1.7.3	Selected measures and indicators for present study.	18
1.8	Definition of selected measures and indicators.	22
1.8.1	Hospital.	22
1.8.2	Human resource development practices.	22
1.8.3	Manpower planning.	23
1.8.4.	Recruitment and selection.	23
1.8.5	Training and development.	23
1.8.6	Performance appraisal.	24
1.8.7	Job rotation.	24

Sr. No.	Name of Chapter	Page No.
1.8.8	Career planning	25
1.8.9	Promotion.	25
1.8.10	Employee welfare practices.	26
1.8.11	Level of human resource practices	26
1.9	Limitations of the study.	27
1.10	Chapter plan.	27
Chapter 2 Review of Literature		31-51
2.1	Introduction	31
2.2	Studies on human resource practices in corporate sector	31
2.3	Studies on human resource practices in service sector	36
2.4	Studies on human resource practices in hospital	37
2.5	Gap in earlier studies	43
Chapter 3 : Research methodology		52-67
3.1	Introduction	52
3.2	Problems to be investigated	54
3.3	Objectives of the study	55
3.4	Hypotheses of the study	56
3.5	Significance of the study	57
3.6	Research design	59
3.7	Scope of the study	61
3.8	Period of the study	62
3.9	Sample and sample size of the study	64
3.10	Sources of data collection	65
3.10.1	Primary data	65
3.10.2	Secondary data	66
3.11	Statistical tools and techniques used	66
3.12	Data analysis and interpretation	66
Chapter 4 : Profile of the sample respondents		68-77
4.1	Introduction	68
4.2	Age of the sample respondents	69

Sr. No.	Name of Chapter	Page No.
4.3	Gender of the sample respondents	70
4.4	Marital status of the sample respondents	71
4.5	Educational qualification of the sample respondents	72
4.6	Work experience of the sample respondents	73
4.7	Income of the sample respondents	74
4.8	Religion of the sample respondents	76
Chapter 5 : Assessing manpower, planning recruitment and training practices in selected hospital in Mumbai		78-100
5.1	Introduction.	78
5.2	Manpower planning practices in selected hospitals in Mumbai.	79
5.2.1	Existence of manpower planning department in selected hospitals.	80
5.2.2	Manpower planning process undertaken in selected hospitals.	81
5.2.3	Human resource planning duration in selected hospitals.	83
5.2.4	Factors considered in manpower planning in selected hospitals.	83
5.2.5	Job analysis description practices in selected hospitals in Mumbai.	85
5.3	Recruitment practices in selected hospitals in Mumbai.	87
5.3.1	Recruitment sources practice in selected hospitals.	88
5.3.2	Pattern of external recruitment source practice in hospitals.	89
5.3.3	Selection method adopted by hospitals.	90
5.4	Training practices in selected hospitals in Mumbai.	92
5.4.1	Training to hospital employees.	93
5.4.2	On the job training received by hospital employees.	94
5.4.3	Off the job training received by hospital employees.	95
5.4.4	Outlook of hospital employees towards training.	96
5.4.5	Outcome of training programme.	97
Chapter 6: Assessing performance appraisal career planning and promotion practices in selected hospitals in Mumbai		101-133
6.1	Introduction	101
6.2	Performance appraisal practices in selected hospitals in Mumbai	103

Sr. No.	Name of Chapter	Page No.
6.2.1	Extend of performance appraisal practices followed in selected hospitals	103
6.2.2	Need for making performance appraisal	104
6.2.3	Status of performance appraisal in selected hospitals	107
6.2.4	Nature of performance appraisal in selected hospitals	109
6.2.5	Duration of performance appraisal in selected hospitals	110
6.2.6	Rotation practice in hospitals	111
6.3	Career planning practices in selected hospitals in Mumbai	113
6.3.1	Awareness of employees about career planning	113
6.3.2	Hospital makes career planning to employees	114
6.3.3	Awareness of employees about career paths in selected hospitals	116
6.3.4	Adequacy of present system of career planning & development in selected hospitals	117
6.3.5	Career planning practices in selected hospitals	118
6.3.6	Motivation programme for employees arranged by hospitals	120
6.3.7	Willingness to continuation of job till retirement in hospitals	122
6.4	Promotion practices in selected hospitals in Mumbai	124
6.4.1	Promotion as a part of career planning	124
6.4.2	Sound promotion policy exist in hospitals	125
6.4.3	Basis of promotion in practices in hospitals	126
6.4.4	Factors influencing promotion in hospitals	128
6.5	Relationship between performance appraisal and promotion	130
Chapter 7 : Assessing of employee welfare practice in hospitals		134-160
7.1	Introduction	134
7.2	Salary structure of employee in hospital	136
7.3	Perquisites provided to employee in hospital	139
7.4	Social security measure for employee in hospital	141
7.5	Level of satisfaction of employee towards salary	142
7.6	Leave facility enjoyed by hospital employee	144

Sr. No.	Name of Chapter	Page No.
7.7	Types of deduction from salary of employee in hospital	146
7.8	Employees view towards management relation.	148
7.9	Employees opinion on infrastructural facilities in hospital	149
7.10	Responses of employee towards rewards and recognition practices in hospital.	151
7.11	Responses of employee on learning culture and climate in hospital	153
7.12	Additional welfare facilities in hospital	156
7.13	Miscellaneous human resource practices in hospital	157
Chapter 8 : Level of human resource practices in selected hospitals in Mumbai		161-189
8.1	Introduction.	161
8.2	Level of manpower planning, recruitment and training practices in hospitals.	162
8.2.1	Level of manpower planning, recruitment and training practices in E.S.I.S. hospital.	163
8.2.2	Level of manpower planning, recruitment and training practices in J.J. hospital.	164
8.2.3	Comparison of inter-hospital levels in manpower planning, recruitment and training practices.	165
8.2.4	Overall level of manpower planning, recruitment and training practices in selected hospitals.	167
8.3	Level of career planning, performance appraisal and promotion practices in hospitals.	168
8.3.1	Level of career planning, performance appraisal and promotion practices in E.S.I.S. hospital.	169
8.3.2	Level of career planning, performance appraisal and promotion practices in J.J. hospital.	170
8.3.3	Comparison of inter-hospital levels in career planning, performance appraisal and promotion practices in hospital.	171

Sr. No.	Name of Chapter	Page No.
8.3.4	Overall level of career planning, performance appraisal and promotion practices in selected hospitals.	173
8.4	Level of employees welfare practices in hospitals.	175
8.4.1	Level of employees welfare practices in E.S.I.S. hospital.	177
8.4.2	Level of employees welfare practices in J.J. hospital.	178
8.4.3	Comparison of inter-hospital levels in employees welfare practices in hospitals.	179
8.4.4	Overall level of employee welfare practices in selected hospitals.	181
8.5	Level of human resource practices in selected hospitals in Mumbai.	182
8.6	Testing of hypotheses	185
Chapter 9 : Summary of findings, testing hypothesis and suggestion		190-217
9.1	Introduction	190
9.2	Summary of findings on review of literature	194
9.3	Summary of findings on profile of sample respondents	194
9.4	Summary of findings on manpower planning, recruitment and training practices in studied hospitals	195
9.4.1	Findings on manpower planning practices	196
9.4.2	Findings on recruitment practices	197
9.4.3	Findings on training practices	198
9.5	Summary of findings on performance appraisal, career planning and promotion practices in studied hospitals	200
9.5.1	Findings on performance appraisal practices	200
9.5.2	Findings on career planning practices	202
9.5.3	Findings on promotion practices and relationship between performance appraisal and promotion	204
9.6	Summary of findings on employee welfare practices in studied hospitals	204
9.6.1	Findings on salary structure and perquisite provided to employees	205

Sr. No.	Name of Chapter	Page No.
9.6.2	Findings on social security measures for employee in hospital	207
9.6.3	Findings on leave facility enjoyed by hospital employees	207
9.6.4	Findings on deduction from salary and management relation	208
9.6.5	Findings on infrastructure and additional facilities	208
9.6.6	Findings on learning culture and climate in hospitals	209
9.6.7	Findings on rewards and recognition practices in hospitals	209
9.7	Summary of findings on levels of human resource practices in studied hospitals	209
9.7.1	Findings on levels of manpower planning, recruitment and training practices	210
9.7.2	Findings on levels of performance appraisal , career planning and promotion	211
9.7.3	Findings on levels of employee welfare practices	212
9.7.4	Findings on overall levels of human resource practices in selected hospitals in Mumbai	212
9.8	Summary of findings on testing of hypotheses	214
9.9	Suggestions	215
	Bibliography	218-225
	Appendix	

LIST OF TABLES

Sr. No.	Table No.	Name of Table	Page No.
1.	1.1	Weitage of each measure in total human resource development practices in percentage	21
2.	4.1	Distribution of respondents by age.	69
3.	4.2	Distribution of respondents by gender	70
4.	4.3	Marital status of the sample respondents	71
5.	4.4	Qualification of sample respondents	72
6.	4.5	Work experience of sample respondents	73
7.	4.6	Monthly income of the respondents	75
8.	4.7	Religion of the sample respondents	76
9.	5.1	Existence of Manpower planning department in hospital	80
10.	5.2	Manpower planning process undertaken	82
11.	5.3	Human resource planning during study period	83
12.	5.4	Factors considered in manpower planning in hospital	84
13.	5.5	Job analysis description practice in hospital	85
14.	5.6	Job analysis description interval (duration)	86
15.	5.7	Recruitment sources adopted in hospital	88
16.	5.8	Pattern of external sources recruitment practiced in hospitals	89
17.	5.9	Selection method practiced by hospital	91
18.	5.10	Extent of training received by employees of hospitals	93
19.	5.11	On the job training received by employee of hospital	94
20.	5.12	Off the job training received by employee of hospital	95
21.	5.13	Outlook of hospital employees towards training	96
22.	5.14	Outcome of training	98
23.	6.1	Hospital makes performance appraisal of employees	104
24.	6.2	Need for making performance appraisal	105
25.	6.3	Status of performance appraisal in hospitals.	107
26.	6.4	Nature/ methods of performance appraisal practiced	109
27.	6.5	Duration / period of performance appraisal practices in hospitals	110

Sr. No.	Table No.	Name of Table	Page No.
28.	6.6	Job rotation practice in hospitals	112
29.	6.7	Awareness of employees n career planning an important sub- system of human resource development tool	113
30.	6.8	Hospital makes career planning to employee	115
31.	6.9	Awareness of hospital employees about career paths.	116
32.	6.10	Adequacy of present system of career planning and development	117
33.	6.11	Career planning activities practice in hospitals	119
34.	6.12	Motivation programme arrangement for employees in hospital	121
35.	6.13	Opinions of employees on job upto retirement	123
36.	6.14	Promotion as a part of career planning	125
37.	6.15	Existence of promotion policy in hospitals	126
38.	6.16	Basis of promotion in hospitals	127
39.	6.17	Factors influencing the promotion process in hospitals	129
40.	6.18	Relationship between performance appraisal & promotion	131
41.	7.1	Salary structure of employee in ESIS and J.J. hospitals	137
42.	7.2	Perquisite provided to employee in hospitals.	139
43.	7.3	Social security benefits enjoyed by employee in hospital (yes responses)	142
44.	7.4	Extent of satisfaction among employee towards salary (Yes responses)	143
45.	7.5	Leave enjoyed by ESIS & J.J. hospital employee	144
46.	7.6	Deduction from salary of employee in hospital (yes response)	146
47.	7.7	View of employee towards management relation	148
48.	7.8	Responses of employee towards infrastructure facilities available in hospital	150
49.	7.9	Employee rewards & recognition in hospital	152
50.	7.10	Employee learning culture & climate in hospital (yes responses)	154

Sr. No.	Table No.	Name of Table	Page No.
51.	7.11	Additional welfare facilities in hospital	156
52.	7.12	Miscellaneous human resource practices in hospital (yes response)	158
53.	8.1	Level of manpower planning, recruitment & training practices in ESIS hospital (only yes responses)	163
54.	8.2	Level of manpower planning, recruitment & training practices in J.J. hospital (only yes responses)	164
55.	8.3	Level comparison: manpower planning , recruitment & training.	165
56.	8.4	Overall level manpower planning, recruitment & training practices in selected hospital	167
57.	8.5	Level of career planning, performance appraisal & promotion in ESIS hospital.	170
58.	8.6	Level of career planning , performance appraisal & promotion in J J. hospital	171
59.	8.7	Human resources practices level comparison in two hospitals: performance appraisal and promotion	172
60.	8.8	Overall level of career planning, performance appraisal and promotion practices in selected hospital	174
61.	8.9	Level of employee welfare practices in ESIS hospital	177
62.	8.10	Level of employee welfare practices in J.J. hospital	179
63.	8.11	Human resource practice level comparison in two hospitals: Employee welfare	180
64.	8.12	Overall level of employee welfare practices in selected hospitals	181
65.	8.13	Level of human resource practices in selected hospitals in Mumbai	183

LIST OF CHARTS

Sr. No.	Chart No.	Name of Chart	Page No.
1.	1.1	HRD objectives and functions	14
2.	1.2	Measures and Indicators of HRM/D practice	15
3.	1.3	The level of human resource practices in E.S.I.S and JJ hospital	27
4.	2.1	Health CEO'S quality	38
5.	3.1	Research Design	60
6.	3.2	Scope of the study	61
7.	3.3	Period and schedule of Primary data collection	63
8.	3.4	Selection of sample hospital	64
9.	3.5	Final sample size collection	65
10	7.1	Level of human resource welfare practices	136

CHAPTER 1

INTRODUCTION

1.1 The statement of the problem:

From the top to the bottom, from the center to the periphery and in between, it is the men that make the machinery of hospital or any organization management and administration work. It is vain for Dean of hospital to take counsel concerning matters if they take no counsel likewise concerning persons, for all matters are as dead images and the life of the execution of the affairs lies in the good choice of persons. Therefore, the first and foremost task is to pay attention to the management of human resource, if he expects the effective performance of hospital organization. This thinking is visible not only in the developing countries but also in the developed countries.

Most of the thought revolves round the need of the revision of the basic concepts of human resource policy, modernization of management practices, reforms of recruitment methods, modification of performance appraisal, reforms in time management, modification of the structure and emoluments of the staff, manpower planning methods and promotion methods, greater delegation of authority and responsibility, searching and modifying training methods: But what about implementation all these in hospital organization, which need examination, review and analysis.

A comprehensive set of human resource development (practice) is available in all the countries for all types of organization including hospital. Most of the organizations have set up human resource departments to administer and manage their human resource efficiency and performance. A large number of training sprung up in all countries at all levels to impart the knowledge. Thus human resource management and its practice is a definite art which can be learnt and practiced to produce designed output. It is an art that can help to direct and guide the efforts of those involved in the implementation of plans

and policies of on hospital organization efficiently and systematically. But one most know real status of human resource practice for better implementation.

In fact, among the 3 most important components required for developmental tasks- men, money and materials (M3) – it is more the men (or the human factor) than any other factor which determines the quality and quantity of the performance and output. After all, even the contribution of money and material to performance depends substantially upon their manipulation by the men in an organization. It is with their requisite skills, aptitude, integrity and organizing capacity that they can build the image of their organizations as effective institutions in the nation building, process. Therefore systematic study is needed to examine and understand, what had happened in Indian hospitals, those are serving people in metropolitan cities like Mumbai, in respect of human resource practices or human resource development or human resource management practices, which are serving people of metropolitan like Mumbai after privatization, liberalization and globalization Indian economy. Hence an attempt is made by researcher in the present study to know and assess the following questions.

1. To what extent employees of hospital know the manpower planning practices adopted in hospital?
2. Whether employees of hospital know the existence of manpower planning department, manpower planning process undertaken, and duration of human resource planning practiced by hospital?
3. What factors are considered in manpower planning in hospital?
4. Whether job analysis description practices or not in hospital? If yes, then to what extent?
5. What are the sources of recruitment in hospital?
6. What is a pattern of external sources of recruitment adopted or practiced in hospital?
7. What methods are followed by hospital in selection of human resource?

8. Which training - on the job and off the job had received by hospital employees and to what extent? What is outcomes of such a training?
9. What is a outlook of hospital employees towards training?
10. Whether performance appraisal followed or not in hospital? If yes, then what is a need for making performance appraisal?
11. What is current status of performance appraisal practiced in hospital?
12. Whether job rotation is practiced in hospital for their employees?, If yes then to what extent?
13. Whether employees of hospital are aware career planning, career paths and its adequacy, if yes to what extend?
14. Whether promotion practices are followed or not in hospital? What is opinion of employee of hospital towards promotion practices in term of
 - (a) Promotion as a part of career planning,
 - (b) Existence of promotion policy for employees in hospital,
 - (c) Basis of promotion practiced in hospital
 - (d) Factors influencing promotion etc.
15. What welfare practices are followed in hospital for employees in respect of
 - (a) Salary structure,
 - (b) Perquisites,
 - (c) Social security,
 - (d) Leave facility enjoyed,
 - (e) Deductions from salary,
 - (f) Infrastructural facility,
 - (g) Reward and recognition,
 - (h) Learning culture and climate,
 - (i) Additional welfare facility etc.
16. What is the level of human resource practices regarding
 - (a) Manpower planning, recruitment and training,
 - (b) Career planning, performance appraisal and promotion,
 - (c) Employees welfare facilities, and

(d) Overall for hospital.

A new wind is blowing through management literature how-a-days which is fast driving out the traditional term 'personnel management' and substituting a new term 'The Human Resource Management or development' (1). The new term to emphasizes two things: One the human being are the most important resource of an organization, particularly service industry like hospital. They are unlike other resources, in fact they have the unlimited potential for investment. The more an organization invest in them, the more it can increases its return on investment. Second, Hum an resource development is the need of every organization, specially hospital, as it concern to human life. Further it is the soul of organization as it makes an organization growth oriented and dynamic and existence. Therefore to what extent human resource practices in any organization is prime concern topic for research purpose; and same is attempted in the present study.

In the field of health, programme is considered to be “ change in the output of the health system such as the provision of medical care, environmental health, and other health services – these being considered as operating services or programme” (2). This is totally depends on human being or employees available in the services and their satisfaction of human resource practices. Hence it is essential to know and assess practices followed in hospitals. Such an attempt is made here.

The health department or human resource department should make efforts to develop the human resource development system in the hospital that focuses on HRD approach and ensures that staff working in the health system enjoy their work; feel proud and happy and are committed, competent and loyal to work as a team. But for this, there must be human resource department and it should be in functioning. To see whether human resources department is exit if so, how it is functioning is one of the objectives of this study. This is studied here.

In the modern environment where privatization globalization, and liberalization now direct our enterprises to be, more and more competitive, human resource development and its effective management, is the only way for their survival. Public sector hospital which employees a large segment of our workforce can do better in terms of productivity, quality, and cost effectiveness by nurturing, developing and utilizing their capabilities and potentials. It will accelerate the development and growth of the economy. The present study, therefore undertaken the human resource practices followed in the public sector hospitals. An enquiry is made by researcher on above mentioned 16 key questions. Hence the statement of the problem of the present study is as under: **“Human resource practices in hospitals in Mumbai during 2010-2012”**.

The present study is a modest attempt to know and understand human resource practices followed in selected hospitals in Mumbai. But before doing so, it is essential to know and understand what human resource is? What are its features, importance and constituents? In other words, ‘conceptual framework’ of human resource practice on development must be understood first. This is presented through following sections.

1.2 Meaning and significance of human resource:

The human resource development practices is a process of adding value to individuals, teams and organization as human system. Human resource practice or development is something that everyone does. Individuals do it as they work to development themselves, managers do it as they work to support others’ development and the HRD staff does it as it creates the overall development tools for the organization(3). Human resource practices includes both the development of the people and development of the organization. It is as the activities and processes undertaken to promote the intellectual, moral, psychological, cultural, social and economic development of the individual. So as to achieve his hightest human potential as a resource for the community. It means an all round development of the person so that he/she can contribute

his/her best to the community and the nation. In the words of Rao (4) human resource development or practice (HRD) is a continuous process to ensure the development for employee competencies, dynamism, motivation and effectiveness in a systematic and planned way.

He further suggests the following process mechanism or subsystems:

1. Performance appraisal,
2. Potential development and appraisal,
3. Feedback and performance coaching,
4. Training and development,
5. Career planning.

Human resource development practices or system is essentially part of broader concept of human resource management. Human resource management (HRM) is commonly defined as a 'process of acquiring, training, appraising and compensation employees and attending to their labour relations, health and safety and fairness concerns (5) and as a strategic and coherent approach to the management of an organizations most valued assets – the people working there who individually and collectively contribute to the achievement of its goals.

Thus HRM would include following types of activities:

1. Job analysis.
2. Job description.
3. Job postings.
4. Recruitment.
5. Selection of candidates.
6. Inducting new employees.
7. Managing wage and salary structure and administration.
8. Providing other benefits and incentives.
9. Conducting performance appraisal.
10. Training and developing the employees.

11. Career planning.
12. Promotion and transfer of employees.
13. Retaining the employees, etc.

Human resource management practices are referred here human resource development and further this called here human resource practices. In brief in the present study human resource management practices and human resource development practices and human resource practices are referred synonymies or same. This study considered the definition given by Dessler (2002) and equate with human resource practices or development (HRD or HRP).

Thus broadly speaking, human resource development (practices) is one of the important Human Resource Management (HRM) functions and it includes the area of individual development, career development and organizational development. The remaining human resource area like employee-employer relations, human resource planning, recruitment and selection, organization / Job design etc. come under the purview of HRM. Actual implementation of human resource management and human resource development is called human resource practices. In the present study human resource management practices and human resource development is treated one and the same. Hence human resource development of human resource management is referred human resource practices or human resource management practices.

Since all healthcare is ultimately delivered by people, effective human resource practices will play a vital role in the success of hospital management. The review of literature shows lot of studies were undertaken on human resource practices on Indian corporate sector but on human resource practices in Indian hospitals are very few. In fact lack of human resource management practices in healthcare sector, could lead to a life or death question, pointed out by Suryawanshi (6).

1.3 Hospital human resource management:

1.3.1 Meaning of Health:

The world Health Organisation (WHO) defined health “as a state of complete physical mental social and spiritual well-being and not merely an absence of disease or infirmity” (7). Thus health is a condition under which an individual is able to mobilize all his/her resources intellectual, emotional and physical for optimum living.

1.3.2 Meaning of Hospital:

According to Directory of Hospitals India, 1998, “A hospital is an institution which is operated for the medical, surgical and or obstetrical care of in-patients and which is treated as a hospital by the central State Govt. / local bodies or licensed by the appropriate authority”, on the other hand WHO state that it is an integral part of social and medical organization the function of which is to provide for the population complete healthcare, both carative and preventive and whose out patient services reach out to the family and its home environment the hospital is also a centre for the training of health workers and bio-social research (8).

The people working in the hospital are medical, non-medical, para-medical, highly skilled and qualified, either totally unskilled or semi-skilled and either uneducated or partially educated. These personnel may work in any type of hospitals that render such services. The type of ownership of hospital and there legal entities are also different such as-

- i) Private – Personal.
- ii) Private – Partnership.
- iii) Private – Limited.
- iv) Public – Limited.
- v) Co-operative society.
- vi) Public trust and society.
- vii) Public - Private partnership.

viii) Government.

This study is confined with government hospital (i.e. category 8 ownership structure).

1.3.3 Human resource development / management in hospital:

There is a great need to enhance the human resource capability of hospital so that they can achieve the objectives of the government in the shortest possible time. Human resource capability is an important means of converting or processing programme inputs into outputs. Human resource capability involves the development of the ability among personnel to mobilize, allocate and combine the actions that are technically needed to achieve hospital development objectives. Today's dean or registrar or superintendent of hospital lives in a world of rapid change, yet the rate of change increases in the years ahead. Unless they can keep up with this change, they may likely to find themselves obsolete – perhaps un-promotable, inefficient, low capable.

Hence HRD in brief is change of potential human resource into kinetic human resources that is optimization of the potential capacity of employees. HRD is an effort to develop capabilities and competence among hospital employees, as well as to create an organizational environment conducive to the employees' development. According to Ishwar Doyal, 3 things are important in HRD in hospital (9).

1. Ways to better adjust the individual to his job and the environment.
2. The greater involvement of the employee in various aspects of his work.
3. The greatest concern for enhancing the capabilities of the individual.

In the words of Goel (10), HRD in hospital is a process of the development of employees through training, performance appraisal, potential development exercise, communication, policies, job enrichment programmes, etc. and building of an organizational climate, which may encourage openness, risk

taking, role clarity, awareness of employee's responsibility, increased communication, improvement of personnel policies, management styles, etc, so that employees may be effective in translating their potential energy into kinetic energy and the organization may be benefited in terms of better image, higher productivity, better utilization of resources etc.

1.4 Essentials of inducting HRD in hospital / health system:

They are as under (11) :

1. An urge and desire on the part of the state health department and district health offices to find better methods of human resource development.
2. Requisite skill, attitudes and ability in the persons engaged in hospital HRD.
3. Proper rapport between the HRD team / department and the key human resources in the health organization at all levels.
4. Removal of hurdles from the organization affecting efficiency of the employees.
5. Involvement of the human resources of the organization to get a lot of unwritten information for understanding the dynamic of the organization for developing HRD programme.
6. The need for suggesting the introduction of only such indigenous methods, which can be implemented by the HRD section without much cost and resistance besides, the need for technical consideration may also be kept in mind.
7. Use HRD to keep continuous track of every employee and use performance appraisal, training etc to ensure change in the desired direction.
8. Members of HRD team should possess pleasant personality, common sense, imagination, enthusiasm, objectivity and the sense of humour required to induce change towards better HRD practices.

- The HRD section must be ready to face resistance to their ideas and dispel these with facts, patience and consideration. The aim should be to develop acceptance through co-operation.
- The HRD section must make all the employees in the organization understand the implications of new methods through seminars, lectures, role playing or any other method to thwart the potential fears amongst the employees of the proposed changes.
- HRD to be successful, needs revolution in the total concept of management of hospital and not merely sporadic and piece-meal attempts.
- The HRD team/section must possess technical, and managerial competence in HRD, missionary, zeal, the capacity to motivate and communicate with the employee, cultural adaptability, the capacity to organize and manage, the capacity to inspire confidence in employees, and finally patience and dignity.

1.5 Objectives of Human resource development/management of Hospital:

1. To provide a comprehensive framework and methods for the development of human resources in hospital.
2. To generate systematic information about human resources for the purpose of manpower planning, placement, succession and career planning.
3. To increase the capabilities of an organization to recruit, selection, retain and motivate talented employees.
4. To create a climate that enables every employees to discover, develop and use his or her capabilities, to a fuller extent in order to further both individuals and hospital goals.
5. To develop capabilities of each employee in relation to his or her expected future role.

6. To develop dynamic relationship between each employee and his or her supervisor.
7. To encourage team spirit and collaboration among different departments.
8. To improve overall health of an organization.
9. To modernize clinical and managerial practices.
10. To help the human resources to overcome their weakness and to improve further their performance.
11. To develop and maintain high motivation level of employees.
12. Strengthening superior-subordinate relationship. The studies conducted in Japan, USA, Europe and India and experiences of them helped in the development of human resource management/ development practices framework which is used in the present study (12).

1.6 Constituents / framework of HRD practices :

On the basis of above discussion HRD constitute following or the following is the framework used in the present study.

1. Manpower planning
2. Recruitment, selection methods, job analysis description
3. Training and development
4. Out look towards training and outcome from training
5. Performance appraisal
6. Rotation of work
7. Career planning
8. Willingness to remain in said hospital till retirement
9. Promotion
10. Employee welfare
11. Career paths.

1.7 Present study: objectives, hypothesis and area

The prime aims of the present study are (1) to know and understand the profile of the sample respondents, (2) to examine and assess the manpower planning, recruitment and training practices in hospitals, (3) to assess and analyses performance appraisal, career planning and promotion practices followed in hospitals (4) to assess and understand the employee welfare practices in hospitals and (5) to identify and assess the level of human resource practices in hospitals.

For this purpose, it assumed here that (i) human resource management/development practices are followed in government hospitals (ii) on the job training is highly practiced in hospitals, (iii) manpower planning, recruitment and training practices are followed at high level in hospital, (iv) career planning, performance appraisal and promotion practices are at higher level followed and employee welfare practices in hospitals are average level practiced.

In broder sense, this study is useful to medical industry, supply chain management, Central/State/local government, private and public hospitals, entrepreneurs and entrepreneurship, multinational companies, and medical practitioners. It also useful to foreign direct investors, who are interested to invest in hospital, specially government.

To achieve the objectives, primary data was collected by using structured questionnaire. Two public (government) sector hospitals. The Jamsetjee Jee Jeebhoy hospital (J.J) and Employee stute insurance scheme hospital (ESIS) have been selected for present study. Both the hospitals are government. The hospital selected are such as consider their human resources as most valuable and accordingly emphasize on their human resources development programme. Employees are belong from I to IV class. From Dean to peon. All employees,

who are working in J.J. and ESIS hospital are assumed as universe of this study.

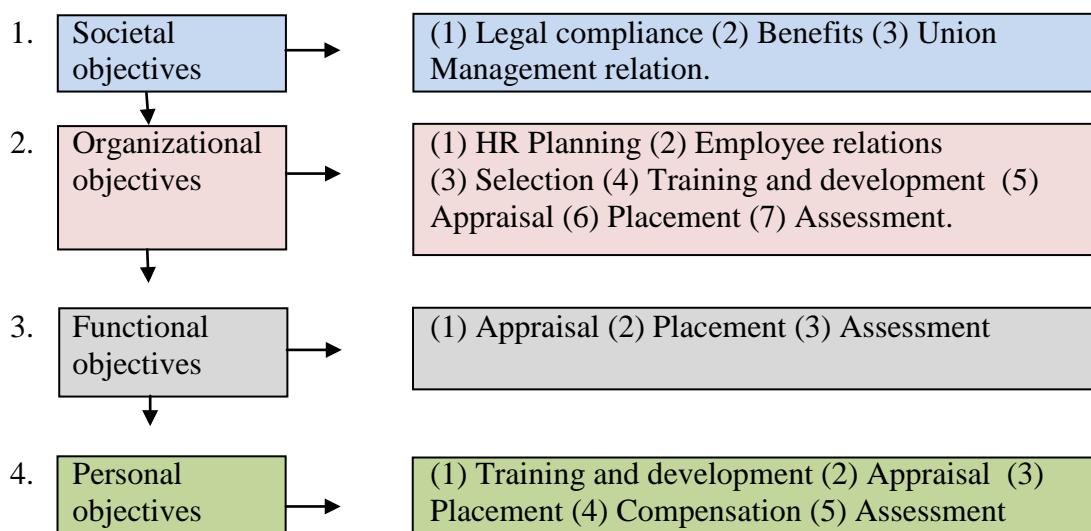
Human resource management/development practices or simply human resource practices aims at helping people to acquire competencies through HRD mechanisms like management policy on HRD, performance appraisal, recruitment and selection, manpower planning, organizational learning culture and environment, job analysis description, job rotation, goal setting, career planning, reward and recognitions, training and development and employees welfare facilities etc. (for detail- objectives, hypotheses, scope, sample some, data collection and research methodology etc. see chapter 3)

1.7.1. Functions of human resource development/management:

Objectives and functions of human resource management are correlated to each other. The hospital organizational objectives is sought to be met by discharging functions human resource planning, organizing, directing, recruitment and selection, training and development and performance appraisal and controlling whereas the personal objectives is sought to be realized through such functions as remuneration, assessment and placement and promotion. The chart 1.1 shows human resource management/development objectives and functions.

Chart 1.1

HRD objectives and functions

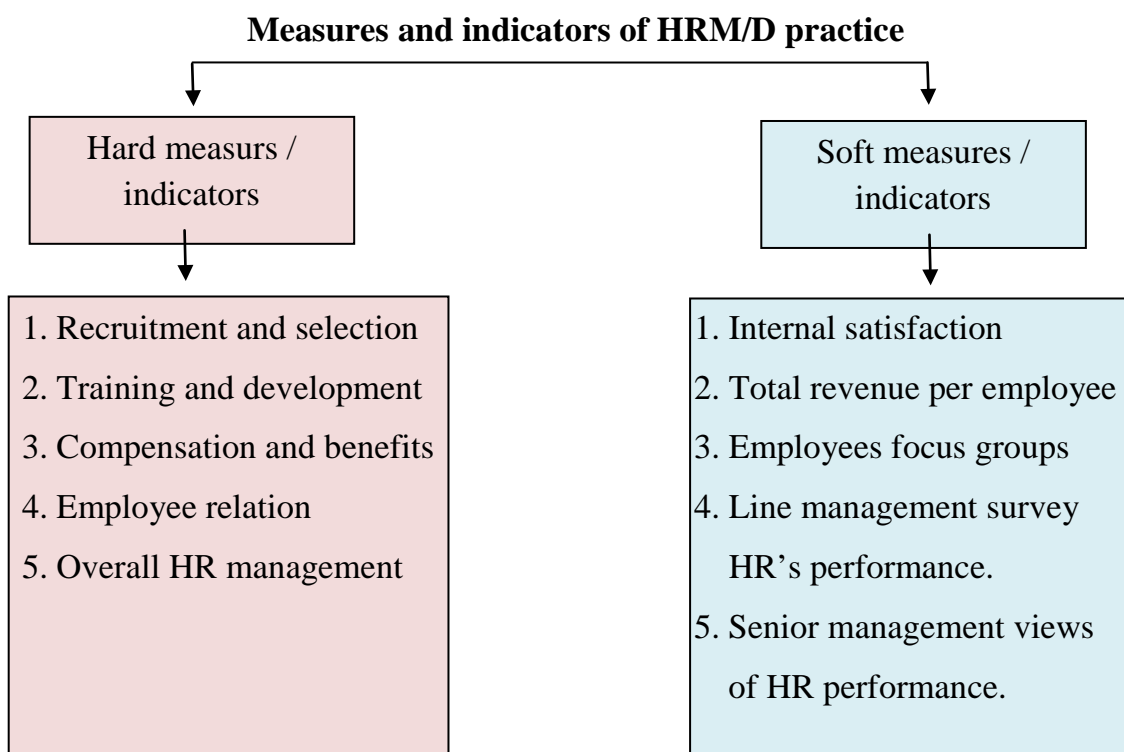


Performing above 4 types of functions and objectives means practicing human resource management or development.

1.7.2. Human resource management/development practices: Measures and indicators:

This section describe the different measures and indicators/variables of human resource management or development suppose to be practiced by any organization, including hospital organization. There are two main measures and indicators that exist and helping to know the extent of human resource practice followed (13). They are hard and soft measures and indicators. Further hard measures and indicators consists of five sub-measures and indicators whereas equal number of measures and indicators are seen in soft category also. The classification of hard and soft measures and indicators in terms of chart help to know the overall network of measures and indicators. Out of these measures and indicators, satisfaction concern measures and indicators were selected by Patil. The overall measures and indicators are presented in chart 1.2.

Chart 1.2



Rathnam studied personnel management policies and practices for two public enterprises namely Hyderabad Allwyn Limited and Andhra Pradesh state road transport corporation. They represent production and service sector respectively. The measures and indicators closer for study were as under(15):

1. Manpower planning
2. Recruitment and selection
3. Training
4. Promotion
5. Wage and salary administration and
6. Welfare practices

Human resource management practices: A critical study with special reference to hospital organizations in Pune metropolitan region undertaken by Suryawashi by selected following variables or parameters (16)

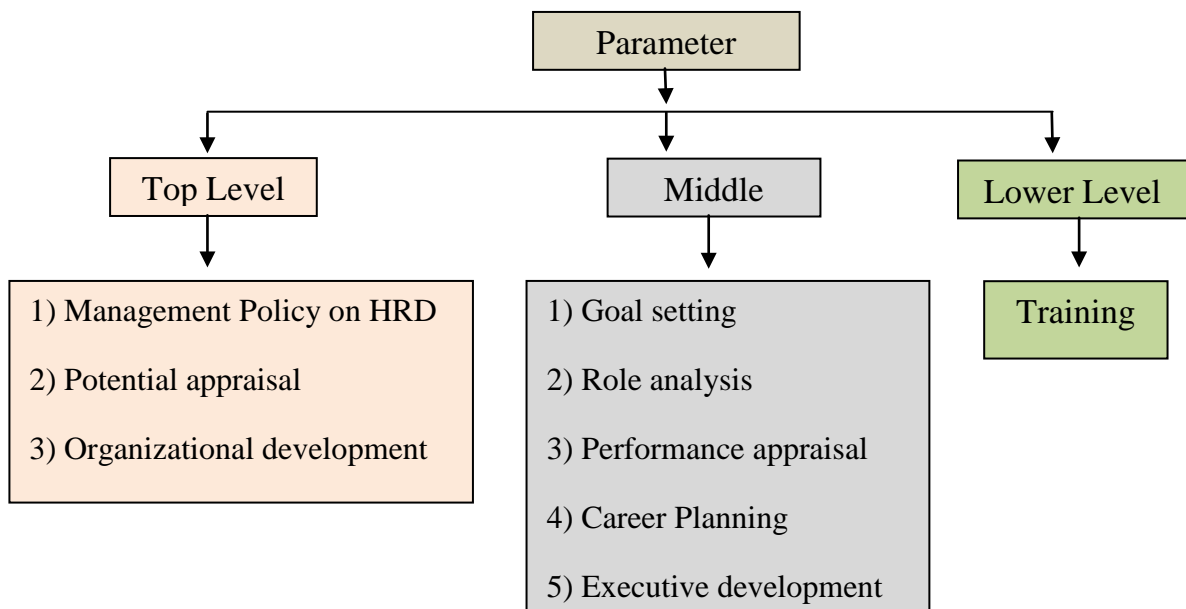
1. Human resource department
2. Human resource planning
3. Job analysis description
4. Selection system
5. Wage and salary system
6. Motivation system
7. Promotion and transfer
8. Training
9. Performance appraisal
10. Employee welfare facilities
11. Reward system
12. Career planning etc.

30 hospitals from Pune - Pimpri - Chinchwad were selected by researcher and only 30 questionnaires were analysed. Sample size is very small and hospitals were private ownership.

A study on Human resource development practices in urban co-operative banks in Pune district was undertaken by Dixit (17) and she has selected 14 parameters to know to what extent HRD practices were followed. The parameters selected by researcher for her study were as under:

1. Objectives of HRD
2. Separate HRD department
3. Manpower planning
4. Performance appraisal
5. Feedback and performance coaching
6. Training and development
7. Career planning
8. Organizational development or research and system development
9. Rewards
10. Employee welfare and quality of work life
11. Human resource information
12. Increase in productivity
13. Proper remuneration
14. Settlement of grievances

The HRD practices in India industries were studied by Jain (18) at top, middle and lower level based on parameters as under.



Rathnam and Jain study is on corporate sector whereas Patil and Suryawanshi's study is on hospital industry and Dixit study is about banking sector. These all studies give total parameters or measures and indicators to be used for understanding the extent of human resource development practices and their relation with efficiency, performance and productivity. On the basis of these the present study selected necessary measures and indicators for knowing the extent and level of human resource practices in government hospitals namely J.J hospital and ESIS hospital.

1.7.3 Selected measures and indicators for present study:

Basically 7 key measures and indicators are selected by researcher for present study purpose. The human resource development practices or simply human resource practices are studied and assessed based on following 7 key measures.

1. Manpower planning practices in hospital
2. Recruitment and selection practices in hospital
3. Training and development practices in hospital
4. Performance appraisal practices in hospital
5. Career planning practices in hospital
6. Promotion practices in hospital
7. Employee welfare practices in hospital

1. Manpower planning practices:

Manpower planning practices are measured with help following indicators they are 5 in number,

1. Existence of manpower planning department
2. Manpower planning process undertaken
3. Human resource planning duration
4. Job analysis description and interval
5. Factor considered in manpower planning

2. Recruitment and selection practices:

There indicators are considered to know and understand the extent of recruitment and selection practices followed in J.J and ESIS hospital.

1. Recruitment sources used or followed
2. Pattern of external sources of recruitment
3. Selection method adapted

3. Training and development practices:

Five sub indicators are considered to measure the extant of and level in training and development practiced in J.J. and ESIS hospital.

1. Extent of training received by hospital employee
2. Extent of on the job training received by hospital employee
3. Extent of off the job training received by hospital employee
4. Outlook of hospital employee towards training
5. Outcome of training programme.

4. Performance appraisal practices:

Seven sub-indicators are selected to know and understand the extent of performance appraisal practices followed as under:

1. Extent of performance appraisal
2. Need for making performance appraisal
3. Status of performance appraisal
4. Nature of performance appraisal
5. Duration of performance appraisal
6. Rotation of job

5. Career planning practices:

For measuring this measure, 6 indicators are selected and with help of these 6 indicators or variables extent of career planning practices followed in J.J. and ESIS hospital are observed.

1. Extent of awareness of career planning among hospital employees

2. Extent of awareness of career paths among hospital employees
3. View of employees on hospital as a career planning
4. Adequacy of career planning
5. Motivation programme for hospital employees
6. Willingness to remain till retirement in same hospital.

6. Promotion practices:

This practices are measured with the help of following 3 indicators or variables.

1. Promotion as a part of career planning.
2. Sound promotion policy exist.
3. Basis of promotion.
4. Factors influencing promotion.

7. Employee welfare practices:

This measure covers perquisite, social security, leave enjoyed, deductions, infrastructure, rewards, learning cultural and climate, additional and miscellaneous human resource development practices. In all Ten indicators are selected to look at extent of and level in employee welfare practices followed in J.J. and E.S.I.S. hospital. The specific indicators are as under:

1. Extent of perquisite provided to employee.
2. Extent of social security benefits enjoyed by employee.
3. Extent of satisfaction among employees towards wage and salary.
4. Extent of leave enjoyed by employee.
5. Extent of deductions from salary of employee.
6. Extent of insfracture facilities.
7. Rewards and recognition.
8. Learning culture and climate.
9. Additional welfare facilities.
10. Miscellaneous human resource practices.

Thus 39 parameters or indicators or variables are selected to understand the extent of and level in human resource practices, divided into 7 main or basic measures. Table 1.1 shows division of indicators as per main measures and percentage of indicators of basic measures with total indicators or parameters or variables selected for study purpose.

Table 1.1
Weightage of each measure in total human resource development practices in percentage

Measures	No. of indicators covered	% of indicators to total indicators
1. Manpower Planning	5	12.8
2. Recruitment and selection	3	7.7
3. Training and development	5	12.8
4. Performance appraisal	6	15.4
5. Career planning	6	15.4
6. Promotion	4	10.3
7. Employee welfare	10	25.6
Human resource development practices. Total :7	39	100.0

Employee welfare practices as measure has highest weightage in to human resource development practices. It is to the extent of 25.6 percent followed by performance appraisal and career planning measures to the extent of 15.4 percent each. Whereas training development and manpower planning measures have 12.8 percent weightage in human resource development practices. Promotion have 10.3 percent weightage as a measures of human resource development practices and least weightage is given to recruitment and selection criteria. This is due to the fact that recruitment and selection process is governed by Government of Maharashtra and hence recruitment and selection

practices has less or minimum role in human resource development practices at hospital level.

1.8 Definition of selected measures and indicators:

1.8.1 Hospital:

A hospital is an institution which is operated for the medical, surgical and or obstetrical care of in-patients and which is treated as a hospital by the Central / State Government / Local Bodies or licensed by the appropriate authority. This definition given by Directory of hospital in India, 1998. This is accepted for this study. J.J. and E.S.I.S. hospital is a social institution which possess adequate accommodation well-qualified and experienced staff to provide complete health care.

1.8.2 Human resource development/management practices:

It consists of 39 measures and indicators calculated to improve the quality of human resources who are employed in J.J. and E.S.I.S. hospital. 39 measures and indicators are divided into 7 basic or main measures and indicators. Implementing these 7 measures and indicators in J.J. and E.S.I.S. hospital is called HRD practices. These 7 measures and indicators are:

1. Manpower planning.
2. Recruitment and selection.
3. Training and development.
4. Performance appraisal.
5. Career planning.
6. Promotion.
7. Employee welfare.

1.8.3 Manpower planning:

Manpower planning is a practice, in the area of hospital human resource management/development, which focuses on knowing systematically the quality and quantity of E.S.I.S. and J.J. hospital manpower required. It is concerned with the assessment of manpower needs, taking correct selection decision and ensuring control over manpower supply by avoiding both deficiency and surplus of manpower.

1.8.4 Recruitment and selection:

Recruitment means the process of searching prospective employee and stimulating them to apply for jobs in the E.S.I.S. and J.J. hospital organization. It is process of finding and attracting capable applicant towards E.S.I.S. and J.J. hospital employment based on internal and external sources. Whereas selection refers to the process of offering jobs to one or more applications from among the applications.

3. Job analysis description:

Hospital job analysis is a process of identifying of duties, responsibilities and knowledge of job; which provides comprehensive information that has impact on almost all human resource practices such as preparation of job specifications, manpower planning, recruitment and selection, training, performance appraisal, comparison and career planning.

1.8.5 Training and development:

Training is the act of increasing the knowledge and skill of an employee of E.S.I.S. and J.J. hospital for doing a particular job in the said hospital. It relates to knowledge, information, technical skills, social skills, administrative skills and finally attitude building.

Expenditure of the job or off the job training is an investment for manpower development and gives good dividend in the long-run. Training of employees is

the responsibility of the management i.e. human resource development department. The process of training and development are often confused. Training means learning basic skills and knowledge necessary for managing a specific job. Training is one of the areas of management where employer and employee have mutual interest. Development, on the other hand, means growth of the individual in all respect, knowledge, skills, mental and psychological qualities.

1.8.6 Performance appraisal:

It means judging independently and impartially the performance of all categories of employee at the work place of E.S.I.S. and J.J. hospital. In other words, performance appraisal also termed as employee's appraisal, merit rating, personal performance evaluation or personal rating.

Performance appraisal is a systematic and orderly evaluation of performance of employees at work by their superiors or others who are familiar with the techniques (methods) of performance appraisal. It is normally done periodically. It is common in blue collared and white collared employees. Hospital employees are white collared employees and J.J. and E.S.I.S. hospital are Government managed. Hence in the process of hospital appraisal, employee's merits such as initiative, regularity, loyalty, personality etc. are compared with others and ranked or rated. Hence performance appraisal indicates the position of an individual employee in relation to job expectations. It measures performance of an individual hospital employee. It may be inevitable for promotions and transfers, guiding the employees for self-improvement and self-development.

1.8.7 Job rotation:

The rotation of the job among number of employees is called job rotation in hospital. It simply means here, that every employee gets a change to perform

various jobs. The idea here is to make employees much knowledgeable and skilled and to make them aware about the proficiency required by each job.

1.8.8 Career planning:

Career consists of a series of properly sequenced role experience leading to an increasing level of responsibility, status, power and rewards. On the other hands, career planning means systematic process by which one decides his/her career goals and the path to reach these goals. It is a managerial technique for mapping employment stage to the retirement stage. It involves discovery development, planned employment and reemployment. Implementing this in hospital (i.e. J.J. and E.S.I.S.) actively is called career planning practices. It is one of the sub-system of human resource development and management practice. Hospital should make career planning to provide avenues for growth to its employees. Hospital employees must aware the career planning and its paths. Extending following activities by J.J. and E.S.I.S. hospital to their employees is referred here career planning practices.

1. Sponsoring for higher education.
2. Granting study leave.
3. Sending staff abroad for higher study or research.
4. Granting new project assignment.
5. Encouraging to research activities like Ph.D. etc.

If above activities followed in J.J. and E.S.I.S. hospital it is called career planning practices.

1.8.9 Promotion:

Promotion refers to the upward movement of an hospital employee from one job to another higher one, with increase in salary, status and responsibilities. Government has specified its promotion policy time to time and it has very clear promotion policy. J.J. hospital and E.S.I.S. hospital adopting government

promotion policy. Practising following is called promotion practices as a one of the function of human resource practices.

1. Promotion as a part of career planning.
2. Sound promotion policy exist in hospital.
3. Basis of promotion practices.
4. Factors influencing promotion in hospital etc.

Implementing above measures or indicators is treated as promotion policy practices.

1.8.10 Employee welfare practices:

Providing appropriate salary structure, perquisites, social security, leaves, deduction facility, infrastructure, rewards and recognition, learning culture and climate, additional necessary welfare and others management relationship improvement schemes is called here employee welfare practices. It is also called welfare and fringe practices. Welfare facilities also known as compensation pay and fringe benefits provided by E.S.I.S. and J.J. hospital to their employees.

1.8.11 Level of human resource practices:

It means to know the degree or extent of human resource development practices or simply human resource practices followed by J.J. and E.S.I.S. hospital In practice maximum degree of human resource practices may followed upto 100 percent: This 100 percent degree or percent or score was divided in five categories. They are as under:

1. Below average – (BA)
2. Average – (A)
3. Moderate – (M)
4. High – (H)
5. Excellent or world class - (E)

This is called here level of human resource practices in E.S.I.S. and J.J. hospital.

The level of human resource practices in E.S.I.S. and J.J. hospital one calculated on the basis 'yes' responses as under:

Chart 1.3

Level	Yes responses in %
1. Below average	0 – 20
2. Average	21 – 40
3. Moderate	41 – 60
4. High	61 – 80
5. Excellent	81 – 100

1.9 Limitations of the study:

The present study has the following limitations:

1. The study had been conducted only in Mumbai – Metro city inspite of that Government and E.S.I.S. hospitals spread over all Maharashtra.
2. The study was based on random and convience sampling based on hard and soft measures. E.S.I.S. hospital and J.J. hospital were selected. Other hospital are not considered.
3. Chi-square analysis was possible but it was not done and the bypothesis are not tested on the basis of 'F' or 'T" or chi-square test. But they are tested logically.

1.10 Chapter plan:

The study is divided into 9 chapters as under:

1. Introduction.
2. Review of literature.
3. Research methodology.
4. Profile of the sample respondents.

5. Assessing manpower planning, recruitment and training practices in selected hospitals in Mumbai.
6. Assessing performance appraisal, career planning and promotional practices in selected hospitals in Mumbai.
7. Assessing employees welfare practices in selected hospitals in Mumbai.
8. Levels of human resource practices in selected hospitals in Mumbai.
9. Summary of findings, testing of hypotheses and suggestions.

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CHAPTER 2

REVIEW OF LITERATURE

2.1 Introduction

Review of the related literature is one of the first but most important steps in the research process. It consists of a summary of problems to be investigated, objectives, hypotheses, data collection method, source of data and findings of research carried out in the past on chosen topic. This review provides insight to the research on what is already known and what remains to be investigated regarding the topic that is under consideration. It guides the researcher to avoid duplication and provides useful suggestions for further research of a given topic. It gives proper direction and research design. The review of literature is necessary due to the following reasons :

1. It helps to highlight the gap in the existing knowledge.
2. It helps in deciding the methodology, design, tools and techniques for the study.
3. It helps in limiting the problems and proper enquiry and defining it in an appropriate manner
4. It helps to know type of research like basic or applied research.
5. It gives recommendation for further research and topic of research.

Therefore, in this chapter, the studies on human resource development practices have been reviewed as under :

- 2.1 Introduction
- 2.2 Studies on human resource practices in corporate sector
- 2.3 Studies on human resource practices in service sector
- 2.4 Studies on human resource practices in hospital
- 2.5 Gap in earlier studies

2.2 Studies on human resource practices in corporate sector:

The first attempt of human resource development in India was made by Pareek and Rao (1) for studying the performance appraisal system of Larsen and

Toubro and make recommendation for improving it. They found out that performance appraisal – (manpower planning, selection, promotion, training, feedback etc.) are positive association in efficiency and effectiveness of work performance. Hence they recommended that it should be constantly be made.

Rao (2) conducted survey with executives of 45 organization's and finds that :

- (i) Performance appraisal system used by the organization are for regulatory purpose mostly and then for development.
- (ii) Most of the organizations use the salary increments as reward mechanism.
- (iii) Not well developed potential appraisal system in most of the organizations.
- (iv) Training function is well attended in these organizations.

Rao (3) conducted survey once again after 1982 and 1985 with 61 human resource development staff from public and private sector organization. The analysis shows that there are more similarities than differences in the way the human resource development function is being performed in both public and private sector organizations. This study shows that monitoring the human resource development implementation in public sector organizations scored slightly better than the private sector while the reverse seems to be true on human process reserved.

Study undertaken by Srinivas (4) was based on primary data and 59 companies and 3 case studies to explore the relationship between strategic responses of organizations and the strategic human resource development system. The study finds moderate relationship between two. Management, Unions, frontline officers / supervisors and individual workers seem to be having certain apprehensions which might have contained the implementation and progress of strategic human resource development practices specially job enrichment programmes, performance appraisal, communication, works

involvement and empowerment programmes. He found that the managerial staff are better informed and are better involved in organizational decision making in comparison with other categories of employees. In 2003 study Rao (5) further observed that human resource development in India is not appropriately structured. The structure do not follow the principles. Indian organizations seem to have played only lip sympathy to human resource development as (1) very few have feedback and counseling system (2), no separate potential appraisal system (3) more than 50 percent do not have full time human resource development facilitate. Hence Dhar (6) suggested that Indian organizations has to be strengthened the following fields of human resource development.

- 1) Recruitment and promotion policies to be reviewed time to time.
- 2) Merits and competence should be given greater emphasis in promotion.
- 3) Performance appraisal system to be modified and undertaken time to time.
- 4) Motivation, morale and commitment and sense of belongings and involvement of employees at all to level should be enhanced.

Kumar (7) indentifies the relationship between human resource development practices and the philosophy management of the Indian business organization based on x and y theory as and 119 respondents from two private and public organizations were selected. The study found that there was no significant relationship between the variable of human resource development practices and the philosophy of management in the public sector organization whereas in the private sector it is highly for training and reward.

Bains (8) studied a comparative human resource development system of public and private sector organizations and trace that there is need to create a desirable organizational culture. He concluded that integrated human resource system developed by the private sector in a better way as compared to the public sector companies. In another study Srimannarayana (9) show that more favorable

human resource development climate was prevailing in the manufacturing sector than the source and it sector.

Jithendran and B'aum (10) observed that 'on the Job' training is the main human resource development practice adopted by Indian tourism industry. In the absence of any established training infrastructure in the early decades, recruitment of general graduates with communication skills and aptitude as trainees used to be the normal practice in the travel and tours sector. On the other hand, in the hospitality sector, there has been well-established apprenticeship schemes, ranging from 6 months to 2 years. This indicates, human resource development for tourism is still in its infancy and appears to require a more comprehensive and strategic approach for matching demand and supply. Khan (11) finds that most of the employees feel need to re-structure the organizations, train and develop them according to its pre-determined objectives. They feel that their potentialities are not fully utilized for enhancing performance / productivity of organizations conflict between employees and the management lends to unsatisfactory service.

Vazirani (12) studied benchmarking of human resource practices in select pharmaceutical companies and finds that all the companies surveyed had a performance management system, which in turn helps to identify training needs of employees, promotions enhancing decision making ability, career planning discipline etc. Hence Singh (13) argues that top management should examine the managerial culture of the group and the organization before introducing human resource development interventions. His study of Indian management culture using Hofstede's model based upon 176 senior level managers belonging to 56 organizations spread over the country, showed that the Indian managers are low on all four dimensions like power distance, uncertainty avoidance, individualism and Masculinity he accordingly suggested the human resource developed interventions.

Reddy (14) observed job instruction training apprentice training job rotation and coaching, lecture role plays, (age study, T-group, computer based training, brain straining, projects, conference, management games etc. are of the job methods. Hansson (15) concluded that the training have positive impact on organization performance. This study an international data set (26 countries) in examining the questions of what determines employee training from an organizational perspective and to what extent training from an organizational perspective and to what extent training investments contribute to company performance. Bartel (16) study also finds training and labour productivity have positive relationship. Another study of Laplagne and Benstel (17) stated that training leads to an increase in the quality of labour, by equipping employees with greater skills and knowledge. Training needs as per changes in demographics of employees, increasing job complexity technology and competition. Gupta and Singh (18) in their study on 'human resource development' in financial sector, pointed out that due to changing scenario of the banking system in the country, there is an urgent need for redefining and remodeling the strategies associated with human resource development. This is based on two sample banks namely Punjab National Bank (PNB) and Standard Chartered Bank (SCB). Human resource development practices profile of SCB is better than PNB. In another study Priyadarshani and Venkatapathy (19) highlighted that

- (i) The human resource development practiced in the banks have a strong influence on their performance.
- (ii) Private banks have placed low emphasis on human resource development.
- (iii) There is positive association between human resource development practice and performance
- (iv) The quality of work life is strong in nationalize banks compared to private banks.

Human resource management practices in insurance companies was studied by Kundu and Malhan (20). It is comparative study of Indian and multinational companies. Performance appraisal, workforce diversity and contemporary human practices, training and benefits, human resource planning and recruitment, selection and socialization of employees, and competitive compensation etc. was assessed by research based on 218 sample respondents from four Indian and multinational insurance companies and it was found that multinational companies were comparatively weaker on performance appraisal, training and benefits, HR planning and recruitment etc. than Indian companies.

Gowali (21) reviewed 50 studies on human resource development / management in corporate sector of India covering manufacturing and service sector. Her study was based on primary data. Data was collected by preparing questionnaire I & II for 8 and 11 parameters. Mean, standard Deviation, coefficient of correlation, 'Z' test was used as statistical tools and technique. 100 organization and 333 respondents was the sample and sample size. She found that there is not much difference between the human resource development practices in manufacturing sector and service sector and there is a impact of employee motivation towards training programme on transfer of learning on the job.

2.3 Studies on human resource practices in service sector except hospital

Arthur young (22) provide good insight on the role of personnel and developing people. On the other hand Dixit studied human resource development practices in urban corporative banks. Where she covers man power planning, performance appraisal, training, career planning, rewards, employees welfare quality work life etc. for banking (23). Alam (24) studied health financing issues in India. Secondary data was base of his study. Stockwise expenditure revenues, types of health care activities, etc. were studied by him. Mishra (25) compared the public expenditure on health care between India China and Papua New Guinea during 1996-2005. This study

shows that allocation of public resources to health sector is on a decreasing trend in China, while it is construct in India and Papua new Gunea.

Acharya and Mcnamec (26), Deoshatwar (27), Jadhav (28), Mili (29), Saini and Nair (30), Gupta (31), Shukla (32), Saith and Mehrotra (33), Rajasulochana and Das (34), Verma (35), Tatali (36), Bhakre (37), and Shande et.al.,(38) studies various issues in public private partnership, like role, utility, significance, coverage, models, socio-economic issues, ownership structure, SEL relation etc.

Hospital administration and Management edited by Goel and Kumar, has 3 volumes, I, II and Iii (39). Vol. I deals with the general principles of management, whereas Vol.II examines the administration and management of different services. On the other hand Vol.III concentrates on role of hospital is strengthening primary health care and other services in the community. Articles in these volumes are comprehensive with facts and scientific base. However, not single article is on personnel or human resource development or management practices in hospital.

2.4 Studies on human resource practices in hospital :

Sapra (40) in his article 'Health care policy and administration in India', criticize the present health policy. He state that the preceding analysis of the health care policy and administration indicate that although India has adopted the NHP in the context of the world-wide objective of 'Health for all by 200 AD', now re-oriented towards 'Health for under privileged', yet the country is nowhere near attainment of this objective. Efforts since 1974 have not yielded results in cognizance with the health care objectives. As such, sustained efforts are needed to improve the health status of the people in order to raise into the acceptable standards. Considering the efforts so far made in the field of major gaps in the current health policy requiring urgent attention.

What qualities to be possessed by health Chief Executive (CEO) Officer for performing function in hospital are stated by Ordway (41) and Barnard (42). They are presented in following chart.

Chart No. 2.1
Health CEO's quality

Ordway		Barnard	
1	Physical and nervous energy	1	Vitality and endurance
2	Enthusiasm	2	Decisiveness
3	Sense of purpose and direction	3	Persuasiveness
4	Technical mastery	4	Stability in behavior
5	Friendliness and affection	5	Intellectual ability and
6	Decisiveness	6	Knowledge
7	Intelligence and		
8	Faith		

In spite of the awareness of the importance of the Chief Executive Officer in an organization, the selection process of CEO in public health sector leaves much to be desired and most of the CEO are appointed purely on seniority on caste basis. In practice we must in duct Chief Executives in Health System from any source. The need is to change the frame of mind of these Chief Executives, to make them more adventurous in style, more determined to change the way things are done, perhaps, braver. There is a need to link the promotion of those personnel to position of the Chief Executives who are result- oriented. A Chief Executives who cannot take the right decision at the right time cannot aspire to be a successful executive. Therefore, seek those individuals in the organizations who have proved their work in achieving productivity. In this situation, saxena pointed out that productivity will only be feasible if administration can provide a corpus of administrators; who are knowledgeable and skilful and have sense of dedication to the goals of government. Such administrators will have to fulfill several roles. These will include ;

- (i) As experts who are capable of identifying problems and providing solutions, who will recognize priorities of productivity tasks and apply their expertise to these tasks :
- (ii) As change agents who know the conditions and directions of change, understand their roles and can direct efforts towards change, keeping the key focus on productivity.
- (iii) As leaders who organize and mobilize people and resources, both physical and financial to fulfill the productivity tasks (43).

Hence, there must be a regular appraisal system to screen the functioning of the Chief Executives. The appointing and supervisory authorities must be prompt in taking quick decisions regarding the services of the Chief Executive on the basis of performance appraisal. Therefore, human resource practices adopted by government hospital must be studied and assessed properly. In the hospital Dean is the Chief Executive Officer and below him other machinery is functioning appointing authority is government.

While tracing, the significance of human resource management and practice Mrs. Indira Gandhi state that 'If Government has to do more for the people, its employees must play more dynamic and more creative role as the instrument for implementing government policies and programmes (44). Among the 3 components required for health developmental tasks – Man, money and material (M3), it is more the man (or the human element) than any other factor which determines the quantity and quality of the performance and output. In practice even best planned organization may produce unsatisfactory results if it is operated by Mediocre or disgruntled people (45).

The training institutions should make the trainees consider ways and means of adopting western technology to suit local conditions. Five points emerged from the technical discussion of World Health Assembly (1970) which need

the attention of the national health administration for obtaining health personnel best suited to local needs and resources.

1. These are close co-operation between those responsible for the provision of health services to the public and those responsible for the education of the required health personnel.
2. Reasonable distribution of function between various members of the health professions and their auxiliaries, with attention to team work;
3. Effecting changes in the education programme, both as to the types of personnel to be trained and as to the content of their training.
4. Continuous education of all health personnel, both the refresh and to advance their basic knowledge, including pedagogic services for teaching staff.
5. Continuous study of the inter-relationship between education and services and also of the performance of each of these two constituents – through systematic evaluation and operational research – with a view to introducing such changes whenever indicated (46).

One of the serious drawbacks in health personnel planning is that it does not attend to the optimum utilization of the capacity of personnel. Many studies found that the physicians in hospitals at the district and local levels are utilizing only 21% of their duty time for the benefit of the patients. The health manpower planning should attend to this aspect (47).

Ray (48) feels that there are many causes of the lack of proper health manpower planning. He specifically mentioned as under :

- (i) Failure to consider the political framework,
- (ii) Lack of co-ordination between the services and training institutions,
- (iii) Fragmentation of health services among multiple administration and agencies,
- (iv) Un co-ordinated use of resources – manpower, materials and money,
- (v) Organizational rigidity,

- (vi) Lack of appreciation of planning and what it entails,
- (vii) Lack of involvement of the planners in the implementation of their plans.

He stressed Health Planning provide the blueprint for future course of action. Therefore proper health planning is a must.

An employee must understand the legal framework under which he/she is to operate. He/she must be provided with the basic knowledge of social sciences to understand the intricacies of social environment. With the knowledge of social sciences, he/she can react with the environment favorably. Tyagi (49) has justified it from 3 different points:

- (i) Administration is human process largely depending upon first hand experience drawn from the actual administrative situation in all its facts and on weighny each problem from every angle.
- (ii) The role of public servant in a welfare state is that of a social scientist in action. In order to be able to act properly and effectively, he/she must have scientific acumen which he/she can develop only by systematic and sustained education in theory and practice of social science.
- (iii) The need for a basic training in the fundamentals of social science becomes all the more necessary in the context of our public recruitment being based on lower age limit, which limits the entry of advanced research students of the public service.

Sharma (50), Siegel (51), Deodhar (52), WHO (53) and the Indian Express (54), studied financing resources for health work. They pointed out attitudes of government, officers who work on these, doctors, and other concern personalities. Finance is a serious challenge for the field health service.

It is very important for the key personnel or health managers to understand their subordinates intimately through the records of their personal profiles and

intercourses. What is happening today in complex organizations is that relationships are too formal and as a result the health managers never find time to understand their colleagues or subordinates or team members. They allocate work to them and expect results from them like machines, with utter failure. Therefore, the important task of the leader is the art of the co-ordinating of their colleagues, the leader can help them to improve and achieve excellence through transactional analysis or well human resource practice. Desai's (55) study shows importance of transactional analysis or human resource management practice and its analysis.

Pay in one form or another is certainly one of the mainsprings of motivation in our society (56). It has been rightly said in CA study of the capacity of United Nations Development system that the human rather than capital is the key to development and development is not a mechanical process (57). Moddi (58) has observed that good organization building has to create around it a brucing atmosphere, a prideful tradition of integrity, excellence and fellowship. Human beings breathe this ethos around them almost unconsciously and these traditions make for that ethos. According to Ishwar (59) three things are important in human resource development namely :

1. Ways to better adjust the individual to his job and the environment.
2. The greatest involvement of the employee in various aspects of his work.
3. The greatest concern for enhancing the capabilities of the individual concern for enhancing the capabilities of the individual.

Milton, at.el (60) shows that in the field of health, there are rarely have consciously trained executives, but mainly laissez fire executive, mostly without co-ordination, without sufficient caretaker. In health administration, there are few theoreticians, few training centers,, few books and an almost absolute dearth of strict scientific investigations. Therefore, there is a great need to improve the functioning of healthcare management with the help of modern management techniques. The widespread feeling of inefficiency of the

administrative machinery was rightly sensed and expressed by Mrs. Gandhi is a broadcast to the nation shortly after assuming the high office of the Prime Minister, she said.

In economic development as in other fields of national activity, there is a disconcerting gap between intention and action to bridge this gap, we should badly adopt whatever far-reaching changes in administration may be found necessary. We must introduce new organizational patterns and modern tools and techniques of management and administration. We shall instill into the government machinery, greater sufficiency and sense of urgency and make it more responsive to the needs of the people (61). Better management of health service is essential if higher standard of health care are to be achieved printed out by WHO (62).

A study was carried out by Prasad (63) on the 'Application of quantitative method in hospital management'. He studied the problems of patients who were wasting lot of their time to get the prescriptions (to pay the cash and to received the medicine). The patients had to stand in line for about 45 minutes. Prasad applied sampling techniques and used simulation procedures. He was able to suggests a model by which the average time of waiting could be reduced to 16 minutes from 45 minutes.

2.5 Gap in earlier studies :

The review of literature on human resource practices was classified for review purpose as (i) studies on human resource practice in corporate sector (ii) studies in human resource practices in service sector, and (iii) studies on human resource practices in hospital. On the basis of review of above studies following are found out.

1. The study on human resource practices regarding corporate sector has been keenly researched covering all aspects of it, as well as service sector particularly transportation, hotel, banking insurance are addressed by

researcher thoughtfully. But human resource practices in hospital are less addressed by researcher.

2. Most of the earlier researcher do not anticipated the deadly impact of the liberalization, privatization and globalization on hospital business, due to hospital industry were under protection. It was not assumed significance of commercial but service. But there is a drastic changes in structure and function of hospital business. The financial and policy implication has completely changed in hospital business. Hospital is not remained service of god but it become service of profitability. Hence human resource practices are not studied by earlier researcher assuming it is non-commercial and service to good area. But now it has become essential to attend the human resource management aspect systematically.
3. There exist multiple studies on manpower planning, performance appraisal, salary and wage incentives and other welfare related issues in private and public enterprises and proper standard and norms are almost fixed but this is not so in hospital business inspite of that this is concerned with human life.
4. Regarding hospital issues like education, birth and death issues, doctor-patient relationship, attitude of doctors and other staff members with patient etc. are studies vary well but recruitment, selection, manpower planning, promotion, welfare facilities and performance appraisal etc. are not seriously addressed by researcher. Non human resource development practices are studied by researcher integrated manner. Hence the present study is to be considered as a unique one.
5. There are some studies on public - private partnership in hospital business. Many hospital are emerged in Mumbai city due her commercial hugeness nut no one attempted to know what is a pattern of human resource practices adopted their. Therefore a need for the study on human resource practices in the present day context is very urgent
6. Examining the coverage and focus of literature available for review, it can be seen that all newly emerged areas have not been revealed by any literature. The developments which had been undertaken after the implementation of the new economic and education policy are really worth mentioning . In

pursuit of maintaining consistency and continuity there is a dire need for regular surveys so that it is possible to outline the existing goals and future studies pursued accordingly.

7. New policy in recruitment like contractual consolidation, clock hours basis, advoc basis etc. appoint in hospital industry affect quality of service provided by them to customer (patient), promotion, transfer, appraisal system etc. useful to study due to it affect on managerial and administrative operation of hospital. Hence extent of human resource practices adopted in hospital are needed to be studies as it will useful to individual, society, businessmen, companies, Government, Municipal corporation future researchers, professionals, municipal corporation, future researchers, professionals, financiers, policy workers etc.

Thus it can be concluded from the review of literature and its need of study that

1. There exist human resource practice studies at corporate level and service sector levels extensively.
2. There exist few studies on human resource practices adopted in hospital-private and public sector.
3. Not a single research study at micro and macro level had been done taking into ESIS hospital and J.J. or K.E.M. hospital and multiple performance indicators of human resource development / management practices in Mumbai.
4. There is not a single study on the ESIS and J.J. hospital, human resource development practices established managed and control by Government.
5. This study highlights recruitment, training, performance appraisal, promotion, and welfare practices in ESIS and J.J. Hospital in Mumbai.
6. The researcher being a resident of Mumbai and serving as Doctors in ESIS - a government run hospital at Mulund, has chosen this topic for conducting in depth micro level study.

Hence the present study is taken up with a view to filling up some of the above mentioned gaps.

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CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction:

Status of health at national as well as across the state has improve during the liberalization, privatization and globalised time but still it is a from developed countries. Across the state we find that states which have higher level of per capital income are spending more on health expenditure and they have better health indicators and human development index. The economic survey 2007-08 (1) shows that high income states are enjoying better health outcomes and low income states are deprived of good health. Maharashtra falls in developed state with per capital income Rs.29204 (in 2006); doctor-population ratio 1:1213 and Nurse – population ratio 1 : 955 respectively which is better than all India ratio (2). This in turn reflects the state government policy, efforts and concern in this direction. The researcher interested to investigate human resource management practices in government hospital. To know an endeavor of human resource practices adopted by hospital; a perfect research methodology is needed. Therefore in this chapter, an endeavor is made to understand the research methodology adopted for this study purpose. Two hospitals from Mumbai were selected as respondent to investigate their human resource practices. To know this, the following research methodology is adopted.

- 3.1 Introduction
- 3.2 Problems to be investigated
- 3.3 Objectives of the study
- 3.4 Hypotheses of the study
- 3.5 Significance of the study
- 3.6 Research design
- 3.7 Scope of the study
- 3.8 Period of the study
- 3.9 Sample and sample size of the study

- 3.10 Sources of data collection
- 3.11 Statistical tools and techniques used
- 3.12 Data analysis and interpretation

Health is one of the most fundamental needs of an individual. It assumes even more significance when health becomes a key indicator of a nation's progress in social, economic and political spheres. Health is both an end and a means to development. Equitable economic development in itself is a good health input and an adequate and equitable health care system stimulates development by improving human productivity(3). This depends upon human resource development department. How well this department is equipped and functioning?

A healthy human resource development is an asset to a community while a sick person is liability. Inadequate trained and severe shortage of manpower of all levels in the public health delivery system, stands out as another challenge. Every health functioning is considered a lot of pressure on account of large numbers that he/she is expected to serve and it has not proper and time to time training, transfer policy, recruitment policy, promotion avenues, salary package, and working hours etc. This has a direct bearing on the quality of services rendered and uptake services. This research focused to understand the human resources practices adopted by public sector hospital and designed research methodology helps to understand the perceptions of managerial and non-managerial staff towards human resources practices existing in Government hospitals in Mumbai. Therefore the main objective of this chapter is to describe and present adopted research methodology for the present study. This research methodology will be helpful in finding the recruitment, transfer, promotion, welfare practices in selected government hospitals in Mumbai.

3.2 Problems to be investigated :

Human resource is the main aspect of any hospital management though it is government or private or corporation or trust hospital. Only Hi-technology is not useful to run hospital in full speed but to operate this Hi-technology with efficient, a skillful human resource system is a must. If there is no such system, then Hi-technology has no use. Human resource practices includes planning, organizing, directives, controlling the recruitment, selection, transfer, promotion, performance appraisal training system incentives, salary packages, social or economic proper motivation and welfare facilities. So the present study attempted to answer the following basic problems.

1. To what extent employees of hospital know the manpower planning practices adopted in hospital?
2. Whether employees of hospital know the existence of manpower planning department, manpower planning process undertaken, and duration of human resource planning practiced by hospital?
3. What factors are considered in manpower planning in hospital?
4. Whether job analysis description practices or not in hospital? If yes, then to what extent?
5. What are the sources of recruitment in hospital?
6. What is a pattern of external sources of recruitment adopted or practiced in hospital?
7. What methods are followed by hospital in selection of human resource?
8. Which training - on the job and off the job had received by hospital employees and to what extent? What is outcomes of such a training?
9. What is a outlook of hospital employees towards training?
10. Whether performance appraisal followed or not in hospital? If yes, then what is a need for making performance appraisal?
11. What is current status of performance appraisal practiced in hospital?
12. Whether job rotation is practiced in hospital for their employees?, If yes then to what extent?

13. Whether employees of hospital are aware career planning, career paths and its adequacy, if yes to what extend?
14. Whether promotion practices are followed or not in hospital? What is opinion of employee of hospital towards promotion practices in term of
 - (a) Promotion as a part of career planning,
 - (b) Existence of promotion policy for employees in hospital,
 - (c) Basis of promotion practiced in hospital
 - (d) Factors influencing promotion etc.
15. What welfare practices are followed in hospital for employees in respect of
 - (a) Salary structure,
 - (b) Perquisites, (c) Social Security,
 - (d) Leave facility enjoyed,
 - (e) Deductions from salary,
 - (f) Infrastructural facility,
 - (g) Reward and recognition,
 - (h) Learning culture and climate,
 - (i) Additional welfare facility etc.
16. What is the level of human resource practices regarding
 - (a) Manpower planning, recruitment and training,
 - (b) Career planning, performance appraisal and promotion,
 - (c) Employees welfare facilities, and
 - (d) Overall for hospital.

Therefore the statement of problems is **“Human resource practices in hospitals in Mumbai during 2010-2012”**.

3.3 Objectives of the study :

The objectives of the study refer to what the researcher specifically want to do in the course of the study. Formulating proper objectives is essential for research due to the fact that the whole design of research is depends on it and it

gives speed and proper direction to research investigation. It helps to examine the existing phenomenon. It gives proper and logical direction to research work. It can also suggest the ways and means to overcome all related problems; if gap(s), so as to improve overall quality of research. Health care in India has witnessed a change in patient behavior and their attitude towards government health centre. Hospital preference of the consumers (patient) are generally guided by their facilities. All these benefits had tempted the researcher to form the following objectives.

1. To study and evaluate manpower planning practices in hospitals.
2. To study and examine recruitment and training practices in hospitals.
3. To study and analyse the performance appraisal practices in hospitals.
4. To study and assess the career planning and promotion practices in hospitals.
5. To study and examine the salary structure and welfare practices in hospitals.
6. To investigate and analyse the learning culture and climate practices in hospitals.
7. To measure and identify the levels of human resource practices in hospitals.
8. To compare and analyses the inter-hospital variation levels in human resource practices in hospitals.

3.4 Hypotheses of the study :

In the light of the above cited objectives the following hypotheses have been set by the researcher for the present study purpose.

- Hy-1 : There is no separate manpower planning department in studied hospitals.
- Hy-2 : Political concern and government policy are the main two factors influencing the manpower planning of studied hospitals.
- Hy-3 : External sources are adopted / practiced in recruitment in studied hospitals and within it, advertisement source is highly practiced.
- Hy-4 : On the job training is highly practiced in studied hospitals.
- Hy-5 : Performance appraisal is highly practiced in studied hospitals.
- Hy-6 : Performance appraisal has average consideration in promotion.
- Hy-7 : Moderate level career planning practices are adopted in studied hospitals.
- Hy-8 : High level manpower planning, recruitment and training practices are followed in studied hospitals.
- Hy-9 : High level career planning, performance appraisal and promotion practices are followed in studied hospitals.
- Hy-10 : Average level employee welfare practices are adopted in studied hospitals.
- Hy-11 : Moderate level human resource practices are followed/ adopted in studied hospitals during study period.

3.5 Significance of the study :

1. Development of any health service is totally depends on the quality of employees who are serving the hospital. Today's globalised world success mantra is use of proper human resources. Because without the efficient use of human resource hospital management cannot accomplish organizational objectives. It does not matter how perfect the planning organization and modern information and communication technology are. If the people do not want to work, management will not able to earn profit and complete desired task. Therefore, it is essential to manage the employee force efficiently and from this point human resource

management practices were more significant for the overall development of hospital.

2. This study would be significant for medical industry supply chain management of Pharma business, Government - state, quasi, central, private and public business partnership, private and public business entrepreneurship, and retailing sector in pharma. It would also help to retailer, partnership, company, co-operative, Joint venture organization, Multinational companies etc. set up. It would also helpful to all medical practitioner concerns directly and indirectly.
3. This study helps to find out the human resource practices adopted by hospital and employee's level of satisfaction towards it and help to know the experiences of employees towards overall human resource development practices adopted by Government hospitals.
4. It will help to pharma manufacturers, wholesalers, distributors, doctors, private and public health care practioners, patient, retailers etc.
5. It helps to know the human resource management behavior.
6. There is a general tendency in the organizations to lay emphasis on materials and financial management to the after neglect of the personnel. What are the consequences? It is observed that the process of development takes longer, sometimes even fails. Why? The main reason for this is that we are not attending to the administration of personnel earnestly and forget that they are the real agents of development and ultimately the beneficiaries of the process of development. This study attempt to know the human resource practices adopted by government hospitals. Hence it significant from manpower, planning, promotion, transfer, performance appraisal point of view.
7. Sharp has aptly remarked regarding personnel that good administration and management is a composite of effective organization, adequate material facilities and qualified personnel even poorly devised machinery may be made to work if it is manned with well trained, intelligent, imaginative and devoted staff. On the other hand, the best

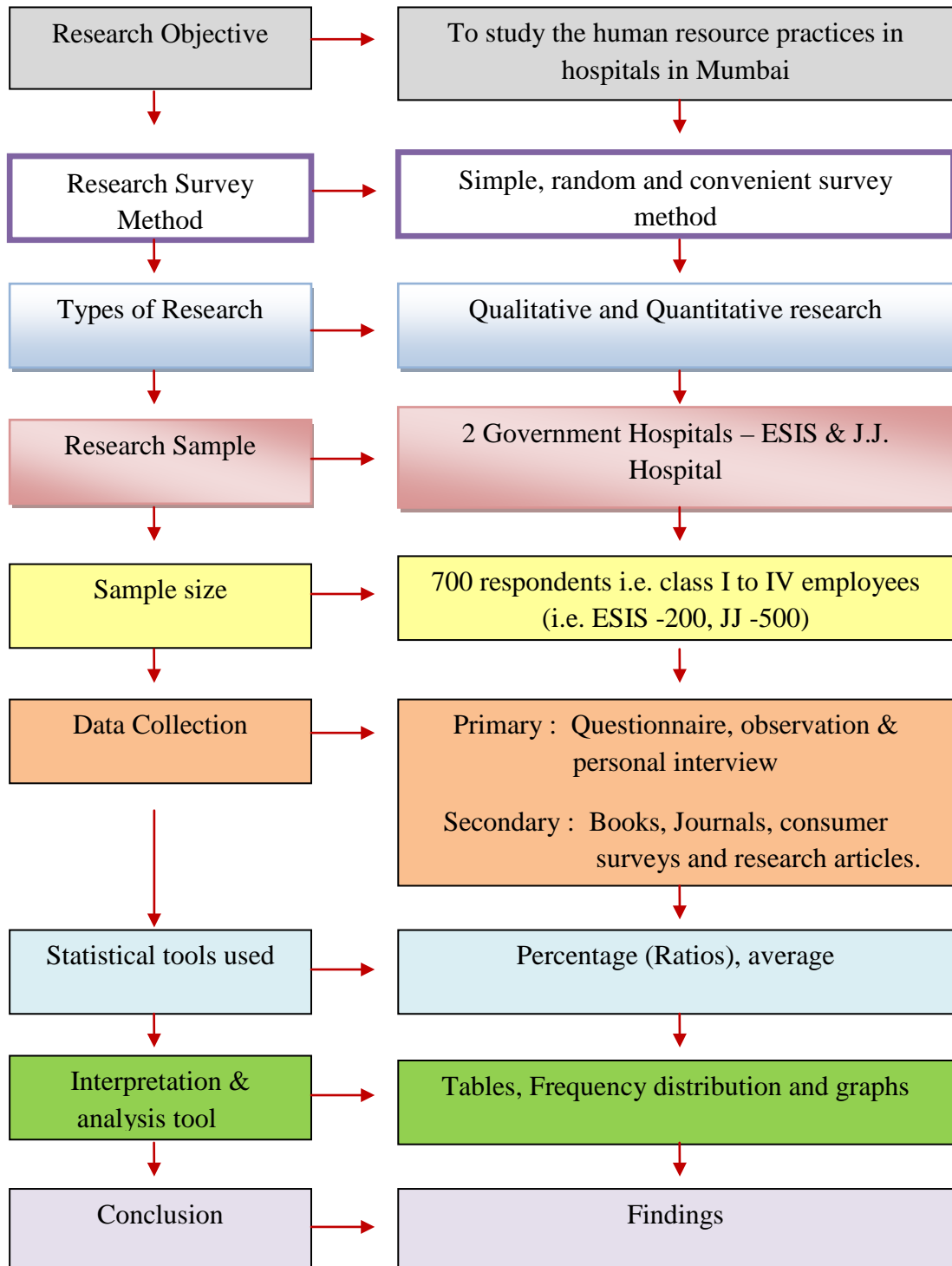
planned organization may produce unsatisfactory result if it is operated by Medicare or disgruntled people (4). Therefore this study will help the hospital administrators and officers to understand the underlying human resource practices adopted by them and satisfaction of employees on it and help them to craft their strategies.

Thus this study is of great significance for state and district level health functionaries, to manage health personnel efficiently, to optimize the health services offered by government, to the benefit of the people and the nation.

3.6 Research design :

This study seeks to explore and investigate the response of employees towards human resource practices adopted by Government hospitals on recruitment, promotion, transfer, welfare facilities, performance appraisal etc. For his purpose, questionnaires were used. The sample was drawn using the simple random sampling technique. For the purpose of conducting the research a set of objectives and hypothesis were made. Required data was collected through primary as well as secondary source. Primary data was collected by administering questionnaire among the respondents; to be filled in, who are serving hospitals. Secondary data was collected through books, journals and other important reports and surveys. The dully filled questionnaires were studied and analysed with the help of tables and graphs. Finally findings were logically drawn. Thus following is the research design employed in the present study.

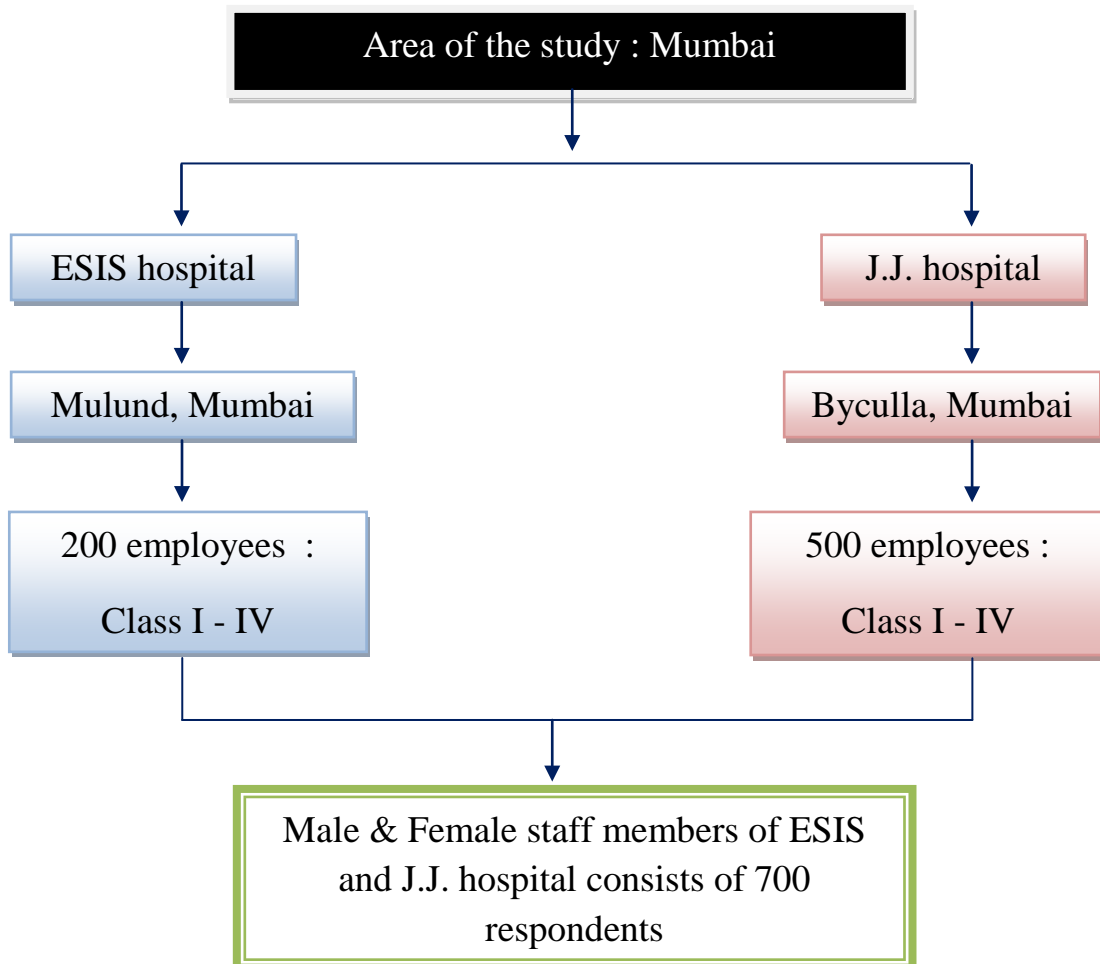
Chart 3.1
Research Design



3.7 Scope of the study :

Mumbai is selected as a study area. Two hospitals namely ESIS hospital and J.J. Hospital is selected for study purpose. There are 4 government hospital and 4 ESIS hospital in Mumbai. Out of them, one each is selected as sample. The data was collected from them. ESIS hospital located at Mulund and J.J. Hospital which is located at Byculla is selected 200 and 500 respondents from ESIS and J.J. Hospital are considered as a universe or samples. Chart 3.2 shows exact study area.

Chart 3.2
Scope of the study



Thus the scope of the study covers :

1. Mumbai – Mulund and Byculla
2. 2 hospitals – ESIS and J.J. Hospital
3. 700 respondents – 200 from ESIS and 500 from J.J. Hospital.
4. Male and Female employees of class I to IV from Government hospitals
i.e. ESIS and J.J.
5. Period of the study is 2010 to 2012
6. Overall study is extensive and purposeful.

3.8 Period of Primary data collection for the study :

April 2010 to December 2011 (i.e. one year and nine month) was the survey period. This long period was due to seeking permission for data collection from concern government authority was a must. Secondary doctors, nurses and other paramedical staff was busy in patient treatment, getting filled questionnaires was difficult. However we successfully collected more than 750 questionnaires from respondents. During April – 2010 and December 2011 data was collected by administering questionnaires. Doctor, nurses, officers, clerks, peons, supervisory staff, para medical staff, technicians, assistant, duty, registrar, superintendents, Deans, professors, Lecturers, were contacted and information was collected. Permanent, temporary contractual etc. personnel were surveyed. Social workers, patients and their relatives, psychologist, social councilors, councilors, NGOs were contacted and information was gathered. Few experts were also interviewed to know their expert opinion on human resource culture and development in hospital. Before April 2010, in the month of March 2010, a pilot survey was conducted Government medical and ESIS hospital and final sample was fixed and questionnaire to study human resource practices was finalized. Thus practically the period of data collection was nearly 2 years i.e. March 2010 to December 2011 respectively. The chart 3.3 shows the actual period of primary data collection for the study purpose.

Chart 3.3**Period and Schedule of primary data collection**

Period	Nature of work completed
1. January, 2010	General area visit, observations and verification of potentiality of study area and sample.
2. February, 2010	Second visit for locations of hospitals and observing physical facilities and managerial and administration.
3. March, 2010	Pilot survey of the selected study area, 4 Government and 4 ESIS hospitals at Mumbai.
4. April 2010 to August 2010	Application for getting permission to collect data from Government hospitals and secondary data was collected after permission granted to do so.
5. September to Nov. 2010	Had general observations, discussions and special interviews with various medical and para medical and ESIS hospital staff like, officers, union leaders, Doctors, Deans, experts, guides, industrialist, shop owners of pharma or medical patients and their relatives.
6. December 2010	Questionnaire finalized with the help of guide and expert in field.
7. January-February	Distribution questionnaires among J.J. hospital and ESIS, Mulund hospital.
8. March – June 2011	Collected questionnaires after proper survey
9. July – August	Relooked questionnaire and reengineered process of distribution and collection of questionnaire.
10. September – October 2011	Finalized complete questionnaires and rejected incomplete questionnaire made data entry.
11. November, 2011	Data processing was undertaken with Tata Institute of Social Science (TISCO) Deonar, Mumbai
12. December, 2011	Data output received checked and final data output received.

3.9 Sample and sample size of the study :

The present research work, in fact is an investigation into the actual human resource management practices which are currently employed in government hospitals in Maharashtra. The present study covers the whole population of government medical and ESIS hospitals in Mumbai. It was found that there were 4 government medical hospital and 4 ESIS hospitals in Mumbai at the end of 2010. Out of them, 1 each have been selected as sample hospital for detail study. The stratified random sample method was applied for selecting samples. Chart 3.4 present selection of sample.

Chart 3.4

Selection of Sample hospital

Location	Name of hospital	Sample size determined
Byculla	J.J. Hospital	550
Mulund	ESIS Hospital	250
Mumbai	2 hospital	800

In all, 800 questionnaire were distributed in 2 hospitals and 2 localitis. 750 questionnaires were received and out of these 700 were complete in all respect. The questionnaires which were incomplete were rejected. In order to determine the sample and sample size, a list of government hospital and ESIS were prepared with location and their names Doctors and Para medicfal and administrative staff were covered as sample. 700 respondents who are working in ESIS – Mulund and J.J. Hospital, Byculla were selected as samples. Thus total sample consists of 700 respondents. Chart 3.5 shows the final selection of respondents.

Chart 3.5

Final sample size selection

Hospital	Questionnaire distribution in nos.	Incomplete questionnaire rejected	Final selected of respondents
J.J.	550	50	500
ESIS	250	50	200
Total	800	100	700

In all, 800 questionnaire distributed / administered, out of it, 700 were finally selected as they are complete in all respects and 100 were rejected due to incomplete information. Thus total and final sample size consists of 700 respondents belong from ESIS hospital 200 and J.J. hospital 500 respectively. The respondents were selected on the basis of availability and convenience to access by using sample random method.

3.10 Sources of data collection :

The present study is both descriptive and analytical for accomplishing the objectives of the study. The data have been collected from primary as well as secondary source.

3.10.1 Primary data : The primary data has been collected through following ways :

- (a) Questionnaire was administered among doctors, and officers. With the help of this questionnaire information regarding policy matter of human resource management practices have been collected through personal interviews.
- (b) Questionnaire was also administered among employees like nurses, clerks, peons, assistant staffs, para medical staff etc. The technique of observation was also utilised for data collection. Informal discussion with hospital staff were also undertaken.

3.10.2 Secondary data :

Secondary data was collected through publication of RBI, and All India Medical association, Books, Journals, websites, newspapers, circulars, reports etc.

3.11 Statistical tools and techniques used :

For the present study, the collected data is processed with the help of statistical tools and techniques. Simple frequency distribution, frequency distributed converted into percentage, average, means, standard deviation are used.

3.12 Data analysis and interpretation :

The data is interpreted and analysed with the help of statistical tools and techniques such as frequency, percentage, average, tables, charts and comparative approach. Logical conclusions were drawn and these were presented in the respective chapters as well as in summary conclusions.

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CHAPTER 4

PROFILE OF THE SAMPLE RESPONDENTS

4.1 Introduction:

As the main objective of this study is to know and study human resource practices adopted in hospitals, therefore, it becomes necessary to understand and study the profile of both, employees or workers and doctors and officers. In other words, profile of class I to class IV employees is presented in this chapter who are sample respondents. Two hospitals, namely ESIS and JJ. are selected for study purpose. Doctors and administrative staffs from class I to IV are the samples. In all 200 employees from ESIS hospitals and 500 employees from J.J. hospitals are selected as samples. In all 700 respondents are the sample size of the present study. The age, gender, educational qualification, marital status, work experience, income etc. variables are selected.

Thus this chapter deals with the profile of the sample respondents. The chapter is organised as under in order to understand the profile of selected sample respondents.

4.1 Introduction

4.2 Age of the sample respondents

4.3 Gender of the sample respondents

4.4 Marital status of the sample respondents

4.5 Educational Qualification of the sample respondents

4.6 Work experience of the sample respondents

4.7 Income of the sample respondents

4.8 Religion of the sample respondents

Frequency distribution and frequency converted into percentage is used for analysing and interpresenting the data.

4.2 Age of the sample respondents:

The study of the human resource practices in hospital necessitates an enquiry into their age distribution. Age acquires a special significance as far as efficiency is concerned. It influences the capacity and sense of responsibility. Therefore, the age of the respondents have been classified into four categories, namely, 25 - 35 years, 36 - 45 years, 46 - 55 years and above 55 years. The distribution of respondents by age is presented in Table 4.1.

Table 4.1
Distribution of respondents by age

Age Group	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
25-35	48	24	140	28	188	27
36-45	58	29	155	31	213	30
46-55	84	42	180	36	264	38
56 and above	10	05	25	05	35	05
Total	200	100	500	100	700	100

It can be seen from Table 4.1 that

1. Out of 700 respondents, 200 and 500 belong from ESIS hospital and J.J. Hospital. They are in the proportion of 2 : 5
2. Out of 700 respondents, 188 respondents (27 percent) were in the age group of 25 - 35 years distributed between ESIS and J.J. Hospital to the extent of 48 (24 percent) and 140 (28 percent) respectively.
3. Out of 200 respondents, 213 respondents (30 percent) were in the age group of 36 - 45 years. Out of 213 respondents, 58 (29 percent) and 155 (31 percent) belong from ESIS hospital and J.J. Hospital respectively.
4. 264 respondents (38 percent), 84 (42 percent) and 180(36 percent) were of 46-55 age group out of 700 sample respondents. It means majority respondents (38 percent) belong from 46- 55 year age group.

- 10 (5 percent) respondents and 25 (5 percent) respondents out of 35 respondents belong from ESIS and 1.J. Hospital were of 56 and above age group respectively.

Thus majority (38 percent) respondents in the age group of 46 55 years, followed by 36 - 45 year age group (30 percent) together 68 percent.

4.3 Gender of the sample respondents:

The extent of male and female respondents participated in this study as a sample is presented in Table 4.2.

Table 4.2
Distribution of respondents by gender

Gender	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Male	136	68	298	60	434	62
Female	64	32	202	40	266	38
Total	200	100	200	100	700	100

Table 4.2 shows that

1. Out of 700 sample respondents. 434 and 266 respondents were male and female participated in this study. They were in the extent of 62 percent and 38 percent. It means majority respondents were male (62 percent) respectively.
2. Out of 434 male respondents, 136 (68 percent) and 298 (60 percent) were from ESIS hospital and LT. Hospital. Male respondents were higher in ESIS hospital as compared to J.J. hospital.
3. Out of 266 female respondents, 64 (32 percent) were from ESIS hospital whereas 202 (40 percent) were from LT. hospital. Female respondents of 1.1. hospital are higher than ESIS hospital. This is interesting that female respondents are preferred to serve in J.J. hospital as compared to ESIS hospital.

4.4 Marital status of the sample respondents :

Marital status of the respondents is very important. Since it will brief idea to the human resource development department about how to place them and enhance efficiency. The distribution of sample respondents according to their marital status is presented in Table 4.3.

Table 4.3
Marital status of the sample respondents

Marital status	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Married	124	62	338	68	462	66
Single	76	38	162	32	238	34
Total	200	100	500	100	700	100

Table 4.3 shows that out of 700 respondents, 462 (66 percent) respondents were found married whereas 238 (34 percent) of the respondents were found remained unmarried. It means 66 percent and 34 percent respondents belong from ESIS and J.J. hospital who participated here as sample were married and unmarried respondents respectively.

Out of 462 married respondents, 124 (62 percent) and 338 (68 percent) belong from ESIS and J.J. hospital. On the other hand, those who are single, 76 (38 percent) and 162 (32 percent) were from ESIS and J.J. hospital respectively. Thus Table indicate that majority respondents of this study were married (66 percent).

4.5 Education qualification of the sample respondents:

Education plays important role in the progress of an individual's mind and country. People are made aware of what is going on in the wide world and can understand these issues and take necessary measures.

In government services for clerical work, the under graduate qualification is expected. But nowadays we are observed that employees are enhancing their qualification upto post graduation level. For Doctors minimum. graduation (MBBS) is required. For nurse graduation is required. Therefore educational qualification is considered one of the variable important in this study. The distribution of the respondents according to the educational qualification is reflected in Table 4.4.

Table 4.4
Qualification of sample respondents

Educational Qualification	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Under Graduate	97	48.5	286	57.0	383	54.7
Graduate	56	28	104	21.0	160	23
Post Graduate	46	23	109	21.8	155	22.0
Supper specialization	1	0.5	01	00.2	02	00.3
Total	200		500	100	700	

The table 4.4 reveals that 383 (54.7 percent) of the respondents are under graduate. 160 (23 percent) are graduate. 155 (22 percent) are post graduate and 2 (00.30 percent) of the respondents are super specialisation.

It is important for the human resource development to know the level of education.

Thus it is found out that majority respondents are less than graduate level education (54.7 percent). In hospital under graduates are needed more as compared to Doctors and administrators. ESIS hospital respondents shows that 97 (48.5 percent), 56 (28 percent) respondents and 46 (23 percent) respondents are belong from undergraduates, graduates, post graduates category. Whereas 286 (57 percent) undergraduate. 104 (21.0 percent) graduates, 109 (21.8 percent) post graduates and 01 (0.2 percent) super specialised respondents are belong from J.J. hospital.

4.6 Work experience of the sample respondents:

Longer the work experience, higher the welfare of human resource development. There is a positive association between work experience and development of human being. Experienced Doctor gives better treatment and identify disease and treat patient correctly whereas experienced non-doctor staff perform duty efficiently. Hence work experience is considered as one of the variable in the profile. The distribution of sample respondents regarding work experience is presented in Table 4.5.

Table 4.5
Work experience of sample respondents

Work experience in years	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Upto 10	48	24	186	37	234	33
11-20	58	29	150	30	208	30
21-30	94	47	164	33	258	37
Total	200	100	500	100	700	100

It can be observed from table 4.5 that 48(24 percent) sample respondents of ESIS hospital have upto 10 year working experience whereas 58 (29 percent) staff have 11 -- 20 years working experience.

There were 94 (47 percent) respondents who are working in ESIS hospital have 21 – 30 years experience, indicating majority ESIS hospital employees have above 21 years working experience.

Regarding work experience of sample respondents who are working in J. J. hospital, it was seen that 186 (37 percent). 150 (30 percent) and 164 (33 percent) respondents have upto 10 years. I 1 20 years and 21 - 30 years work experience. Here majority respondent have upto 10 years experience i.e. 37 percent. It means in J J. hospital new staff is more than experience one. Overall 234 (33 percent), 208 (30 percent) and 258 (37 percent) sample respondents have 10 years, 11 - 20 years and 21- 30 years work experience. Thus table 4.5 shows that :

1. Majority respondents (47 percent) of ESIS hospital have 21- 30 years work experience
2. Majority respondents (37 percent) of J. J. hospital have upto 10 years were experience.
3. Majority respondents (JJ hospital and ESIS) (i.e. 37 percent), have 21-30 years work experience.

4.7 Monthly Income of the sample respondents:

Nature of income differ due to new payment systems and new job structure and pattern. Permanent, temporary, contractual, outsourcing scale and non scale etc. pattern is exist in hospital. Global hospital system is also changed. Government and private job structure is also matter in income. Although both hospital are Government, income earning structure differ. Therefore it is necessary to understand the income pattern of the hospital personnel. This is presented in table 4.6.

Table 4.6**Monthly income of the respondents**

Income in Rs.	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Upto 10,000	40	20	117	23	157	22
10,001-30,000	66	33	179	36	245	36
30,001-50,000	60	30	109	22	169	24
50,001-1,00,000	32	16	87	17	119	17
1,00,001 and above	02	01	08	02	10	01
Total	200	100	500	100	700	100

It Can be seen from table 4.6 that

1. 40 (20 percent) and 117 (23 percent) of the respondents belong to the income group below Rs.10,000 who are working in ESIS and J.J. hospital. Overall 157 (22 percent) respondents fall in upto 10,000 monthly income group.
2. Out of 700 respondents, 245 (30 percent) belong to the income group' between 10,001 - 30,000 out of which 66 (33percent) and 179 (36 percent) from ESIS hospital and J.J. hospital respectively.
3. Out of 700 respondents, 169 (24 percent) respondents were from 30,001 - 50,000 income group, of which 60 (30 percent) and 109 (22 percent) from ESIS and LT. hospital respectively.
4. 119 (17 percent) respondents out of 700. belong from Rs.50,001 - 1,00,000 income group of which 32 (16 percent) and 87 (17 percent). belong from ESIS hospital and J.J. hospital respectively.
5. Only 10 (1 percent) respondents belong from 1,00,001 and above income group, within it 2 (1 percent) and 8 (2 percent) belong from ESIS hospital and LT. hospital respectively.
6. Majority respondents (i.e. 36 percent), 33 percent from ESIS and 36 from J.J. hospital belong from 10,001 - 30,000 income group followed

by 30,001 - 50,000 income group (i.e. 24 percent), together 60 percent. It is also interesting to note that 22 percent respondents income i.e. (20 percent) and 23 percent from ESIS and J.J. hospital is below Rs.10.000/- . They might have been working under contractual scheme at class fourth level.

4.8 Religion of the respondents:

The data on various religious in sample respondents has shows that there were majority Hindu respondents. The religion is included in sample due to it plays a very important role in determining style of functioning. The details of religion of sample respondents are presented in the table 4.7.

Table 4.7
Religion of the sample respondents

Religion	ESIS Hospital		J.J. Hospital		Total	
	No.	%	No.	%	No.	%
Hindu	140	70	360	72	500	71
Budhist	12	06	25	05	37	05
Muslim	04	02	10	02	14	02
Christians	44	22	105	21	149	22
Total	200	100	500	100	700	100

Table 4.7 shows that

1. Out of 700 respondents , 500 (71 percent), 37 (5 percent), 14 (2 percent) and 149 (22 percent) respondents were belong from Hindu, Budhist, Muslim and Christians religion respectively.
2. Out of 500 Hindu respondents, 140 (70 percent) and 36 (72 percent) were from ESIS and LT. hospital respectively.
3. Out of 37 (5 percent) Budhist, 12 (6 percent) and 25 (5 percent) belong from ESIS and J J. hospital respectively.

4. Only 14 (2 percent) respondents were from Muslim religion out of it, 4 (2 percent) and 10 (2 percent) from ESIS and J.J. hospital respectively.
5. 149 respondents were belong from Christian, out of it 44(22 percent) and 105 (21 percent) were belong from ESIS hospital and J.J. hospital respectively.

Overall majority respondents (71 per cent in the sample were hindus followed by Christian i.e. 22 percent

CHAPTER 5
ASSESSING MANPOWER PLANNING, RECRUITMENT AND
TRAINING PRACTICES IN SELECTED
HOSPITALS IN MUMBAI

5.1 Introduction:

While tracing the significance of human resources management and practice Ghond (1) state that if Government has to do more for the people, its employees must play more dynamic and more creative role as the instrument for implementing government policies and programmes. Among the 3 components required for hospital development are man, money and material (M3), it is more the man (or the human element) than any other factor which determines the quality of the performance and output. Therefore Indian organizations, specially government, has to be strengthened following fields of human resources development provided out by Dhar (2).

1. Recruitment and training and promotion policies to be reviewed time to time.
2. Merits and competence should be given greater emphasis in promotion.
3. Performance appraisal system undertaken time to time.
4. Motivation, morale and commitment, salary pattern as well as involvement of employees at all level should be enhanced.

Accordingly in the present chapter manpower planning, recruitment and training practices adopted by E.S.I.S. and J.J. Hospital are assessed whereas, performance appraisal, career planning and promotion, as well as other related human resource practices are studied in chapter sixth based on primary data, which was collected through questionnaire, observations, interviews etc. Overall 700 sample size is in operation in this study. The chapter is organized as under.

- 5.1 Introduction
- 5.2 Manpower planning practices in selected hospitals in Mumbai.
- 5.3 Recruitment practices in selected hospitals in Mumbai.

5.4 Training practices in selected hospitals in Mumbai.

Human resource practice is the utilization of individual to achieve organizational objectives i.e. hospitals. Researcher has selected two hospital namely E.S.I.S and J.J. and both the hospitals are government managed. Human resource management objectives are four folds – societies, organizational, functional and personal. The success of government hospital is depends on how effectively perform these objectives from their employees. Therefore what types of human resource practices there i.e. extent, nature, size etc. are adopted in those hospital must be studied time to time and new strategy for improvement be formulated and implemented. Hence in this chapter an attempt is made by researcher to know and assess the manpower planning, recruitment and training practices.

Thus for measuring the human resource practices hard and soft measures are used by researcher. In the present chapter 3 hard measures are used to measure and to know the human resource practices adopted by E.S.I.S. and J.J. hospital. They are manpower planning, recruitment and training. The opinions of employees of E.S.I.S. and J.J. hospital are collected through questionnaire and same are analysed and interpreted as under.

5.2 Manpower planning practices in selected hospitals in Mumbai:

Manpower planning is a practice, in the area of hospital human resource development which focuses on knowing properly the quality and quantity of manpower required. It is concerned with the assessment of manpower department existence, process undertaken, duration or time, factors taken consideration, job analysis description, job robition etc. In other words, it consists of assessing PADU. Which means Process i.e. procurement collection, development and utilization of man. Thus manpower planning process constitute –

- (i) Analysis of the system.

- (ii) deciding the time span of plan.,
- (iii) Forecasting the demand for and supply of manpower.
- (iv) Reconciliation of action plan.

In this section manpower planning practices adopted by E.S.I.S. and J.J. hospital are assessed as under-

- 5.2.1 Existence of manpower planning department in selected hospitals.
- 5.2.2 Manpower planning process undertaken in selected hospitals.
- 5.2.3 Human resource planning duration in selected hospitals.
- 5.2.4 Factors considered in manpower planning in selected hospitals.
- 5.2.5 Job analysis description practice in selected hospitals.

5.2.1 Existence of manpower planning department in selected hospitals:

Whether there is a human resource department in the hospital was investigated and the opinions of employee pertaining to this are presented in table 5.1.

Table 5.1
Existence of manpower planning department in hospital

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	56	28	190	38	246	35
No	126	63	270	54	396	57
Do not know	18	09	40	08	58	08
Total	200	100	500	100	700	100

It can be seen from Table 5.1 that-

- 1) Out of 200 sample respondents of E.S.I.S. hospital and out of 500 sample respondents of J.J. hospital, only 28 percent (56) and 38 percent (190) respondents has agreed that there is separate manpower planning department.

- 2) Majority respondents of E.S.I.S. hospital (63 percent) and J.J. hospital (54 percent) has stated that there is no a separate manpower planning department in hospital.
- 3) 9 percent of E.S.I.S. hospital (18) and 8 percent of J.J.hospital (40) respondents do not know whether there is a separate manpower planning department in hospital.
- 4) This is due to Dean of the hospital is the Chief executive officer (C.E.O.) or administrator of the hospital and recruitment and other policies related to HR are deals by outside the hospital separately by Government machinery. Therefore majority respondents state that there is no separate manpower planning department in hospital.
- 5) Overall result shows that out 700 respondents only 35 percent (246) respondents agreed whereas 57 percent (396) disagreed that whether there is a separate manpower planning department.

Thus it can be inferred that majority (57 percent) respondents are state that there is no separate manpower planning department in E.S.I.S. and J.J. hospital.

5.2.2 Manpower planning process undertaken in selected hospital:

Manpower planning process means procurement, allocation, development and utilization of man (i.e. all employee). It means the process by which an organization should move from its current manpower positions to its desired manpower position. It was observed by researcher that only 39 percent respondents of E.S.I.S. and J.J. hospital together agreed on manpower planning process is undertaken by hospital. Majority respondents (i.e. 49 percent) agreed that manpower planning process is not undertaken by hospital. The survey result is presented in Table 5.2.

Table 5.2

Manpower planning process undertaken

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	62	31	210	42	272	39
No	88	44	240	48	328	47
Do not know	50	25	50	10	100	14
Total	200	100	500	100	700	100

It is revealed from Table 5.2 that-

- 1) Out of 700 sample respondents, 39 percent and 47 percent and 14 percent agreed, do not agreed and do not know that whether in hospital manpower planning process undertaken; indicating majority 47 percent (328) respondents state that manpower planning process is not undertaken.
- 2) 31 percent respondents out of 200, state that manpower planning process is undertaken in E.S.I.S. hospital during study period whereas 44 percent (88) state 'No' such process is undertaken, on the other hand 20 percent (50) respondents do not know whether E.S.I.S. have or not manpower planning process undertaken.
- 3) Regarding J.J. hospital, it is observed that 42 percent (210) and 48 percent (240) and 10 percent (50) respondents, out of 500 respondents are at opinion that manpower planning process is undertaken, it is not undertaken and they do not know whether it is undertaken or not.
- 4) Majority of the E.S.I.S. hospital (44 percent) and J.J. hospital (48 percent) together 47 percent respondents are of the opinion that manpower planning process is not undertaken.

Thus it can be inferred that 31 percent of E.S.I.S. hospital and 42 percent of J.J. hospital together 39 percent hospital respondents agreed that 'yes' manpower planning process is undertaken at hospital level and majority state it is not.

5.2.3 Human resource planning duration in selected hospital:

What is a duration of manpower planning is the next question to be investigated. The Table 5.3 through light on the duration practice adopted by hospital on manpower planning.

Table 5.3
Human resource planning during study period

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	04	02	15	03	19	03
No	196	98	485	97	681	97
Do not know	00	00	00	00	00	00
Total	200	100	500	100	700	100

It can be seen from Table 5.3 that majority respondents of E.S.I.S. hospital (98 percent) and J.J. hospital (97 percent) state that human resource planning during study period (2010-2012) was not undertaking. Overall result shows that majority respondents 97 percent (681) out of 700 respondents pointed out that there was no human resource planning during study period.

5.2.4 Factors considered in manpower planning in selected hospital:

Hospital is a service industry and government hospitals are social service and run on the basis cost benefits analysis principle. Hence researcher had made inquiry regarding the staffing pattern factors on determinations to be considered in manpower planning. The responses of the respondents (i.e.700) for the same has been shown in the Table 5.4.

Table 5.4**Factors considered in manpower planning in hospital**

Factors	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Government policy	46	23	110	22	156	22
2. Nature of work	40	20	95	19	135	19
3. Future need of hospital	10	05	15	03	25	04
4. Review of existing staff	30	15	60	12	90	13
5. Urgency of the work	02	01	10	02	12	02
6. Political concern	72	36	210	42	282	40
Total	200	100	500	100	700	100

Table 5.4 shows that-

- 1) Political concern or will is the most important factor followed by government policy to be considered in manpower planning as 40 percent (282) and 22 percent (156) respondents agreed on this point. 19 percent (135) respondents state nature of work is to be considered as a factor in manpower planning. Urgency of works and future need of hospital have no much waitage (important) in the process of manpower planning or fixing staff pattern. Review of existing staff is also one of the factor to be considered by hospital authority in manpower planning or staffing pattern. Thus overall result shows that political will (concern), government policy, nature of work and review of existing staff are main factors to be considered in manpower planning or in staffing pattern of hospital.
- 2) Regarding factors to be taken into considered in manpower planning or in fixing staffing pattern in case of E.S.I.S. hospital it is observed that 36 percent, 23 percent, 20 percent and 15 percent respondents state political will, government policy, nature of work and review of existing staff are considered. First factor being political concern at least being urgency of work.

- 3) Result of J.J. hospital shows that political will (42 percent), government policy (22 percent) nature of work (19 percent) and review of existing staff (12 percent) are the factors to be taken into consideration while fixing J.J. hospital staffing pattern at manpower planning.
- 4) As compared to J.J. hospital, political concern with E.S.I.S. hospital is less it is for J.J. hospital 42 percent and for E.S.I.S. hospital it is 36 percent respectively.

Thus ultimately it can be inferred that political concern and government policy, (40+22=62 percent respondents) are the main two factors to be considered in manpower planning or fixing staffing pattern of government hospital (i.e. E.S.I.S. and J.J. hospital).

5.2.5 Job analyses description practice in selected hospital:

Job analysis is a process of identifying of duties, responsibilities and knowledge of job. This is considered as a basic tool of human resource management and provides comprehensive information that has impact on almost all human resource sub-systems, such as preparation of job specifications, H.R. planning, recruitment and selection, training, performance appraisal, compensation and career planning. Hence with the help of questionnaire, observation, interview etc. job analysis is performed. It should be regular intervals. Researcher has studied whether job analysis practiced or not in selected hospital and if at what intervals. The inquiry result is presented in Table 5.5 and Table 5.6 respectively.

Table 5.5

Job analysis description practice in hospital

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	162	81	425	85	587	84
No	34	17	55	11	89	13
Do not know	04	02	20	04	24	03
Total	200	100	500	100	700	100

Table 5.5. shows frequency distribution for job analysis description inquiry. It is revealed from Table 5.5 that out of 700 respondents, 84 percent (587) respondents agreed that 'yes' job analysis description is undertaken. In E.S.I.S. hospital 81 percent (162) and in J.J. hospital 85 percent (425) respondents state that job analysis description is done. Thus it can be inferred that majority respondent of E.S.I.S. hospital (81 percent) and J.J. hospital (85 percent) agreed on job analysis description is done, resulting job analysis description is done in the studied hospital at a great extent as majority (84 percent) respondents state 'yes' it is.

Next inquiry was conducted to what interval it is done. The survey result is presented in Table 5.6.

Table 5.6
Job analysis description interval (duration)

Duration/Interval	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Annually	124	62	330	66	454	65
2. Regularly	108	54	290	58	398	57
3. As & when promotion due	110	55	340	68	450	64
4. As & when job transfer	140	70	375	75	515	74

It can be seen from Table 5.6 that-

- 1) 62 percent (124) and 66 percent (330) respondents of E.S.I.S. hospital and J.J. hospital agreed that job analysis description is undertaken 'annually', indicating that annual job analysis description practice is adopted in studied hospital.
- 2) 54 percent (108) of E.S.I.S. hospital and 58 percent (290) of J.J. hospital respondents state that job analysis description is done regularly.

- 3) 55 percent (110) of E.S.I.S. hospital and 68 percent (340) of J.J. hospital respondents state that job analysis description is done as and when promotion is due.
- 4) 70 percent (140) of E.S.I.S. hospital and 75 percent (375) of J.J. hospital respondents agreed that job analysis description is done during as and when job transfer took place.
- 5) Overall result shows that majority (65 percent) respondents agreed that annual pattern is practiced for job analysis description in studied hospital. As far as whether job analysis description regularly done or not, in this connection result shows that majority (57 percent) respondents agreed on this point. Further results shows that 64 percent respondents out of 700 agreed on 'as and when promotion due'. Job analysis description is done, on the other hand 74 percent respondents out of 700, also agreed on as and when job is transfer. Job analysis description is done.

5.3 Recruitment practices in selected hospitals in Mumbai:

Recruitment includes the process of identification of potential applications for the required job in the organization. It is claimed as a positive measure which estimates competent people to apply for the job, with an increased living-ratio. Recruitment process generates a large number of applications for specific position through different sources like employment exchange, advertisements, educational institutes, labour unions etc. Hence recruitment is the process of finding and attracting capable applicant employment. For the purpose of recruitment, internal and external sources are practiced. An attempt is made by researcher to know practice of recruitment i.e. internal or external source. The principles of recruitment for government organization are first laid down in April 1961 (3) and the 52nd report of the estimated committee (1964) reveals that these principles have not been uniformly followed by public undertakings (4). So ministries concerned is most important in recruitment. They provide rules for laying down the category of employees, proportion of the post to be

filled by direct recruitment and by promotion, transfer, the formation of selection committees, advertising vacancies, qualification, prescription etc. That is why less ‘yes’ response from respondents was received on existence of manpower planning department (Table 5.1), manpower planning process undertaken (Table 5.2), human resource planning during study period (Table 5.3), future need of hospital and review of existing staff as factor in manpower planning processing (Table 5.4) respectively. In this context an attempt is made in this sub-section to know and examine on the basis of primary data what is a recruitment practice adopted by E.S.I.S. and J.J. hospital during study period.

5.3.1 Recruitment sources practice in hospital:

These are presented in Table 5.7.

Table 5.7
Recruitment sources adopted in hospital

Sources of recruitment	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Internal	30	15	60	12	90	13
2. External	170	85	440	88	610	87
Total	200	100	500	100	700	100

Table 5.7 shows that-

- 1) 13 percent (90) respondents agreed that internal sources are used by hospital in recruitment. Whereas 87 percent (610) respondents agreed on external source as the recruitment source practiced by selected hospital, indicating that external source is the main recruitment source practiced in studied hospital.
- 2) 15 percent (30) of E.S.I.S. hospital and 12 percent (60) of J.J. hospital respondents state that internal source is practiced, whereas 85 percent (170) of E.S.I.S. hospital and 88 percent (440) of J.J. hospital respondents agreed external is the recruitment source practices.

- 3) Majority of E.S.I.S. and J.J. hospital respondents agreed on external recruitment source in practiced.
- 4) It can be inferred that external source is the main recruitment source practices in studied hospital as 87 percent respondents agreed upon this source.

5.3.2 Pattern of external recruitment source practice in hospital:

Media advertising, campus, private agencies, government employment exchange office, friends and relatives references, casual application, labour contractors outsourcing etc. are consists of external source of recruitment. The inquiry final result is presented in Table 5.8.

Table 5.8

Pattern of external sources recruitment practiced in hospitals

External source used	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Advertisement	170	85	440	88	610	87
2. Employment Exchange	04	02	15	03	19	03
3. Labour contractors / applicants introduced by friends and relatives.	26	13	45	09	71	10
Total	200	100	500	100	700	100

Table 5.8 shows that-

- (i) Sample employees agreed advertisement, employment exchange and contract labour as external sources of recruitment are practiced /followed by hospital to the extent of 87 percent, 3 percent and 10 percent respectively, indicating advertisement is the main source of recruitment practiced by studied hospital.
- (ii) Regarding E.S.I.S. hospital it is observed from table 5.8 that advertisement is the main external source followed by labour contractors

or reference from friends and relatives including labour union to the extent of 85 percent and 13 percent. Employment exchange office is the least external source as recruitment.

- (iii) Regarding J.J. hospital almost some practice is observed as far as external source followed. The external source in recruitment by J.J. hospital is followed to the extent of advertisement 88 percent, labour contractor 9 percent and employment exchange 3 percent. In J.J. hospital also advertisement is the main external source of recruitment.
- (iv) Overall result shows that advertisement followed by labour contractor are the external source practiced by hospital. However one important change is noticed even in government hospital also that the tendency of appointing employees on contract system is increasing. The share of advertising is decreasing and share of contract system is increasing.

5.3.3 Selection method adopted by hospital:

Recruitment is a positive function which seems at increasing the hiring ratio. On the other hand, the selection process is a negative function because it attempts to eliminate applicants, choosing the best to be placed in the organization. Therefore selection refers to the process of offering jobs to one or more applicants from among the applications(5). Being a government organization all selection procedure is done systematically and seriously and scientific manner like initial application, blank screening, qualification, written test, personal interviews, reference checks, physical examination, sometimes psychological testing, considering government/public policies etc. Public policy may prohibit all kind of discrimination against any person. Thus within the framework of public policy and government policy towards hospital (health care), what types of selection method is practiced by J.J. hospital and E.S.I.S. hospital is assessed by researcher on the basis of primary data. The Table 5.9 presents the selection procedure adopted by hospital organization for employees.

Table 5.9

Selection method practiced by hospital

Selection Method	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Oral examination	200	100	500	100	700	100
2. Written examination	132	66	350	70	482	69
3. Walk in interview	68	34	150	30	218	31
4. Selection committee	118	59	315	63	433	62

Table 5.9 reveals that-

- 1) 100 percent respondents of E.S.I.S. (200) and J.J. (500) hospital agreed that their selection was on the basis of oral interview.
- 2) 66 percent (132) and 70 percent (350) respondents of E.S.I.S. and J.J. hospital agreed they had given written examination also and got selected through written examination process.
- 3) 34 percent (68) and 30 percent (150) respondents of E.S.I.S. and J.J. hospital were agreed that they were selected through walk-in-interview method and not appeared written examination nor faced selection committee.
- 4) 59 percent (118) and 63 percent (315) respondents of E.S.I.S. and J.J. hospital agreed that they had interviewed by selection committee.
- 5) Majority respondents of E.S.I.S. and J.J. hospital agreed they had selected through written examination and through selection committee method, indicates that written test and then oral before competent selection committee is the selection method practiced by E.S.I.S. and J.J. hospital.
- 6) Overall result shows that 100 percent (700) respondents agreed that they had selected through oral test as against 69 percent got selected through written test and 31 percent through walk-in-interview test, out of 700 respondents, 62 percent (433) faced the competent selection committee and got selected.

Thus it can be inferred from Table 5.9 as majority respondents of E.S.I.S. and J.J. hospital agreed they had selected through written then oral method after facing competent selection committee, hence written than oral before proper/competent selection committee is the selection method practiced in E.S.I.S. and J.J. hospital.

5.4 Training practices in selected hospitals in Mumbai:

This section proposes to examine the training policies/method followed in E.S.I.S. and J.J. hospital and their outlook as well as training outcome by collecting the opinions of concerned persons in this regard from the respective organization. With rapid changes in socio-economic conditions of every economy, it is imperative to build new skills and knowledge among the human resources in many areas. Therefore, training and development of employees in an organization, has been an importance organizational activity. Although, training is a continuous process and prerequisite for better performing, whether by having own training centre, or by deputing employees to other training centres, it involves cost to the organization. Therefore, for the management-government or private, as it is indispensable, should draw a line between cost of training, and the value of increased productivity with improved performance of the employees in the organization. Krishnan and Achuthan (6) pointed out that an attempt needs an enquiry into the training needs, methods, nature and direction of training programe, training environment, faculty-mix and such other important aspects which will provide more comprehensive picture.

The training policy of any organization should be embodied with five significant aspects of training functions observed by Rathnam (7) such as (i) training objectives, (ii) identification of training needs, (iii) training method, (iv) advantages of training programmes and (v) training evaluation. The objectives of training programmes differ according to the employees belonging to the different levels in an organization. However, whether the training programme that is organized for employees should ensure to prove the knowledge, skills and attitude of such trainees, so that not only they are made

more effective in the present job, and also to accept future assignments with new responsibilities. In this context, it is worth to study training and development aspect and its outcome in government hospital as large number of patients meet to J.J. hospital and most of the employees are concerned with E.S.I.S. hospital. As these are mass people concerned hospitals, need, nature, direction and method may be little different than say Lilavati or Bombay hospital. Regarding training, multinational organizations have observed that their home tested training techniques have not created any impact in India (8). Therefore an attempt is made in this section which method of training is in practice in these hospitals. Hence under this section, the training and development policy and programme (i.e. on or off training) followed in the two sample units are being reviewed, based on the opinion of the employees in the regard. Further it is also proposed to examine the outlook and outcome (effectiveness) of training programme in the respective hospitals.

5.4.1 Training to hospital employees:

To what extent training are received by employee is given in Table 5.10.

Table 5.10
Extent of training received by employees of hospitals

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	176	88	430	86	606	87
No	24	12	70	14	94	13
Total	200	100	500	100	700	100

It can be revealed from Table 5.10 that-

- 1) 88 percent (176) and 86 percent (430) respondents of E.S.I.S. and J.J. hospital have agreed that they had received training as against 12 percent (24) and 14 percent (70) respondents of E.S.I.S. and J.J. hospital disagreed on this aspect.

- 2) Out of 700, 87 percent (606) and 13 percent (94) received and not received training in studied hospital, indicating, majority respondents had received training by studied hospital.

Thus it can be inferred that 88 percent of E.S.I.S. hospital and 86 percent of J.J. hospital together 87 percent hospital employees had received training respectively. It means very clear that majority respondents had received training.

5.4.2 On the job training received by hospital employees:

Table 5.11 shows whether on the job or off the job training is received by employee of hospital.

Table 5.11

On the job training received by employee of hospital

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	154	88	395	92	549	91
No (other training)	22	12	035	08	57	09
Total	176	100	430	100	606	100
Total respondents	200	-	500	-	700	-

Table 5.11 shows that-

- 1) Out of 176 employee respondents who received training in E.S.I.S. hospital, 86 percent (154) respondents agreed they had received 'on the job' training as against 12 percent (22) claimed they did not received 'on the job' training. This means that majority (88 percent) of E.S.I.S. hospital employee had received on the job training, indicating that 'on the job' method is practiced in E.S.I.S. hospital.
- 2) Out of 500, 430 employee respondents of J.J. hospital state that they had received training (Table 5.10) out of 430, who received training in J.J.

hospital, 92 percent (395) respondents agreed that they had received ‘on the job’ training and 8 percent (35) did not received such training respectively. This indicates that majority (92 percent) of J.J. hospital employee had received ‘on the job’ training, indicating that ‘on the job’ method is in practice in J.J. hospital.

- 3) Out of 700, 606 received training (Table 5.10) out of these 91 percent (549) and 9 percent (57) received and not received ‘on the job’ training respectively. Overall result also shows that majority received ‘on the job’ training, indicating ‘on the job’ training method is mostly practiced by hospital.

5.4.3 Off the job training received by employee of hospital:

This is presented in Table 5.12.

Table 5.12

Off the job training received by employee of hospital

Responses	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	52	30	140	33	192	32
No (other training)	124	70	290	67	414	68
Total	176	100	430	100	606	100
Total respondents	200	-	500	-	700	-

Table 5.12 shows that out of 176 and 430 respondents who received training, 30 percent (52) of E.S.I.S. hospital and 33 percent (140) of J.J. hospital together 32 percent (192) out of 606 who received training are agreed that they had the off the job training; indicates majority respondents of E.S.I.S. and J.J. hospital did not completed off the job training. Thus it can inferred from table 5.12 that majority respondents of studied hospital had not done the off the job training.

The study of Patil shows that 73.3 percent of the nurses in government hospital and 33.3 percent of private nurses agreed that their organization provide the opportunity of training and continuing educating (9). Out study shows that J.J. and E.S.I.S. hospital (both government) provided training opportunity to 87 percent respondents. This clearly shows that government hospital are ahead in practicing training and development to employees.

5.4.4 Outlook of hospital employees towards training:

Training develop the positive attitude and confidence among the trainees. It also play positive role in the overall development of hospital. Therefore researcher enquired and collected the responses from J.J. hospital and E.S.I.S. hospital. The survey result is summarized in Table 5.13.

Table 5.13
Outlook of hospital employees towards training

Statement	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Training programe Prepared	178	89	455	91	633	90
2. On the job training facility Offered	156	78	400	80	556	79
3. Off the job training facility offered	20	10	75	15	95	14
4. Provision made in the Budget for training	112	59	305	61	417	60
Average	117	59	309	62	425	61
Total respondents	200	-	500	-	700	-

From table 5.13 it is seen that-

- 1) 89 percent (178) and 91 percent (455) respondents of E.S.I.S. and J.J. hospital agreed that training programme is prepared by hospital for employee's training.
- 2) 78 percent (156) of E.S.I.S. and 80 percent (400) of J.J. hospital respondents agreed that on the job training facility offered by hospital.
- 3) Only 10 percent (20) and 15 percent (75) respondents of E.S.I.S. hospital and J.J. hospital expressed that off the job training facility/programme offered by hospital to their employees, indicate that majority disagreed on off the job training facility offered by these hospital.
- 4) 59 percent (112) of E.S.I.S. and 61 percent (305) of J.J. hospital respondents state that provision made in the budget for training.
- 5) On an average 59 percent of E.S.I.S. and 62 percent of J.J. hospital employee respondents express positive outlook towards training in hospital.
- 6) Out of 700 respondents 90 percent, 70 percent, 14 percent and 60 percent agreed on (i) training programme prepared, (ii) on the job training facility offered (iii) off the job training facility offered and (iv) provision made in the budget for training respectively. On the whole, it can be inferred that 61 percent respondents of hospital agreed that outlook of hospital towards training is positive.

5.4.5 Outcome of training programme:

Outcome training consists of (i) heightened morale (ii) reduced stress (iii) increased organizational efficiency (iv) improved skills and (v) change in attitude. The responses were collected on these, which are presented in Table 5.14.

Table 5.14
Out come of training

Out come	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Heightened morale	110	55	290	58	400	57
2. Reduced stress	138	69	365	73	503	72
3. Increased efficiency	106	53	295	59	401	57
4. Improved skills	124	62	340	68	464	66
5. Change in attitude	136	68	375	75	511	73
Average	123	62	333	66	456	65
Total respondents	200	-	500	-	700	-

It can be revealed from Table 5.14 that –

- 1) 62 percent (123) and 67 percent (333) respondents, out of 200 and 500, of E.S.I.S. hospital and J.J. hospital together 65 percent (456) on an average agreed that outcome of the training is positive and at moderate level.
- 2) 55 percent (110) of E.S.I.S. hospital respondents out of 200 and 58 percent (290) J.J. hospital respondents out of 500 expressed heightened morale due to attending training programme together 57 percent (400) respondents are of opinion that morale is heightened after attending training programme respectively. It means training heightened morale and enhanced confidence of hospital employees upto moderate level.
- 3) Regarding stress it is observed that 69 percent (138) of E.S.I.S. hospital respondents out of 200, and 73 percent (365) of J.J. hospital respondents out of 500 agreed that their stress level has reduced after attending training programme, together 72 percent (503) of hospital respondents agreed on stress has reduced.
- 4) Regarding efficiency, it was found out that 53 percent (106) of E.S.I.S. hospital respondents out of 200, and 59 percent (295) of J.J. hospital respondents out of 500, agreed that efficiency has increased. Here also

moderately agreement among the respondents of hospital that efficiency has increased or enhanced after attending training programme. The score of two hospital shows that out of 700, 57 percent (401) respondents agreed that efficiency has increased.

- 5) Regarding change in attitude due to attending training also enquired. The result shows that out of 200 respondents of E.S.I.S. 500 respondents of J.J. hospital, 68 percent (136) and 75 percent (375) respondents agreed that their attitude has changed positively. Together 73 percent (511) respondents of hospital agreed that their attitude has changed towards doing better or performing better in the assigned job.

Thus it can be inferred that outcome which is measured in term of 5 indicators (Table 5.14) is moderately upwards due to attending training. In other words, there is a positive association between training and morale, efficiency, skills and attitude as 57 percent, 57 percent, 66 percent, 73 percent and 72 percent respectively out of 700 agreed that heightened morale, increased efficiency, improved skills, change in attitude and reduced stress. So constant motivation among the employees and management is needed.

Thus an attempt was made to assess man power planning, recruitment and training practices adopted by E.S.I.S. and J.J. hospital during study period in terms of three hard measures, namely manpower planning, recruitment and selection and training and development. It is concluded that majority (57 percent) hospital respondents state that there is a manpower planning department existence as conventionally and modernity time called 'HR' department. Political concern and government policy are main factors to be taken into account while preparing manpower planning. External source is the main recruitment source adopted in studied hospital and within external advertisement is main external source of recruitment. Majority respondents has received (91 percent) on the job training as against 32 percent had received off the job training.

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CHAPTER 6
ASSESSING PERFORMANCE APPRAISAL, CAREER PLANNING AND
PROMOTION PRACTICES IN SELECTED
HOSPITALS IN MUMBAI

6.1 Introduction:

The main objective of this chapter is to assess and analyse the performance appraisal, career planning and promotion practices adopted in J.J. hospital and E.S.I.S. hospital during study period based on primary data, collected through questionnaire from 700 samples, consists of E.S.I.S. 200 and J.J. hospital – 500 respectively. In chapter five an attempt was made to examine and analyze manpower planning, recruitment and training practices followed by two sample units, namely E.S.I.S. and J.J. hospital.

The performance appraisal is broadly used by organization meeting the following purposes (1). Therefore, its importance and significance is very great and entire efficiency of the organization depends on its right application.

1. To identify employees for salary increases, promotion, transfer and lay-off or termination of services.
2. To determine training and development needs of the employees.
3. To motivate employees by providing feedback on their performance levels.
4. To establish a basis for research and reference for personal decisions in future. On the other hand, organization promote the employees with view to achieve the following purposes (2).
5. To utilize the employee's skill, knowledge at the appropriate level in the organizational hierarchy resulting in organizational effectiveness and employee satisfaction.
6. To develop competitive spirit and in calculate the zeal in the employees to acquire the skill, knowledge etc. required by the higher level jobs.

7. To develop competent internal source of employees ready to take up jobs at higher levels in the changing environment.
8. To promote employee's self development and make them await their turn of promotions. It reduces labour turnover.
9. To promote a feeling of content with the existing conditions of the hospitals and sense of belongingness.
10. To promote interest in training, development programmes and in team development areas.
11. To build loyalty and to boost morale.
12. To reward committed and loyal employees.
13. To get rid of the problems created by the leaders of workers' unions by promoting them to the officers' level where they are less effective increasing problems.

This clearly indicates the importance of promotion.

Hence researcher undertakes to study and assess the performance appraisal, career planning and promotion practices followed by J.J. hospital for her service to people and E.S.I.S. hospital. For this purpose these two sample units are located and selected from Mumbai. In order to assess and understand the performance appraisal career planning and promotion practices followed by J.J. and E.S.I.S. hospital, the chapter is organized as under:-

- 6.1 Introduction
- 6.2 Performance appraisal practices in selected hospitals in Mumbai.
- 6.3 Career planning practices in selected hospitals in Mumbai.
- 6.4 Promoting practices in selected hospitals in Mumbai.

Government hospital which employs a large segment of our work force can do better in forms of productivity, quality and cost effectiveness by nurturing, developing and utilizing their capabilities and potentials. It will accelerate the development and growth of the hospital's role, image (model) in front of other if

they follow the proper and systematic as well as scientific performance appraisal, promotion and career planning policy. Here an attempt is made to know and assess performance appraisal career planning and promotion practices followed by J.J. and E.S.I.S. hospital.

6.2 Performance appraisal practices in selected hospitals in Mumbai:

Performance appraisal is essential to understand and improve the employee performance through human resource development and management. It is a technique of human resource development and management. It is systematic and objective way of judging the relative worth or ability of an employee in performing his/her task. Performance appraisal is the systematic evaluation of the individual with regard to his or her on the job and his or her potential for development (3). The casual, the individual and the mutual goal setting approach are the three important approaches which are followed by organization. In general following steps are followed in performance appraisal.

1. Establish performance standards.
2. Communicate performance expectation to employee.
3. Measure actual performance
4. Compare actual performance with standards.
5. Discuss the appraisal with the employees.
6. Initiate correct action

With this process nature and extend of performance appraisal, method of performance appraisal followed duration and career planning etc is assessed in this section.

6.2.1 Extent of performance appraisal practices followed in hospitals:

Performance appraisal of some type is practiced in most organizations all over the world (4). The present study indicates that performance appraisal is being used in

E.S.I.S. and J.J. hospital. Table 6.1 shows that in view of 92 percent respondents in E.S.I.S. hospital and 95 percent respondents in J.J hospitals performance appraisal was made in their respective hospitals.

Table 6.1

Hospital makes performance appraisal of employees

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	184	92	475	95	659	94
No	16	08	25	05	41	06
Do not know	200	00	00	00	00	00
Total	200	100	500	100	700	100

Table 6.1 shows that-

- 1) 94 (184) respondents in E.S.I.S. and 95 percent (475) respondents in J.J. hospital expressed their agreement on ‘yes’ hospital makes performance appraisal. As against 08 percent (16) respondents in E.S.I.S. hospital and 5 percent (25) respondents in J.J. hospital disagree with the said point.
- 2) Majority respondents of E.S.I.S. and J.J. hospital agreed that ‘yes’ these hospital make performance appraisal.
- 3) Overall result shows that out of 700, 94 percent (659) respondents agreed on hospital make performance appraisal of employees.
- 4) Thus it can be inferred that in E.S.I.S. and J.J. hospital performance appraisal practice followed to their employees as 94 percent of E.S.I.S. and 95 percent of J.J. hospital agreed on this point (together 94 percent).

6.2.2 Need for making performance appraisal:

The performance appraisal is used as a mechanism for higher level authority of hospital to understand the strength and weaknesses of their employees and to make them aware of their positive contributions. It also helps employees including all

levels and specially lower level to acquire new capabilities and the management to plan for effective utilization of talents of employees. Jain pointed out that performance appraisal is an aid to management, here Dean and concern Ministry, is taking decisions on promotions, transfer, career planning etc. The need for making performance appraisal is responded by respondents as under (i.e. Table 6.2)

Table 6.2
Need for making performance appraisal

Statement	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Acknowledge one's strength	136	68	355	71	491	70
2. Help hospital management to make decisions regarding promotions, transfer, pay increase etc.	146	73	390	78	536	77
3. Help management to develop better competitive workforce including Executives /Registrar/Dean Supervisors/Administrators etc.	142	71	400	80	542	77
4. Overcome one's weaknesses	118	59	295	59	413	59
5. Help to assess training needs, offer rewards, punishments etc.	156	78	395	79	551	79
6. All of the above	160	80	410	82	570	81
Average	143	72	374	75	517	74
Total respondents (N)	200	--	500	--	700	--

Table 6.2 shows that-

1. Out of respondents of two hospitals (i.e. 700), 70 percent (491), 77 percent (536), 77 percent (542), 59 percent (413), 79 percent (551) and 81 percent (570) express their agreement with the statement (i) acknowledge one's strength (ii) help hospital management to make decisions regarding promotions, transfer, pay increases etc. (iii) help management to develop better competitive workforce including Executives/Registrar, Dean /

Supervisors / Administrators etc. (iv) overcome one's weaknesses, (v) help to assess training needs, offer rewards, punishments etc. and (vi) all of the above respectively, indicating on an average 74 percent (517) respondents out of 700 respondents of two hospital agreed that performance appraisal is very much needed. Infact if it ranked, then 74 percent score is falls in 'high' level need for making performance appraisal.

2. 68 percent (136) respondents of E.S.I.S. hospital and 71 percent (355) respondents out of 200 and 500, agreed that performance appraisal help in acknowledge one's strength. On the other hand, 73 percent (146) out of 200 respondents in E.S.I.S. and 78 percent (390) out of 500 respondents in J.J. hospital agreed that 'yes' performance appraisal help hospital management to make decisions regarding promotion, transfers, pay increases etc. respectively.
3. Regarding whether performance appraisal help management to develop better competitive workforce including executives/registrar/dean supervisors, administrators etc. it was found that 71 percent (142) respondents out of 200 in E.S.I.S. hospital and 80 percent (400) respondents out of 500 in J.J. hospital express their agreement with this statements respectively.
4. Besides these, 59 percent (118) and 59 percent (295) respondents from E.S.I.S. and J.J. hospital out of 200 and 500 agreed that performance appraisal is needed to overcome one's weaknesses.
5. 78 percent (156) respondents, out of 200 in E.S.I.S. hospital and 79 percent (395) respondents out of 500, in J.J. hospital state that performance appraisal help to assess training needs, offer rewards, punishments etc. respectively.
6. 80 percent (160) respondents in E.S.I.S. hospital and 82 percent (410) respondents in J.J. hospital agreed on all 1 to 5 statements.

7. On an average 72 percent in E.S.I.S. and 75 percent in J.J. hospital respondents agreed on 1 – 6 statements that they are helpful hence this score indicate that majority respondents of studied hospitals respondents agreed that need for making performance appraisal is absolutely requirement.

Thus it can be inferred form Table 6.2 that as majority respondents of two hospitals agreed on all 6 statements with a score between 55 – 82 percent, it can be safely said, that performance appraisal is needed, and need for making performance appraisal is ‘high’ level as average score for 6 statement of two hospital respondents was 74 percent.

6.2.3 Status of performance appraisal in hospitals:

Four statements were made by researcher and answer/opinions of employees were seeked. The statement were on periodical evaluation, maintenance of record properly, support of higher authority and effectiveness of report. The result of survey is shown in Table 6.3.

Table 6.3
Status of performance appraisal in hospitals

View of the employees (Statement)	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Work performance is being evaluated by the hospital periodically.	118	59	345	69	463	66
2. Record of performance evaluation is maintained properly by the hospital	128	64	335	67	463	66
3. Superiors are rendering necessary support to perform the work successfully	124	62	350	70	474	68
4. The authority structure for writing the performance appraisal and review of the report is effective.	130	65	360	72	490	70
Average	125	63	348	70	473	68
Total respondents	200	--	500	--	700	--

Table 6.3 shows that employees of two hospitals agreed with four statements to the extent of 66 percent, 66 percent, 68 percent and 70 percent in case of statement 1, 2, 3 and 4 respectively. In other words, majority respondents of two hospitals agreed on (i) work performance is being evaluated by the hospital periodically, (ii) record of performance evaluation is maintained properly by the hospital, (iii) superiors are rendering necessary support to perform the work successfully and (iv) the authority structure for writing the performance appraisal and review of the report is effective respectively.

Regarding view of E.S.I.S. hospital employees, it was observed that 59 percent, 64 percent, 62 percent and 65 percent respondents are agreed on 1 to 4 statements. In this case also out of 200, 63 percent on an average, respondents agreed on 1 to 4 statements. It clearly indicate that practice of periodically work, performance appraisal is moderately followed and proper record maintained and superiors support on work performs is practiced at high level, similarly high level practice was found on authority structure for writing the performance appraisal. Overall, current status of performance appraisal in E.S.I.S. is practiced at high level.

Out of 500 J.J. hospital respondents, 69 percent (345) respondents, 67 percent (335) respondents 70 percent (350) respondents and 72 percent (360) respondents express their agreement with evaluation of periodically work performance, record maintained properly, superiors support on perform work successfully and the authority structure for writing the performance appraisal respectively. This indicates that high level practices are followed by J.J. hospital on periodically evaluation of work performance and properly maintaining performance records. As well as high level practices are also followed in superiors support in performing work successfully and the authority structure for writing the performance appraisal respectively. Overall result shows that current status of performance appraisal is practiced at high level in J.J. hospital.

6.2.4 Nature of performance appraisal in hospitals:

What type performance appraisal is practiced in E.S.I.S. and J.J. hospital was enquired. Among the nine methods of performance appraisal confidential report method is practiced in two sample units. Methods such as ranking, rating scale, checklist, forced choice, field review, critical incidence, Essay and assessment centre are not practiced. Whereas mainly confidential and to some extent semi-confidential method of performance appraisal is followed in selected hospital. Table 6.4 shows the nature of performance appraisal.

Table 6.4
Nature/methods of performance appraisal practiced

Nature / Methods	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Confidential	190	95	485	97	675	96
2. Semi-confidential	10	05	15	03	25	04
3. Other	00	00	00	00	00	00
Total	200	100	500	100	700	100

It can be observed from Table 6.4 that-

1. E.S.I.S. hospital follows confidential method of performance appraisal as 95 percent (190) out of 200 respondents agreed this view point, as against 5 percent (10) disagree on this view point.
2. 97 percent (495) respondents out of 500 in J.J.hospital express agreement with confidential and 3 percent (15) with semi-confidential method of performance appraisal respectively. The score clearly shows that confidential reporting is the method practiced here.
3. Out of 700 respondent (for both hospitals) 96 percent (675) respondents state that confidential nature of performance appraisal is practiced in hospital.

Thus it can be inferred from Table 6.4 that majority of respondents of two hospital (i.e. 96 percent) 95 percent of E.S.I.S. and 97 percent of J.J. hospital respondent, agreed that confidential report is the method followed in hospital.

6.2.5 Duration of performance appraisal in hospitals:

As regards the time limit or schedule for making performance appraisal a view of table 6.5 indicates that the opinions of the employees were dividend into half yearly, annually and as and when needed etc.

Table 6.5

Duration/period of performance appraisal practices in hospitals

Duration	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1.Half yearly	10	05	35	07	45	06
2.Annually	152	76	405	81	557	80
3. As and when needed	38	19	60	12	98	14
Total	200	100	500	100	700	100

Table 6.5 shows that-

1. Majority respondents of E.S.I.S. hospital (76 percent) and J.J. hospital (81 percent) agreed that annual performance appraisal is followed. It means together hospital respondents 80 percent (557) out of 700, express that annual pattern of performance appraisal is practiced in selected hospital.
2. 05 percent, 76 percent and 19 percent respondents in E.S.I.S. agreed on half yearly, annually and as and when needed performance appraisal system as method is adopted.

3. 7 percent, 81 percent, and 12 percent respondents in J.J. hospitals agreed on half yearly, annually and as and when needed, performance appraisal method is followed.

It can be inferred from table 6.5 that 'Annually' performance appraisal system or method is practiced in selected hospitals (i.e. E.S.I.S. and J.J.).

6.2.6. Rotation practices in hospitals :

In job rotation, an employee is periodically shifted from one task to another that requires a similar skill set. This strategy is useful for maintaining employee motivation and can provide other benefits to the hospital organization such as employees that are cross-trained on multiple jobs. Jobs rotation is appropriate if employees suffer from over-routinized work.

Many manufacturing firms have adopted job rotation as a means of increasing flexibility and avoiding layoffs. The strengths of job rotations are that it reduces boredom, increases motivation, and helps employees better understand how their work contributes to the organization. An indirect benefit is that employees with a wider range of skills give management more flexibility in scheduling work, adapting to changes, and filling vacancies.

At Singapore Airlines, for example, a ticket agent may take on the duties of a baggage handler. Extensive job rotation is one of the reasons Singapore Airlines is rated one of the best airlines in the world and a highly desirable place to work.

Therefore the rotation of the job among number of employees is called as job rotation. It simply means that every employees gets a chance to perform various job. The idea here to make employees multi skilled and to make them aware about the proficiency required by each job (5). This is particularly useful in the development of diversified skills and to give the management staff a broader outlook, which are very important to the upper management levels. In this context, researcher asked the respondents whether any job rotation followed in your hospital? The investigation result is presented in Table 6.6.

Table 6.6
Job rotation practice in hospitals

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	50	25	375	75	425	61
No	142	71	95	19	237	34
Do not know	08	04	30	06	38	05
Total	200	100	500	100	700	100

Table 6.6 shows that- 25 percent (50) respondents in E.S.I.S. hospital and 75 percent (375) respondents in J.J. hospital agreed that job rotation is practiced in their hospital. It is interesting to note that only 25 percent respondents of E.S.I.S. hospital respondents state that there is job rotation followed. It means majority respondents of E.S.I.S. hospital (71 percent) state that job rotation is not followed in their hospital. As compared to E.S.I.S. hospital, in J.J. hospital job rotation is highly followed as 75 percent respondents agreed that job rotation is followed. Only 19 percent did not agreed that job rotation is practiced. Overall out of 700 respondents, 61 percent (425) respondents agreed and 34 percent (237) did not agreed on job is rotated in their hospital respectively.

4 percent (8) respondents in E.S.I.S. and 6 percent (30) respondents in J.J. hospital together 5 percent (38) respondents express that they do not know whether job rotation is adopted or not in their hospital. Thus it can be concluded from table 6.6 that majority respondents (61 percent) of two sample units hospitals agreed that job rotation is practiced in their hospital. It is to the extent of 25 percent in E.S.I.S. hospital and 75 percent in J.J. hospital respectively. It means, job rotation in J.J. hospital is practice higher than that of E.S.I.S. hospital. It will be very interesting to investigation why E.S.I.S. hospital employee not rotating job on a extensive manner or why they resistance in job rotation?

6.3 Career planning practices in selected hospital in Mumbai:

Career consists of series of properly sequenced role experience leading to an increasing level of responsibility, status, power and rewards, on the other hands career planning means systematic process by which one decides his/her career goals and the path to reach these goals. It is a managerial technique for mapping out the entire career of employees from the employment stage to the retirement stage. It involves discovery, development, planned employment and reemployment. The present study has undertaken career planning as a sub-system of human resource development and management practice. The results of the opinion survey on this sub-system are grouped into three parts and analyzed as under.

6.3.1 Awareness of employees about career planning:

Awareness on to what extent career planning is an important sub-system of human resource development and management and can it become an effective tool for development of the employee in hospital, was enquired. The survey result is summarized in Table 6.7.

Table 6.7

Awareness of employees on career planning an important sub-system of human resource development tool

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	144	72	435	87	579	83
No	36	18	35	07	71	10
Do not know	20	10	30	06	50	07
Total	200	100	500	100	700	100

It can be seen from Table 6.7 that 72 percent (144) respondents in E.S.I.S. hospital out of 200, and 87 percent (435) respondents in J.J. hospital out of 500, are of the

opinion that career planning is an important sub-system of human resource development and management tool. The employees of both the hospitals confirm this belief that career planning can become an effective tool for development of the employee and a key factor in human resource development system. They agreed to the extent of 83 percent (579) that they are aware career planning is an important sub-system of human resource development.

18 percent (36) respondents in E.S.I.S. and 07 percent (35) respondents of J.J. hospital, together 10 percent (71) respondents are disagreed career planning is an important. They are not believe on this philosophy. Further, it was also observe from this Table that 10 percent (20) in E.S.I.S. hospital and 6 percent (30) respondents in J.J. hospital together 7 percent (50) expressed they do not know whether career planning is really important for human resource development as a tool and whether it can be used as efficiency tool.

Thus it can be inferred that majority respondents in E.S.I.S. hospital (72 percent) and J.J. hospital (87 percent) aware that career planning is an important sub-system for human resource management and development. Overall also state that majority (83 percent) respondents of hospital aware that career planning is an important HRD sub-system and effective tool for management.

6.3.2 Hospital makes career planning to employees:

The organization should make career planning to provide avenues for growth to its employee pointed out by Singh (6). In this context it was observed that the employees of the two hospitals differed significantly on this issue. This is presented in Table 6.8.

Table 6.8

Hospital makes career planning to employees

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	84	42	365	73	449	64
No	110	55	100	20	210	30
Do not know	06	03	35	07	41	06
Total	200	100	500	100	700	100

Table 6.8 reveals that –

1. In E.S.I.S. hospital, 42 percent (84) respondents viewed that their hospital makes career planning as against in J.J. hospital, the picture is very encouraging as 73 percent (365) of the respondents agreed that J.J. hospital makes career planning respectively.
2. 55 percent (110) respondents in E.S.I.S. and 20 percent (100) respondents in J.J. hospital expressed unawareness on whether these hospitals makes career planning to them. Few respondents also expressed ‘do not know’ whether hospitals makes career planning to them.
3. The difference in the opinions of the executive found to be wide. It appears that in E.S.I.S., career planning has not been implemented in its true sense as there is 42:58 (yes and no plus do not know) gap. Comparatively this gap in J.J. hospital is lower, it is to the extend of 73:27. This is may be due to gap in proper communication between hospitals and employees on career plan.

Overall results on hospital shows that 64 percent (449), 30 percent (210) and 6 percent (41) respondents agreed, disagreed and do not know hospital makes career planning for them, indicating majority respondents aware that hospital makes career planning.

6.3.3 Awareness of employees about career paths in selected hospitals:

Dean and concerned higher authority have the responsibility to transmit information to their subordinates regarding growth plans and career paths in the organization and assist them in planning their careers, because career planning implies planning of the specific career paths of the employees in the foreseeable future, observed by Pareek and Rao (7).

The sequential and progressive path on line through which one moves toward his/her career goal is referred action and result. From this point of view it was made an effort by researcher to know awareness of employees of J.J. and E.S.I.S. hospital on career path. The survey results presented in Table 6.9.

Table 6.9
Awareness of hospital employees about career paths

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	78	39	340	68	418	60
No	104	52	95	19	199	28
Do not know	18	09	65	13	83	14
Total	200	100	500	100	700	100

Table 6.9 shows that-

1. 39 percent (78), 52 percent (104) and 9 percent (18) respondents in E.S.I.S. hospital out of 200, are aware, unaware and do not know of career path in the hospital respectively.
2. 68 percent (340), 14 percent (95) and 13 percent (65) respondents in J.J. hospital out of 500, are aware, unaware and do not know of career path in the hospital respectively.

3. More (higher) of J.J. hospital aware career path than that of E.S.I.S. hospital employees. 68 percent respondents in J.J. hospital and 39 percent respondents in E.S.I.S. are aware of career paths.
 4. Overall, 60 percent (418) respondents, and 28 percent (199) respondents in selected hospitals out of 700, are aware and not aware of career paths.
- Thus it can be concluded that majority respondents 60 percent, (68 percent of J.J. and 39 percent of E.S.I.S.) are aware career path in the hospitals.

6.3.4 Adequacy of present system of career planning and development hospital:

Despite the fact that the employees of the two hospitals differ significantly on career planning in their respective hospital and awareness of career paths, they have no significant difference of opinion regarding the adequacy of the present methods of career planning. As exhibited in Table 6.10, a large number of employees, 52 percent in J.J. and 68 in E.S.I.S. opined that the present system of career planning and development was inadequate to fulfill their needs. There is no significant difference in the opinion of the employees on their issue. This is presented in Table 6.10.

Table 6.10

Adequacy of present system of career planning and development

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	46	23	215	43	261	37
No	136	68	260	52	396	57
Do not know	18	09	25	05	43	06
Total	200	100	500	100	700	100

Table 6.10 reveals that –

1. 23 percent (46) and 43 percent (215) respondents in E.S.I.S. and J.J. hospital opined that the present system of career planning and development is adequate to fulfill their needs.
2. Majority employees, 68 percent (136) in E.S.I.S. and 52 percent (260) in J.J. hospital opined that the present system of career planning and development is not adequate to fulfill their needs respectively.
3. Result on combined hospital also knows that majority respondents (57 percent) out of 700, expressed that the present system of career planning and development is inadequate to fulfill their needs. Only 37 percent in favour of this issue.

Thus it can be inferred that majority respondents in E.S.I.S. and J.J. hospital not agreed that the present system of career planning and development is adequate to fulfill their needs.

6.3.5 Career planning activities practice in hospitals:

What career planning activities are followed or undertaken by J.J. and E.S.I.S. hospital was studied and assessed. In all six activity located by researcher which are prime for career purposes. They are as under-

1. Sponsoring for higher education.
2. Granting study leave.
3. Sending staff abroad.
4. New project assignment.
5. Encouraging to take minor/major project.
6. Encouraging for research activities like Ph.D. etc.

The survey result is presented in Table 6.11.

Table 6.11**Career planning activities practice in hospitals**

Activity	ESIS Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1.Sponsorships for higher education	2	1	3	0.6	05	0.7
2. Granting study leave	2	1	5	1	7	1.0
3. Sending staff abroad for seminar, study etc.	0	0	2	0.4	2	0.3
4. New project assignment	1	0.5	20	4	4	3.0
5. Encouraging to take minor / major project	0	0	05	1	5	0.7
6. Encouraging to research activity i.e. Ph.D. etc.	1	0.5	6	1.2	7	1.0
Total	6	3	41	8.2	47	6.7

Table 6.11 reveals that –

1. Only 1 percent (2) respondents in E.S.I.S. and 0.6 percent (3) respondents in J.J. hospital sponsored for higher education, indicating only 0.7 percent (5) out of 700 respondents were sponsored for higher education. This indicates very low sponsorship activity for higher education was practiced in both the hospital.
2. 1 Percent (2) respondents in E.S.I.S. out of 200 and 1 percent (5) respondents in J.J. hospital out of 500 were granted study leave; it is clearly seen in this activity also overall only 1 percent (7) respondents enjoyed study leave. It means very low level or below average level career planning activity was observed in this hospitals.
3. Regarding sending staff abroad from E.S.I.S. none whereas from J.J. only 04 percent (2) respondents availed this facility. This score also very low,

hence it can be said low level practice is followed in of sending staff abroad.

4. Some what better than other activity, this activity is better performed. 5 percent (1) respondent in E.S.I.S. and 4 percent (20) respondents in J.J. hospital agreed that they got new project assignment. Together 3 percent (21) respondent out of 700 received new project assignment.
5. Nobody undertaken minor or major project in E.S.I.S. whereas 1 percent (5) respondents from J.J. hospital had undertaken minor or major project. Together 0.7 percent (5) respondents agreed that yes they had undertaken minor or major project respectively.
6. 0.5 percent (1) fellow from E.S.I.S. and 1.2 percent (6) fellows from J.J. hospital are doing Ph.D. or research work indicate only 1 percent (7) out 700 respondents are in research activity.
7. Overall 3 percent (6) respondents in E.S.I.S. and 8.2 percent (41) respondents in J.J. hospital agreed that they practiced or enjoyed/availed career planning activity. This indicate very low level of career planning activities practiced in selected study hospitals. Overall only 6.7 percent career planning activities were practiced or followed in J.J. and E.S.I.S. hospital.
8. As compared to E.S.I.S. hospital, career planning activities of J.J. hospital are higher than that of E.S.I.S. hospital.

6.3.6 Motivation programme for employees arranged by hospitals:

Motivation is the process that initiates, guides and maintains goal-oriented behaviours. Motivation is what causes us to act. Whether it is getting a glass of water to reduce thirst or reading a book to gain knowledge. It involves the biological, emotional, soul and cognitive forces that activate behaviours in everyday usages the term motivation is frequently used to describe way a person does something. Therefore according to the Encyclopedia of management,

‘motivation refers to the degree of readiness of an organization to pursue some designated goal and implied the determination of the nature and focus of the forces, including the degree of readiness’. Motivation is the willingness to exert high level of efforts towards organizational goals conditioned by the effort ability to satisfy some individual need said by Stenlen Robbins (8). In other words ‘motivation is the result of processes, internal or external to the individual, that arouse enthusiasm and persistence to pursue a certain course of action’. Observed by Gray and Starke (9). Whether any motivation programme arranged for you in your hospital was inquired by researcher. This will highlight why low career planning activity practiced in hospital. Low motivation leads low career planning activity which leads ultimately low efficiency. The result of the inquiry is shown in Table 6.12.

Table 6.12

Motivation programme arrangement for employees in hospital

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	18	9	135	27	153	22
No	156	78	280	56	436	62
Do not know	26	13	85	17	111	16
Total	200	100	500	100	700	100

Table 6.12 reveals that –

1. 9 percent (18) respondents, out 200 in E.S.I.S. agreed that motivation programme is arranged for employees in hospital.
2. Majority 78 percent (156) respondents express that motivation programme is not arranged in E.S.I.S. hospital. It is also seen that 13 percent (26) respondents in E.S.I.S. hospital they do not know whether such programme is arranged.

3. Respondents from J.J. hospital state that yes motivation programme is arranged. Only 27 percent (135) employee responded positively. Whereas majority respondent (56 percent) in J.J. hospital not agreed on that motivation programme is arranged for employees. 17 percent (85) respondent are of opinion that they do not know that motivation programme is arranged for them.
4. Overall result shows that out 700 respondents, 22 percent(153) and 62 percent (436) respondents agreed and disagreed on motivation programme is arranged by hospital for them. There were 16 percent (111) were of opinion that they do not know such programme is arranged.
Thus it can be inferred that majority respondents of hospitals (62 percent) disagreed on motivation programme arrangement is made by hospital to employees. Of which 78 percent belong from E.S.I.S. hospital and 56 percent belong from J.J. hospital. So effort should be made by management to motivate employees of hospital.

6.3.7 Willingness to continuation of job till retirement in hospitals:

Inspite of low motivation Table 6.12 and low career planning activity, majority employees not interested to leave J.J. hospital and E.S.I.S. hospital job. In fact demand for government job is very high as compared to private hospital except very high specialization. Higher safety is the basic reason for people to remain intact with government job. But now a days people are leaving government job also to join private sector for pay packages. When it was asked to respondents whether your will continue your job till retirement/contract in your hospital, majority respondents state that 'yes' they will continue their job till retirement. 78 percent in E.S.I.S. hospital and 89 percent in J.J. hospital respondents expressed their willingness to continue job till retirement. This is shown in Table 6.13.

Table 6.13

Opinions of employees on job upto retirement

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	156	78	445	89	601	86
No	40	20	50	10	90	13
Do not know	04	02	05	01	09	01
Total	200	100	500	100	700	100

It can be seen from Table 6.13 that 78 percent (156) respondents in E.S.I.S. hospital out 200, and 89 percent (445) respondents in J.J. hospital, out of 500 agreed that they will do hospital job till retirement respectively. It means majority respondents in hospitals who are now in service with J.J. hospital and E.S.I.S. hospital do not want to leave job till their retirement. Very few not decided to do so with this they responded do not know. Such undecided respondents were to the extent of 2 percent (4) and 1 percent (5) in E.S.I.S. and J.J. hospital.

Further it is interesting to note that out of 200 and 500 respondents from E.S.I.S. and J.J. hospital, 20 percent (40) respondents in E.S.I.S. and 10 percent (50) in J.J. hospital express willing that they do not want to remain in hospital till retirement. Infact they waiting for opportunity. If they get any better opportunity then they are ready to shift their job.

Overall result shows that 86 percent (601) respondents agreed that they will remain in hospital till retirement as against 13 percent who not agreed on this issue.

Thus it can be inferred that majority respondents (i.e. 86 percent) of which 78 percent from E.S.I.S. and 89 percent from J.J. hospital were express their willing to stay in hospital till their retirement.

6.4 Promotions practices in selected hospitals in Mumbai:

Promotion is advancement of an employee to a better job-better in terms of greater responsibilities, more prestige or status, greater skill and especially increased rate of pay or salary. In other words promotion refers to the upward movement of an employee from one job to another higher one, with increase in salary, status and responsibilities.

Promotion benefits both employees and the employer. Promotion can be horizontal, vertical and dry. Promotion has an in-built motivational value as it elevates the authority, power and status of an employee within an organization. The government has specified its promotion policy time to time and it has very clear promotion policy. J.J. hospital and E.S.I.S. hospital adopting government promotion policy. In this context an attempt is made here by researcher to know the practice followed by these hospital that (1) whether promotion is a part of career planning, (2) whether there exist any promotion policy i.e. traditional or modern or horizontal, vertical and dry etc. (3) what are bases of promotions and (4) what factors influencing promotion presently. To know promotion practices, this section is organized as under:-

6.4.1 Promotion as a part of career planning.

6.4.2 Sound promotion policy exist in hospitals.

6.4.3 Basis of promotion in practice in hospitals.

6.4.4 Factors influencing promotion in hospitals.

6.4.1 Promotion as a part of career planning:

The promotions are a part of career advancement and motivating factor in employee development. Table 6.14 presents the result on inquiry for whether employees of J.J. and E.S.I.S. hospital treating promotion as a part of career planning or not.

Table 6.14

Promotion as a part of career planning

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	164	82	440	88	604	86
No	28	14	49	10	77	11
Do not know	08	04	11	02	19	03
Total	200	100	500	100	700	100

Table 6.14 reveals that 82 percent (164) respondents in E.S.I.S., out of 200 and 88 percent (440) respondents in J.J. hospital out of 500 agreed with the view that promotion is a part of career planning. Overall out of 700 respondents, 86 percent (604) respondents support the statement that the promotion is a part of career planning in selected hospital. It means majority respondents (i.e. 86 percent) agreed promotion is a part of career planning. It should be treated as a part of career planning.

Further it is observed from table 6.14 that only 11 percent (27) respondents out of 700, of which 10 percent from J.J. hospital and 14 percent from E.S.I.S. hospital disagreed that promotion is a part of career planning respectively.

Thus it can be inferred that J.J. hospital and E.S.I.S. hospital majority respondents agreed that promotion is a part of career planning.

6.4.2 Sound promotion policy exist in hospitals:

Aggarwal(10) observed that in most of the public enterprise, promotion policies are designed on sound principles. Similar study was conducted on Bharat Heavy Electricals Ltd. (BHEL) and National Fertilises Ltd. (NFL) by Jain (11) and concluded that both of the selected public sector organizations had sound promotion policy. This study shows that J.J. and E.S.I.S. hospital have sound promotion policy. The survey result shows in Table 6.15.

Table 6.15

Existence of promotion policy in hospitals

Responses	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Yes	172	86	445	89	617	88
No	06	03	15	03	21	03
Do not know	22	11	40	08	62	09
Total	200	100	500	100	700	100

Table 6.15 shows that out of 200 respondents, 86 percent (172) and 3 percent (06) respondents in E.S.I.S. hospital agreed and disagreed on sound promotion policy existence. On the other hands, 89 percent (445) and 3 percent (15) respondents out of 500 in J.J. hospital expressed ‘yes’ and ‘no’ view on this point. It means majority of respondents from E.S.I.S. (86 percent) and from J.J. hospital (89 percent) agreed sound promotion is followed or available in these hospital for their employees.

Further this table shows that out of 700 respondents 88 percent (617) agreed with hospitals are practicing sound promotion policy.

Thus it can be inferred that both the selected hospitals that are E.S.I.S. and J.J. had sound promotion policy for their employees.

6.4.3 Basis of promotion in practice in hospitals:

Promotion can be made on various bases, following are the major ones:

1. Seniority i.e. length of service or experience.
2. Merits i.e. performance.
3. Educational and technical qualification.
4. Potential for better performance.
5. Career and succession plan.
6. Vacancies based on organizational chart.

7. Motivational strategies like job enlargement.
8. Training etc.

Of the above, merit, merit-cum-seniority, seniority, seniority-cum-merit and other methods or criteria are taken here to know which basis are practiced in J.J. and E.S.I.S. hospital. The enquiry result is presented in table 6.16.

Table 6.16
Basis of promotion in the hospitals

Basis of promotion	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
Seniority	144	72	370	74	514	73
Merits	04	02	10	02	14	02
Merit-cum-seniority	16	08	30	06	46	07
Seniority-cum-merits	36	18	90	18	126	18
Other methods	00	00	00	00	00	00
Total	200	100	500	100	700	100

It can be seen from Table 6.16 that-

1. 72 percent (144) respondents, out of 200 in E.S.I.S. hospital and 74 percent (370) respondents out of 500 in J.J. hospital agreed that seniority is the basis of promotion in these hospitals. It means main criteria as basis of promotion is followed in J.J. and E.S.I.S. hospital is seniority. Overall result on survey confirmed this point of view as majority (73 percent) out of 700 respondents agreed basis of promotion is the seniority in the hospitals.
2. Seniority-cum-merits is the second important basis or criteria followed by studied hospitals. 18 percent (36) respondents in E.S.I.S. hospital, 18

percent (90) respondents in J.J. hospital and together 18 percent (126) respondents state that seniority-cum-merit is followed in respect of promotion.

3. Merit-cum-seniority is the third important basis or criteria used by hospital as a promotion strategy. 8 percent (16) respondents in E.S.I.S. and 6 percent (30) respondents in J.J. hospital together 7 percent (46) respondents agreed that merit-cum-seniority is also followed by hospital as promotion basis.
4. Even to some extent merit as a basis of promotion is followed in hospital. 2 percent (4) respondents in E.S.I.S. and 2 percent (10) respondents in J.J. hospital together 2 percent (14) respondents state that merit is used as a basis of promotion.

Thus it can be concluded that seniority or experience is the main basis of promotion practiced in J.J. and E.S.I.S hospital followed by seniority-cum-merit, merit-cum-seniority and merit respectively.

6.4.4 Factors influencing promotion in hospitals:

The employee have given their views on the promotional policy as though it is clear but in the process they have pointed out that various factors had their role in selecting the candidates under promotion policy. Political pressure, intervention of union leaders, seniority and merit basis (i.e. fair) and competition are assumed factors that are influencing promotions in E.S.I.S. hospital and J.J. hospital. It is also assumed here political pressure influencing more than other factors and seniority and merit is not considered as a main factor instead it least influencing. The survey result in this context is presented in Table 6.17.

Table 6.17
Factors influencing the promotion process in hospitals

Factors	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Political pressure	22	11	45	09	67	10
2. Intervention of Union leaders	56	28	120	24	176	25
3. Seniority and merit i.e. fairness	120	60	310	62	430	61
4. Competition	02	01	25	05	27	04
Total	200	100	500	100	700	100

Table 6.17 shows that-

1. Seniority and merit or fairness is the main factor influencing the promotion process. 60 percent (120) respondents in E.S.I.S. hospital out of 200 and 62 percent (310) respondents in J.J. hospital out of 500 agreed that fairness or seniority and merit is mainly influencing promotion.
2. After seniority and merit or fairness union leaders' intervention is the second important factor influencing promotion process. It is influenced to the extent of 28 percent and 24 percent in E.S.I.S. and J.J. hospital. In other words, 28 percent (56) respondents in E.S.I.S. hospital and 24 percent (120) respondents in J.J. hospital agreed on this point. It means intervention of union leaders is significantly influence the promotion process. It is to extent of 25 percent and 28 in E.S.I.S. and 24 percent in J.J. hospital.
3. It is political pressure another important factor that influencing the promotion process. 11 percent (22) respondents in E.S.I.S. and 9 percent (48) respondents in J.J. hospital agreed that political pressure is the one of

the factor influencing the promotion process. It is interesting to note that political pressure is more in E.S.I.S. hospital as concerned to J.J. hospital which influences promotion process. Why it is, so, is a topic of investigation.

4. Competition influences least on promotion process as only 1 percent (2) from E.S.I.S. hospital and 5 percent (25) from J.J. hospital respondents agreed on this point.
5. Political pressure and intervention of union leaders factor influencing promotion process of E.S.I.S. hospital higher than that of J.J. hospital. On the other hands seniority and merit (fairness) and competition factor influencing promotion process of J.J. hospital higher than that of E.S.I.S. hospital respectively.
6. Overall result shows that 61 percent (430), 25 percent (176), 10 percent (67) and 4 percent (27) respondents in hospital state that factors influencing the promotion process are seniority and merit, intervention of union leaders, political pressure and competition respectively, seniority and merit (i.e. fairness) is the main factor influencing promotion process than that of other factors. It is also interesting to see that political pressure is not main factor or Ist rank factor which influences the promotion process. It is at third rank, second being union leaders intervention.

Thus it can be inferred that majority (61 percent) respondents in hospital agreed that seniority and merit (i.e. fairness) is the main factor influencing promotion process of E.S.I.S. and J.J. hospital.

6.5 Relationship between performance appraisal and promotion:

This relationship is assessed in terms of following statements. Higher the value, higher the relationship.

1. Whether performance appraisal system meet the requirement of promotion.
2. Promotion to higher cadre is linked to work performance.

3. Whether the performance appraisal is indentifying development need for employees and hospitals.

The responses of employees regarding relationship between performance appraisal and promotion is presented in Table 6.18.

Table 6.18
Relationship between performance appraisal and promotion

Statements	E.S.I.S. Hospital		J.J.Hospital		Total	
	No.	%	No.	%	No.	%
1. Whether performance appraisal meet the requirement of promotion.	74	37	210	42	284	41
2. Promotion to higher cadre is linked to work performance.	56	28	125	25	181	26
3. Whether the performance appraisal is indentifying developmental need for employees and hospital	50	25	155	31	205	29
Average	60	30	163	33	223	32

Table 6.18 shows that-

1. 37 percent (74) respondents in E.S.I.S. and 42 percent (210) respondents in J.J. hospital agreed that performance appraisal system meet the requirement of promotion. In other words, majority ($100 - 41 = 59$ percent) respondents

from the selected hospitals including E.S.I.S. and J.J. hospital agreed that performance appraisal system does not meet the requirement of promotion.

2. Regarding promotion to higher cadre is linked to work performance, it was found out that 28 percent (56) respondents in E.S.I.S. and 25 percent (125) respondents in J.J. hospital express 'yes' to this statement. Here also majority respondents from both hospitals ($100 - 26 = 74$) disagree on this statement. It means majority respondents state that promotion to higher cadre is not linked to work performance.
3. Out of 700 respondents, 29 percent (205) respondents of the hospital agreed that the performance appraisal is identifying development need for employees and hospitals. On this issue, only 25 percent (50) respondents out of 200, in E.S.I.S. hospital and 31 percent (155) respondents, out of 500 in J.J. hospital actually express 'yes'. Rest of the respondents means majority did not agreed on this point or issue.
4. Overall, 41 percent, 26 percent and 29 percent respondents in hospital agreed on statement 1, 2 and 3 respectively, indicating majority respondents disagreed on these 3 statements respectively.
5. On an average 30 percent (60) respondents in E.S.I.S. and 33 percent (163) respondents in J.J. hospital agree on these 3 statement together 32 percent agreed that there is a relationship between performance appraisal and promotion. It means majority respondents in hospitals ($100 - 32 = 68$ percent) state that there no relationship between performance appraisal and promotion.

Thus it can be inferred from table 6.18 that relationship between performance appraisal and promotion is not sound or significance as overall score of relationship between performance appraisal promotion is 32 only percent.

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CHAPTER 7
ASSESSING EMPLOYEE WELFARE PRACTICES IN
SELECTED HOSPITALS IN MUMBAI

7.1 Introduction :

The human resource practices include employee welfare practices of organization. It is recognized everywhere that human resources in an organization are an essential prerequisite for growth or development, especially in health institutions; where personal constitute the main resource. It has been rightly pointed out by UN(1) study. ‘A study of the capacity of united Nations development system’, that the human rather than capital is the key to development as development is not a mechanical process. It is a human enterprise and its success will depend ultimately on the skill, quality and motivation of the persons associated with it. Therefore, systematic and scientific employees welfare practices must be adopted by hospital – private or government (public). Therefore, to what extent welfare and salary practices are adopted by ESIS and J.J. Hospital is studied in this sub-section. Employee salary and welfare practices in ESIS and J.J. Hospital are studies are under :

- 7.1 Introduction
- 7.2 Salary structure of employee in hospital
- 7.3 Perquisites provided to employee in hospital
- 7.4 Social security measure for employee in hospital
- 7.5 Level of satisfaction of employee towards salary
- 7.6 Leave facility enjoyed by hospital employee
- 7.7 Types of deduction from salary of employee in hospital
- 7.8 Employees view towards management relation
- 7.9 Employees opinion on infrastructural facilities in hospital
- 7.10 Responses of employee towards rewards and recognition practices in hospital.
- 7.11 Responses of employee on learning culture and climate in hospital
- 7.12 Additional welfare facilities in hospital
- 7.13 Miscellaneous human resource practices in hospital

Recruitment and training practices are studied in Chapter 5 whereas performance appraised and promotion practices are assessed in chapter 6 in ESIS and J.J. Hospital. Therefore the focus of this chapter is to assess the welfare or fringe practices adopted by ESIS and J.J. Hospital on the basis of primary data collected through questionnaire, observations, interview and discussion with administrative and non administrative hospital staff (i.e. Doctors, nurses, paramedical staff etc.). In all 700 employee respondents are sample size.

Welfare facilities mean compensation pay and fringe benefits provided by ESIS and J.J. Hospital to their employees. Compensation pay means salary or wage structure and allied benefits enjoyed by employees. Provident fund, pension and gratuity is referred here as social security benefit which are the part of salary structure. Deductions from salary of employees are also covered here in welfare facilities. Income tax, insurance premium, housing loan, vehicle loan, education loan etc. are deducted from salary and due to it, standard of living of employees moved upward direction. These facilities motivate to perform better. Fringe facilities such as medical, transport, festival allowance, washing allowances as well as group insurance, bonus, home loan etc. are important for welfare of employees. Greater the such facilities extent, higher the development of employees resulting higher efficiency or productivity. Therefore, what are responses of employees towards salary, welfare and fringe facilities available at ESIS and J.J. hospital are studied and assessed in the present chapter. In other words, to what extent these facilities are provided by ESIS and J.J. hospital as welfare practices to their employees are assessed in this chapter on the basis of 5 scale namely. Below average, average, moderate and high and world class facilities. The following is assumed for this welfare.

Chart 7.1

Level of human resource welfare practices

Level	Yes responses in percentage (Or yes score in %)
1. Below average	0 – 20
2. Average	21 – 40
3. Moderate	41 – 60
4. High	61 – 80
5. World – Class	81 - 100

It means ‘Yes’ responses of employees towards welfare facilities are classified into 5 category or scale. Less than 20 percent facilities if provided by ESIS and J.J. Hospital to employee, then this is referred here below average welfare practices are followed. If 21 – 40 percent facilities are available to employees, then it is called here average welfare practices are adopted whereas 41 – 60 percent facilities are available to employees then it is referred as moderate practices and finally 61 – 80 percent and above facilities are rated high level welfare practices are followed in selected hospital. Further world-class means 81 – 100 yes responses in percent. The interpretation and analysis is based on frequency distribution and frequency converted into percentage and only ‘Yes’ responses are considered for analysis purpose.

7.2 Salary structure of employee in hospital:

Salary / wages are important both for employee and the employer. For employee it is a source of income and for the employer it is a expenditure. In ordinary language, the term wages denotes the payment received by the ordinary labour at contractual labour or daily labour or daily workers. Whereas it is respectively known as salary for higher level occupations. In other words, it is also referred compensation structure. There should be parity in compensation levels across hospital sector and that of permitting variable pay structures of reward productivity within a hospital. There is a lot of disparity in

the compensation levels of public and private hospital as well as within public-private sector also. For example, in public or government hospitals, the salary has been offered in the range of Rs.1.50 lakh to 2 lakhs a year to its lowest cadre i.e. class IV may be peon, sweeper or ward boy etc. to clerk or nurses to the extent of Rs.2.50 to 5 lakhs whereas in private hospital peon or sweeper or ward boy gets about Rs.24,000/- to 60,000/- a year and clerks or nurses Rs.1,00,000/- to 1,30,000/- a year. Further contractual persons are getting 6,00,000/- to 1,20,000/- whether may work in government or private hospitals class III or IV. Their salary structure of ESIS or J.J. which currently exist is presented in Table 7.1.

Table 7.1

Salary structure of employee in ESIS and J.J. Hospital

Salary in Rs.	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Upto 10,000	40	20	117	23	157	22
2. 10001 – 30000	66	33	179	36	245	36
3. 30001 – 50000	60	30	109	22	169	24
4. 50001 – 100000	32	16	87	17	119	17
5. 100001 and above	02	01	08	02	10	01
Total	200	100	500	100	700	100

Table 7.1 shows that

1. Out of 700 sample respondents, 157 (22 percent) employee received salary upto 10000 per month and 245 (36 percent) respondents between Rs.10001 – 30000 per month. It means 58 percent respondents getting salary upto 30000 per months. On enquiry it was observed that large number of employees are working on contract basis are getting Rs.5000 to Rs.10000 per month. Specially, ward boy, peon, sweepers, nurses and clerk.

2. 169 (24 percent), employee are getting salary between 30001 – 50000 and 119 (17 percent) employees those are working in ESIS and J.J. hospital are getting salary between Rs.50001 – 100000 respectively.
3. Only 10 (1percent) employees salary is more than Rs.lakh
4. Majority employees, (36 percent) salary is between 10,001 to 30,000
5. Out of 200 sample respondent employee who are working in ESIS, 40(20 percent), 66 (33 percent), 60 (30percent), 32 (16 percent) and 02 (1 percent) are receiving (Rs. Upto 10,000, between Rs.10,001 – 30,000/-, 30,001 – 50,000, 50,0001 – 1,00,000/- and 1,00,001 and above salary respectively. Majority of ESIS employee getting salary between 10,001 – 30,000 that 33 percent followed by 30 percent who receives between Rs.30,001 – 50.000/- respectively.
6. Out of 500 sample respondents employee who are working in J.J. hospital, their salary structure shows that 117 (23 percent), 179 (36 percent), 109 (22 percent), 87 (17 percent) and 8 (2 percent) are receives salary upto Rs.10,000, 10,001 – 30,000, 30,001- 50,000, 50,001 – 1,00,000 and 1,00,001 and above respectively. Here majority employees salary is 10,001 – 30,000 (36 percent).
7. 53 percent of ESIS and 57 percent of J.J. hospital employee's salary is upto 30,000. Moreover, about 1/5th employee's salary is below Rs.10,000.
8. In J.J. hospital 1426 posts are sanctioned by government to class II, III and IV; out of it, 974 posts are filled and 542 posts are vacant. But in practice the vacant post are filled by J.J. hospital authority either on advoc or contractual or daily wages basis or per clock hour basis. The salary range of these between Rs.5000 – 10000 respectively. Thus about 32 percent employee are getting upto 10000 salary / wages, indicating wide disparity between who are getting salary as per 6th pay or working on contractual or daily wages or per clock hour basis or consolidation basis..

9. In ESIS class I post are 36. Out of it only 12 are filled up and 24 post (67 percent) are vacant; whereas class III, 30 percent posts are vacant. On the other hand 17 percent post of class IVth are vacant.

Thus why class I and class II more post are vacant may be due to compensation structure is not potential and synchronized. Duty structure and responsiveness is not essentially helpful to retain and hire good and skillful talent. In general as per 6th pay commission, salary to class II, III and IVth is higher than contractual, consolidation or per clock hour compensation.

7.3 Perquisites / Fringe provided to employee in hospital :

One who received a good remuneration with all perquisites can get motivated and interested to stay in the hospital service. Only a motivated and satisfied employee can perform his duty innovatively and efficiently. The perquisites include provident fund, gratuity, bonus, housing and vehicle loan, medical and travelling allowances, group insurance, washing allowance etc. Researcher interested to know, the nature and extent of perquisite received by employees in hospital. When the question was asked regarding the perquisites enjoyed by the employees as well as whether they are happy about it, their responses towards perquisites are presented in Table 7.2.

Table 7.2

Perquisite provided to employee in hospital (only yes respondents)

Types of benefits	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Medical allowance	46	23	147	29	193	28
2. Transport allowance	140	70	265	53	405	58
3. Festival allowance	120	60	375	75	495	71
4. Group insurance	75	38	205	41	280	40
5. Home loan facility	135	68	305	61	440	63
6. Education loan facility	28	14	98	20	126	18
7. Bonus facility	148	74	410	82	558	80
8. Overtime facility	20	10	60	12	80	11
09. Washing allowance	158	79	450	90	608	87
10. Overall (average)	97	49	257	51	354	51

It can be seen from table 7.2 that 28 percent (193) of the 700 employee take benefit of medical allowance. This benefit was highest among J.J. employees. It was 29 percent and in ESIS it was 23 percent. The 2nd benefit i.e. transport allowance was enjoyed 58 percent employees. In this respect ESIS employees pocketed 70 percent whereas J.J. employees pocketed 53 percent respectively. Festival allowance indicates that 71 percent (495 employees) take the benefits of this allowance. Out of 495 employee who enjoyed the festival allowance, 60 percent (120 employee) of ESIS and 75 percent (375 employee) of J.J. hospital employees take the benefits of this allowance. It means large number of majority employee enjoyed these benefits. Regarding group insurance it was found that 40 percent (280 employee) out of 700 take the benefit of this facility of 280, 75 (68 percent) and 205 (41 percent) employees enjoy group insurance facility, indicating that 60 percent employees are not part of group insurance scheme and hence not enjoyed group insurance facility. As compared to J.J. hospital employee, ESIS employee take more benefits of group insurance. This is due to ESIS is meant for insurance. However, here also 100 percent employees are not involved in group insurance.

Home loan facility was taken by 63 percent (440 employee) out of 700. Out of employee who availed home loan facility, 135 (68 percent) of ESIS and 305 (61 percent) of J.J. hospital employee take advantages this benefits. Similarly the benefits of education loan for all employees (700) is at 18 percent (126 employee) only. 14 percent (28 employee) of ESIS and 20 percent (98 employee) of J.J hospital employee taken benefit of this facility; indicating that education loan facility was availed very few employee. Majority employees are not enjoyed education facility. Why this is so, is the matter of investigation. Almost 80 percent employees are not taken benefit of education loan facility.

Regarding bonus facility, it is observed that out of 700 sample employees, 558 (80 percent) received bonus. Of 558, 148 (74 percent) of ESIS and 410 (82

percent) of J.J. hospital employee enjoyed bonus facility. Only 11 percent (80 employee) belong from ESIS hospital (10 percent) and J.J. hospital (12 percent) enjoyed the overtime facility indicates majority respondents did not take only overtime. Of the 700 sample respondents, 608 (87 percent) employee take the benefit of washing allowance. Out of 608 employee, who take the advantage of washing allowance, 158 (79 percent) and 450 (90 percent) were from ESIS and J.J. hospital respectively. As compared to ESIS hospital, J.J. hospital employee taken more benefit of washing allowance (i.e. 90 percent). Overall 354 (51 percent) respondents, 97 (49 percent), ESIS and 257 (51 percent) J.J. hospital employee taken the benefit of perquisite or fringe facility. Little higher than average level perquisite or fringe are enjoyed by ESIS and J.J. hospital employee.

Thus table 7.2 shows that in ESIS, below average facilities are education loan and overtime whereas average facilities are in medical allowance. Group insurance, and festival allowance found moderate perquisites. High level perquisite are observed in home loan, transport, washing and bonus facilities. No world class level perquisite found in ESIS. In J.J. hospital below average and average facilities observed in education loan, overtime and medical allowance whereas group insurance and transport facilities seen at moderate level. High level found in home loan and festival facilities and world-class level observed in bonous and washing allowance facility. Overall moderate perquisite found in ESIS and J.J. hospital.

7.4 Social security measure for employee in hospital :

Social security measures helps in developing and maintaining good human relation within the organization as well as it also create a senses of old age security in the mind of employees. Social security is the security that society furnishes through appropriate organization against certain risk to which its members are exposed. Social security include provident fund, pension, gratuity, medical benefits etc. In the present study, provident fund and gratuity

is covered as social security measures and medical benefit was covered in perquisites. When it was asked to employee to what extent social security benefits enjoyed, their responses state that 59 percent out of 700 sample respondents enjoyed social security measures. The summary of responses towards this are presented in Table 7.3.

Table 7.3

Social security benefits enjoyed by employee in hospital (Yes responses)

Social security enjoyed	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Provident fund	116	58	280	56	396	57
2. Gratuity	120	60	310	62	430	61
Average	118	59	295	59	413	59

Table 7.3 reveals that out of 700 employees respondents, 396 (57 percent) take the benefit of provident fund whereas 430 (61 percent) respondents agreed that they are receiving gratuity benefit from government hospital. Overall 413 (59 percent) employee respondents benefiting from these two perquisites as social security measure. This can be rated to the extent of moderate social security protection practice.

Out of 396 respondents, 116 (58 percent) of ESIS hospital and 280 (56 percent) of J.J. employee take benefit of provident fund as against 120 (60 percent) of ESIS and 310 (62 percent) of J.J. hospital employee. As compared to J.J. hospital, more employee of ESIS take benefit of provident fund whereas less employee take benefit of gratuity. ESIS and J.J. hospital adopted moderate social security practice.

7.5 Level of satisfaction of employee towards salary :

Table 7.1 shows disparity in salary structure. Moreover researcher observed that large number of post are vacant in J.J. and ESIS hospital. Not only this, large number of employee are appointed on the basis of contractual,

per clock hours or adhoc and consolidation or daily wages basis. These matter increased dissatisfaction among employee from class I to IV, when it was asked respondents put your opinion on satisfaction towards salary received, responses are summarized in Table 7.4.

Table 7.4

Extent of satisfaction among employee towards salary (Yes responses)

Extent of satisfaction	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Satisfied	108	54	275	55	383	55
2. to some extent satisfied	19	09	83	17	102	14
3. unsatisfied	73	37	142	28	215	31
Total	200	100	500	100	700	100

It can be seen from Table 7.4 that

1. Out of 700 employee respondents, 383 (55 percent) are fully satisfied towards salary received by them. Of the 383 sample respondents who are satisfied towards salary, 108 (54 percent) of ESIS and 275 (55 percent) of J.J. hospital employee satisfied towards salary offered by Government hospital.
2. 215 (31 percent) respondents are not satisfied on salary received by them from government. Out of 215 respondents who are unsatisfied towards salary wages compensation offered to them, 73 (37 percent) of ESIS and 142 (28 percent) of J.J. hospital respondents are unsatisfied towards salary.
3. Out of 700 respondents, 102 (14 percent) expresses their opinion towards to some extent satisfaction. Of 102 respondents who expressed to some extent satisfaction are belong from ESIS hospital and J.J. hospital to the extent of 19 (9 percent) and 83 (17 percent) respectively.

4. As compared to J.J. hospital, ESIS employee are less in expressing satisfaction but there is no much gap between two hospital. ESIS hospital employee expressed 54 percent satisfaction as against J.J. employee 55 percent. This indicates that the level of satisfaction of employee towards salary in ESIS and J.J. hospital is moderate (i.e. 55 percent). In other words, salary structure adopted by J.J. and ESIS hospital is moderate.

7.6 Leave facility enjoyed by hospital employee :

There are efficient types of leaves namely, casual, medical, half pay, duty, study, subastical and special. Leave enjoyed by employee of hospital is presented in Table 7.5.

Table 7.5
Leave enjoyed by ESIS and J.J. hospital employee

Types of leave	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Casual	170	85	435	87	605	86
2. Medical	84	42	220	44	304	43
3. Half Pay	20	10	110	22	130	19
4. Duty	10	05	15	03	25	04
5. Study	00	00	02	0.4	02	0.3
6. Special	02	01	05	01	07	1.0
Average (Overall)	48	24	131	26	179	26

Table 7.5 shows that

1. Out of 700 sample employee respondents, 605 (86 percent) and 304 (43 percent) employee takes benefit of casual and medical leave respectively. Of the 605 (86 percent) employee who enjoyed casual leave, 170 (85 percent) and 435 (87 percent) employee of ESIS and J.J. hospital enjoyed Casual leave. Whereas 84 (42 percent) of ESIS and 220 (44 percent) of J.J. hospital employee actually taken medical leave.

It is generally stated that Government or public organization employee enjoy leave as a their privileges. But this data shows that about 14 percent (100 – 86) employee did not enjoy casual leave. Almost majority that is 57 (percent employee (100 – 43) did not enjoyed medical leave. When it was asked why not taken full casual or medical leave. They stated that since their job is to look of health of human being and since people regard Doctor is ‘Semigod’ we due respect their sentimental and work almost 24 hours. Moreover in Government hospital, patients are heavily attended with almost no cost. Hence all common man are turning here. Private hospital although getting all concession from government but did not work for them. Therefore, load of work is very heavy and maximum doctors, nurses, paramedical staff missed medical leave.

2. Regarding half pay leave it was observed that 130 (19 percent) employee take the benefit of their leave. Out of 130, 20 (10 percent) and 110 (22 percent) employee of ESIS and J.J. hospital enjoyed half pay leave. This indicates that few care enjoying half pay leave facility.
3. Duty leave is one of the important leave enjoyed higher authority while functioning normal duty. But data shows that only 25 (4 percent) enjoyed this leave , out of 25, 10 (5 percent) and 15 (3 percent) employee are belong from ESIS and J.J. hospital who enjoyed this leave.
4. No one enjoyed study leave in ESIS hospital whereas only 2 (0.4 percent) enjoyed study leave in J.J. hospital. Together only 2 (0.3 percent) employee enjoyed study leave. This clearly shows that doctors, nurses, paramedical staff are not going for further education or training. It is interesting to note that only 7 (1 percent) enjoyed special leave and out of these, 02 (1 percent) and 5 (1 percent) employee of ESIS and J.J. hospital take special leave. Overall 179 (26 percent) take advantage of leave facility. Out of these 48 (24 percent) of ESIS and 131 (26 percent) of J.J. hospital employee enjoyed leave facility. The general assumption

that public organization employee enjoyed more leave and did not work is proved wrong at least by ESIS and J.J. hospital employee.

7.7 Types of deductions from salary of employee :

The deduction from salary / wages of an employed person may include income tax, professional tax, provident fund, insurance premium, loan installments, recovery of advances, group insurance, festival advance installment, credit society installment, vehicle loan, housing loan etc. If these deduction are made by employer, then employees are happy and their credit in the market has moved upward to resulting standard of living moved upward. When it was asked employees of J.J. and ESIS hospital whether above mentioned deduction are made by hospital. Their responses are summarized in table 7.6.

Table 7.6

Deduction from salary of employee in hospital (yes responses)

Types of deduction	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Provident fund	96	48	270	54	366	52
2. Income Tax	135	67	360	72	495	71
3. Professional tax	165	82	425	85	590	84
4. Housing Loan	105	52	275	55	380	54
5. Education Loan	22	11	70	14	92	13
6. Insurance Premium	99	50	276	55	375	53
7. Festival advance	146	73	370	74	516	74
8. Average	110	55	292	58	402	57

Table 7.6 shows that seven types of deductions are studied by researcher. These 7 deductions are deducted by hospital from the salary of employees. Out of 700 sample respondents 366 (52 percent) and 495 (71 percent) agreed on provident fund and income tax are deducted from their salary. Further 590 (84 percent), 380 (54 percent), and 516 (74 percent) respondents agreed that there

is deduction from their salary towards professional tax, housing loan, and festival advance. 374 (54 percent) respondents state that insurance premium is deducted from their salary whereas only 92 (13 percent) respondents state that education loan installment also deducted from their salary. Overall 57 percent (402 employees) respondents state that yes there is deduction from their salary towards above 7 variables.

Regarding deduction from salary of ESIS hospital employee, it was observed that 165 (82 percent), 146 (73 percent), and 135 (67 percent) respondents agreed that professional tax, festival advance, and income tax is deducted from their salary. Whereas 105 (52 percent), 99 (50 percent), and 96 (48 percent) respondents state that housing loan, insurance premium and provident fund is deducted from their salary. Very few respondents that is only 22 (11 percent) state that education loan is deducted from their salary. Overall 110 (55 percent) that is majority respondents state that various deductions are deducted at source by hospital authority. Provident fund and insurance premium is long term investment of employee here 48 percent and 50 percent respondents stating that from salary these items are deducted on the other hand almost equal respondents disagree indicating welfare practices are 'just average'.

Regarding deductions from salary of J.J. hospital employee it was observed that 425 (85 percent), 370 (74 percent) and 360 (72 percent) respondents state that professional tax, festival advance, and income tax is deducted from their salary respectively. At the same time 270(54 percent), 275 (55 percent), and 276 (55 percent) respondents state that provident fund, housing loan, and insurance premium is deducted from their salary. Only 70 (14 percent) respondents agree that education loan is deducted from their salary. Overall 298 (58 percent) respondents employee state various deductions are deducted from their salary. It is just moderate practice of welfare. As compared to ESIS hospital employee, J.J. hospital employee welfare practices little higher as all deductions variables shows that deduction rate is little higher, but not much

different in attitude of government. Overall welfare practices regarding deductions from salary ESIS and J.J. employee are just 55 percent and 58 percent (i.e. moderate) respectively.

7.8 Employees view towards management relation :

Employee and management relation play key role in the development of organization. Healthy relationship achieve the planned target on the other hand, non-healthy relations is create obstacle in overall development. Management functions can be perform well if employ management relationship is healthy. Therefore data related to employees' views towards management relation has been collected from 700 employee and presented in the Table 7.7.

Table 7.7
View of employee toward management relation

Level of satisfaction	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Satisfied	104	52	270	54	374	53
2. some extent satisfied	20	10	65	13	85	12
3. unsatisfied	76	38	165	33	241	35
Total	200	100	500	100	700	100

It can be seen from the table 7.7 that

Out of 700 sample respondents, 374 (53 percent), 85 (12 percent) and 241 (35 percent) respondents satisfied, some extent satisfied and unsatisfied towards management attitude or relationship. Majority employee i.e. 53 percent) satisfied towards management relation; indicating moderate relationship between employee and management.

Management relationship with employee in ESIS and J.J. hospital is also moderate as 104 (52 percent) employees of ESIS and 270 (54 percent) of J.J. hospital satisfied towards this relation.

7.9 Employees opinion on infrastructural facilities in hospital :

What is the quantum and quality of output and degree of excellence of hospital service is depend on to what extent there are infrastructure facilities available in the hospital to employees, patients and all other concerns. What is the extent of patients satisfaction is also depends on infrastructural facilities. 7683 sub-centers (1991), now estimated at 23190 sub-centers for the projected population in year 2002. A shortage of 1513 primary health centers (1991), now estimated at 4212 PHCs for the same year. A shortage of 2899 community health centers (1991), now estimated at 3776 CHCs for 2002. A shortage in manpower is estimated is 27501 ANMS, 64860 male multi-purpose workers, and 4224 LHVS, 5126 health assistants (male), 2475 medical officers in PHCs, 142 surgeons, 1446 gynecologists, 1525 physicians, 1774 pediatricians and an overall shortage of 6655 specialists with financial requirements approximately Rs.2300 crores including technological infrastructure up gradation (2). Since level or standard of infrastructural facilities is differ, overall quality of health service also differ. The opinion of employees' on infrastructure helps policymaker, management authority, government and other decision maker to take a action for improving the quality and quantity of such benefits. Hence an opinion poll / survey was conducted in survey area i.e. in ESIS and J.J. hospital by researcher and explicit in Table 7.8.

Table 7.8
Responses of employee towards infrastructure facilities
available in hospital

Level of infrastructural facilities	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Below average	108	54	265	53	373	53
2. Average	72	36	160	32	232	33
3. Moderate	20	10	75	15	95	14
4. High	00	00	00	00	00	00
5. World class	00	00	00	00	00	00
Total	200	100	500	100	700	100

Table 7.8 shows that

1. Out of 700 sample employee respondents, 373 (52 percent) 232 (33 percent), 95 (14 percent) rated infrastructural facilities in hospital below average, average and moderate on the other hand nobody rated infrastructural facilities in studied hospital are at high level or world class level.
2. Majority respondents (53 percent) rated below average level facilities are available in hospital or provided by hospital to employee as well as to patient.
3. Responses of employees toward infrastructural facilities provided by ESIS hospital are shows that out of 200 employee respondents, 108 (54 percent), 72 (36 percent) and 20 (10 percent) respondents rated below average, average and moderate level infrastructural facilities are provided by ESIS hospital to employees and patients respectively. This indicates low level of human resource practice adopted by ESIS hospital as majority respondents (54 percent) rated below average infrastructural facilities.

Regarding J.J. hospital it was expressed almost similar opinion by sample respondents. Out of 500 sample employee respondents, 265 (53 percent), 160 (32 percent) and 75 (15 percent) respondents rated below average, average, and moderate level of infrastructural facilities in J.J. hospital. Out of 500 no one rated (nil) high level or world class infrastructural facilities available in J.J. hospital also. This also indicate that majority (53 percent) of J.J. hospital employee agreed that below average facilities are provided to employees and patient. Thus table 7.8 shows that welfare facilities in terms of infrastructural facilities in studied hospital are below average level.

7.10 Responses of employees towards rewards and recognition practices in hospital :

Rewarding employees' performance and behavior is an important part of human resource development practice. Appropriate rewards not only recognize and motivate employees; they also communicate the organizations value to the employees. In human resource development system, innovation and use of capabilities are rewarded in order to encourage the acquisition and application of positive attitudes and skills. Therefore the human resource development practices should initiate certain motivational as well as punitive measures for the performance of the employees. Efforts of the employees particularly by government, must be recognized in the form of promotion, letter of appreciation, felicitation in the annual function of the hospital. The hospital or health department of government should awards like excellent or best employee, promotion, merit certification, special increment, sending/encouraging for higher studies, research etc. when a fast tract promotion is given to a particular employee, only his merit, achievement, hard work and potential is recognized (i.e.) one may get promotion or any reward, as a recognition of his contribution to the hospital, ever if, promotion is not due to him/her. Table 7.9 shows data about employee rewards and recognition practices adopted by ESIS and J.J. hospital.

Table 7.9**Employee rewards and recognition in hospital**

Statement	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Work achievement by employee is appreciated by management i.e. by letter of appreciation.	62	31	135	27	197	28
2. Cash rewards	00	00	10	02	10	01
3. Promotion in granted	00	00	00	00	00	00
4. Whether employee are aware of reward schemes offered by hospital	90	45	240	48	330	47
5. High performing employees are being recognized appropriately by the hospital	84	42	220	44	304	43
Overall	47	24	121	24	168	24

It can be seen from Table 7.9 that

1. Item no.1 is about whether work achievement by employee is appreciated by hospital management by any means say by letter of appreciation. The ratings given by employees to this are 28 percent (197 employee). It means 197 (28 percent) employee agreed that work achievement by employee is appreciated by hospital management. It means it is rated below average appreciation by employee made by hospital management.
2. Item no.2 is about whether employee are rewarded by cash only 1 percent (10 employee) agree on this point. It means this practice also below average practiced. Regarding promotion grantation it was observed that nobody was received this reward.

3. Item No.4 is about whether employees are aware of reward schemes offered by hospital. It was found in this regard that 330 (47 percent) employee aware that there are some schemes of award offered by hospital. It means majority employees (53 percent) did not know there are reward schemes ($100 - 47 = 53$). Responses towards whether high performing employees are being recognized appropriately by the hospital shows that 304 (43 percent) employees agree on this issue. It means 43 percent employee state that 'yes' high performing employees are being recognized appropriately by the hospital.
4. 62 (31 percent) of ESIS and 135 (27 percent) of J.J. hospital employee respondents agree on work achievement of employee is appreciated. It means practices are below average.
5. Cash reward in ESIS is Nil as against in J.J. 2 percent (10 employee).
6. Regarding promotion both the hospital employee state no such event happened i.e. nobody is promoted under this.
7. Out of 200 sample respondents of ESIS 90 (45 percent) and out of 500 respondents of J.J. hospital respondents, 240 (48 percent) agreed that 'yes' employees are aware of reward schemes offered by hospital.
8. 84 (42 percent) of employee out of 200 of ESIS and 220 (44 percent) of employee out of 500 of J.J. hospital agree that 'yes' high performing employees are being recognized appropriately by the hospital.
9. Item number 4 and 5, ESIS and J.J. hospital employee's rated average practice.

Overall in ESIS and J.J. hospital employee reward and recognition is below average practiced.

7.11 Responses of employees on learning culture and climate in hospital :

Organized climate is nothing but a set of attributes which can be perceived about a particular organization and or its sub system and that may be induced in the way that organization and its sub-system deal with their members and environment.

The good organizational climate for learning health education is a pre-condition and pre requisite to creating the demand for health and setting the pace of implementation .

Learning culture and climate has an impact on the outcome of any development processes. If human resource development activities have to be successful the climate has got to be proactive so as to enable people to learn and contribute their best to the organization. Employee learning culture and climate aim at bringing the changes in (1) knowledge, (ii) attitude (iii) behavior (iv) habit, (v) customs, (vi) methods. Then what types of employee learning culture and climate is available in studied hospital is observed and interview on the basis of it, Table 7.10 prepared and presented as under.

Table 7.10

Employee learning culture and climate in hospital (yes responses)

Statement	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Whether hospital is initiating measures to create learning culture along employee	44	22	130	26	174	25
2. Whether employees share knowledge with other employees for shared learning	36	18	115	23	151	22
3. Whether employees are satisfied with existing leaving climate in hospital	16	08	60	12	76	11
4. Whether hospital has effective schemes to encourage higher studies among employees	04	02	25	05	29	04
Overall	25	13	83	17	108	15

It can be seen from Table 7.10 that

1. Out of four statements, first 2 statements learning culture whereas rest of 2 statements for learning climate.
2. Statement one ascertains from the employees of hospital whether hospital is initiating measures to create learning culture among employees. It was found that 174 (25 percent) employees agreed favorably. Out of 174 who agreed on this statement, 44 (22 percent) and 130 (26 percent) respondents are belong from ESIS and J.J. hospital respectively. It means hospital management initiating learning culture below average extent.
3. Regarding employees share knowledge with other employees for shared learning, it was found that staff members or employees are sharing knowledge with other employees to the extent of below average as only 151 (22 percent) employee agreed on this (Ind statement) statement out of 700 respondents. 36 (18 percent) of ESIS employee out of 200, and 115 (23 percent) of J.J. hospital employee out of 500 are agreed favorably. It means learning culture in ESIS and J.J. hospital is below average. Thus table 7.10 clearly shows that learning culture in ESIS and J.J. hospital is below average.
4. Statement 3 is about whether employees are satisfied with existing learning climate in hospital 76 (11 percent) respondents agreed to it out of 700. 16 (8 percent) of ESIS and 60 (12 percent) of J.J. hospital respondents agreed favorably indicating below average extent employee are satisfied with existing learning practices or climate. Government or management should encourage for higher studies among the employees so that the employee gain knowledge and skills which helps the hospital in forming better.
5. When it was enquired from the employees to what extent hospital (J.J. or ESIS)is providing schemes to encourage higher studies among staff members. Statement 4 in Table 7.10 shows that only 29 (4 percent) respondents, of these 4(2 percent) from ESIS and 25 (5 percent) from

J.J. hospital agreed that hospital have effective schemes to encourage higher studies among employees. It means majority employee state that there is no such schemes and if so no encouragement from management. It means below average hospital (ESIS and JJ) has effective schemes to encourage higher studies among employees.

Thus overall results shows that out of 200 ESIS respondents and 500 JJ respondents, 25 (13 percent) and 83 (17 percent) respondents agreed with existing learning culture and climate in ESIS and JJ hospital together 108 (15 percent), indicating below average learning culture and climate is exist in ESIS and J.J. hospital.

7.12 Additional welfare facilities in hospital :

Basic amenities, canteen and credit society to referred additional welfare facilities in hospital. To what extent these facilities are available is surveyed here and views of employees is presented in Table 7.11.

Table 7.11
Additional welfare facilities in hospital

Additional facilities	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Basic amenities	172	86	445	89	617	88
2. Canteen facilities	56	28	160	32	216	31
3. Credit societies	84	42	220	44	304	43
Overall	104	52	275	55	379	54

It can be revealed from Table 7.11 that 617 (88 percent) employee state that hospital providing basic amenities. Out 617 employee respondents, 172 (86 percent) of ESIS and 445 (89 percent) of J.J. hospital agreed that in these two

hospital basic amenities are available. It means high level of basic amenities are available and provided by hospital to employees.

56 (28 percent) of ESIS and 160 (32 percent) of J.J. hospital, together 216 (31 percent) respondents employee state that canteen facility is provided by hospital to employee, indicating below average canteen facilities in the hospital.

84 (42 percent) of ESIS and 220 (44 percent) total being 304 (43 percent) employee respondents agree that credit society facility is available to employee of hospital. This indicate that average credit society facility is made available to employee of hospital.

Thus ESIS hospital show that 104 (52 percent) employee agreed on additional welfare facility available in hospital to employee. It is moderate level additional welfare facility practiced in ESIS hospital. Whereas 275 (55 percent) J.J. hospital employee state that additional welfare facilities are available to employee, indicates moderate additional welfare facilities practiced in J.J. hospitals are available; indicating moderate level additional welfare facilities are practiced in hospital in Mumbai.

7.13 Miscellaneous human resource practices in hospital :

Apart from the above responses of employees regarding the major area of human resource development practices, employee also express their views on the miscellaneous practices which are adopted by ESIS and J.J. hospital. The summary of responses is presented in Table 7.12

Table 7.12**Miscellaneous human resource practices in hospital (yes responses)**

Miscellaneous practices	ESIS		J.J.		Total	
	No.	%	No.	%	No.	%
1. Suggestion scheme	106	53	275	55	381	54
2. Recreation tours	10	05	35	07	45	06
3. Sporting activities	20	10	60	12	80	11
4. Counseling sessions	56	28	180	32	216	31
5. Grievance Cell	124	62	330	66	454	65
6. Workshop /Seminar	16	08	75	15	91	13
Overall	55	28	156	31	211	30

Table 7.12 shows that

1. Out of 700 respondents, 381 (54 percent) agreed that suggestion scheme is practiced. 106 (53 percent) of ESIS hospital out of 200 and 275 (55 percent) of J.J. hospital out of 500 states that suggestion scheme is available in hospital, indicating moderate level practice adopted.
2. Regarding recreation tours practice only 45(6 percent) employee agreed. Out of 200 ESIS and 500 JJ hospital employee respondents only 10 (5 percent) and 35 (7 percent) state that recreation tour practice is followed in hospital, indicating below average practice is adopted in this variable is concerned.
3. Below average practice is adopted by hospital on sporting activities as 20(10 percent) of ESIS and 60 (12 percent) of J.J. hospital together 80 (11 percent) employee only agreed on this point.
4. Below average practice also found adopted by ESIS and J.J. hospital on counseling session as 56 (28 percent) of ESIS and 160 (32 percent) of

J.J. hospital together 216 (31 percent) employee agreed that 'yes' counseling sessions are practiced.

5. Moderate level practice is adopted by hospital on grievance cell as 454 (65 percent) employees respondent agreed on this point. Of the 200 ESIS and 500 J.J. hospital employee respondents, 124 (62 percent) and 330 (66 percent) state that grievance cell is adopted by hospital.
6. Regarding workshop / seminar it was found that below average practice by hospital as only 16 (8 percent) of ESIS and 75 (15 percent) of J.J. hospital employee agreed upon this facility. Overall only 91 (13 percent) respondents state workshop / seminar are organized in hospital.

Thus below average level practices are seen in recreation tour, sporting activity, counseling sessions and workshop / seminar in ESIS and J.J. hospital. Whereas moderate level practices are found adopted by J.J. and ESIS hospital on suggestion scheme and grievance cell. Hence overall miscellaneous human resource practices in hospitals are below average level.

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CHAPTER 8

LEVELS OF HUMAN RESOURCE PRACTICES IN SELECTED HOSPITALS IN MUMBAI

8.1 Introduction:

An attempt is made in Chapter five to know and assess the manpower planning, recruitment and training practices followed in E.S.I.S. and J.J. hospital. Whereas focus of Chapter six was to assess performance appraisal and promotion practices followed in these two hospitals. On the other hands, an endeavor was made in Chapter Seven to examine the welfare practices followed in J.J and E.S.I.S. hospital during study period. In the present chapter an attempt is made

- 1) to identify the level of human resource practices in selected hospitals,
- 2) to assess the inter-hospital variations in human resource practices in selected hospitals and
- 3) to compare the human resource practices followed by two sample units hospitals.

The each human resource practice is categorized into one of the following levels.

1. Below average
2. Average
3. Moderate
4. High and
5. World class or Excellent

The above classification is made on the basis 'yes' responses, referred here score of each human resource practice adopted in J.J. and E.S.I.S. hospital and score and level is determined as under:

Level	'yes' responses (or score)
1) Below average level	0-21
2) Average level	21-40
3) Moderate level	41-60
4) High level	61-80
5) World class or Excellent level	81-100

To measure, identify and assess the variation, the Chapter is divided into as under:

- 8.1 Introduction.
- 8.2 Level of manpower planning, recruitment and training practices in hospitals.
- 8.3 Level of career planning, performance appraisal and promotion practices in hospitals.
- 8.4 Level of employees welfare practices in hospitals.
- 8.5 Level of human resource practices in selected hospitals in Mumbai.

First of all, level of each human resource practice was calculated or identify on the basis of 'yes' responses and then hospital wise level measure, and identified and then accordingly assessed. It means level in E.S.I.S. hospital and J.J. hospital is measure, identified and assessed as per each human resource practice or indicator which indicate the human resource practice.

8.2 Level of manpower planning, recruitment and training practices in hospitals.

This is assessed as under-

- 8.2.1 Level of manpower planning, recruitment and training practices in E.S.I.S. hospital.
- 8.2.2 Level of manpower planning, recruitment and training practices in J.J. hospital.

8.2.3 Comparison of inter-hospital levels in manpower planning, recruitment and training practices.

8.2.4 Overall level of manpower planning, recruitment and training practices in selected hospitals.

Extent of manpower, planning, recruitment and training practices followed by hospitals are assessed in Chapter Five. The same tables are used here for identifying the level with only ‘yes’ responses.

8.2.1 Level of manpower planning, recruitment and training practices in E.S.I.S. hospital:

Manpower planning, job analysis description, recruitment and training are four important variables or indicators are considered for measuring and identifying human resource practices. The result of survey is presented in Table 8.1.

Table 8.1
Level of manpower planning, recruitment and training practices in E.S.I.S. hospital (only ‘yes’ responses)

Indicator/measure	Score in %	Level
1) Manpower planning practices	30	Average
2) Job analysis description practices	66	High
3) Recruitment practices	79	High
4) Training practices	61	High
5) Overall (Average)	61	High

It can be seen from Table 8.1 that-

1. Average manpower planning practices are followed in E.S.I.S. hospital.
2. High level human resource practices in terms of job analysis description, recruitment and training are followed in E.S.I.S. hospital.
3. Job analysis description, recruitment and training practices in E.S.I.S. hospital and followed to the extent of 66 percent, 79 percent and 69

percent whereas manpower planning practices are followed upto 30 percent; indicating higher level practices are followed in 3 variable and average level practice is followed in one variable.

4. Overall high level manpower planning, job analysis description recruitment and training practices are followed in E.S.I.S. hospital. In term of percentage it is to the extent of 61 percent.

Thus it can be inferred that high level recruitment and training practices are followed in E.S.I.S. hospital. Whereas average level manpower planning practice is followed in E.S.I.S. hospital.

8.2.2 Level of manpower planning, recruitment and training practices in J.J. hospital:

Table 8.2 shows level in manpower planning, job analysis description, recruitment and training practices followed in J.J. hospital during study period.

Table 8.2
Level of manpower planning, recruitment and training practices in J.J. hospital (only 'yes' responses)

Indicator/measure	Score in %	Level
1) Manpower planning practices	40	Average
2) Job analysis description practices	70	High
3) Recruitment practices	82	Excellent
4) Training practices	70	High
5) Overall (Average)	66	High

Table 8.2 shows that 66 percent manpower planning, recruitment and training practices are followed in J.J. hospital. In case of manpower planning and job analysis, description average and high level practices are followed in J.J. hospital as 'yes responses' to these indicators shows that 40 percent and 70 percent practices are followed.

82 percent and 70 percent, recruitment and training practices are followed in J.J. hospital. It means Excellent or world class level is adopted in J.J. hospital about recruitment and high level training practices are also followed in J.J. hospital however it is interesting to note that off the job training is not given to employee as a large extent but practice followed in this case is average level. Thus it can be inferred from the Table 8.2 that high level manpower planning, recruitment and training practices are followed in J.J. hospital as score (average) in this respect is 65 percent.

8.2.3 Comparison of inter-hospital levels of manpower planning, recruitment and training practices:

Table 6.1 and 6.2 shows E.S.I.S. hospital and J.J. hospital level in respect of selected variables. A comparison between two hospital shows that except recruitment practices, all other three indicator are having same level practices. For example, manpower planning, practices have average level in both hospital. In respect of job analysis description practices also both the hospital indicate high level, as well as training practices followed in both hospital are also high. This is presented in Table 8.3.

Table 8.3

Level comparison : manpower planning, recruitment and training

Human resource practices in term of	E.S.I.S. hospital Score in % Level	J.J. hospital Score in % Level	Comparison
1. Manpower planning	30 Average	40 Average	Same level
2. Job analysis description	66 High	70 High	Same level
3. Recruitment	79 High	82 Excellent	J.J. excellent over High of E.S.I.S.
4. Training	69 High	70 High	Same level
Overall	61 High	66 High	Same level

Table 8.3 shows that

1. Level in manpower planning practice in E.S.I.S. and J.J. is average. There is no change in level of manpower planning practice in both hospital. But comparison further shows that extent of manpower planning practice in J.J. hospital is little higher (more) than that of E.S.I.S. hospital it is in the ratio 40:30 (i.e 4:3) respectively.
2. Job analysis description practice level is also same in both hospital. It is high in both hospital. Therefore it can be stated that there is no change as for as job analysis description level is concerned. Here also extent of job analysis description practice in J.J. hospital is some what higher (more) than that of E.S.I.S. hospital. It is to the extent of 70 percent and 66 percent in J.J. hospital and E.S.I.S. hospital. In other words it is in the ratio of 70:66 respectively between J.J. and E.S.I.S.
3. Comparison of recruitment level practice in J.J. hospital and E.S.I.S. hospital show that it is excellent in J.J. whereas it is high level in E.S.I.S. hospital. It is clearly indicate that recruitment practices in J.J. hospital is at higher level than E.S.I.S. hospital. Further it is in the ratio of 82:79 it means the hospitals are practicing significantly good recruitment practices.
4. Training practice level in both the hospital is at high level. There is no much difference in it. They followed to the extent of 70 percent in J.J. hospital as against 69 percent in E.S.I.S. hospital. It means in the ratio of 70:69 respectively.
5. Overall comparison of manpower planning, recruitment and training practices in J.J. and E.S.I.S. hospital shows that high level practices are followed. Hence there is differences in manpower planning, recruitment and training practice in both hospital. In absolute number it is practiced to the extent of 66 percent in J.J. hospital and 61 percent in E.S.I.S. hospital. It means in the ratio of 66:61, indicating the manpower planning, recruitment and training practices in J.J. hospital are better (greater) than that of E.S.I.S. hospital.

8.2.4 Overall level of plan power planning, recruitment and training practices in selected hospitals:

This is presented in Table 8.4.

Table 8.4

Overall level of manpower planning, recruitment and training practices in selected hospital

Human resources practices in term of	For both hospitals		
	Score in %	Level	Ranking
1. Manpower planning	37	Average	4
2. Job analysis description	69	High	3
3. Recruitment	81	Excellent	1
4. Training	70	High	2
Overall	64	High	Recruitment = Excellent

Table 8.4 shows that

The level of manpower planning, job analysis description, recruitment and training practices in studied hospital was average, high, excellent (world class) and high respectively. Overall level is high. In other words, the extent of manpower planning practices in hospital are to the extent of 37 percent, job analysis description practices to the extent of 69 percent, recruitment practices to the extent of 81 percent and training practices to the extent of 70 percent were followed in selected (or two sample units) hospitals respectively.

The highest and lowest level was seen in recruitment and manpower planning to the extent of 81 percent and 37 percent respectively. The level is excellent and average. The ranking analysis shows that recruitment stands of IST (excellent) in following or adopting human resource practices, followed by training which stood at second rank in practicing human resources practices. Job analysis description and manpower planning practices ranked at third and fourth respectively.

Thus it can be inferred that the manpower planning practices, job analysis description practices, recruitment practices and training practices in selected hospital scored 37 percent, 69 percent, 81 percent and 70 percent respectively, indicating average, high, excellent and high level practices were followed in these indicators called as measures of human resources practices, overall high level practices is followed by hospitals in respect of human resource practices.

8.3 Level of career planning, performance appraisal and promotion practices in hospitals:

This is assessed and analysed as under:

- 8.3.1 Level of career planning, performance appraisal and promotion practices in E.S.I.S. hospital.
- 8.3.2 Level of career planning, performance appraisal and promotion practices in J.J. hospital.
- 8.3.3 Comparison of inter hospital level in career planning, performance appraisal and promotion practices in hospitals.
- 8.3.4 Overall level of career planning, performance appraisal and promotion practices in selected hospital.

The performance appraisal practices are includes 6 variables, or indicators, namely (1) hospital makes performance appraisal of employees, (2) need for making performance appraisal (3) current performance appraisal in hospital, (4) confidential method of performance appraisal, (5) duration of performance appraisal and (6) rotation in hospital. This is 6 indicators measures practices in performance appraisal higher the 'yes' percentage higher the level of human resource practice and vice-versa. The average of this 6 indicator is the score of performance appraisal level

At same time 7 variables or indicators are used to measure the level of career planning practices.

There are as under:

1. Awareness of employees about career planning.
2. Hospital makes career planning.
3. Awareness of employees on career paths.
4. Adequacy of present system of career planning and development.
5. Career planning activity practices.
6. Arranged motivation programme.
7. Employees willingness upto retirement.

This 7 indicators measures career planning practices. The average of this called career planning practices level. Promotion practices are looked into 3 variables or indicators with the help of these variables promotion extend and level is identified. The average of these there variable is called promotion practices and average score is referred level of promotion practice. These variables are as follows which are taken into consideration for measuring and identifying level of promotion in selected hospitals.

1. Promotion as a part of career planning
2. Existence of promotion policy for employees, and
3. Seniority as a basis of promotion. The average of these three is known as level and score of promotion practice followed in hospital.

8.3.1 Level of career planning, performance appraisal and promotion practices in E.S.I.S. hospitals:

Table 8.5 shows the practices followed in E.S.I.S. hospital about performance appraisal, career planning and promotion.

Table 8.5

Level of career planning, performance appraisal and promotion in E.S.I.S. hospital

Human resources practice indicators / variables	Score in %	Level
1. Career planning practices	38	Average
2. Performance appraisal practices	71	High
3. Promotion practices	80	High
Overall	63	High

Table 8.5 reveals that-

1. The score of career planning, performance appraisal and promotion practices were to the extent of 38 percent, 71 percent and 80 percent respectively. This means that average level, career planning practices were followed in E.S.I.S. hospital. Whereas in performance appraisal as well promotion high level practices were followed respectively. Overall high level practices were followed in E.S.I.S. hospital in human resource in terms of career planning, performance appraisal and promotion. Further this Table shows that highest and lowest level is observed in promotion and career planning respectively it is the extend of 80:38. Thus overall high level practices were followed in respect of career planning, performance appraisal and promotion in E.S.I.S. hospital as average score of this variable or indicator is 63 percent.

6.3.2 Level of career planning, performance appraisal and promotion practices in J.J. hospital:

Excellent practices are followed in performance appraisal as well as in promotion in J.J. hospital. Regarding career planning moderate level practices are followed.

This is presented in Table 8.6.

Table 8.6
Level of career planning, performance appraisal and promotion in
J.J. hospital

Variable/indicator of human resource practices	Score in %	Level
1. Career planning practices	56	Moderate
2. Performance appraisal practices	82	Excellent
3. Promotion practices	84	Excellent
Overall	74	High

It can be seen from Table 8.6 that-

1. Career planning, performance appraisal and promotion practices in J.J. hospital scored 56 percent, 82 percent and 84 percent respectively. It means that moderate level is achieved in career planning practices in J.J. hospital. Excellent level practices were followed in performance appraisal and in promotion in J.J. hospital.

Overall career planning, performance appraisal and promotion practice or human resources practice was followed, it is to the extent of high level as it is average scored 74 percent.

Thus it can be inferred that high level practices were followed in human resources in terms of career planning, performance appraisal and promotion practices as its average score is 74 percent.

8.3.3 Comparison of inter-hospital level in career planning, performance appraisal and promotion practices in hospitals:

Comparison between two hospitals shows that career planning practices in J.J. hospital were moderate as against average in E.S.I.S. hospital. Regarding performance appraisal practices in J.J. hospital were observed excellent as against in E.S.I.S. at high level and similar level was seen in respect of promotion in both hospital. This is presented in Table 8.7.

Table 8.7

**Human resources practice level comparison in two hospitals :
Performance appraisal and promotion**

Indicator of human resource practice	E.S.I.S. hospital Score in % Level	J.J. hospital Score in % Level	Comparison
1. Career planning	38 Average	56 Moderate	Higher level in J.J. than E.S.I.S.
2. Performance appraisal	71 High	82 Excellent	Higher level in J.J. than E.S.I.S.
3. Promotion	80 High	84 Excellent	Higher level in J.J. than E.S.I.S.
Overall	63 High	74 High	Same level (no change)

Table 8.7 shows that-

1. Practice followed in career planning in E.S.I.S. and J.J. hospital were to the extend of 38 percent and 56 percent respectively, indicating that average and moderate level practice is followed in E.S.I.S. and J.J. hospital in career planning. As compared to E.S.I.S. hospital career planning practice followed (average level) higher level (moderate level) career planning practice was followed in J.J. hospital.
2. Practice followed in performance appraisal in E.S.I.S. and J.J. hospital were to the extend of 71 percent and 82 percent respectively. This shows that high level and excellent level practice was followed in E.S.I.S. and J.J. hospital in performance appraisal. As compared to E.S.I.S. hospital performance appraisal practice followed (high level), higher level (excellent level) performance practice was followed in J.J. hospital.

3. Practice followed in promotion in E.S.I.S. and J.J. hospital were to the extent of 80 percent and 84 percent respectively; which indicate that high level and excellent level practice was followed in E.S.I.S. and J.J. hospital in respect of promotion. As compared to E.S.I.S. hospital promotion practice followed (high level), higher level (excellent level) promotion practice was followed in J.J. hospital.
4. Overall average for 3 indicator of human resource practice in this regard was to the extent of 63 percent for E.S.I.S. and 74 percent for J.J. hospital. This means high level practice in human resource were followed in term of career planning, performance appraisal and promotion respectively. It means both the hospital followed high level human resource practices.

Thus it can be inferred from the Table 8.7 that as compared to career planning practices of E.S.I.S. hospital (average level) higher level practices were followed by J.J. hospital (moderate level). Whereas as compared to performance appraisal and promotion practices in E.S.I.S. hospital, (high level), higher level practices were found in J.J. hospital (excellent level) as far as these indicates is concerned.

8.3.4. Overall level of career planning, performance appraisal and promotion practices in selected hospital:

Combined (together J.J. and E.S.I.S. hospital) score in career planning practices, performance appraisal practices and promotion practices followed in hospital were 52 percent, 77 percent and 82 percent respectively; indicating moderate, high and excellent level practices were performed (followed) in studied hospital in respect of human resource in term of career planning, performance appraisal and promotion respectively. The survey result is shows in Table 8.8.

Table 8.8
Overall level of career planning, performance appraisal and promotion
practices in selected hospital

Human resources practices in term of	For both hospitals		
	Score in %	Level	Ranking
1. Career planning	52	Moderate	3
2. Performance appraisal	77	High	2
3. Promotion	82	Excellent	1
Overall	70	High	Promotion: Excellent

Table 8.8 shows that-

1. Human resources practices in term of career planning, were followed to the extent of 52 percent, indicating moderate level practices are followed in studied hospital.
2. Performance appraisal practices were followed upto 77 percent in studied hospital. It clearly shows high level performance appraisal practices were followed in the studied hospital.
3. Promotion practice were followed to the extent of 82 percent in the studied hospital, it means excellent promotion practices were followed in selected hospital.
4. Overall human resources practices were followed to the extent of 70 percent in the selected hospital. In other words high level practices were followed in human resources in terms of selected indicators namely career planning, performance appraisal and promotion. Thus it is clear from the above Table that overall high level of human resources practices were followed in selected hospital in term of career planning, performance appraisal and promotion practices.

8.4 Level of employee welfare practices in hospitals:

This section attempt to analyse welfare practices followed by E.S.I.S. and J.J. hospital for their employees. The levels are assumed below average, average, moderate, high and excellent. In all 42 variable or indicators are considered for the this purpose; which are divided into eight index. The eight main indicator or measures which are called index are as under:

1. Perquisites
2. Social security
3. Leave facility
4. Deduction from salary
5. Rewards and recognition
6. Learning culture and climate
7. Additional welfare facilities
8. Miscellaneous HR practices

With help of above mentioned eight measures, level of employee welfare practices in hospitals is calculated. 'Yes' responses are considered.

Perquisite includes nine parameters such as (1) medical allowance, (2) transport allowance, (3) festival allowance, (4) group insurance, (5) home loan facility, (6) education loan facility, (7) bonus facility, (8) overtime and (9) washing allowance. Yes responses of these nine parameters or variables are considered; than average is calculated. This average is referred perquisite indicator or index on measure.

Social security measure includes two parameters or variables, namely provident fund and gratuity. Whereas leave facility enjoyed measure involves six sub variables. They are (1) casual leave, (2) medical leave, (3) half leave, (4) duty leave, (5) study leave and (6) special leave.

Seven variables constitute deduction from salary measure. Provident fund, income tax, professional tax, housing loan, education loan, insurance premium, festival advance are the variable included in deduction from salary measure. Five statement and employees responses towards these are referred and recognition measure. Five are as statement under:-

1. Work achievement by employee is appreciated by management.
2. Cash rewards.
3. Promotion granted
4. Whether employees are aware of reward schemes offered by hospital
5. High performing employees are being recognized appropriately by the hospital.

Average of these statement is the rewards and recognition measure. Learning culture and climate measure also in terms of four statement considered, which are as under:

1. Whether hospital is initiating measures to create learning culture along employee.
2. Whether employees share knowledge with other employees for shared learning.
3. Whether employees are satisfied with existing learning climate in hospital.
4. Whether hospital has effective schemes to encourage higher studies among employees.

Average of these four statement is measuring learning culture and climate in hospitals.

Basic amenities, canteen facilities and credit societies included in additional welfare facilities measure or indicator. The last indicator is miscellaneous human resource practices which consist of six variable such as (1) suggestion scheme (2) recreation tours, (3) sporting activities, (4) counseling sessions, (5) grievance cell and (6) workshop/seminar.

Thus total 42 variables are considered dividend into 8 sub area of measures. Yes percentages are considered. The average is the score as measure or indicator on which level is identified.

This sub section is studies and analysed as under

8.4.1. Level of employee welfare practices in E.S.I.S. hospital.

8.4.2 Level of employee welfare practices in J.J. hospital.

8.4.3 Comparison of inter-hospital levels in employee welfare practices in hospitals.

8.4.4 Overall level of employee welfare practices in selected hospitals.

Welfare facilities means compensation pay and fringe benefits provided by E.S.I.S. and J.J. hospital to their employees during study period. The level for welfare practices is identifies and assessed as under:-

8.4.1 Level of employee welfare practices in E.S.I.S. hospital:

This is presented in Table 8.9

Table 8.9

Level of employee welfare practices in E.S.I.S. hospital

Human resource practices indicators/variable	Score in %	Level
1. Perquisites	49	Moderate
2. Social security	59	Moderate
3. Leave facility enjoyed	24	Average
4. Deduction from salary	55	Moderate
5. Rewards and recognition	24	Average
6. Learning culture and climate	13	Below average
7. Additional welfare facilities	52	Moderate
8. Miscellaneous HR practices	28	Average
Average	38	Average

Level of employee welfare practices in E.S.I.S. hospital

Table 8.9 reveals that:-

1. Average level practices are seen in leave facility enjoyed, rewards and recognitions, and miscellaneous human resource in E.S.I.S. hospital.
2. Below average level practices are seen in learning culture and climate in E.S.I.S. hospital.
3. Moderate level practices are followed in E.S.I.S. hospital in respect of perquisites. Social security and additional welfare facilities and deduction from salary respectively.
4. Overall 8 indicators or variables shows that average level employee welfare practices are followed in E.S.I.S. hospital. As average score for eight variables comes 38 percent.

Thus it can be inferred that 'average' level employee welfare practice is followed in E.S.I.S. hospital.

8.4.2 Level of employee welfare practices in J.J. hospital:

The score of perquisites, social security, leave facility enjoyed, deductions from salary, rewards and recognition, learning culture and climate, additional welfare facilities and miscellaneous comes to 51 percent, 59 percent, 26 percent, 58 percent, 24 percent, 17 percent, 55 percent and 31 percent respectively. One variable shows below average level and rest of the variables (i.e four) shows moderate level practices were followed in J.J. hospital. This is presented in Table 8.10.

The Table 8.10 below shows that-

1. Below average level practice is followed in learning culture and climate in J.J. hospital.
2. Average level practice is followed in leave facility enjoyed, reward and recognition, and miscellaneous human resource in J.J. hospital respectively.

3. Moderate level practice is followed in perquisites, social security, deductions from salary and additional welfare facilities in J.J. hospital during study period.

Table 8.10

Level of employee welfare practices in J.J hospital

Human resource practices indicators/variable	Score in %	Level
1. Perquisites	51	Moderate
2. Social security	59	Moderate
3. Leave facility enjoyed	26	Average
4. Deduction from salary	58	Moderate
5. Rewards and recognition	24	Average
6. Learning culture and climate	17	Below average
7. Additional welfare facilities	55	Moderate
8. Miscellaneous HR practices	31	Average
Average	40	Average

4. Overall for eight variable average score for level was 40 percent, indicating that level of employee welfare practice in J.J. hospital was to the extent of average.

Thus it can be inferred from Table 8.10 that average level employee welfare practices are followed in J.J. hospital during study period.

8.4.3 Comparison of inter-hospital levels in employee welfare practices in hospitals:

To what extend or level employee welfare practices are followed, is compared in this section for two sample units (i.e E.S.I.S. and J.J. hospital) on the basis Table 8.9 and Table 8.10 respectively. Comparison shows that although ‘average level’ employees welfare practices were followed in both the hospital, employee welfare practices in J.J. hospital were higher (more) than that of

E.S.I.S. hospital. The employee welfare practices were followed in the J.J. and E.S.I.S. hospital to the extent of on an average 40 percent and 38 percent respectively. It means employee welfare practices were followed in the ratio of 40:38 respectively.

This is presented in Table 8.11.

Table 8.11
Human resource practice level comparison in two hospital: Employee welfare

Indicator of human resource practice/variables	E.S.I.S. hospital Score in % Level	J.J. hospital Score in % Level	Comparison
1. Perquisites	49 Moderate	51 Moderate	Same level
2. Social security	59 Moderate	59 Moderate	Same level
3. Leave facility enjoyed	24 Average	26 Average	Same level
4. Deduction from salary	55 Moderate	58 Moderate	Same level
5. Rewards and recognition	24 Average	24 Average	Same level
6. Learning culture and climate	13 Below average	17 Below average	Same level
7. Additional welfare facilities	52 Moderate	55 Moderate	Same level
8. Miscellaneous HR practices	28 Average	31 Average	Same level
Overall	38 Average	40 Average	Same level

Table 8.11 reveal that-

1. Out of 8 variables or indicators all variables shows there is a same level in human resources practices. It means in both the hospital as far as these 8 variables is concerned no change in their level as far as practices are followed. In other words, there is no change in perquisites, social security, leave facility employed deduction from salary, reward and recognition, learning culture and climate additional welfare facilities and miscellaneous human resources practices level.

General comparison one to one variable shows that extent of human resource practices followed in J.J. hospital in respect of perquisite, leave facility employed, deduction from salary, learning culture and climate, additional welfare facilities and miscellaneous practices were higher than that of E.S.I.S. hospital and it were same in case of social security and rewards and recognition respectively. In all to some extent variation was seen in the extent of employ welfare practices.

8.4.4 Overall level of employee welfare practices in selected hospitals:

Table 8.12 presented the survey result.

Table 8.12

Overall level of employee welfare practices in selected hospitals

Human resource practice – indicators / variables	Score in %	Level	Ranking
1. Perquisites	51	Moderate	4
2. Social security	59	Moderate	1
3. Leave facility enjoyed	26	Average	6
4. Deduction from salary	57	Moderate	2
5. Reward and recognition	24	Average	7
6. Learning culture and climate	15	Below average	8
7. Additional welfare facility	54	Moderate	3
8. Miscellaneous HR practices	30	Average	5
Overall	40	Average	Social security moderate level

It can be seen from Table 8.12 that-

1. Leaving culture and climate practice is below average in studied hospitals. It scored only 15 percent.
2. Leave facility enjoyed, rewards and recognition and miscellaneous human resource practices (3 variables/indicators) followed average practices in selected hospitals, as their score ranges between 24-30 percent.
3. Perquisites, social security, deductions from salary and additional welfare facilities (4 variables or indicators) followed moderate level practices, as their score falls between 51-59 percent respectively.
4. Overall 'average level' employee welfare practice was followed in selected hospital i.e. E.S.I.S. and J.J. hospitals, as an average score comes 40 percent.

Thus it can be inferred that employee welfare practices scored 40 percent and hence 'average level' employee welfare practices were followed in studied hospital. When it was ranked the variables or indicators according to their score, social security stood first and deductions and additional welfare facilities and perquisite stands second and third and fourth respectively. It means employee welfare practices were followed in these 4 variables between 51-59 percentage. The last or very low human resource practices were followed in leaving culture and climate it is as below as 15 percent only. The highest and lowest human resource practices were followed in this category was social security (59 percent) and learning culture and climate (15 percent) respectively. Hence there exist variation in J.J. hospital and E.S.I.S. hospital as far as human resource practices are concerned.

8.5 Level of human resource practices in selected hospitals in Mumbai:

Section 8.2., 8.3 and 8.4 studied level of human resource practices in E.S.I.S. and J.J. hospital based (1) Manpower planning, recruitment and training practices, (2) Career planning, performance appraisal and promotion practices

and (3) Employee welfare practices considering their sub-variables/indicators. Now overall level in human resource practices followed in E.S.I.S. and J.J. hospitals is assessed in this section. The summary of human practices in E.S.I.S. and J.J. hospitals is presented in Table 8.13. This summary is only for following 3 variables or indicators and after considering their sub-indicators or variables.

1. Manpower planning, recruitment and training practices,
2. Career planning, performance appraisal and promotion practices and
3. Employees welfare practices.

This is referred here human resource practices.

Table 8.13

Level of human resource practices in selected hospitals in Mumbai

Measures	E.S.I.S. Hospital			J.J. hospital			Hospital		
	Score in %	Level	Ranking	Score in %	Level	Ranking	Score in %	Level	Ranking
1. Manpower planning recruitment and training practices	61	High	2	66	High	2	64	High	2
2. Career planning performance appraisal and promotion practices	63	High	1	74	High	1	70	High	1
3. Employees welfare facilities practices	38	Average	3	40	Average	3	40	Average	3
Level	54	Moderate		60	Moderate		58	Moderate	

Table 8.13 shows that

1. The average score of manpower planning, recruitment and training practices in E.S.I.S. hospital, J.J. hospital and both hospital were to the extent of 61 percent, 66 percent and 64 percent respectively. This indicates 'high level' practices were followed in respect of manpower

planning, recruitment and training in E.S.I.S. and J.J. hospital as well as in studied hospitals.

2. The average score of in career planning, performance appraisal and promotion practices in E.S.I.S. hospital, J.J. hospital as well in both hospitals (combined) were to the extent of 63 percent, 74 percent and 70 percent respectively. It means 'high level' practices were followed, as far as career planning, performance appraisal and promotion practices is concerned.
3. The average score of employee welfare practices in E.S.I.S. and J.J. hospital and in both hospitals (together) were to the extent of 38 percent, 40 percent and 40 percent respectively. This means 'average' level practices were followed in employees welfare facilities in E.S.I.S. hospital, J.J. hospital and in both hospitals.
4. Overall average score of human resource practices in E.S.I.S. and J.J. hospital as well as both hospital combined were 54 percent, 60 percent and 58 percent respectively. This means moderate level human resource practices was followed in E.S.I.S. hospital, and J.J. hospital as well as in both hospitals (combined) respectively.
5. Ranking result shows that human resource practices in terms of career planning, performance appraisal and promotion were ranked First in respect of observing or following these practices. Whereas human resource practices in terms of manpower planning , recruitment and training were ranked second in respect of observing or following these practices. On the other hands, human resource practices in terms of employees welfare facilities were stand third in respect observing or following these practices in E.S.I.S. and J.J. hospital as well as in both hospitals respectively.

Thus it can be inferred from the Table 8.13 that 'moderate level' human resource practices were followed in E.S.I.S. hospital, J.J. hospital as well both hospitals (together) respectively and career planning, performance appraisal

and promotion practices were followed at higher level than that of other two measures and hence it ranked First.

8.6 Testing of hypothesis :

Hypothesis -1 :

There is no separate manpower planning department in studied hospitals.

Table 5.1 reveals that majority respondents of ESIS hospital (63 percent) and J.J. hospital (54 percent) out of 200 and 500 respondents stated (agreed) that there is no a separate manpower planning department in hospital. Further table shows that out of 700 respondents only 35 percent respondents agreed whereas 65 percent (disagree and do not know) disagree that there is a separate manpower planning department in studied hospitals. **Therefore the hypothesis stands accepted.**

Hypothesis -2 :

Political concern and government policy are the main two factors influencing the manpower planning of studied hospitals.

Table 5.4 shows that 36 percent, 23 percent, 20 percent and 15 percent respondents (out of 200) state political will, government policy, nature of work and review of existing staff are influencing factors on manpower planning in ESIS. It means political will (concern) followed by government policy are the main two factors influencing staffing pattern fixation or manpower planning of ESIS hospital.

Regarding factors to be taken into consideration for manpower planning in J.J. hospital are political will (42 percent), government policy (22 percent), nature of work (19 percent) and review of existing staff (12 percent). In J.J. hospital also political will (concern) and government policy are the main two factors influencing manpower planning.

Table 5.4 results shows that overall political concern (will) and government policy are the main two factors influencing manpower planning. **Hence this hypothesis is accepted.**

Hypothesis -3 :

External sources are adopted / practiced in recruitment in studied hospitals and within it, advertisement source is highly practiced.

1. Table 5.7 reveals that majority respondents of ESIS (85 percent) and J. J. hospital (88 percent) agreed on external recruitment source is practiced. Out of 700 respondents 87 percent agreed on external sources as the recruitment source is practiced by selected/ studied hospital. Hence hypothesis that external sources are adopted in recruitment in studied hospital is accepted.
2. Table 5.8 shows that majority respondents of ESIS (85 percent) and J.J. hospital (88 percent) agreed on advertisement as the main external recruitment source is followed. Overall result also shows that majority respondents (87 percent out of 700 respondents) agreed that advertisement is the main external source of recruitment practiced by studied hospital.

Hence the hypothesis that external sources are practiced / adopted in recruitment in studied hospital and within it, advertisement source is highly practiced, **is stands accepted.**

Hypothesis – 4 :

On the job training is highly practiced in studied hospitals.

Table 5.11 indicates that majority (88 percent) of ESIS hospital employee respondents had received ‘on the job’ training. It means ‘ on the job’ method is ‘highly practiced in ESIS hospital.

Regarding J.J. hospital it is seen that 92 percent respondents agreed that they had received ‘on the job’ training. It means ‘on the job’ method is highly practiced in J.J. hospital also.

Overall result for all sample size is that out of 700 respondents 91 percent received ‘on the job’ training, indicating on the job training is ‘highly’ practiced in studied hospital.

Thus hypothesis that ‘on the job’ training is highly practiced in studied hospital, **stands accepted.**

Hypothesis – 5 :

Performance appraisal is highly practiced in studied hospital.

Table 8.7 reveals that practice followed in performance appraisal in ESIS and J.J. hospital are to the extent of 71 percent and 82 percent respectively, indicating high level and excellent level practice is followed in ESIS and J. J. hospital in performance appraisal. Further table 8.8 shows that performance appraisal practices is followed upto 77 percent in studied hospital (combined). It means ‘high level’ performance appraisal practices are followed in the studied hospital. This **indicates that this hypothesis is accepted.**

Hypothesis -6:

Performance appraisal has ‘average’ consideration in promotion in studied hospitals.

Table 6.18 reveals that 30 percent of ESIS and 33 percent of J. J. hospital respondents (out of 200 and 500) as well as together 32 percent (out of 700) agreed that there is a relationship between performance appraisal and promotion. It means majority respondents in studied hospital state that there no relationship between performance appraisal and promotion. It means ‘average’ consideration is given to performance appraisal in promotions as only 32 percent respondents of studied hospital responded positively. **Hence**

hypothesis that ‘performance appraisal has ‘average consideration in promotion’ stands accepted.

Hypothesis - 7 :

Moderate level career planning practices are adopted in studied hospitals.

Table 8.8 shows that 52 percent respondents out of 700 agreed that career planning practices are adopted in studied hospital. It means moderate level practices in career planning are followed in studied hospitals. **Hence the hypothesis that moderate level career planning practices are adopted in studied hospitals is accepted.**

Hypothesis – 8 :

High level manpower planning, recruitment and training practices are followed in studied hospitals.

Table 8.13 reveals that the average score of manpower planning, recruitment and training practices in ESIS and J.J. hospital and both studied hospital combined are to the extent of 61 percent, 66 percent and 64 percent respectively, indicating ‘high level’ practices are followed in respect of manpower planning, recruitment and training in ESIS and J.J. hospital as well as in both studied hospital. **Hence the hypothesis stands accepted.**

Hypothesis – 9

High level career planning, performance appraisal and promotion practices are followed in studied hospitals.

Table 8.13 shows that the average score of career planning, performance appraisal and promotion practices in ESIS and J.J. hospital and in both studied hospitals are to the extent of 63 percent, 74 percent and 70 percent respectively. It means ‘high level’ practices are followed as far as career planning, performance appraisal and promotion practices is concerned in ESIS and J.J. hospital as well as in both studied hospitals. **Hence the hypothesis is accepted.**

Hypothesis -10 :

Average level employee welfare practices are adopted in studied hospitals.

Table 8.13 shows that employee welfare practices are followed in ESIS and J. J. hospital to the extent of 38 percent and 40 percent respectively, indicating average level employee welfare practices are adopted in ESIS and J. J. hospital. Further table 8.13 reveals 40 percent respondent agreed that employee welfare practices are followed in both hospitals (i.e. out of 700 respondents), indicating 'average level' employee welfare practices are followed. **This result shows that hypothesis 'average level employee welfare practices are adopted in studied hospital', stands accepted.**

Hypothesis – 11 :

Moderate level human resource practices are followed/ adopted in studied hospitals during study period.

Human resource practices includes (i) manpower planning, recruitment and training practices (ii) career planning , performance appraisal and promotion practices and (iii) employee welfare facilities practices. Percent means score or index. Table 8.13 shows average aggregate level of these three index or score figure on percent. From this table it reveals the aggregate or overall average score of human resource practices in ESIS and J. J. hospital as well as in both hospital combined are 54 percent, 60 percent and 58 percent respectively. This means 'moderate level' human resource practices are followed in ESIS and J.J. hospital as well as in both hospital (combined). Hence result conclude that moderate level human resource practices are followed in studied hospital during study period. **Hence the hypothesis stands accepted.**

CHAPTER 9
SUMMARY OF FINDINGS, TESTING OF HYPOTHESES AND
SUGGESTIONS

9.1 Introduction :

An attempt is made by researcher in present study to seek the answer of the following questions.

1. To what extent employees of hospital know the manpower planning practices adopted in hospital?
2. Whether employees of hospital know the existence of manpower planning department, manpower planning process undertaken, and duration of human resource planning practiced by hospital?
3. What factors are considered in manpower planning in hospital?
4. Whether job analysis description practices or not in hospital? If yes, then to what extent?
5. What are the sources of recruitment in hospital?
6. What is a pattern of external sources of recruitment adopted or practiced in hospital?
7. What methods are followed by hospital in selection of human resource?
8. Which training - on the job and off the job had received by hospital employees and to what extent? What is outcomes of such a training?
9. What is a outlook of hospital employees towards training?
10. Whether performance appraisal followed or not in hospital? If yes, then what is a need for making performance appraisal?
11. What is current status of performance appraisal practiced in hospital?
12. Whether job rotation is practiced in hospital for their employees?, If yes then to what extent?
13. Whether employees of hospital are aware career planning, career paths and its adequacy, if yes to what extend?
14. Whether promotion practices are followed or not in hospital? What is opinion of employee of hospital towards promotion practices in term of
(a) Promotion as a part of career planning,

- (b) Existence of promotion policy for employees in hospital,
- (c) Basis of promotion practiced in hospital
- (d) Factors influencing promotion etc.

15. What welfare practices are followed in hospital for employees in respect of

- (a) Salary structure,
- (b) Perquisites, (c) Social Security,
- (d) Leave facility enjoyed,
- (e) Deductions from salary,
- (f) Infrastructural facility,
- (g) Reward and recognition,
- (h) Learning culture and climate,
- (i) Additional welfare facility etc.

16. What is the level of human resource practices regarding

- (a) Manpower planning, recruitment and training,
- (b) Career planning, performance appraisal and promotion,
- (c) Employees welfare facilities, and
- (d) Overall for hospital.

In order to address the above questions/ Problems the researcher had set the following main objectives.

1. To study and evaluate manpower planning practices in selected hospitals in Mumbai.
2. To study and examine recruitment and training practices in selected hospital in Mumbai.
3. To study and analyse the performance appraisal practices in selected hospitals in Mumbai.
4. To study and assess the career planning and promotion practices in selected hospitals in Mumbai.
5. To study and examine the salary structure and welfare practices in selected hospitals in Mumbai.

6. To investigate and analyse the learning culture and climate practices in selected hospitals in Mumbai.
7. To measure, identify and assess the levels of human resource practices in selected hospitals in Mumbai.
8. To compare and analyse the inter- hospital variation level in human resource practices in selected hospitals.

For the study purpose, eleven hypotheses are set. They are as under :

- Hy1 : There is no separate manpower planning department in studied hospitals.
- Hy 2: Political concern and government policy are the main two factors influencing the Manpower planning of studied hospitals (i.e. in fixing staffing pattern).
- Hy 3: External sources are adopted in recruitment in studied hospitals and within it, advertisement as a external recruitment source is highly practiced.
- Hy 4: On the job training is highly practiced in studied hospitals.
- Hy 5 : Performance appraisal is highly practiced in studied hospitals.
- Hy 6: Performance appraisal has ‘average’ consideration in promotion in studied hospitals.
- Hy 7: ‘ Moderate level’ career planning practices are adopted in studied hospitals.
- Hy 8: High level manpower planning, recruitment and training practices are followed in studied hospitals.
- Hy 9 : High level career planning, performance appraisal and promotion practices are followed in studied hospitals.
- Hy 10: ‘Average level’ employee welfare practices are practiced / adopted in studied hospitals during study period.
- Hy 11 : ‘Moderate Level’ human resource practices are practiced / adopted in studied hospitals during study period.

The study area is Mumbai city. Two hospitals namely ESIS and J.J. Hospitals are selected for study purpose. The study is mainly based on primary data and to some extent on secondary data source. The primary data was collected through questionnaire, discussion, interview and telephonic method. The samples are doctors and non doctors employees of ESIS and J.J. Hospital. 700 employees consisting of 200 from ESIS and 500 from J.J. Hospital are sample size. The survey was based on convenience. The study covered the period of 2010-2012. Data was interpreted and analysed with help of tables, percentage, frequency, average, levels and comparative approach. The study is organized into 9 chapters, as under :

1. Introduction
2. Review of literature
3. Research methodology
4. Profile of the sample respondents
5. Assessing manpower planning, recruitment and training practices in selected hospitals in Mumbai.
6. Assessing performance appraisal, career planning and promotion practices in selected hospitals in Mumbai.
7. Assessing employees welfare practices in selected hospitals in Mumbai.
8. Levels of human resource practices in selected hospitals in Mumbai.
9. Summary of findings, testing of hypotheses and suggestions.

The summary of findings and conclusions of the study are highlighted as under:

- 9.2 Summary of findings on review of literature.
- 9.3 Summary of findings on profile of sample respondents.
- 9.4 Summary of findings on manpower planning, recruitment and training practices in studied hospitals.
- 9.5 Summary of findings on performance appraisal, career planning and promotion practices in studied hospitals.
- 9.6 Summary of findings on employees welfare practices in studied hospitals.

9.7 Summary of findings on levels of human resource practices in studied hospitals.

9.8 Testing of hypotheses.

9.9 Suggestions.

9.2 Summary of findings on review of literature :

The literature is reviewed into 3 dimensions as under :

- i) studies on human resource practices in corporate sector.
- ii) Studies on human resource practices in service sector.
- iii) Studies on human resource practices in hospital.

It was found out from the review of literature that

1. There exist human resource practice studies at corporate level and service sector levels extensively.
2. There exist few studies on human resource practices adopted in hospital in private and public sector.
3. Not a single research study at micro and macro level had been done taking into ESIS hospital and J.J. hospital and multiple performance indicators of human resource development / management practices in Mumbai.
4. There is not a single study on the ESIS and J.J. hospital, human resource development practices.
5. This study highlights manpower planning, recruitment, training, performance appraisal, promotion, welfare facilities, learning culture and climate practices in ESIS and J.J. Hospital in Mumbai.

9.3 Summary of finding on profile of sample respondents :

In chapter 4, profile of the sample respondents was studied on the basis of age, gender, marital status, education, income, religion and work experience. It was found out from profile of the sample respondents that

1. The majority of the respondents belong to the 46 - 55 age group (38 percent), 42 percent from ESIS hospital and 36 percent from J.J. hospital respectively followed by 36 - 45 age group respectively.
2. The majority of the respondents were male (62 percent) in the sample 68 percent and 60 percent from ESIS and J.J. hospital respectively.
3. The majority respondents were married to the extent of 66 percent, of which 62 percent from ESIS hospital and 68 from J.J. hospital respectively.
4. 54.7, 23, 22 and 0.3 percent respondents were undergraduate, graduate, post graduate and super specialisation category indicating majority respondents were (54.7 percent) undergraduate who are working in hospitals. Of it, 48.5 percent and 57 percent from ESIS and J.J. hospital respectively.
5. 37, 33 and 30 percent respondents having work experience about 21 - 30 years, upto 10 years and 11 - 20 years indicating experienced staff is working in hospital.
6. Majority of the respondents (36 percent) earning were Rs.10,001-30,000 range, followed by 30,001 - 50,000 range (24 percent) respectively.
7. Majority respondents were from Hindu religion (Le. 71 percent) followed by Christians (22 percent) respectively.

9.4 Summary of findings on manpower planning, recruitment and training practices in studied hospitals :

The objective of chapter 5 was to assess manpower planning, recruitment and training practices adopted in ESIS and J.J. hospital during study period. The opinion of employees (i.e. doctors and non – doctors) of ESIS and J.J. hospital was collected through questionnaires and same was analyzed and interpreted with help of frequency distribution and parentage and average.

After assessing practices adopted by ESIS and J. J. hospital on manpower planning , recruitment and training, following was found out.

9.4.1 Findings on manpower planning practices :

The following is the summary of findings on manpower planning practices assessment.

1. Majority respondents of E.S.I.S. hospital (63 percent) and J.J. hospital (54 percent) has stated that there is no a separate manpower planning department in hospital.
2. Out 700 respondents only 35 percent (246) respondents agreed whereas 57 percent (396) disagreed that whether there is a separate manpower planning department.
3. Majority (57 percent) respondents are state that there is no separate manpower planning department in E.S.I.S. and J.J. hospital.
4. Out of 700 sample respondents, 39 percent and 47 percent and 14 percent agreed, do not agreed and do not know that whether in hospital manpower planning practices undertaken; indicating majority 47 percent (328) respondents state that manpower planning process is not undertaken.
5. Majority of the ESIS hospital (44 percentage) and J.J. hospital (48 percent) together 47 percent respondents are of the opinion that man power planning practices is not undertaken.
6. Political concern or will is the most important factor followed by government policy influencing manpower planning as 40 percent (282) and 22 percent (156) respondents agreed on this point, indicating political will (concern), government policy, nature of work and review of existing staff are main factors to be considered in manpower planning or in staffing pattern of hospital in order of merit .
7. As compared to J.J. hospital, political concern with E.S.I.S. hospital is less it is for J.J. hospital 42 percent and for E.S.I.S. hospital it is 36 percent respectively.

8. Regarding job analysis description practice it was found that majority respondents of ESIS (81 percent) and J.J. hospital (85 percent) agreed on job analysis description is done, indicating majority respondents (84 percent) together state 'yes' job description is practiced.
9. 62 percent (124) and 66 percent (330) respondents of E.S.I.S. hospital and J. J. hospital agreed that job analysis description is undertaken 'annually', indicating that annual job analysis description practice is adopted in studied hospital.
10. 54 percent (108) of E.S.I.S. hospital and 58 percent (290) of J. J. hospital respondents state that job analysis description is done regularly.
11. 55 percent (110) of E.S.I.S. hospital and 68 percent (340) of J. J. hospital respondents state that job analysis description is done as and when promotion is due.
12. 70 percent (140) of E.S.I.S. hospital and 75 percent (375) of J.J. hospital respondents agreed that job analysis description is done during as and when job transfer took place.
13. Majority (65 percent) respondents agreed that annual pattern is practiced for job analysis description in studied hospital. As far as whether job analysis description regularly done or not, in this connection result shows that majority (57 percent) respondents agreed on this point. Further results shows that 64 percent respondents out of 700 agreed on 'as and when promotion due'. Job analysis description is done, on the other hand 74 percent respondents out of 700, also agreed on as and when job is transfer. Job analysis description is done.

9.4.2 Findings on recruitment practices :

Recruitment includes the process of identification of potential applications for the required job in the hospital organization. It is a positive measure which estimates competent people to apply for the job, with an increased living ratio. For the purpose of recruitment, internal and external sources are practiced. An attempt was made by researcher to know the

recruitment practice adopted by ESIS and J.J. hospital. In this context the following was found out.

1. 13 percent (90) respondents agreed that internal sources are used by hospital in recruitment. Whereas 87 percent (610) respondents agreed on external source as the recruitment source practiced by selected hospital, indicating that external source is the main recruitment source practiced in studied hospital.
2. Majority of E.S.I.S. (85 percent) and J.J. hospital (88 percent) respondents agreed on external recruitment source in practiced, indicating. external source is the main recruitment source practices in studied hospital as 87 percent respondents agreed upon this source.
3. Advertisement, followed by labour contract are the external source practiced by studied hospital (i.e. 87 percent and 10 percent).
4. Majority respondents of E.S.I.S. and J.J. hospital agreed they had selected through written examination and through selection committee method, indicates that written test and then oral before competent selection committee is the selection method practiced by E.S.I.S. and J.J. hospital.

9.4.3 Findings on training practices :

It was found out from assessment of training practices that

1. 88 percent of E.S.I.S. hospital and 86 percent of J.J. hospital together 87 percent hospital employees had received training respectively. Indicating majority respondents had received training.
2. 88 percent of ESIS and 92 percent of J. J. hospital respondents together 91 percent hospital employees had received on the job training.
3. Majority respondents (i.e. 68 percent) of studied hospital had not done the 'off the job' training.
4. Out of 700 respondents, 59 percent of ESIS and 62 percent of J.J. hospital employees together 61 percent respondents of hospital agreed that their outlook of hospital towards training is positive.

5. 62 percent (123) and 67 percent (333) respondents, out of 200 and 500, of E.S.I.S. hospital and J. J. hospital together 65 percent (456) on an average agreed that outcome of the training is positive and at moderate level.
6. 55 percent (110) of E.S.I.S. hospital respondents out of 200 and 58 percent (290) J.J. hospital respondents out of 500 expressed heightened morale due to attending training programme together 57 percent (400) respondents are of opinion that morale is heightened after attending training programme respectively. It means training heightened morale and enhanced confidence of hospital employees upto moderate level.
7. Regarding stress it is observed that 69 percent (138) of E.S.I.S. hospital respondents out of 200, and 73 percent (365) of J.J. hospital respondents out of 500 agreed that their stress level has reduced after attending training programme, together 72 percent (503) of hospital respondents agreed on stress has reduced.
8. Regarding efficiency, it was found out that 53 percent (106) of E.S.I.S. hospital respondents out of 200, and 59 percent (295) of J.J. hospital respondents out of 500, agreed that efficiency has increased. Here also moderately agreement among the respondents of hospital that affiance has increased or enhanced after attending training programme. The score of two hospital shows that out of 700, 57 percent (401) respondents agreed that efficiency has increased.
9. Regarding change in attitude due to attending training also enquired. The result shows that out of 200 respondents of E.S.I.S. and 500 respondents of J.J. hospital, 68 percent (136) and 75 percent (375) respondents agreed that their attitude has changed positively. Together 73 percent (511) respondents of hospital agreed that their attitude has changed towards doing better or performing better in the assigned job.

9.5 Summary of findings on performance appraisal, career planning and promotion practices in studied hospitals :

An attempt was made in chapter 6 to assess and analyse the performance appraisal, career planning and promotion practices adopted in J.J. hospital and E.S.I.S. hospital during study period based on primary data collected through questionnaire from 700 samples.

The findings are summarized as under :

9.5.1 Findings on performance appraisal practices.

9.5.2 Findings on career planning practices.

9.5.3 Findings on promotion practices.

It was assumed here that government hospital which employees a large segment of our work force can do better in forms of productivity, quality and cost effectiveness by nurturing, developing and utilizing their capabilities and potentials.

9.5.1 Findings on performance appraisal practices :

The extent, need, status, nature, duration and rotation variables were considered to know performance appraisal practices in studied hospitals (i.e. ESIS and J. J.). Following is the summary of findings on performance appraisal practices adopted by ESIS and J.J. hospital.

1. 94 (184) respondents in E.S.I.S. and 95 percent (475) respondents in J.J. hospital expressed their agreement on 'yes' hospital makes performance appraisal.
2. Majority out of 700, 94 percent (659) respondents agreed on hospital make performance appraisal of employees.
3. On an average 72 percent in E.S.I.S. and 75 percent in J.J. hospital respondents agreed that need for making performance appraisal is absolutely requirement, hence this score indicate that majority respondents

of studied hospitals respondents agreed that need for making performance appraisal is absolutely requirement.

4. Need for making performance appraisal in studied hospital is ' high level' as average score for two hospital was 72 percent, indicates 72 percent respondents agreed that there must be performance appraisal.
5. Regarding view of E.S.I.S. hospital employees, it was observed that practice of periodically work performance appraisal (59 percent) is moderately followed and proper record maintained (64 percent) and superiors support on work performs (62 percent) is practiced at high level, similarly high level practice was found on authority structure for writing the performance appraisal (65 percent), indicating, current status of performance appraisal in E.S.I.S. is practiced at high level.
6. High level practices are followed in J.J. hospital on periodically evaluation of work performance (69 percent) and properly maintaining performance records (67 percent). As well as high level practices are also followed in superiors support in performing work successfully (70 percent) and the authority structure for writing the performance appraisal (72 percent) respectively, indicating current status of performance appraisal is practiced at high level in J.J. hospital.
7. High level practices are followed on performance appraisal in studied hospital currently as 68 percent respondents agreed on this, indicating majority respondents agreed that high level performance appraisal are practiced in studied hospitals.
8. Out of 700 respondent (for both hospitals) 96 percent (675) respondents state that confidential nature of performance appraisal is practiced in hospital.
9. Majority respondents of ESIS Hospital (95 percent) and J.J. hospital (97 percent) agreed that both hospital practiced confidential method of performance appraisal.
10. Majority respondents of E.S.I.S. hospital (76 percent) and J.J. hospital (81 percent) agreed that annual performance appraisal is followed. It means

together hospital respondents 80 percent (557) out of 700, express that annual pattern of performance appraisal is practiced in selected hospital. In other words 'Annually' performance appraisal system or method is practiced in selected hospitals (i.e. E.S.I.S. and J.J.).

11. 25 percent ESIS and 75 percent J.J. hospital respondents agreed that Job rotation is practiced in their hospital.
12. Majority respondents of ESIS hospital (71 percent) state that job rotation is not practiced whereas majority respondent of J.J. Hospital (75 percent) agreed it is practiced.
13. Job rotation in J.J. hospital is practiced higher than that of ESIS hospital.

9.5.2 Findings on career planning practices :

The present study has undertaken career planning as a sub-system of human resource development and management practice. Awareness of employees on career planning, career paths, hospital makes career planning, adequacy of present system of career planning and development, career planning activities practiced and motivation programme for employee arranged were assessed in sub-section 6.3 of Chapter 6. The following is the summary of findings on career planning practices.

1. 72 percent (144) respondents in E.S.I.S. hospital out of 200, and 87 percent (435) respondents in J.J. hospital out of 500, are of the opinion that career planning is an important sub-system of human resource development and management tool. The employees of both the hospitals confirm this belief that career planning can become an effective tool for development of the employee and a key factor in human resource development system. They agreed to the extent of 83 percent (579) that they are aware career planning is an important sub-system of human resource development.
2. 42 percent respondents of ESIS hospital and 73 percent respondents of J.J. hospital agreed that their hospital makes career planning.

3. Majority respondents 64 percent, out of 700 agreed that hospital makes career planning to employees.
4. Majority respondents (60 percent, i.e. 68 percent of J,J. and 39 percent of E.S.I.S.) are aware career path in the hospitals.
5. Majority respondents in ESIS (68 percent) and in J. J. hospital (52 percent) opined that the present system of career planning and development is not adequate to fulfill their needs;
6. Majority respondents (57 percent) out of 700 agreed that the present system of career planning and development is inadequate to fulfill their needs.
7. Regarding what career planning activities are practiced/ followed/ undertaken by J. J. and ESIS hospital to their employees found out that only 3 percent respondents in ESIS and 8.2 percent respondents in J.J. hospital agreed that they practiced/ enjoyed/ availed career planning activity.
8. Very low level of career planning activities practiced in studied hospitals as only 6.7 percent respondents out of 700, agreed on this.
9. As compared to ESIS hospital, career planning activities of J.J. hospital is higher.
10. Majority (78 percent) respondents express that motivation programme is not arranged in E.S.I.S. hospital.
11. Majority respondent (56 percent) in J,J. hospital not agreed on that motivation programme is arranged for employees.
12. Majority respondents of hospitals (62 percent) disagreed on motivation programme arrangement is made by hospital to employees. Of which 78 percent belong from E.S.I.S. hospital and 56 percent belong from J. J. hospital.
13. Majority respondents (86 percent), of which 78 percent from ESIS and 89 percent from J.J. hospital, are expressed their willing to stay in hospital till their retirement.

9.5.3 Findings on promotion practices and relationship between performance appraisal and promotion. :

The promotion practices were observed in terms of (1) promotion as a part of career planning, (2) sound promotion policy exist in hospitals (3) basis of promotion and (4) factors influencing promotions. Assessment summary of promotion practices is as under :

1. Majority respondents of ESIS (82 percent) and J.J. (88 percent), together 86 percent agreed that promotion is a part of career planning.
2. Majority respondents (88 percent) including 86 percent of ESIS and 89 percent of J.J. hospital respondents agreed that there exist sound promotion policy.
3. Seniority or experience is the main basis of promotion practiced in J.J. and ESIS hospital followed by seniority cum merit policy.
4. Seniority and merit is the main factor influencing the promotion process. 60 percent respondents in ESIS hospital out of 200 and 62 percent of respondents in J.J. hospital out of 500 (together 61 percent) agreed that seniority and merit is mainly influencing promotion.
5. Relationship between performance appraisal and promotion is not sound or significance as overall score of relationship between performance appraisal promotion is 32 only percent, indicating it is 'average' relationship between two.

9.6 Summary of findings on employee welfare practices in studied Hospitals :

The human resource practices include employee welfare practices of organization. It is recognized everywhere that human resources in an organization are an essential prerequisite for growth or development, especially in health institutions, where personal constitute the main resource. It is a human enterprise and its success will depend ultimately on the skill, quality and motivation of the persons associated with it. Therefore, to what extent welfare

and salary practices are adopted by E.S.I.S. and J.J. hospital was studied in chapter 7.

Salary structure, perquisites, social security measure, satisfaction towards salary, leave facility enjoyed, rewards and recognition, learning culture and climate etc. was covered under welfare practices. The following is the summary of findings on welfare practices adopted in ESIS and J.J. hospital during study period.

9.6.1 Findings on salary structure and perquisite provided to employees :

1. 53 percent of ESIS and 57 percent of J.J. hospital employee's salary is upto 30,000. Moreover, about 1/5th employee's salary is below Rs.10,000.
2. Out of 700 sample respondents, 157 (22 percent) employee received salary upto 10000 per month and 245 (36 percent) respondents between Rs.10001 - 30000 per month. It means 58 percent respondents getting salary upto 30000 per months. On enquiry it was observed that large number of employees are working on contract basis are getting Rs.5000 to Rs.10000 per month. Specially, ward boy, peon, sweepers, nurses and clerk.
3. Out of 700 employee respondents, 383 (55 percent) are fully satisfied towards salary received by them. Of the 383 sample respondents who are satisfied towards salary, 108 (54 percent) of ESIS and 275 (55 percent) of J.J. hospital employee satisfied towards salary offered by Government hospital.
4. 215 (31 percent) respondents are not satisfied on salary received by them from government. Out of 215 respondents who are unsatisfied towards salary wages compensation offered to them, 73 (37 percent) of ESIS and 142 (28 percent) of J.J. hospital respondents are unsatisfied towards salary.

5. The level of satisfaction of employee towards salary in ESIS and J.J. hospital is moderate (i.e. 55 percent). In other words, salary structure adopted by J.J. and ESIS hospital is moderate.
6. 28 percent (193) of the 700 employee ' take benefit of medical allowance. This benefit was highest among J.J. employees. It was 29 percent and in ESIS it was 23 percent. The 2nd benefit i.e. transport allowance was enjoyed 58 percent employees. In this respect ESIS employees pocketed 70 percent whereas J.J. employees pocketed 53 percent respectively. Festival allowance indicates that 71 percent (495 employees) take the benefits of this allowance. Out of 495 employee who enjoyed the festival allowance, 60 percent (120 employee) of ESIS and 75 percent (375 employee) of J.J. hospital employees take the benefits of this allowance. It means large number of majority employee enjoyed these benefits. Regarding group insurance it was found that 40 percent (280 employee) out of 700 take the benefit of this facility of 280, 75 (68 percent) and 205 (41 percent) employees enjoy group insurance facility, indicating that 60 percent employees are not part of group insurance scheme and hence not enjoyed group insurance facility. As compared to J.J. hospital employee, ESIS employee take more benefits of group insurance. This is due to ESIS is meant for insurance. However, here also 100 percent employees are not involved in group insurance.,
7. Home loan facility was taken by 63 percent (440 employee) out of 700. Out of employee who availed home loan facility, 135 (68 percent) of ESIS and 305 (61 percent) of J.J. hospital employee take advantages this benefits.
8. Regarding bonus facility, it is observed that out of 700 sample employees, 558 (80 percent) received bonus. Of 558, 148 (74 percent) of ESIS and 410 (82 percent) of J.J. hospital employee enjoyed bonus facility.
9. Moderate perquisite found in ESIS and J.J. hospital.

9.6.2 Findings on social security measures for employee in hospital :

1. Out of 700 employees respondents, 396 (57 percent) take the benefit of provident fund whereas 430 (61 percent) respondents agreed that they are receiving gratuity benefit from government hospital. Overall 413 (59 percent) employee respondents benefiting from these two perquisites as social security measure. This can be rated to the extent of moderate social security protection practice.
2. Out of 396 respondents, 116 (58 percent) of ESIS hospital and 280 (56 percent) of J.J. employee take benefit of provident fund as against 120 (60 percent) of ESIS and 310 (62 percent) of J.J. hospital employee. As compared to J.J. hospital, more employee of ESIS take benefit of provident fund whereas less employee take benefit of gratuity. ESIS and J.J. hospital adopted moderate social security practice

9.6.3 Findings on leave facility enjoyed by hospital employees :

1. No one enjoyed study leave in ESIS hospital whereas only 2 (0.4 percent) enjoyed study leave in J.K. hospital. Together only 2 (0.3 percent) employee enjoyed study leave. This clearly shows that doctors, nurses, paramedical staff are not going for further education or training.
2. Only 7 (1 percent) enjoyed special leave and out of these, 02 (1 percent) and 5 (1 percent) employee of ESIS and J.J. hospital take special leave.
3. Overall 179 (26 percent) take advantage of leave facility. Out of these 48 (24 percent) of ESIS and 131 (26 percent) of J.J. hospital employee enjoyed leave facility.
4. The general assumption that public organization employee enjoyed more leave and did not work is proved wrong at least by ESIS and J.J. hospital employee.

9.6.4 Findings on deduction from salary and management relation :

7 deductions were questioned namely, provident fund, income tax, professional tax, housing loan, education loan, insurance premium and festival advance. Following are found out.

1. 55 percent ESIS and 58 percent J.J. hospital employee respondents together 57 percent respondents on an average agreed that there is deduction from their salary towards 7 studied items.
2. Welfare practices regarding deductions from salary in ESIS and J. J. hospital are just 'moderately'.
3. Out of 700 respondents, 53 percent, 12 percent and 35 percent satisfied, some extent satisfied and unsatisfied towards management relationship.
4. Majority employee (i.e. 53 persons) satisfied towards management relation, indicating 'moderate level' relationship between employee and management.

9.6.5 Findings on infrastructure and additional facilities :

1. Out of 700 sample employee respondents, 373 (53 percent) 232 (33 percent), 95 (14 percent) rated infrastructural facilities in hospital below average, average and moderate on the other hand nobody rated infrastructural facilities in studied hospital are at high level or world class level.
2. Majority respondents (53 percent) rated below average level facilities are available in hospital or provided by hospital to employee as well as to patient.
3. 88 percent (out of 700) respondents agreed that basic amenities was provided in both hospital.
4. 86 percent of ESIS and 89 percent of J. J. hospital respondents accepted that there are basic amenities.
5. High level of basic amenities are available and provided by hospital to employees.

9.6.6 Findings on learning culture and climate practices in hospital :

1. Out of 200 ESIS respondents and 500 J.J. respondents, 25 (13 percent) 83 (17 percent) respondents agreed with existing learning culture and climate in ESIS and JJ hospital together 108 (15 percent), indicating below average learning culture and climate is exist in ESIS and J.J. hospital.

9.6.7 Findings on rewards and recognition practices in hospital :

1. 31 percent of ESIS and 27 of J. J. hospital together 28 percent respondents agreed that work achievement of employee is appreciated by management. This practice is below average.
2. Cash reward in ESIS is Nil as against in J.J. 2 percent.
3. Nobody is promoted under reward and recognition scheme.
4. 24 percent of ESIS and 24 percent of J.J. hospital employee respondents together 24 percent, agreed that rewards and recognition practiced in studied hospital. It means majority (i.e. 76 percent) respondents agreed no such practices. In other words below average level rewards and recognition practices are followed during study period.

9.7 Summary of findings on levels of human resource practices in studied hospitals :

In chapter 8 an attempt was made

- i) To identify the level of human resource practices in selected hospital
- ii) To access the inter-hospital variations in human resource practices in selected hospitals.
- iii) To compare the human resource practices followed by ESIS and J.J. hospital.

Five categories were assumed namely (1) below average (0-20 percent), average (21-40 percent) , moderate (41-60 percent), high (

61-80 percent) and excellent or world class (81-100 percent). The level was determined with following measures and indicators.

1. Man power planning, recruitment and training practices.
2. Performance appraisal, career planning and promotion practices.
3. Employees welfare practices and
4. Overall human resource practices level.

9.7.1 Findings on levels of manpower planning, recruitment and training practices :

The findings on human resource practice level are summarized as under :

1. Level in manpower planning practice in E.S.I.S. and J.J. is average. There is no change in level of manpower planning practice in both hospital. But comparison further shows that extent of manpower planning practice in J.J. hospital is little higher (more) than that of E.S.I.S. hospital it is in the ratio 40:30 (i.e. 4:3) respectively.
2. Job analysis description practice level is also same in both hospital. It is high in both hospital. Therefore it can be stated that be stated that. There is no change as for as job analysis description level is concerned. Here also extant of job analysis description practice in J.J. hospital is some what higher (more) than that of E.S.IS. hospital. It is to the extent of 70 percent and 66 percent in J.J. hospital and E.S.I.S. hospital. For other words it is in the ratio of 70:66 respectively.
3. Comparison of recruitment level practice in J.J. hospital and E.S.I.S. hospital show that it is excellent in J.J. whereas it is high level in E.S.I.S. hospital. It is clearly indicate that recruitment practices in J.J. hospital is at higher level than E.S.I.S. hospital. Further it is in the ratio of 82:79 it means the hospitals are practicing significanting good recruitment practices.
4. Training practice level in both hospital is at high level. There is no much differences in it. The score for J.J. is 70 percent and for ESIS 69 percent.

5. The manpower planning practices, job analysis description practices, recruitment practices and training practices in selected hospital scored 37 percent, 69 percent, 81 percent and 70 percent respectively (out of 700 respondents), indicating average, excellent and high level practices are followed. Hence it can be concluded that 'high level' practices is followed by studied hospitals in respect of human resource as for this indicator is concerned.

9.7.2 Findings on levels of performance appraisal, career planning and promotion practices :

1. Practice followed in career planning in E.S.I.S. and J.J. hospital were to the extend of 38 percent and 56 percent respectively, indicating that average and moderate level practice is followed in E.S.I.S. and J.J. hospital in career planning. As compared to E.S.I.S. hospital career planning practice followed (average level) higher level (moderate level) career planning practice was followed in J. J. hospital. (i.e. 38 : 56).
2. Practice followed in performance appraisal in E.S.I.S. and J.J. hospital were to the extend of 71 percent and 82 percent respectively. This shows that high level and excellent level practice was followed in E.S.I.S. and J,J. hospital in performance appraisal. As compared to E. S. I. S. hospital performance appraisal practice followed (high level), higher level (excellent level) performance practice was followed in J. J. hospital. (i.e. 71: 82).
3. Practice followed in promotion in E.S. I.S. and J.J. hospital were to the extent of 80 percent and 84 percent respectively; which indicate that high level and excellent level practice was followed in E.S.I.S. and J,J. hospital in respect of promotion. As compared to E.S.I.S. hospital promotion practice followed (high level), higher level (excellent level) promotion practice was followed in J.J. hospital. (i.e. 80 : 84).

4. High level practices are seen followed in human resources in terms of career planning, performance appraisal and promotion in studied hospitals.

9.7.3 Findings on levels of employee welfare practices :

42 variables divided into 8 indicators were considered for knowing employee welfare practices in studied hospitals. They are (1) perquisites, (2) social security, (3) leave facility (4) deductions from salary, (5) rewards and recognition, (6) learning culture and climate , (7) additional welfare facilities and (8) miscellaneous human resource practices. The following is the summary of findings in respect of levels of employee welfare practices.

1. 'Average' level practices are seen in leave facility enjoyed, rewards and recognitions and miscellaneous human resource in ESIS hospital and J. J. hospital respectively.
2. 'Below average' level practice is followed in learning culture and climate in ESIS and J. J. hospital during study period.
3. Moderate level practice is followed in perquisites, social security, deduction from salary and additional welfare facilities in ESIS and J. J. hospital.
4. Overall average level employee welfare practice is followed in ESIS as well as J. J. hospital as average score for 8 variables comes to 38 percent for ESIS hospital and 40 percent for J. J. hospital.
5. Aggregate employee welfare practice scored 40 percent for both hospital (i.e. out of 700 respondents) and hence result shows that 'average level' employee welfare practices are followed in studied hospital.

9.7.4 Findings on overall levels of human resource practices in selected hospitals in Mumbai :

Overall level of human resource practice means combined score on (1) average of manpower planning, recruitment and training practices (2) average of career

planning, performance appraisal and promotion practices and (3) average of employee welfare practices. This is referred here as human resource practices. Following is the summary of findings on overall levels of human resource practices in selected hospitals in Mumbai.

1. The average score of manpower planning, recruitment and training practices in E.S.I.S. hospital, J. J. hospital and both hospital (combined) are to the extent of 61 percent, 66 percent and 64 percent respectively. This indicates 'high level' practices are followed in respect of manpower planning, recruitment and training in E.S.I.S. and J. J. hospital as well as in studied hospitals.
2. The average score of practices in career planning, performance appraisal and promotion in E.S.I.S. hospital, J. J. hospital as well in both hospitals (combined) are to the extent of 63 percent , 64 percent and 70 percent respectively. It means 'high level' practices are followed as far as career planning, performance appraisal and promotion practices is concerned.
3. The average score of employee welfare practices in E.S.I.S. and J.J. hospital and in both hospitals (together) are to the extent of 38 percent, 40 percent and 40 percent respectively. This means 'average' level practices were followed in E.S.I.S. hospital, J. J. hospital and in both hospitals.
4. 'Moderate level' human resource practices are followed in ESIS and J.J. hospital.

9.8 Summary of findings on testing of hypothesis :

Following table shows the summary of hypothesis testing.

Hy. No.	Hypothesis	Hypothesis accepted/ rejected
1.	There is no separate manpower planning department in studied hospitals.	Accepted
2.	Political concern and government policy are the main two factors influencing the manpower planning of studied hospitals.	Accepted
3.	External sources are adopted/ practiced in recruitment in studied hospitals and within it, advertisement source is highly practiced.	Accepted
4.	On the job training is highly practiced in studied hospitals.	Accepted
5.	Performance appraisal is highly practiced in studied hospitals.	Accepted
6.	Performance appraisal has average consideration in promotion in studied hospitals.	Accepted
7.	Moderate level career planning practices are adopted in studied hospitals.	Accepted
8.	High level manpower planning, recruitment and training practices are followed in studied hospitals.	Accepted
9.	High level career planning, performance appraisal and promotion practices are followed in studied hospitals.	Accepted
10.	Average level employee welfare practices are adopted in studied hospitals.	Accepted
11.	Moderate level human resource practices are followed/ adopted in studied hospitals during study period.	Accepted

9.9 Suggestions

The most critical component of hospital (i.e. health service organisation) is not its physical facilities or location or its ownership (i.e. Private or Public) nor is the sophistication of computer services, high-tech machines or streamlined procedures. The most critical component of health service sector or hospital is the human resource development and management only by nurturing from properly may an endeavor develop on critical and effective system, ensuring its continued survival, growth, efficiency and success.

The survival, growth and success of government hospital is totally depends on obtaining and retaining qualified human resources. The high qualified human resource practices is concerned with the quality of human behaviour and relationships as they influence performance of the individual as well as that of organization. On the basis of assessment of human resource practices followed/ adopted in ESIS and J.J. hospital the following some suggestions are offered by researcher.

1. Majority respondents of ESIS hospital and J. J. hospital has stated that there is no separate manpower planning department in hospital, so there is a need of separate manpower planning department.
2. Job analysis description should be done in periodic interval but regularly.
3. External source is the main recruitment source practiced in studied hospital but along with external source, other source should be practiced such as tele advertisement, walk in interview, internet etc.
4. Performance appraisal should be done on periodically basis, not only on annually basis, every 3 months, there must be performance appraisal.
5. Job rotation practices is not practiced in higher percentage at ESIS as J.J. hospital, so as ESIS, there should be job rotation practices apply at major level.
6. Career planning activities are not found out in both ESIS and J. J. hospital so there is a need of high level of career planning activities

should practice in both the hospitals. There should be separate leave facility for research work and doctors & employees should motivate to do research work and for that special leave with full pay is necessary i.e. quality improvement programs, etc..

7. In promotion practices, seniority or experience, is the main basis of promotion practiced in both hospital hence do but also give importance to be given knowledge, skill and loyalty towards work or organisation.
8. There should be high protein diet –at free or atleast at minimum rate for all employees of the hospital.
9. There should be special security facility to all doctors and employees of hospital.
10. HR department should maintain balance of the current supply of employees and to develop realistic forecast of employee supply and demand accordingly as per purposes of HR planning or requisition of public and private hospital.
11. There is a need to considered recruitment plan, age distribution of employee total number of human resource available as well as salary range at the criteria for human resource planning for hospital.
12. Hospital HR management need to have sound recruitment policy and the recruitment programme and the hospital must be in line with its recruitment policy with better package.
13. Appointment on contracted basis should be stopped and permanent nature appointment be made with proper scale or pay package.
14. Proper attention and consideration be given to changing the work context with reference to salary and promotion policies in ways that can contribute to job satisfaction and maintain work force for the future.
15. Create positive overall image of employees both within and outside the government hospital and in society.
16. Create an educational plan for the entire staff of government hospitals.
17. Providing rewards for advanced training or education.
18. The hospital organization should have a common format of performance appraisal, for effective and objective assessment of

performance, the nature of the assessment should be changed from confidential appraisal to at least semi confidential appraisal giving scope to for self assessment.

19. Out of 200 E.S.I.S respondents and 500 JJ. respondents, only 13 percent and 17 percent respectively, agreed with existing learning culture and climate, that indicates below average learning culture and climate. This is not good for any organization so there should be good learning culture and climate in both hospitals.
20. 58 percent of JJ. hospital employees and 55 percent E.S.I.S respondents, together 57 respondents on an average agreed that there is a deduction from their salary towards studied items, this should be increased to maximum level. Similarly welfare practices regarding deductions from salary in E.S.I.S and JJ. hospital are just moderate, this should be increased to maximum level. There should be good management relationship.
21. Every employee of hospital is important because hospital is a teamwork place. So there should be good repo between administration and employees. For that they should receive good salary, rewards and recognition.

Employees should get good and hygienic food while they work at hospital. There should be proper motivation from administration for research work. Administration should keep an eye on employee and patient relationship because patient is main factor in any hospital, as we are thinking for employees but at same time the employees must give good services to the patient, employees should not only concentrate on their demands but should take good care of the patient then that organization will get good success.

To achieve world class or excellent human resource, Government of Maharashtra should appoint a separate commission for this purposes, and to implement HR practices properly in hospitals, in such a way that efficiency of all employees should increase to maximum level.

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