NATIONAL OPEN UNIVERSITY OF NIGERIA
FACULTY OF MANAGEMENT SCIENCES

DEPARTMENT OF ADMINISTRATION

Course Code: PAD 411
Course Title: HEALTH ADMINISTRATION IN NIGERIA

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INTRODUCTION

PAD 411: Health Administration in Nigeria is a two-credit course for master's degree programme. Hospitals are the focal point of education for the health professionals and clinical research necessary for advancement of health service delivery. It is essential to have a thorough knowledge not only of the hospital set-up but also of its meaning, history, classification and peculiar conditions prevailing in hospital administration before one can undertake the study of its human resource management.

WORKING THROUGH THE COURSE

You must read through the units and have an in-depth study before youcan say you are satisfied and that indeed you have completed the course. Also, you need to read the approved books and any other related materials prescribed by the university.

Each unit has a tutor-marked assignment which you must do and submit for continuous assessment. Finally, at the end of the course, you are expected to write a final examination to test your mastery of the course. The scores in tutor-marked assignments and final examinations are added to form your final assessment in the course.

STUDY UNITS

Module 1

Unit 1   Introduction to HEALTH ADMINISTRATION IN NIGERIA
Unit 2   Hospital Administration
Unit 3   Human Resources Management in Hospitals
Unit 4   Evolution of Human Resources Management and its Role in Hospitals
Unit 5   Organising the Human Resource Departments in the Hospitals

Module 2

Unit 1   Manpower Planningin Hospitals
Unit 2   Deciding Workload Ratios and Human Resources Strength in Various Departments
Unit 3   Training and Management Development I
Unit 4   Training and Management Development II
Unit 5   Wages and Salary Administration

Module 3

Unit 1   Appraisal of Human Resources
Unit 2   Human Relations and Public Relations in Hospitals
Unit 3   Team Work in Hospitals

ASSIGNMENT FILE

The university will make available your assignment file, which you must work on; you will submit same to your facilitator for grading. Remember, the score you make in this assignment is crucial to your performance in this course so you need to put in your best. This assignment will attract 30% of the final grade while the final examination attracts 70% and the total sum is your final grade in the course.

TEXTBOOKS AND REFERENCES

"A Report of the Commission on University Education for Administration in Hospitals." (1954). Washington, DC:American Council on Education.

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Goyal, R.C. (2006). *Hospital Administration and Human Resource Management*. (4th ed.). New Delhi: Prentice-Hall.

Lawrence, A.A. (1990). *Management: The Simple Way, American Management Association.* New York.

Leonard, S.R. &Strauss, G. (1985). M*anaging Human Resources*.New Jersey:Prentice-Hall.

Metzger, N. *Personnel Administration in the Health Services Industry*.New York:S.P. Medical and Scientific Books.

Peter,D.. (1954). *The Practice of Management*.New York:Harper and Bros.

Stoner, J., Edward, F.&Daniel,G. (1966).*Management.* New Delhi: Prentice-Hall.

TUTOR-MARKED ASSIGNMENT

There are tutor-marked assignments in this course at the end of each unit. You are advised to strictly keep to the rules and regulations of the university in carrying out these assignments. Ensure that your attempts at answering these tutor-marked assignments are thorough, neat, readable and concise.

You must read the course guide well so that you understand every bit of it. Organise your study schedule very well so that you can make judicious use of your time and materials.

FINAL EXAMINATION AND GRADING

The final examination in this course will be determined by the university i.e. the time and duration. The examination will be 70% of the course so it is very important that you study all the units very well as questions can come out from any unit. It is also important that you find time to attend the facilitation classes and do your tutor-marked assignments properly as every area of the course is crucial to your success.

SUMMARY

You must understand that the course is intensive and in order to have good success, you need to organise your work, study and mind well so that you are physically, mentally and educationally prepared for the examination. No doubt, if you heed to these pieces of advice, you will be confident in approaching the tutor-marked assignments and final examination.

MODULE 1

Unit 1   Introduction to Hospital Management
Unit 2   Hospital Administration
Unit 3   Human Resource Management in Hospitals
Unit 4   Evolution of Human Resource Management and its Role in Hospitals
Unit 5   Organising the Human Resource Department in the Hospital

UNIT 1   INTRODUCTION TO HOSPITAL MANAGEMENT

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1.0   INTRODUCTION

Hospitals are the focal points of education for the health professionals and clinical research necessary for advancement of medicine. Thus, the hospital is one of the most complex of all administrative organisations. Therefore, it requires a thorough knowledge not only of the hospital set-up but also of its meaning, history, classification, peculiar conditions prevailing in hospital administration, etc. before one can undertake to study its human resource management. It is hoped that the knowledge acquired in previous courses will be of immediate benefit to you in this course.

2.0   OBJECTIVES

At the end of this unit, you should be able to:

- define hospital
- discuss the nature of a hospital
- explain the scope of a hospital
- classify hospitals.

3.0 MAIN CONTENT

3.1 Definition of Hospital

Let us examine a few definitions of the term 'hospital'. The word 'hospital' is derived from the Latin word *hospitalis* which comes from *hospes*, meaning a host. The English word 'hospital' comes from the French word *hospitale*, as do the words 'hostel' and 'hotel', all originally derived from Latin. The three words, hospital, hostel and hotel, although derived from the same source, are used with different meanings. The term 'hospital' means an establishment for temporary occupation by the sick and the injured.

Today, hospital means an institution in which sick or injured persons are treated.

A hospital is different from a dispensary - a hospital being primarily an institution where inpatients are received and treated while the main purpose of a dispensary is distribution of medicine and administration of outdoor relief.

Dorland's Illustrated Medical Dictionary defines a hospital as:

> an institution suitably located, constructed, organised, staffed to supply scientifically, economically, efficiently and unhindered, all or any recognised part of the complex requirements for the prevention, diagnosis and treatment of physical, mental and the medical aspects of social ills; with functioning facilities for training new workers in many special professional, technical and economical fields, essential to the discharge of its proper functions and with adequate contacts with physicians, other hospitals, medical schools and all accredited health agencies engaged in the better-health programme.

A hospital in *Steadman's Medical Dictionary* is defined as:

> an institution for the care, cure and treatment of the sick and wounded, for the study of diseases and for the training of doctors and nurses.

Blackiston's New Gould Medical Dictionary (McGraw-Hill, New York, 1959, p. 560) describes a hospital as an institution for medical treatment facility primarily intended, appropriately staffed and equipped to provide diagnostic and therapeutic services in general medicine and surgery or in some circumscribed field or fields of restorative medical

care, together with bed care, nursing care and dietetic service to patients requiring such care and treatment.

According to the *Directory of Hospitals in India*. (1988):

> a hospital is an institution which is operated for the medical, surgical and/or obstetrical care of inpatients and which is treated as a hospital by the central/state/government/local body/private and licensed by the appropriate authority.

A close analysis of the above definitions reveals that no single definition is perfect in defining a modern hospital and its multifarious services. Dorland's definition is comprehensive but fails to visualise rehabilitative and follow-up aspects. Steadman's definition is very simple and to a great extent, highlights all the essential services. The definition given in the *Directory of Hospitals in India* is also very simple but too short to cover all the aspects of a hospital.

On the basis of the above definitions, we can evolve a comprehensive definition of a hospital, highlighting all the essential services provided by a modern hospital:

> A modern hospital is an institution which possesses adequate accommodation and well-qualified and experienced personnel to provide services of curative, restorative and preventive character of the highest quality possible to all people regardless of race, colour, creed or economic status; which conducts educational and training programmes for the personnel particularly required for efficacious medical care and hospital service; which conducts research assisting the advancement of medical service and hospital services and which conducts programmes in health education.

Modern hospitals are open 24 hours a day. Their personnel render services for the cure and comfort of patients. In the operation theatre, skilled surgeons perform lifesaving surgeries. In the nursery, newborns receive the tender care of trained nurses. In the laboratory, expert technicians conduct urine, stool and blood tests, vital to the battle against disease. In the kitchen, cooks and dieticians prepare balanced meals that contribute to the patient's speedy recovery.

A hospital aims at the speedy recovery of patients. That is why its rooms are equipped with air-conditioners, call-bells and other devices. Several hospitals have libraries which provide books for the patients. The telephone keeps the sick in touch with their friends and relatives. In most hospitals today, patients have newspaper and barber services in

their rooms. Many hospitals, keeping in view the recreation needs of their patients, have provided televisions and radio sets in their rooms/wards. To save the precious time of the medical staff, secondary duties, like explaining the diagnosis and line of treatment to the patients and their attendants, are entrusted to another section of the staff called 'medical social workers'. In hospitals, therefore, the endeavour is to provide the best possible facilities to the patients within the hospital's resources.

3.2 Nature and Scope of Hospital

Human beings make a society. Healthy human beings make a healthy society. However, every society has its share of unhealthy human beings. Illness disease and invalidity may be a curse for society; but their victims certainly are not. They are as much a part of society as the healthiest of individuals.

In the past, an individual afflicted by a wound or disease was condemned to suffer and fend for himself. In those primitive days, the healthy never assisted or looked after the afflicted. The practice was to consider such an afflicted person a spent-force and no longer useful to society. Thus, complete isolation from society was the tragic lot of one who fell ill. No attempt was made to ascertain the causes and suggest cures for ailments. The belief, then, was that illness was caused either by evil spirits or was a punishment for one's misdeeds. Later, the 'tribe' assumed the responsibility of looking after the sick who were considered victims of a magic spell, by appeasing or scaring away the evil spirits with a counter-curse.

As civilisation advanced from the individual to the family, from family to the tribe and finally to the organised community, society acknowledged a common responsibility towards the sick. It was only when civilisation progressed that man sought to provide for the welfare of his fellow beings (other than his own kith and kin).

Illness creates dependency. The sick need medical treatment, nursing care and shelter. With the advent of the modern society, the institution developed to cater to the needs of the sick was the hospital.

3.2.1 Changes in Hospital Organisation

As far as voluntary hospitals are concerned, many religious groups ran family-style, mission-oriented service centres for the sick. As these grew into larger and larger modern institutions, the outward and inward pressures to adapt to the changes in society became evident.

In spite of various reports submitted by the different committees, modern hospitals in India have, for the most part, been organised along British lines with strict hierarchical structure. Government hospitals have to face increasing bureaucratic difficulties at different levels before goods and services are received. Traditionally, the Medical Director or Medical Superintendent is the head of the organisation with the matron handling the nursing staff, maintenance, house-keeping, linen and other non-medical departments. There are delays, frustrations and inefficiencies as revealed by the discussions held with the heads of various government and semi-government hospitals and in hospital seminars. The unhealthy growth of trade unions in hospitals has only added to the difficulties.

During the past three decades, the organisation of hospitals in India has come in for severe criticism, as is reflected by increasing labour protests of all kinds and rising public sentiment voiced against existing medical conditions. Hospitals today are straining under the yoke of a type of organisation more suited to a previous century. The changing times and needs of today should be the basis for a suitable system of organisation. Organisational change is a requisite for organisational improvement and only a planned change is likely to be effective. Increasing specialisation is leading to fragmentation. Functional specialisation must give way to interfunctional integration to maintain organic harmony.

With the increasing complexity of medical care and acceptance of the hospital as a service, adjunct services to supplement the usual medical and nursing care are to be developed. These involve medical social work, linen and laundry management, nutrition, housekeeping, medical record technology, medical laboratory technology, hospital accounting, physiotherapy and more complex record and business procedures. As modern hospitals have to perform more complex functions, employ highly skilled personnel and provide better facilities, their organisations have grown increasingly complex and their operations more costly. These consequences, interacting with or affected by developments outside the hospital have, in turn, led to new phenomena and situations, namely, the appearance of hospital administration and human resource management as professions, the advent of voluntary pre-payment plans for hospital service and medical care, and a more prominent role of government, at all levels, in the hospital field, especially in the construction and financing of hospitals. While similar pressure for social change has resulted in several industrial concerns in India attempting to change from the hierarchical organisation to the functional model, there has been little or no realisation in the hospital organisations of this need to change.

3.3 Classification of Hospital

Hospitals have been classified in many ways. The most commonly accepted criteria for the classification of the modern hospitals are: (a) length of stay of patients (long-term or short-term), (b) clinical basis, and (c) ownership control basis.

Classification according to ownership/control

On the basis of ownership or control, hospitals can be divided into four categories, namely, public hospitals, voluntary hospitals, private nursing homes and corporate hospitals.

Public hospitals: Public hospitals are those run by the Central Government, state governments or local bodies on non-commercial lines. These hospitals may be general hospitals or specialised hospitals or both. General hospitals are those which provide treatment for common diseases, whereas specialised hospitals provide treatment for specific diseases like infectious diseases, cancer, eye diseases, psychiatric ailments, etc. General hospitals can diagnose patients suffering from infectious diseases, but refer them to infectious disease hospitals for hospitalisation, as general hospitals are not licensed to treat infectious-diseased patients.

Voluntary hospitals: Voluntary hospitals are those which are established and incorporated under the Societies Registration Act, 1860 or Public Trust Act, 1882 or any other appropriate Act of the Central or state government. They are run with public or private funds on a non-commercial basis. No part of the profit of the voluntary hospital goes to the benefit of any member, trustee or to any other individual. Similarly, no member, trustee or any individual is entitled to a share in the distribution of any of the corporate assets on dissolution of the registered society. A board of trustees, usually comprising prominent members of the community and retired high officials of the government, manages such hospitals. The board appoints an administrator and a medical director to run such voluntary hospitals. These hospitals spend more on patient care than what they receive from the patients. There is, of late, a trend among voluntary hospitals to charge reasonably high fees from rich patients and very little from poor patients. Whatever they earn from the rich patients of the private wards, spend on the patients of general wards. However, the main sources of their revenue are public and private donations and grants-in-aid from the Central Government, the state government and from philanthropic organisations, both national and international. Thus, voluntary hospitals run on a 'no profit, no loss' basis.

Private nursing homes: Private nursing homes are generally owned by an individual doctor or a group of doctors. They admit patients suffering from infirmity, advanced age, illness, injury, chronic disability, etc., or those who are convalescing, but they do not admit patients suffering from communicable diseases, alcoholism, drug-addiction or mental illness. There is, however, no uniform definition for nursing homes. The phrase may refer to out-of-home care facilities that offer a range of services similar to many found in a hospital. These nursing homes are run on a commercial basis. Naturally, the ordinary citizen cannot usually afford to get medical treatment there. However, these nursing homes are becoming more and more popular due to the shortage of government and voluntary hospitals. Secondly, wealthy patients do not want to get treatment at public hospitals due to long queues of patients and the shortage of medical as well as nursing staff leading to lack of medical and nursing care.

Corporate hospitals: The latest concept is of corporate hospitals which are public limited companies formed under the Companies Act. They are normally run on commercial lines. They can be either general or specialised or both.

Classification according to length of stay of patients

A patient stays for a short-term in a hospital for treatment of diseases such as pneumonitis, appendicitis, gastroenteritis, etc. A patient may stay for a long-term in a hospital for treatment of diseases such as tuberculosis, cancer, schizophrenia, etc. Therefore, a hospital may fall either under the category of long-term or short-term (now known as chronic-care or acute-care hospital respectively) according to the disease and treatment provided.

Classification according to clinical basis

A clinical classification of hospitals is another basis for classification of hospitals. Some hospitals are licensed as general hospitals while others as specialised hospitals. In a general hospital, patients are treated for all kind of diseases such as pneumonitis, typhoid, fever, etc. but in a specialised hospital, patients are treated only for those diseases for which that hospital has been set up, such as heart diseases, tuberculosis, cancer, maternity, ophthalmic diseases, etc.

Classification according to directory of hospitals

The *Directory of Hospitals in Nigeria* lists the various types of hospitals and the types of management.

Types of hospital

(i)   General hospital: All establishments permanently staffed by at least two or more medical officers, which can offer in-patient accommodation and provide active medical and nursing care for more than one category of medical discipline (e.g. general medicine, general surgery, obstetrics).

(ii) Rural hospital: Hospitals located in rural areas permanently staffed by at least one or more physicians, which offer in-patient accommodation and provide medical and nursing care for more than one category of medical discipline (e.g. general medicine, general surgery, obstetrics).

(iii) Specialised hospital: Hospitals providing medical and nursing care primarily for only one discipline or specific diseases (e.g. tuberculosis, ENT, eyes, leprosy, orthopaedic, paediatrics, gynaecological, cardiac, mental, cancer, infectious disease and venereal diseases). The specialised departments, administratively attached to a general hospital and sometimes located in an annex or separate ward, may be excluded and their beds should not be considered in this category of specialised hospitals.

(iv) Teaching hospital: A hospital to which a college is attached for medical/dental education, nursing education and other allied health professions.

(v)   Isolation hospital: This is a hospital for the care of persons suffering from infectious diseases requiring isolation of the patients.

Types of management

(i)   Federal government of Nigeria: All hospitals administered by the government of India, viz. hospitals run by the railways, military/defence, mining, or public sector undertakings of the federal government such as teaching/specialist hospital.

(ii) State government: All hospitals administered by the state government authorities and public sector undertakings operated by state such as state university teaching hospitals, specialist hospitals, general hospitals, comprehensive health centres.

(iii) Local bodies: All hospitals administered by local governments, viz. the rural and basic health centres (primary health care centres), dispensaries.

(iv) Private: All private hospitals owned by an individual or by a private organisation.

(v)   Voluntary organisation: All hospitals operated by a voluntary body/a trust/charitable society registered or recognised by the appropriate authority under federal/state government laws. This includes hospitals run by missionary bodies and cooperatives.

(vii) Corporate body: A hospital ran by a public limited company. Its shares can be purchased by the public and dividend distributed among its shareholders.

4.0 CONCLUSION

This introductory unit looked at three specific areas to give the background of the course such as definition of hospital, nature and scope of a hospital, changes in hospital organisation and different classifications of hospitals.

5.0 SUMMARY

The hospital is one of the most complex of all administrative organisations. Therefore, it requires a thorough knowledge not only of the hospital set-up but also of its meaning, history, classification, peculiar conditions prevailing in hospital administration, etc. before one can undertake to study its human resource management.

6.0 TUTOR-MARKED ASSIGNMENT

How can the hospital be classified?

7.0 REFERENCES/FURTHER READING

Akinyele, D.K. (1999). *Principles and Practice of Management in Healthcare Services*. Ibadan: Intec Printers Ltd.

Blackiston's New Guild Medical Dictionary. (1956). New York: McGraw-Hill.

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UNIT 2   HOSPITAL ADMINISTRATION

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    3.7   Counselling as a Tool in Hospital Administration
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1.0   INTRODUCTION

This unit will be delving into hospital administration, what it means distinction between a hospital and an industrial organisation, functions of the hospital, hospital ethics, challenges to hospital administration, conditions peculiar to administrative work in hospital, role of hospital administrators in legal matters and counselling as a tool in hospital administration. You are getting deeper into the journey of this course, I am sure your knowledge will increase and it would be an academic journey of note. Happy reading.

2.0   OBJECTIVES

At the end of this unit, you should be able to:

* differentiate between a hospital and an industrial organisation
* state the functions of the hospital
* explain hospital ethics
* enumerate some conditions peculiar to administrative work in hospitals
* list the role of hospital administrators in legal matters
* discuss the role of counselling in hospital administration.

3.0 MAIN CONTENT

3.1 Distinction between a Hospital and an Industrial Organisation

Though hospitals have been compared to industries, there is a distinct difference. The product of a hospital is service to people provided by its personnel with a variety of skills. The nature of the demand for hospital services is also distinctive to the hospital - as admission to the hospital for services is rarely voluntary. The decision is made for the patient; he is ill and requires services which cannot be provided at home.

The patient leaves home, family, friends, his workplace, his way of life for a new environment i.e. the hospital. In this new environment, he becomes one of many. In his home, he has a definite role. In the hospital, his role is similar to 30 or 40 others in the ward or unit in which he is a patient. If he is a patient in a multiple-bed unit and confined to bed, he is housed with strangers and carries out several intimate functions in the presence of these strangers. He is subjected to a new set of values and a new way of life. In his environment, he meets many new people, and he is expected to relate and communicate with them. On occasions, patients encounter more than 30 different hospital personnel in the room in one day, each performing different functions.

A hospital deals daily with the life, suffering, recovery and death of human beings. For the direction and running of such an institution, its administrative personnel need a particular combination of knowledge, understanding, traits, abilities and skills.

3.2 Functions of the Hospital

Though there are many functions of a hospital, all of them are subordinate to its main objective and must never be allowed to detract in any respect from the care given to the sick and injured. Therefore, generally, the main functions of a hospital can be classified into four:

1. **To provide care for the sick and injured:** This can be done by accommodating them according to their physical condition and financial status. When we talk of physical condition, we mean that some patients are seriously ill and require admission in intensive care unit while others are not seriously ill and can be accommodated elsewhere (e.g. in deluxe room, single room with AC and without AC, semi-private room and general ward) according to their financial status. There may be some patients who may require isolation. In that case, they should be kept in isolated rooms, but the building should be kept always in a good state of

repair, pleasing appearance and providing the patient every mental and physical comfort. In every hospital, there should be sufficient diagnostic and treatment facilities available such as medical laboratory, X-ray, ultrasound, MRI and CT scan for diagnosis and operation theatre for surgery, labour rooms for delivery, nursery for children, physical therapy for rehabilitation of patients, so that they may be properly treated.

2. **Training of physicians, nurses and other personnel:** They receive their training in both theory and practice in approved schools and colleges. Therefore, a hospital being a complex and specialised organisation must employ highly trained personnel so that they may train others. Particularly in the branch of medical and paramedical education, different associations/councils play very important roles. They make surveys of hospitals and accord their approval. Only these approved hospitals can provide training in medicine, nursing, dietetics, pharmacy, physiotherapy, administration, medical social work, medical record library, X-ray and medical record technology, etc. Capable boys and girls should be attracted to such courses as a career which offers them fair remuneration, opportunities for self-development and reasonable security.

3. **Prevention of disease and promotion of health:** It is the duty of the hospitals to cooperate with the government agencies. They can treat patients of communicable and non-communicable diseases, notify to the recognised authorities of any communicable disease of which it has knowledge, assist in vaccination programmes of the government, etc.

4. **Advancement of research in scientific medicine:** In light of the broad social responsibility for maintaining and restoring the health, it is an important function, but no hospital is permitted to do direct experiments on patients. It must resort to necessary tests in laboratories and on animals. They can do so by making observation of functions of the body in health and in disease but they will have to maintain clinical record of patients accurately for which they have to engage qualified and trained medical record technicians who will preserve the record in such a manner that it can be made available for study at any time to physicians and surgeons.

3.3 Hospital Ethics

The code of ethics of hospitals goes hand in hand with the code of ethics of physicians. Both of them are required to follow their ethics to render care to the sick and injured. As far as the hospital code of ethics is concerned, it was developed nearly half century ago, but the code of ethics of physicians has been in existence since the days of Hippocrates who lived about B.C. 460-377. Today, the code of medical ethics has

become the fundamental law of the hospital and is applicable to all its personnel, including the trustees.

The trustees are required to employ a qualified administrator to keep accurate records, to provide facilities consistent with community needs, to determine fair policies, to set professional standards and to provide protection to the patients during their stay in their hospital. There should be neither solicitation for patients nor undesired publicity of any kind whatsoever. Similarly, personnel of the various professions and avocations are required to maintain the dignity and honour of their profession by discharging their responsibilities to ensure that all patients receive the best care without any unnecessary delay; secrecy about their diseases is maintained and they are not harassed in any way.

The major responsibility of the administrator of a hospital is also to follow the hospital ethics. His relationship with the trustees should be respectful, refraining from any violation of their confidence. He should be courteous in dealing with patients and relatives. No administrator of any hospital can be successful without having cordial relationship with the medical staff. It is his responsibility to understand their difficulties, if any, and solve their problems immediately so that they may render care to the sick and injured to the best of their ability.

The hospital code of ethics clearly states that to render care to the sick and injured, to impart scientific knowledge to its personnel, prevention of disease and promotion of health and advancement of research in health related fields are primary responsibilities of the hospital. Though the hospital has many functions, but all are subordinate to its above-mentioned responsibilities and must never be allowed to detract in any respect. The very personal information given by a patient and observations made during examination and treatment by the staff of a hospital should be held as a sacred trust and should never be revealed except during academic discussions and in a court of law. Modesty of the patient is very important. No one including the treating physician and the nurse has the right to expose the patient unnecessarily. Violation of this rule means the loss of confidence of a patient in the hospital staff. Therefore, each and every hospital personnel including the physician, nurse, laboratory and X-ray technicians, physiotherapists and others should avoid all those acts which would lead to the loss of trust of the patient because whatever patient tells, he does so in good faith and expects that all the information will be kept secret and used only for treatment purpose. Therefore, it is for practical reasons that sincerity, reliability, sobriety and calm/balanced temperament are required of those who are caring for the sick and injured, otherwise, the hospital may lose its respect not only in the eyes of the patient but also of the community because each patient belongs to one community or the other.

Thus, the hospital code of ethics acts as a lighthouse and fixes the responsibility on all those including trustees, administrator, medical staff, administrative staff and other personnel of the hospital who have anything whatsoever to do with the care of the patient to make every effort to ensure that all patients receive the best possible care with minimum delay, with utmost skill and efficiency and with the greatest of personal consideration. They should also extend every courtesy and consideration to any visitor of the hospital. They should maintain secrecy with regard to information of a personal nature received from the patient during the course of treatment. They should not ask for any compensation or reward from any patient.

Thus the human resource development manager should exercise due care in the selection of personnel who can meet the requirements of the positions they occupy and should provide salaries and conditions of service which are commensurate with their qualifications, experience and status so that they may provide efficient and effective service to the patients of the hospital where they work and may not violate hospital ethics by indulging in unethical activities.

3.4 Challenges to Hospital Administration

Challenges to administrative abilities have come from within the health field as well as from the public: For instance, from (a) business and professional leaders who were initiated into the hospital scene as trustees of voluntary hospitals; (b) the large number of physicians who comprise the medical staff of today's hospital and who are especially concerned about the facilities and services available for the care of their patients; (c) professional organisations which prescribe various standards of hospital operation while granting approval to the hospitals; (d) academicians who are concerned about matching what they teach with the requirements of the patients and hospital administrations; (e) labour demanding standards of employment and working conditions at least equal to if not better than those prevailing in other industries; and (f) trustees of the trust hospitals, members of Registered Society Hospitals, shareholders of Corporate Hospitals, and others who have been their own masters and have been operating with no restraints so far will have to face increasing professionalism threatening their power and existence.

These professionals will bring professionalism in running the hospitals, meaning thereby decentralisation in decision making and strategic management to survive in the society. No Chief Executive Officer (CEO) of any hospital will be able to run his hospital without collecting

sufficient funds from his patients rather than from trustees, society members, shareholders, philanthropists, etc.

Of late, a new challenge is that of being environment friendly. When the international focus is on a safe environment, hospitals which do not pay enough attention to this sensitive issue will be eliminated from the community either through enforcement of legal regulations or customers' boycott. This has already begun in the West and will certainly happen here too, perhaps within the next five to ten years.

It should be remembers that creditability and effectiveness are mutually dependent and proportional. The CEO of a hospital must guard his creditability at all cost. He must be able to provide latest technology and vision. He should push for change when it is required in the interest of the patients, employees and the community at large.

The CEO of a hospital will have to serve as a catalyst for relationship building between patients and employees, government agencies and his hospital and between hospitals and his own hospital.

It is also important for the hospital's CEO to be a business practitioner first and then a technologist. His responsibilities include executive communication, budgeting, building relationships, management, problem solving, etc. In order to take care of these responsibilities, a successful CEO must develop sharp business acumen.

Above all, as a CEO of a hospital, he is primarily responsible to facilitate and communicate the hospital's philosophy and vision. This means that he is the key provider of the hospital's philosophy and vision to the patients, employees, government agencies and community at large.

The administrators of earlier hospitals usually were nurses who combined their nursing tasks with the performance of supervision of supply of linen, feeding of patients and housekeeping. As the medical aspects of hospital service became more complex, physicians became administrators. Some Christian hospitals place priests, ministers and particularly sisters in administrative positions.

However, as hospital affairs grew more complicated, some boards of trustees chose men and women from other related fields as administrators. Gradually, skilled administration has come to be recognised as vital for the effective functioning of a hospital in its efforts to fulfill its greater responsibilities to the community, to the health field and in its need to adjust to varying social and economic changes.

3.5 Conditions Peculiar to Administrative Work in Hospitals

The modern world consists of industrial, commercial, governmental, educational, health and military organisations of increasing size and complexity. Moreover, significant changes have taken place in the social, economic and political institutions, which have made the art of management so complex as to require a considerable degree of specialisation. The kind of institution, its size, environment and other variations create radically different types of situations and problems of administration. While the science of administration is common to all institutions, the art of its application requires a wide and varied knowledge and a varying degree of emphasis on particular administrative skills.

A hospital obviously has many organisational and operational elements in common with hotels, industrial organisations and educational institutions. However, a hospital is a unique institution as it includes all activities present in each of the above-mentioned groups. The difference between administrative work in hospitals and in other organisations can be attributed to the existence of the following conditions peculiar to hospitals:

1. The consumers of the services provided in a hospital (the patients) are physically or mentally ill and are rendered services within the four walls of the hospital. As compared with most other institutions of business, government and education, this is an unusual situation and presents quite different problems of management.
2. The customers of the hospital (the patients) have individual needs and require highly personalised and custom-made services. The diagnostic, therapeutic and preventive services provided by physicians, nurses and technicians, with the aid of expensive and specialised equipments and medication are tailored to the needs of each individual customer.
3. In addition to the more common institutional services and functions such as food preparation, general housekeeping, laundry, maintenance, purchasing, personnel, credit and collection and public relations, the hospital also provides a wide range of scientific and technical services such as nursing, diet therapy, anesthesiology, pharmacy, radiology, clinical laboratory, physiotherapy and medical social work. Also, many of its services are provided continuously, round the clock, every day of the year.
4. All these services involve many individuals-the ill customer himself, his emotionally tense relatives and friends, physicians, technologists, clerks and manual labourers. These individuals who are working, suffering, eating and sleeping within a comparatively

small space and in an unusual atmosphere, highly charged with emotion and tension. Only a very capable administrator can adequately understand and effectively deal with the human relations problems arising from these constraints.

5. Nurses and certain other personnel must accept direction from both the matron and the physicians under whom they work closely every day. The human relations problems in such situations of dual authority are much more frequent, delicate, varied and complex than in organisations where this situation does not exists.

6. Handicapped by low wages, rigid discipline and some apprehension of exposure to disease, hospital personnel are expected to maintain a very high level of efficiency, as their functioning affects the lives of patients.

7. Another way in which the responsibilities and activities of the hospital administrator differ from his counterpart in other fields is in the amount and variety of training programmes that the hospital has to provide. Training is provided for medical interns and residents (six months to one year), nurses (three to four years), X-ray technicians (two years), medical laboratory technicians (two years), physiotherapists (four years), pharmacists (two years), medical social workers (two years), dieticians (two years), nurse aides and nursing orderlies (one year). Classroom, clinical and apprenticeship training methods are used in varying combinations. The administrator is responsible for planning and operating these various training programmes. Very few other types of institutions combine such major educational responsibilities with other operating activities.

8. Just as administration in hospitals differs from that in most other fields, similarly, public relations aspects and problems of hospitals are more pervasive, delicate and volatile. The human elements-the consumers (patients), producers of care and services (doctors, nurses and other personnel), the variety of community health agencies, the other competing hospitals, the people in the community (relatives and friends of the patients) - and the conditions and environment in which they are brought together (the hospital), present public relations problems of a sort and variety vastly different from those of most other institutions.

9. The efficiency and quality of health care services in any hospital is directly dependent on the use of bio-medical equipments in diagnosis, surgery and therapeutic process. These equipments invariably employ sophisticated technology made of complex systems. Hence, the problem of maintenance and management of these bio-medical equipments is complex because there is acute shortage of technical hands who have suitable and adequate training in the maintenance and repairing of these specialised hi-tech equipments. At times, spare parts and components are not

available because the models of these equipments undergo frequent change. Next, the local dealers in India by and large do not provide worthwhile after sales service or repair. The poor hospital administrator is in a fix whether to go for hi-tech bio-medical equipments or use conventional methods of treatment. If he opts for the first, he either discards these equipments one after another in view of the above mentioned factors or enhances the cost of treatment. If he does not opt for hi-tech biomedical equipments, he loses his clientele.

10. The introduction of Consumer Protection Act, 1986 and subsequently, the Supreme Court judgment bringing doctors under the purview of this act have evoked diverse reactions. While the public is happy about what they call a long overdue judgment, but the doctors and hospital administrators are not happy as at all as it will worsen the patient-doctor relationship and surely increase the cost of treatment. The poor hospital administrator will have to attend consumer courts for no rhyme or reason in most of the cases as the patients are not only misled by advocates, but the consumer courts issue notices to doctors and hospitals without understanding the nature of complaints filed by patients. In other institutions, such as hotel or industry chief executives can explain to the advocate, in their office, the line of defence to be taken in the consumer courts before the trial begins, but in case of hospitals, their hospital administrators will have to stand by the side of their advocates to explain each step taken in the treatment of patients by doctors, as neither the advocates nor the judges of the consumer courts possess any medical expertise.

11. Hospital waste management is another peculiar condition to administrative work in hospital and has become a burning issues these days for hospital administrators, as increased awareness of health and its related problems amongst the general public has led to the demand for comprehensive health care facilities which in turn require frequent visits to hospitals by the patients to undergo various tests. This results in the escalating amount of hospital waste generation in the environment. This hospital waste is not like domestic waste, but a potentially hazardous waste. Its unscientific disposal can pose serious problems to the public in general and the hospital administrator in particular, as it results in increased morbidity due to chemical and radioactive toxicity in the environment and transmission of various diseases. The conventional waste disposal method does not work at all. Hence the hospital administrator faces another peculiar problem what is not faced by a chief executive of a business organisation or a hotel in disposing of the waste of their institutions.

These peculiarities of hospital administration call for a high degree of professional competence to do justice to the job. It is, therefore, obvious that hospital administration should be entrusted to those who have the necessary training and the right kind of attitude to perform this vital task.

3.6   Role of Hospital Administrators in Legal Matters

Though all hospital administrators are not qualified legal persons yet they are supposed to possess sufficient knowledge of the Indian laws to be able to take decisions on legal matters. For example, if he wants to terminate a contract with the contractor who is building a particular portion of the hospital building he needs to have knowledge of the Nigerian Contract Act. Similarly, if he wants to terminate services of an employee, he should know the provisions of the Industrial Employment Standing Orders Act, the Industrial Disputes Act and the principles of natural justice. No doubt he is briefed by the law officer of his hospital before he takes decision on any legal matter, but he is still required to have some knowledge of the laws. Secondly, all hospitals cannot afford to engage full time law officers or retain part time legal advisors. It is the hospital administrator who keeps the reign of legal kingdom in his hand in small and medium size hospitals and decides all matters rightly or wrongly on the basis of his knowledge and common sense. Thirdly, the hospitals are no longer immune to legal suits due to reinduction of the Industrial Disputes Act, 1947 and application of the Consumer Protection Act, 1986. These acts have made employees as well as patients more conscious about their rights and privileges and they expect better working conditions and services from the hospital administrator. Thus the hospital administrator has crucial role to play in legal matters these days.

CEO's vision to improve hospital services

What does a hospital employee want from his job? Money, security and career development can be high on the list for most of them, but Mike Rudd, Logistics Director at Bulmers, says that what really motivates employees is sharing the CEO's vision. Though it sounds odd, with the new world of independent and short stay of personnel, it is true. The CEO should communicate his vision about the hospitals as well as involve the employees at every step. They should be invited to give their views and discuss how they would work towards the vision. It would be easy to say that such as activity is nothing more than a paper exercise, but it can be very productive and useful because each individual's job contributes towards achieving the vision. The process should entail remaining firmly focused on the CEO's vision in conversations and meetings. Thus, one can defuse difficult situations very quickly by

understanding where the personnel are, why they are there and where they need to go next so that everyone in the hospital begins to work in a better way and the vision of the CEO becomes the vision of each and every employee of the hospital.

The focus should be on people first and always on caring rather than managing. The following approach works in good as well as bad times:

1. Share the vision with high and low personnel leaving no place for suspicion.
2. Share even confidential information, personal hopes and fears to create a common vision and promote trust.
3. Seize every opportunity such as open doors, management by walking around, networks, etc. to make a point, emphasise values, disseminate information, share your experience, express interest and show your care and concern.
4. Recognise performance and contribution of your personnel.
5. Use incentive programmes whose main objective is not compensation but recognition.

3.7 Counselling as a Tool in Hospital Administration

No institution can be more sensitive than a hospital because it deals with life and death of its patients. A slightly indifferent attitude on the part of the employees in a factory can reduce production, which can well be made-up once they reach an amicable settlement with the management. But this is not so in a hospital. If a patient dies due to indifference or work-to-rule attitude on the part of the hospital employees, there can be no making up thereafter. Therefore, no hospital administrator can afford to cause resentment amongst his employees; he will have to create a team of dedicated employees who should serve the patients with smiling faces directly or indirectly such as employees of nursing service department or central supply room. To create a team of dedicated employees, a hospital administrator needs to establish a relationship with them based upon trust and confidence. While talking to them, he should not only empathise and be on the same level with them but sometimes should even communicate something on a very personal level to understand their problems. Like a counsellor, he not only needs to deal with their grievances from their stand point but also should listen to them with genuine and sincere concern. Therefore a hospital administrator needs to possess the following attitudes:

1. Respect
2. Genuineness
3. Empathy
4. Self-disclosure

5.   Concreteness
6.   Understanding
7.   Forgiving
8.   Jovial personality
9.   Listening
10. Humour

The author strongly advocates that a hospital administrator, like a counsellor needs to be of a jovial and humorous nature as also forgiving and religious minded. The aforementioned attitudes will certainly play a significant role than ever before because health care institutions are becoming multidimensional and highly specialised day by day. It is therefore suggested that all hospital administrators should not only be qualified administrators but they should also be well versed in human psychology, legal matters and couselling techniques.

4.0   CONCLUSION

We see that special care facilities in hospitals distinguish modern hospitals from those of the pre-independence era. Today, hospitals are better known for their specialty and super-specialty services. New concepts have also been introduced in the management of hospitals, like day-care services and transfer of specialised diagnostic and therapeutic services from in-patient to out-patient areas. There is immense scope for using innovative managerial skill: (a) in running the specialty and super-specialty services specialty and super-specialty services; (b) to create an environment for professional excellence for high-quality care; and (c) to provide services more economically. These functional changes have necessitated a specific managerial approach. Modern equipment and facilities call for a specific hospital design and plan. Framing of norms and standards of programming, designing, equipping and staffing such special-care services are the need of the day. Special facilities require professional and managerial skills to optimise the use of available resources. Hospital administrators have realised now the need for scientific hospital administration in the running of their hospitals.

5.0   SUMMARY

We have gone through the distinction between a hospital and an industrial organisation, functions of the hospital, hospital ethics, etc. in this unit to enrich our learning process. Now, let us attempt answering these questions.

6.0 TUTOR-MARKED ASSIGNMENT

(1) Compare and contrast between a hospital and an industrial organisation.
(2) Discuss the functions of the hospital.
(3) Why is couselling an important instrument used in the hospital environment?

7.0 REFERENCES/FURTHER READING

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UNIT 3 HUMAN RESOURCE MANAGEMENT IN HOSPITALS

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1.0 INTRODUCTION

Over the years, the importance of human factor in the accomplishment of organisational objectives has increased considerably because of increasing competition and globalisation of management. Nowadays, the people at work are considered the most important factor of production in factories and of service in hospitals from the point of view of management. There is growing awareness on the part of the academicians and the professional managers to review management as a process concerned basically with the management of people because a tremendous overhaul is under way on the human resource management front. These days the thrust is on to create a workplace that motivates, retains and gets the best out of people. Therefore, different organisations are adopting different strategies. Hewlett Packard India has introduced new concepts such as flexible time off-an employee can exchange his weekly off day for any other day to meet his social commitment and or domestic chores. The Houghes Software Systems has launched an ethics

programme called 'integrity' to boost honesty along with productivity. All employees are encouraged to report any unethical practices they observe around them. They want everyone to challenge everything that is wrong in the organisation. Stock options are being increasingly favoured both as a means of reward and to promote a sense of ownership that helps organisations in retaining their personnel. In general electric company, employees are rewarded through shares for good performance. These shares are usually redeemable after three years and the employees gain as the value of the shares increases. The approach seems good but the path to the perfect human resource management is still slippery. Most organisations encounter teething troubles because employees sometimes find the new ideas a bit too radical. Therefore, in the rapidly changing management scenario, human resource management has an important role to play.

2.0   OBJECTIVES

At the end of this unit, you should be able to:

- briefly discuss the nature of human resource management
- state the assumptions of human resource management
- discuss the fundamental principles of human resource management
- explain what human resource utilisation is
- describe human resource development, human resource management and personal management
- list the characteristics of human resource management
- enumerate the functions of human resource management.

3.0   MAIN CONTENT

3.1   Nature of Human Resource Management

It is rather difficult to express the true nature of human resource management. Human resource management is concerned with the management of people at work. It reflects a new philosophy, a new approach and a new outlook. The human factor plays such an important role in the field of management that some people consider human resource management and management as one and the same thing. As Appley observes: "Management is the development of people and not the directions of things."

3.2   Assumption of Human Resource Management

Human resource management integrates and emphasises on performance appraisal, career planning, training and development, organisational

development, systems development, incentives, welfare measures etc. The important assumptions of the human resource management are that the members of an organisation are reservoirs of untapped resources, top management should take the initiative to tap those reservoirs, it should formulate plans and strategies and create a conducive climate for their implementation, should develop a culture in which emphasis is mostly placed on harmonious relationship amongst all members off the organisation, the thrust should be on self-development of all its members and finally the members as well as the organisation should be benefited when the organisation undergoes development. Thus, it essentially incorporates all those expectations which are not being fulfilled through the traditional personnel management.

Human resource management openly lays its claim on a fundamentally different relationship between the organisations' employment function and its strategic role. The assumption lying behind human resource management is that it is essentially a strategically driven activity which is not only a major contributor to that process but is a determining part of it. From this standpoint, the contribution which the management of the employment relationship makes the overall managerial process is as vital and informative as that of finance or marketing.

3.3   Fundamental Principles of Human Resource Management

Human resource management of an organisation represents one of its largest investments. Therefore, it is of utmost importance to deal with its human resources sympathetically and tactfully. Peter Drucker in his book, Practice of Management (Heinemann, 1959), wrote. "An effective management must direct the vision and effort of all managers towards a common goal." His concept of a visionary goal-directed leadership is fundamental to human resource management. While Douglas McGregor advocated management by integration and self-control. He believed that a management philosophy needed to be built up, based on attitudes and beliefs about people and the managerial role of achieving integration.

Thus human resource management is an approach to the management of people based on the following fundamental principles:

1.   Human resource management is concerned with integration by getting all the members of the organisation involved so that they may work together with a sense of common purpose.
2.   Human resource policies of the organisation should be fair to all. They should make a major contribution to the achievement of an organisation's objectives as well as provide conducive atmosphere of working to the employees so that their output is maximum.

3. Human resources are the most important assets and their tactful management is the key to success of an organisation.
4. The culture and values of an organisation exert enormous influence on the organisation. Therefore, organisational values and culture should be accepted and acted upon by one and all in the organisation.

If the aforesaid fundamental principles are followed in letter and spirit, human resource management will tap a reservoir of untapped resources, develop a culture in which utmost emphasis will be placed on harmonious superior-subordinate relationship, and will create an overall climate in which the organisation and its human resources will be able to do their best for each other.

3.4   Human Resource Utilisation

No organisation can survive for long without proper utilisation of its human resources. Therefore, it is essential to treat them with dignity as adults and partners. These fundamental human values can provide a base for closer ties between management and its personnel. Once both parties have a clear understanding of each other, industries can have maximum production and hospitals/hotels can provide best service.

The following steps should be taken to improve the use of human resources:

1. Improve recruitment, selection and induction programme
2. Increase manpower budget
3. Introduce incentive scheme
4. Start work measurement system
5. Introduce training programmes based on training needs
6. Lay emphasis on new technology
7. Stress on future planning.

Thus, proper human resource utilisation will not only be in the interest of the organisation but of the nation as well.

3.5   Human Resource Development, Human Resource Management and Personnel Management

Human resource development is the main function of human resource management. Every organisation has the responsibility to develop its human resources if it wants to remain operational and grow further. In the modern times, human resource development is the primary task for any organisation. Its survival and growth depend on human resource development. Organisations have now realised that employees are

human beings and if their talent is developed, they can be of immense help. This is the reason that the employees in scientifically and professionally managed organisations are being helped in a continuous and planned way so that they can acquire capabilities required to perform various functions associated with their present or future roles, develop their inner potentials for their own as well as organisational development processes and also develop an organisational process and culture in which human relations are better and more emphasis is laid on teamwork which lead to professional well-being, motivation and instill a sense of pride in the employees.

Human resource management is a process of bringing an organisation and its employees together so that the goals of the employees as well as those of the organisation are met. It is part of the management process which is concerned with the management of human resources in an organisation. It tries to secure the best from employees by winning their confidence and wholehearted cooperation. Human resource management, therefore, involves all managerial decisions, philosophy, policies and practices that directly influence human resource. It is a process consisting of acquisition, development, motivation and maintenance of human resources. It means that human resource management includes human resource planning, job analysis, job design, acquisitions, training and development, compensation, benefits and rewards, safety and welfare, motivation, employee participation in management, organisational development, performance appraisal, job evaluation, human relations, employee counselling and human resource information system.

Personnel management is concerned with the manpower planning, recruitment, selection, orientation, salary administration, performance appraisal, training, working conditions, safety, welfare, promotion, transfer, collective bargaining, disciplinary action and resignation/termination/retirement. According to Flippo, "Personnel Management or Human Resource Management is the planning, organising, directing and controlling the procurement, development, compensation, integration and maintenance of people for the purpose of contributing to organisational, individual and social goals."

Flippo also emphasises that various managerial functions relating to, procurement and maintenance of people in an organisation comes under personnel management. The term "human resource management" used synonymously with personnel management signifies the staffing function of management. However, some people distinguish between human resource management and personnel management by including personnel responsibilities in respect of operative positions (workers) under human resource management and those with regard to managerial

positions under staffing. But this distinction is useless in practice. It is because human resource management is concerned with the management of human resource of an organisation consisting of all individuals engaged in any of the organisational activities at any level. Some others distinguish between human resource management and personnel management by stating that human resource management deals with planning, recruitment, selection, orientation, salary administration, performance appraisal, training, working conditions, safety, welfare, health services, promotion, transfer, separation, communication, couselling, collective bargaining, disciplinary actions and personnel audit. Thus human resource management deals only with bright side of the personnel activities and personnel management deals both with the bright as well as dark side of the personnel activities of an organisation. Therefore, human resource management is a narrower term, whereas personnel management is a wider term. The author does not want to add further to this controversy and is personally against it.

There is no denying the fact, however, that human resource management is characterised as being employee oriented with an emphasis on the maximisation of individual skills and motivation through consultation with the workforce so as to produce high levels of commitment to organisational strategic goals. It is a resource to be used to its fullest capacity. It is an asset to be invested in. As far as human resource management is concerned, it is non-strategic, reactive and preventive. Human resource management certainly stressed those expectations which are not being fulfilled through personnel management. Therefore, human resource management is depicted as having an agenda which addresses business-related issues and thereby contributes to the overall success of the organisation in a proactive manner while personnel management is depicted as having an agenda set for it by the more mundane requirements of the day, in a more reactive manner. Thus some people view personnel management as curative and human resource management as preventive by nature.

In its essence, human resource management is a strategic approach to the acquisition, motivation, development of the organisation's human resources. It is a specialised field that attempts to develop programmes, policies and activities to further the satisfaction of individual and organisational needs, goals and objectives. It is devoted to establishing proper organisational culture and introducing programmes which reflect and support the care values of the organisation and ensure their success. Human resource management is the qualitative improvement of human beings who are considered the most valuable assets of an organisation. It is, no doubt, an outgrowth of the older process and approach. But it is much more than its parent discipline, viz. personnel management. Its

approach is multidisciplinary from the beginning to the end, is more comprehensive and deep rooted than training and development.

3.6 Characteristics of Human Resource Management

(i)   Human oriented: Human resource management, as the name suggests, is concerned with the management of human resource of an organisation consisting of all individuals engaged in any of the organisational activities at any level. It deals with human relationship within an organisation. It is the process of bringing people and organisation together to achieve their goals.

(ii) Development oriented: Human resource management lays stress on development of employees' potential, capacity, interest and their personality. It helps the employees to get maximum satisfaction out of their work.

(iii) Pervasive in nature: Human resource management is very wide in its nature. It is concerned with the management of human resource of an organisation consisting of all individuals engaged in any of the organisation's activities at any level. Again, human resource management is pervasive in nature as people are necessary ingredients in any organisation. The human resource of an organisation consists of all individuals at all levels. It has wide coverage. It is not confined to industry alone. It equally applies to all types of organisations-government, non-government, educational, social, religious, etc. Moreover, it is not confined to personnel functions alone but to all the functional areas, i.e. production, marketing, finance, etc. in factories and nursing, medical, paramedical, housekeeping, maintenance, etc. in hospitals.

(iv) Continuous process: Human resource management is a continuing and never ending process. It flows like a river continuously and is not stationary like a pool or pond. It cannot be switched on and off like an electric bulb. It is a constant function of an organisation whether be it an industry or a hospital.

(v)   Multi-disciplinary: Human resource management deals with human beings which have feelings and emotions too. Therefore, it is imperative to apply the doctrines of economics, anthropology, sociology and psychology, etc. to deal with them effectively.

(vi) Developing discipline: Human resource management is a developing discipline and is of recent origin as compared to the other specialised functions of management, i.e. productions, marketing or finances. It made its humble beginning only in the latter part of the nineteenth century.

(vii) Management oriented: The human resource department operates in an auxiliary or advisory capacity to other departments in the

organisation. It exists to assist and advise the line and operating managers to do their personnel work effectively.

3.7 Functions of Human Resource Management

Human resource management is a staff function. Human resource managers advise line managers throughout the organisation. Furthermore, personnel requirements of the organisation may vary from time to time. The following functions of the human resource department try to keep the organisation going smoothly and efficiently by supplying with the right type of personnel in the right position, when they are needed. However, it is the first and foremost duty of the human resource manager to see that square pegs are not fitted into round holes.

1. Policy formulation
2. Staff function
3. Line function
    i. Procurement
    ii. Development
    iii. Compensation
    iv. Integration
    v. Maintenance
    vi. Records and research and
    vii. Personnel information system
4. Control
5. Managerial
    i. Planning
    ii. Organising
    iii. Directing and
    iv. Controlling.

Policy formulations: One of the important functions of the human resource management is to prepare new policies and revise the existing ones in the light of the experience gained in the area of human resource management. However, those organisations which do not formulate policies for human resource management may find that they are not meeting either their personnel requirements or their overall goals effectively. To be meaningful, human resource policy formulation must consider both the strategic plan and the external environment of the organisation.

Staff function: Line managers come across various problems in their day-to-day management which can be solved satisfactorily with the advice of the personnel or human resource department. These problems may relate to employee's grievances in connection with distribution of overtime work, promotion, transfer, disciplinary action, etc. Advice

given to them from time to time should be objective and legal; otherwise it will spoil human relations at work.

Line functions: Line functions consist of procurement, development, compensation, integration and maintenance of the human resource of the organisation to achieve the organisational goals. Candidates are usually selected through newspapers, professional journals, employment agencies, words of mouth and campus visit to colleges and universities. Selection involves various techniques such as short-listing the application forms, interviews, tests, reference checks, etc. Orientation is designed to help the selected candidates fit smoothly into the organisation. Newcomers are introduced to their colleagues, acquainted with their responsibilities and informed about the organisation's culture, policies and their behavioural expectations. Training aims to increase employee's ability to contribute to organisational effectiveness.

It is designed to improve their skills in the present job and to prepare them for promotion. Performance appraisal is done to let an employee know about his performance. Low performance may prompt corrective action such as additional training or demotion and high performance may merit a reward such as raise in salary or promotion. The appraisal is done by the employee's supervisor, but the human resource department is responsible to establish the policies that guide performance appraisals. Promotion and separation are other major aspects of human resource management.

Control function: 'Personnel' is not just a benevolent helper, like other staff groups, it is often assigned authority laden control roles that line managers may view as restrictive. Two important control roles which find place in management literature are auditing and stabilisation. "Auditing refers to the monitoring by the human resource department of the performance of line and other staff departments to ensure that they conform to established personnel policy, procedures and practice in various personnel areas. Stabilisation involves seeking approval of the human resource department by the line managers before they take any action. For example, granting annual increment, solving union's grievances, taking disciplinary action against erring employees or rewarding the others, etc. The underlying objective is to ensure proper coordination between various departments vis-à-vis organisational objectives."

Management functions: Like other functional departments, human resource department also performs managerial functions like planning, organising, directing and controlling in respect of human resource department. Through planning, managers constantly shape and reshape their organisations. They decide in what direction they want their

organisations to go and accordingly, make the plans and decisions to get there. By organising, managers shape relationship with organisational structures and thereby lead employees into the organisation's future. To achieve the organisation's goal, it is necessary to make the organisation's structures effective, otherwise the process of preparing people to work efficiently may collapse. A sensible strategic plan and sensible organisational structure result in the fulfillment of organisational goals. To translate these decisions into actions, managers encourage and support the people who carry out the plans and work within the structures. The managerial effort to keep people focused on the goals of an organisation involves the process of directing. Finally, controlling helps the managers monitor the effectiveness of planning, organising and directing and take corrective measures as needed. The process of ensuring that actual activities conform to planned activities is called controlling. Management control is a systematic effort to achieve organisation's objectives.

3.8 Importance of Human Resource Management

The importance of human resource management can be judged from the following points of view:

For the organisation

(i)   Maintaining adequate manpower supply through recruitment, selection, placement, training and promotion policies.
(ii)   Developing right attitudes and required skills among employees through training, refresher courses, workshops and performance appraisal.
(iii) Maintaining high morale of workers through incentive schemes, workers' participation in management and proper grievance handling and redressal policies and procedures.
(iv)   Developing good industrial relations by treating the workers as human beings and thus reducing loss caused by unnecessary strikes and lockouts.

For the employees

(i)   Improving quality of work life through various welfare measures.
(ii)   Enhancing the dignity of labour through workers' participation in management and treating them as human beings.
(iii) Raising workers morale by giving them opportunities for personal development and job satisfaction.

For the society

(i)   Maintaining good industrial relations and thus minimising loss caused by frequent strikes and lockouts.
(ii)   Increasing productivity through workers' participation and motivation.
(iii) Better utilisation of human resource through proper recruitment, selection, placement and training.
(iv)   Maintaining adequate manpower supply through appropriate manpower planning and training policies and procedures.

3.9 Use of Hi-Tech Machines - An Adjunct to Human Resource Management

It is high time for management of all kinds of organisations such as industries, hotels or hospitals, to make full use of hi-tech machines. Though these machines may seem costly in some of their areas, yet they can increase efficiency, save time and reduce human bias to a great extent. So far as industries and hotels are concerned, their management accepted hi-tech machines in all areas of their work quite some time back because they had the financial resources. However, management of hospitals prefer to utilise hi-tech machines in those areas only where they can increase the output and accuracy of results such as physiotherapy, medical laboratory, X-ray department, operation theatre, laundry, etc; but not in a department like human resource department where they can work manually. But the fact remains that by using hi-tech machines in this department as well, hospital management will not only be increasing the efficiency of human resource department, but also minimise the human bias factor to a greater extent. For example, frequently, there are disputes over late reporting on duty between the time office staff and the employees. Installation of computerised electronic time recorder to record arrival and departure time of employees will be of immense use and they will feel that their time has been recorded correctly. Time keeper will have no dispute over the attendance data of employees and the department heads also can get daily information about man-hour employed and lost by their employees. Thus, not only bias factor and differences which arise in the minds of employees, department heads, time keepers and human resource manager will get eliminated, but also daily reports of late arrival and early departure will have a salutary effect on punctuality and regularity. Proxy punching by employees can be prevented, data received from the computerised electronic time recorder when processed further will produce wealth of information for better manpower planning and management. Departmental summary of attendance will show to each department head the available manpower for each shift. Not only this, all the data required for time office for salary calculation will be

available in no time from the computerised electronic time recorder. Thus, installation of just one such machine can avoid misunderstanding which is generally caused by human bias factor and at the same time many reports required by the time office staff, human resource department and concerned departmental heads can be made available within minutes without loss of time.

3.10 Human Resource Manager

Every one admits that human resource management being one of the newest of the arts and sciences is yet to be recognised by the hospitals. They admit further that human resource management is one of the most important and complex responsibilities of the hospital administration where more than 65% of the average hospital's total budget is allocated for pay roll alone. However, one close scrutiny of any hospitals' board meeting, one will find that 40% of the time at these meetings is spent by the board members discussing finances, 20% buildings and equipments, 15% medical, paramedical and nursing problems, 10% services, 10% public relations and 5% miscellaneous matters including human resource management. In spite of the hospital management realising the importance of the people oriented nature of hospital administration, the human resource management in hospitals has been too often the victim of the tendency on the part of some hospital administrators to delegate some responsibility to human resource managers with one hand and take it back with the other.

There is no denying the fact that hospital administrators more often than not burden the human resource managers with additional responsibility of looking after miscellaneous matters such as hospital transport management, housekeeping, public relations, etc., besides the main responsibility of recruitment of personnel. However, in practice, they have neither considered them an important and integral part of the administrative team not they have given directions to the line managers to take seriously the counselling of the human resource managers. In the absence of the above, the line managers are likely to ignore the human resource manager and may continue to make decisions about the personnel of their own. However, if the hospital administrator makes it clear to the line managers that the advice of the human resource manager is to be taken seriously, its influence on day-to-day decisions will grow. However, much will depend on the proficiency of the human resource manager in giving them helpful counsel without trying to usurp their power and authority. In short, if the hospital administrator gives due importance to the human resource manager in the hospital administration, he (human resource manager) can recommend, counsel and cooperate with the line managers and they in turn can actually accept his recommendations and act upon effectively to increase their

efficiency. Only then the hospital administrators can expect from the human resource managers the production of programmes which afford employees the opportunity for continued self-development and the possibility of realising their potentialities.

Though there is a human resource development institute in New Delhi, yet it has not conducted any survey in hospitals according to some reliable source of knowledge of information. Therefore, it is difficult to give a profile of human resource managers based on a study, but the author will like to share his experience on the basis of his knowledge that human resource managers have not been employed even in 1% of the health care institutions in India. However, wherever they have been employed, they are getting salary between fifteen to twenty thousand rupees per month on an average; they are postgraduates or diploma holders either in personnel management or in human resource management; they possess five to fifteen years of experience to their credit.

Human resource managers are particularly remembered when the hospital administration is in trouble either due to strike/demonstration threat given by the employees/their unions, or en masse resignations received from the medical/paramedical/nursing personnel, or another legal threat received from any other corner. Generally, they represent the smallest department in the hospital. Whenever any replacement or extra person is required in any department, requisition for recruitment of personnel duly approved by the hospital administrator is forwarded to the human resource department, which thereafter is primarily responsible to notify the vacancy on the employment exchange or to place an advertisement in the newspapers, conduct interviews and complete necessary formalities with regard to the appointment.

Human resource manager focuses the attention of the hospital administrator and the medical superintendent upon the social and psychological needs of the hospital. He does this by giving sound advice to them. Therefore, he is to serve them as one of the organisation leaders. He must be an active member of the top administrative team, should participate in organisational planning by projecting the organisation into the future, evaluate the present manpower and develop programme to improve skills by conducting surveys which indicate staffing patterns in similar organisations in the regions, and compare them with his own organisation.

3.11 Causes for Poor Human Resource Management

A few services affect the lives of people directly and intimately as these are offered by health care personnel. Therefore, effectiveness of the

health care organisation depends upon the effective role performed by the personnel from top to bottom. However, defective communication system, reluctance to share information, role ambiguity, absence of accurate job description, wrong selection of employees, lack of promotional avenues, poor policies, unattractive salary structures, management action leading to low morale of its personnel, etc. can also be the factors for poor human resource management.

There can be four major causes. One is indiscipline, second is high turnover, the third is poor service by the staff and the fourth is low morale of its personnel. Therefore, human resource manager is to see that there is check on all these four causes in his organisation. He should make sincere efforts to discharge human resource management functions efficiently and systematically. Care has to be taken to ensure that all the work processes are carried out consistently and correctly. This will obviate the necessity of checking and repeating the processes which will ultimately lead to satisfaction of the patients and they will find no reason to complain against the services received by them from the hospital personnel. In most of the health care organisations, however, sincere efforts will have to be made to reduce the genuine grievances with regard to poor services rendered to the dissatisfied patients and members of their families. This will not only add to the patient's satisfaction, but will also reduce the high costs involved in treating them. It shall also go a long way in reducing to a considerable extent mistakes committed by the personnel. Thus, it will lead to improved human resource management.

3.12 Human Resource Manager's Plan

Manpower planning, identifying the appropriate workforce, training them to perform well, keeping them motivated to put their best and to give them the organisation's best are all a vital part of contemporary corporate requirements. The responsibility of the human resource manager begins with manpower planning and the effective identification of the right people who would prove to be true assets to the organisation. So far as identification is concerned, it takes place at two levels:

1. Recruitment of fresh employees who are picked up straight from educational and training institutes. They should be given on the job training and placed under the supervision of established supervisors.
2. In recruiting experienced hands, monitoring and analysing are important so that they follow the established policies and procedures of the organisation where they had worked earlier.

Human resource managers must remember the following five points in the interest of employees as well as the organisation:

1. Begin with a smile: Human resource programmes and giving due importance to employees are not to be put off for a later stage, but should begin the day the prospective employee meets the human resource manager. To begin with, it is, very important to be honest with the potential staff. Right from the time of recruitment, the human resource manager should tell all about their working practices, culture and ethics to the employees.
2. Train the brain: New employees need to be acquainted with the practices prevalent in the organisation. They should be trained into this mode of operation and not thrown out with the jerk. Education and theory do not help an individual develop a perspective to the process involved, but it is practical training that helps them perform better. The more an employee trains himself and hones his skills constantly, the greater will be his ability not only to perform but also to deal with problems.
3. Lead kindly light: A leader has to be effective. He holds the responsibility to keep his team motivated and driven to work not be coercion but through guidance. He should display competence and ability.
4. The route to develop: Development of the employees is of paramount importance. If the employees of the organisation develop, the organisation develops naturally. Every individual employee has his needs, aspirations and abilities. It is the job of the human resource manager to identify them and synchronise them with the broader organisational goals.
5. Retain, do not lock up: Finally, it does not benefit the organisation to retain employees through coercion or lure them through perks. Employees who express their desire to leave the organisation should be taken in good spirit and allowed to go. A better approach is to seek the reason for their leaving so that others do not follow suit.

3.13 Human Resource Accounting, Auditing and Research

Human resource accounting is the accounting of investment in personnel in the form of recruitment, selection, training, development, their placement and replacement, while human resource auditing is a systematic assessment of the strengths, weaknesses and developmental needs of the existing personnel of any organisation and a health care organisation is no exception.

Human resource accounting accounts for the amount that an organisation may have invested in the human resource development.

The process of human resource accounting involves identifying the human resource accounting objectives and developing human resource accounting measurements.

So far as human resource auditing is concerned, its need emerges from increasing demand for high quality patients care to be provided by personnel of a health care organisation and an increasing demand for training and development of its personnel as well. Human resource auditing can point out deficiencies in human resource management and can forecast needs and priorities of an organisation and can certainly update human resource development plans keeping in view the emerging health care needs and technical advancements.

Human resource research is the process of evaluating the effectiveness of human resource planning, policies and practices. It includes:

1.   Conducting various surveys such as those on the morale, attitude and job satisfaction of employees.
2.   Collecting data and information regarding wages, training needs, employee turnover, fringe benefits, causes of accidents, etc.
3.   Tabulating, computing and analysing data and information.
4.   Report writing.
5.   Finding out shortcomings and their causes in the current policies and practices.
6.   Developing more suitable policies, procedures and programmes.
7.   Submitting report to the concerned authorities who are competent to take decisions by going through the report.

3.14 Tips for Human Resource Managers in Hospitals

Human resource manager should always keep in mind that they are working in health care organisations which render the highest and noblest form of service to the society at large through a team of dedicated and committed personnel. Being entirely people oriented institutions, people from the axle of health care institutions and their development become the prime concern of the human resource managers. Therefore, they should develop team spirit amongst their personnel who have diverse social, educational, ethnic and economic backgrounds. By keeping management, philosophy and organisational goals in their minds, they should frame recruitment policy, salary structures, appraisal system, training programmes, channels of human resource development, motivation, communication policy, grievance redressal procedures, etc. Their aims should be to employ and retain dedicated and committed personnel procedures not only at top level but at all levels and at all costs. They should see to it that there is proper distribution of personnel in all departments of the hospital. There should

neither be shortage of skilled and managerial personnel in one department nor surplus in another. No decision should be taken which would lower the morale of personnel because health care organisations in particular, cannot afford to do that. They should leave no stone unturned to motivate their employees by adopting a fair and suitable salary structure, employees welfare schemes, incentive schemes, promotion policies, effective communication system, and effective supervision. Human resource managers often have to deal with employees who may be creative as well as trouble shooters. They should try to provide an environment in which creative employees can flourish and show their creativity, e.g. surgeons of high caliber or skilled workers of maintenance and food service departments. However, troublesome employees should be handled rather tactfully and carefully. The goal should be to clarify and firmly warn them of their unbecoming and unwanted behaviour and lay down clearly what is expected of them. The sooner they fall in line with, the better it would be for the employees and the organisation. Human resource managers should remember that employees whether of industries or of health care institutions are progressive in their outlook besides being well organised through their trade unions. Thus, human resource managers are not only required to have a thorough knowledge of the human resource management but also of psychology of human behaviour and prevalent labour laws of the land because at times they may have to take a tough stand and advise their management accordingly. Before advising the management to take strict disciplinary action they should ensure fairness and the erring employees should be provided sufficient opportunities to mend themselves. It is because the ultimate aim of human resource managers is to build team morale by taking good care of their employees at all levels so that the organisations keep going and continues to serve the sick persons.

Human resource management gives more emphasis on human aspect and believes in providing them as much amenities as it can be adopting human approach towards them. It develops among its employees a sense of commitment to achieve the overall goals and objectives of the organisation. It considers personnel as resources rather than as costs. Recently dynamic and enlightened management have started conducting value-based training workshops cherishing Indian culture, tradition and ethos because values of India. It is heartening to note that there is an increasing appreciation and recognition of this fact.

4.0   CONCLUSION

Human resource management is a staff function through which managers recruit, select, train and develop their employees and develop the organisation as well. It can assure the organisation of an adequate,

timely and constant supply of skilled as well as unskilled employees. The success of human resource department is largely dependent on the way they treat their employees, formulate policies and recruit personnel. If they formulate just and fair policies, their success will be 33 %. If they fit round pegs into round holes and square pegs into square holes, their success rate will be 66 %. It would be better if they treat their employees well with the assurance that they are hiring them to retire in the normal course rather than to fire, their success rate would be 100 %. What a wonderful proposition!

5.0 SUMMARY

Human resource management is both a science as well as an art. It is a science because it consists of well-recognised body of knowledge, principles and techniques. It is an art because it deals with human beings, popularly called social animals who have feelings and emotions. It requires knowledge, tact, and presence of mind to effectively deal with human beings, i.e. the people at work. Your understanding of human resource management will assist you greatly in dealing with different people in the hospital.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss why it is always difficult to manage human beings in the hospital environment (both clients/patients and workers).

7.0 REFERENCES/FURTHER READING

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UNIT 4 EVOLUTION OF HUMAN RESOURCE MANAGEMENT AND ITS ROLE IN HOSPITALS

CONTENTS

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1.0 INTRODUCTION

Human resource management is a comparatively new and rapidly growing profession in India. It deals with the management of people and is based upon very old and well-established disciplines such as economics, psychology, anthropology, sociology, political science, etc. Most decisions made in health-service institutions involve people and therefore, human resource management plays a very important role in achieving the primary aim of hospitals of rendering the highest quality of care to the patients.

Human resource management relies on the experiences of developed countries, especially on aspects of human relations. However, indigenous experiments in human resource management practices in various settings have provided valuable results which can be applied in similar settings elsewhere. Although we have been basically relying on the theoretical framework developed in the West, but our own efforts can prove more suitable and acceptable.

The Indian constitutional objective of achieving a welfare state and ensuring social justice through the socialistic pattern of society is being achieved through state intervention by enacting various legislations.

Nevertheless, a healthy human resource management policy can supplement governmental endeavours.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- explain why it is necessary to change from personnel management to human resource management
- describe the nature and scope of human resource management
- list the objectives of human resource management
- enumerate the components of human resource management
- describe human resource management as a profession in hospitals
- list the role of human resource management in hospitals.

3.0 MAIN CONTENT

3.1 Need for Change from Personnel Management to Human Resource Management

Human resource management has replaced the traditional concept of labour welfare and personnel management. There are many factors which led to the change. The search for competitive advantage, modes of excellence, personnel management's failure to promote potential benefit of effective management of people, change of nature of work, etc. Technology increased requirements of skill and knowledge, restructuring of production, new quality system requirements and demand of better educated new generation of workmen who had higher expectations from their organisations. These trends led to the change from personnel management of human resource management.

3.2 Nature, Scope and Definition of Human Resource Management

Human resource management activities have probably been performed since time immemorial but it is very surprising that only in recent years it has received tremendous attention. Its role in organisations is being gradually accepted. In fact, many organisations have already oriented themselves towards a human resource management approach from the traditional personnel management approach because its emphasis is not only on production and productivity but also on the quality of life of its personnel. Therefore, the basic approach of human resource management is to perceive the organisation in its totality. It seeks to achieve the fullest development of human resources.

Human resource management is a specialised field that attempts to develop programmes, policies and activities to promote the satisfaction of both individual and organisational needs, goals and objectives. It shapes culture of the organisation and introduces programmes which support its core values and ensure its success. Human resource management is pro-active rather than reactive, i.e. it is always ready to do what needs to be done rather than waiting to be told to do, e.g. recruiting, selecting, inducting, training, performance appraisal, etc. The techniques for the application of human resources management will certainly be the same as many familiar functions of personnel management such as manpower planning, selection, performance appraisal, salary administration, training and management development. However, besides these, human resource management also includes special programmes designed to improve communication systems, involvement, commitment and productivity. In its essence, human resource management is a qualitative improvement of human resources which are considered the most valuable assets of an organisation.

Human resource management is comprehensive and deep-rooted than training and development. Its approach is multi-disciplinary from the beginning to the end. It is a scientific process of continuously enabling the employees to improve their competence and capability to perform their duties so that the goals of the organisation are achieved faster and at the same time the needs of the employees are also met adequately.

Human resource management can be defined as:

"From the national point of view, the knowledge, skills, creative abilities, talents and aptitudes obtained in the populations; whereas from the viewpoint of individual enterprise, they represent the total of the inherent abilities, acquired knowledge and skills as exemplified in the talents and aptitudes of its employees." Michael Jucious calls these resources 'human factors' which refer to a whole consisting of inter-related, inter-dependent and inter-acting physiological, psychological, sociological and ethical components.

Thus, human resources are multidimensional in nature. People at work constituting the human resource in an organisation comprise all individuals engaged in any of the organisational activities, regardless of age, socio-cultural backgrounds, etc. They differ from one another in so many ways, including their intelligence, personality, physical make-up, etc.

Every individual also differs from the other in his behaviour, habits, needs, goals, future expectations and past experiences. No two human beings are alike in mental abilities, traditions, sentiments, etc. This fact

of individual differences is something of which we are all so aware that we generally tend to take it for granted. Moreover, human resource management is also concerned with these various types of individuals who may be changed to meet the requirements of an organisation. Thus it can safely be stated that human resource management is essentially concerned with any activity relating to human beings in the organisation.

In simple words, when individuals come to work place, they come not only with technical skill, knowledge, ability, intelligence, etc. but also with their personal feelings, perceptions, desires, motives, values, problems, etc. In such a situation, human resource manager employs them, compensates them, utilise them and develop them in tune with their jobs and organisational requirements. Thus, a dynamic human resource manager can provide skilled, well disciplined and dedicated workforce to the organisation and at the same time can solve personal problems of his employees as well.

3.3   Objectives of Human Resource Management

Human resource management is concerned with the management of personnel at work. The way in which the personnel are recruited, selected, trained, developed and utilised by management largely determines whether the organisation will achieve its objectives or not. Therefore, the personnel available to management in the organisation need to be properly looked after, utilised and coordinated. It is through the combined efforts of the management as well as of its personnel, the objectives of an organisation can be achieved. Without concerted and combined efforts, an organisation cannot accomplish its objectives. Now it is universally recognised that the effectiveness with which personnel are coordinated and utilised is directly responsible for the success of any organisation. Therefore, human resource management aims at obtaining and maintaining a capable work force so that the objectives of the organisation can be achieved.

Briefly, the following are the objectives of human resource management:

1.   Obtaining and developing the right personnel.
2.   Providing effective motivation and leadership.
3.   Paying attractive remuneration and treating them like brothers and sisters.
4.   Effective utilisation of human resources in the achievement of organisational goals.

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5. Establishment and maintenance of an adequate organisational structure and desirable working relationships among all members of the organisation.
6. Securing integration of the individual and informal groups with the organisation and thereby ensuring their commitment, involvement and loyalty.
7. Recognition and satisfaction of individual needs and group goals.
8. Provision of maximum opportunities for individual development and advancement.
9. Maintenance of high morale in the organisation.
10. Continuous strengthening and appreciation of human assets.

From these objectives one can conclude that the emphasis has been laid on the following: recruitment, selection, induction, providing adequate salary, periodic appraisal, specific training, retirement compensation, individual development, providing employees' welfare, better working conditions, mutual confidence, etc. These are the lifeblood of human resource management.

These objectives can be achieved by conducting the following human resource management functions:

1. Anticipating and providing personnel for future openings from time to time.
2. Seeking and attracting qualified applicants to fill vacancies.
3. Determining the organisational structure and manpower needs to effectively meet the organisational objectives.
4. Analysing the applicants' qualifications for determining their suitability.
5. Officially assigning each employee an appropriate position which clearly defines his responsibilities.
6. Ensuring that new recruits are provided with appropriate training and information to enable them to perform their duties effectively.
7. Further providing for increasing the utilisation of the employee's capabilities.
8. Providing for the individual employee's development.
9. Arranging programmes as required for developing existing personnel.
10. Providing facilities for the employee's enjoyment of the job and making the workplace more attractive and satisfying.
11. Providing the needed exchange of information throughout the organisation.
12. Building up rapport with the officially-recognised and legally established employees' organisations in the best interests of both the organisation and its employees.

13. Developing effective work regulations and harmonious working relationships.
14. Objectively appraising each employee's performance in relation to the duties and responsibilities assigned.
15. Helping employees solve their personal problems.
16. Developing facilities and procedures for the prevention of on-the-job accidents.
17. Preventing diseases and physical ailments and at the same time caring for diseases, ailments and injuries suffered by employees on-the-job.
18. Providing precautionary measures for safeguarding the organisation and its property from fire, theft, etc.
19. Developing improved employees' attitudes and conditions of work.
20. Doing a human resource audit.

By no means can all the above-mentioned functions be found in every human resource department; but they do cover the range of tasks seen in many commercial organisations, industries and hospitals where human resource management has been established as a specialty. The jobs that the human resource department is called upon to perform are too numerous and too varied to admit any concise presentation. But the objectives of human resource management can be achieved only by the performance of these functions.

3.4 Objectives of Human Resource Development

Human Resource Development (HRD) is a process that helps employees of an organisation to improve their functional capabilities for their present and future roles, to develop their general capabilities to harness their inner potentialities, both for their self and organisational development and for developing organisational culture in order to sustain harmonious superior and subordinate relationship, teamwork, motivation, sense of belonging, etc.

Human resource development makes efforts in training and development of employees in the form of education and development programmes. This is also known as **organisation development** (OD). The objectives of OD are to develop:

1. capabilities of all individuals working in an organisation in relation to their present role
2. capabilities of all such individuals in relation to their future roles
3. better interpersonal and employer-employee relationships in an organisation
4. team spirit
5. coordination among different units of an organisation

6. organisational health (by continuous renewal of individual capabilities and keeping pace with the technological changes).

3.5 Human Resource Systems (Components)

There are several components of human resource management such as human resource organisation, human resource planning, human resource relationship, and human resource utilisation. One component is human resource system in which the human resource manager is required to do the following main key programmes:

1. Recruitment management is a process of obtaining the required number of human resources for an organisation. They should clearly fit in the organisation like a square peg in a square hole and round peg in a round hole.
2. Information management is a method of ensuring that all policies and practices are to be soundly communicated to each and every person in the organisation from the lowest employee to the CEO.
3. Training management is a system of identification of training needs to develop employees. According to training needs, training programmes are suitably prepared and appropriately arranged.
4. Performance management is a technique of appraising human resources objectively and scientifically against defined criteria, reviewing the present position and assessing further growth of employees. There are various appraisal systems.
5. Career management is a technique for charting career path of the individual employees for advancement in the organisation.
6. Health and safety management is a system of maintaining healthy and safe working conditions so that each and every employee may work freely and safely in an organisation by following the necessary precautions.
7. Discipline management is a system of administering discipline amongst employees to foster positive behaviour which is conducive to both organisational and employee growth.
8. Culture management is a system of inculcating a particular culture among employees by the management so that they think and behave according to the values, sanctions and attitudes of the organisation.

Human resource systems are the essential programmes needed for any organisation for its growth and prosperity by adopting some, if not all, systems of human resource management as mentioned above.

3.6 Human Resource Management as a Profession in Hospitals

Human resource management has drawn its knowledge and insight from political science, psychology, sociology, economics, anthropology, history, philosophy, commerce, management, laws, etc., but by synthesis, it was developed into a science of its own. With these principles before him, the human resource manager has to develop his own sense of responsibility, knowledge and skill for working with people under specific social, economic and emotional conditions.

Human resource management has organised professional associations which maintain standards of performance and behaviour embodied in a code of ethics. It provides competent service with integrity and works for the welfare of the human beings whom it serves. Human resource management has been recognised as a profession by academicians and industrialists because it has acquired all the qualifications of a profession and has proved its worth. Human resource management possesses all the characteristics of any other profession which can be summarised as follows. Human resource management:

- requires special knowledge for the uniform performance of standard practices and procedures
- requires special competence achieved through intellectual training which develops skills and requires the use of independent and objective judgment
- assumes a sharing of information among all members of the profession
- maintains a continuous flow of professional literature
- has a code of conduct; it requires the provision of specialised education and the use of specialised knowledge and skills
- requires a high degree of personal responsibility and accountability from its members
- demands primary allegiance to the profession from its members
- requires a certain standard of ethical practices from its members.

These characteristics clearly prove that human resource management is a profession, but its acceptance as a profession in hospitals will entirely depend upon the competence of the individual hospital human resource manager, who not only carries out functions of specialised hospital human resource management but also of hospital general administration, thus providing maximum satisfaction to the employees, effectively meeting hospital goals and adequately contributing to the health of the community.

3.7   Role of Human Resource Management in Hospitals

The hospital, an institution dedicated to the attention of human suffering, the treatment of human ailments and the promotion of general health of the community, has to take care of the welfare of those who run it, i.e. its personnel. Every individual engaged in the singular service of promoting the cause and mission of a hospital is a vital link in its overall chain, be he a skilled surgeon or an unskilled sweeper. The lower rungs of hospital staff should never be bracketed as 'labour' in trade union terms. They should be, in fact, considered as essential to hospital functioning as a physician or a staff nurse.

Recent trends indicate that employees can no longer be viewed as a commodity. The socialistic pattern of society, the advent of intervention by the state and the overall idea of a welfare state must make the alert manager recognise the importance of human relations and his actions must result in social justice. Workers today are more progressive in their outlook. They are better organised today through trade unions. These factors highlighted the need to motivate them in the right direction, to develop their morale and contribute to happier management-employee relations. Human resource management can no longer be done by intuition or hunch. The human resource manager must be familiar with the relevant findings of the behavioural sciences. He should be aware of the contributions made towards it by psychology, business management and sociology, besides being conversant with the labour laws of the land.

Governing boards and administrators of industries as well as of hospitals in advanced countries like the USA, Canada, the UK, Germany and Japan became conscious of the importance of human resource management long ago. But in India, the governing boards and administrators in industries alone have realised its importance. The time has now come for the governing board and administrators of government and voluntary hospitals to adopt human resource management as a part of hospital administration. There are several reasons for this:

1.   The increasing size of hospitals has made impossible the continuance of the employee-employer relationship in which employee and employer worked side by side, knew each other as individuals and understood mutual problems. In small hospitals such a relationship is still possible. In big hospitals, supervisors have been introduced to function as links between administration and employees; but in most cases, these supervisors are only interested in getting the work done and are in need of training in the human relationships which are involved in their own work-situation.

2. The increasing complexity of the various problems in dealing with employee relations demands a specially trained individual who can give these problems continued attention so that desirable working relationships may be established among all employees of the hospital.

3. One of the problems confronting health-care institutions is the lack of adequately-trained personnel. This shortage and the dangers it presents to our expanding health-care needs have been stressed repeatedly by health-care leaders. It is a vital problem that has already led to the deterioration of hospital services in India.

4. India is facing the problem of brain drain of its personnel. Previously, the United States of America, Australia, Canada and Germany were literally 'snatching away' our trained personnel and scientists. Now the Arabian countries too have started attracting them by offering salaries which no employer can afford to pay in India. Proper human resource management can result in enhanced job satisfaction, making it more attractive to remain in India to work.

5. During the last quarter-century, numerous labour legislations, imposing legal restrictions on employment in hospitals, have been passed. It is, therefore, essential that a human resource manager well versed in the labour laws can be of immense service.

6. Proper employee selection, training and control play vital roles in bringing about economy and efficiency in the operation of a hospital. Employee selection, training and control require special skills, time and effort which cannot, usually be provided by the person charged with the general administration work of the hospital.

7. The rising cost of hospital care has an implication for hospitals similar to that of rising production costs in industry. It is essential that unit costs of operation be re-examined to ensure optimum performance by each employee. The worker must be given adequate training and provided with the necessary tools for satisfactory work. He must be given proper guidance. His working conditions must be congenial. All this requires skill in selection, training, planning workloads, motivation and supervision.

8. There is a belief that hospital employees are not usually unionised because they are working, in most of the cases, with missionaries and charitable bodies. They too become dedicated and do not charter their demands like the employees of industries through their union leaders. But this is not wholly true as most of the hospitals today have unions to fight against poor working conditions, low salary scales and allowances and few fringe benefits prevailing in hospitals in comparison with those in industries.

These factors acquire even more significance when we recognise that hospital personnel are not dealing with machines and tools, but with human beings. The human beings, with whom these employees are brought in contact with, belong to four groups: management, medical staff, patients and visitors (Fig. 1). Their dealings with each of these four groups involve a wide range of interpersonal relationships. Unless these relationships are of a positive nature, it is likely to affect the functioning of a hospital.

No doubt the human factor is significant in the industrial field also, but it assumes to priority in the working of a hospital employee. Figure 1 shows how a hospital employee is surrounded by human beings on all four sides, while an industrial employee is surrounded by human beings from two sides and by machines and products from the remaining two sides. Thus, the significance of employee contact with human beings in the hospital is greater than in other occupational areas. This is particularly so because a considerable number of the individuals with whom the hospital employees have to deal, are under more than average stress. A patient's reaction to his physical and mental conditions may not be the same as that of a healthy person. Visitors may be worried because of the condition of the patient in whom they are interested. Members of the medical staff may be working under stress due to the serious conditions of their patients. These are conditions little known to professionals in industrial organisations. Not only must hospital employees be given adequate training in the professional skills necessary to perform their daily tasks, but they must also be trained in the art of getting along with people who are sick and worried. It is evident, therefore, that human resource management in hospitals involves more complexities that that in the average industrial situation.
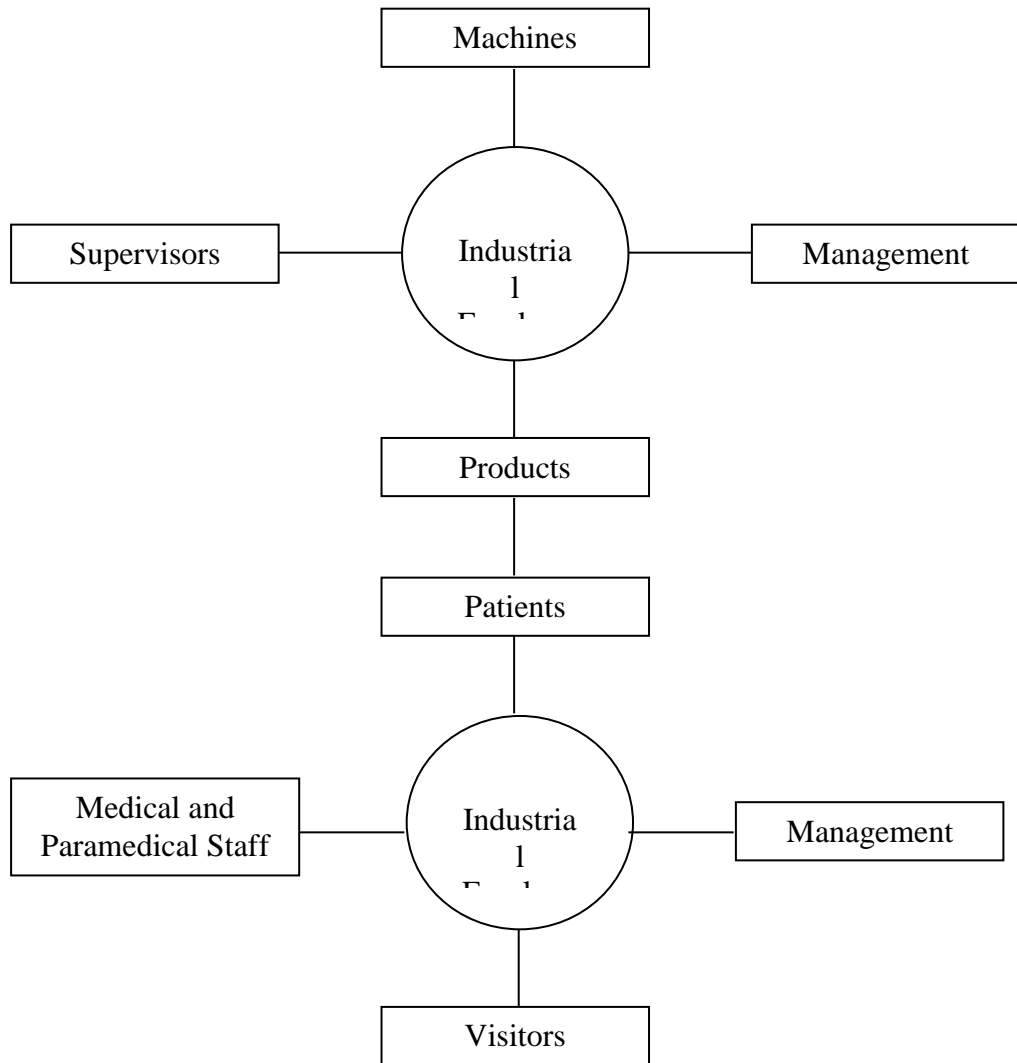
Fig. 1:   Environmental Factors Surrounding a Hospital Employee and an Industrial Employee

4.0 CONCLUSION

Human resource management functions have always been performed in hospitals too. Employees have been recruited. They might have worked happily or unhappily. They might have left the employment of the hospital in a friendly mood or with resentment. But it is very important, in a period of rising costs and shortage of trained hospital employees that every possible step be taken to reduce employee 'turnover'. This is possible by pursuing a course aimed at establishing the best possible

human relations. Good personnel practices can produce much better results through employees who are well selected, thoroughly trained and who work under satisfactory working conditions.

Human resource management in hospitals has now become a necessity and it has to achieve (a) effective utilisation of human resources; (b) desirable working relationships among all employees; (c) maximum employee development; (d) high morale in the organisation; and (e) continuous development and appreciation of human assets.

5.0 SUMMARY

In this unit, we looked at the evolution of human resource management, especially the nature, scope, objectives, components of human resource management. We also looked at human resource management as a profession in hospitals and the role of human resource management in our hospitals today.

6.0 TUTOR-MARKED ASSIGNMENT

Describe the relevance of human resource management in achieving the goals of hospitals as a social institution.

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UNIT 5 ORGANISING THE HUMAN RESOURCE DEPARTMENT IN THE HOSPITAL

CONTENTS

1.0 Introduction
2.0 Objectives
3.0 Main Content
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    3.2 Internal Organisation of the Human Resource Department
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4.0 Conclusion
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1.0 INTRODUCTION

This unit will expose you to how the human resource department in the hospital can be created and organised to be effective and relevant to the organisation at large since the hospital enlarges on daily basis due to increased population in the society leading to increased social demands.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

-     explain the need for human resource department in our hospitals
-     describe how human resource department can be organised
-     list the human resource inventory
-   discuss human resource policies.

3.0 MAIN CONTENT

3.1 Introduction

As more and more people are added to an organisation, whether it is an industry, a hotel or a hospital, the management of human resource becomes more essential and more complex. Human resource management functions have, of course, always been carried out in every organisation, but it does not mean that these functions have been

performed efficiently or economically. It is essential that the importance of hospital human resource management be recognised, so that by the establishment of a separate human resource department, the workload of the general administrator may be reduced and better service rendered to the patients.

There are certain symptoms which indicate the need for establishing a human resource department. An alert, administrator will easily recognise these symptoms: poor selection of employees, irrational pay scales, high staff turnover, increase in absenteeism and frequent employee grievances, differences in total hours of work required for similar tasks in different departments, lack of adequate records concerning employees, and absence of human resource policies.

Once the administrator of a hospital decides to have a human resource department, the question then arises as to whether there should be a full-time or part-time human resource manager. In general, a hospital employing 200 or more employees can use the services of a full-time human resource manager and a hospital employing less than 200 employees can also use the services of a full-time human resource manager but he should be assigned some other responsibilities such as purchase, public relations, transport management, legal work, etc. In hospitals which employ more than 300 employees, assistance should be given to the human resource manager. As the size of the hospital increases, there will be specialisation within the human resource department. The exact size of the staff of the human resource department will depend upon the functions assigned, the degree to which the hospital administration wishes those functions to be implemented and the availability of funds for the implementation. One formula used as a guide to determine the required size of the staff is that at each interval of 200 employees, the staff of the human resource department should be increased by one employee. Establishing the human resource department according to this formula makes it possible for it to assume all the major functions considered to be a part of human resource management. Normally, all hospitals have an organisational structure. The place of the human resource department in the organisational structure of a hospital is shown in the organisational chart in figure 1.
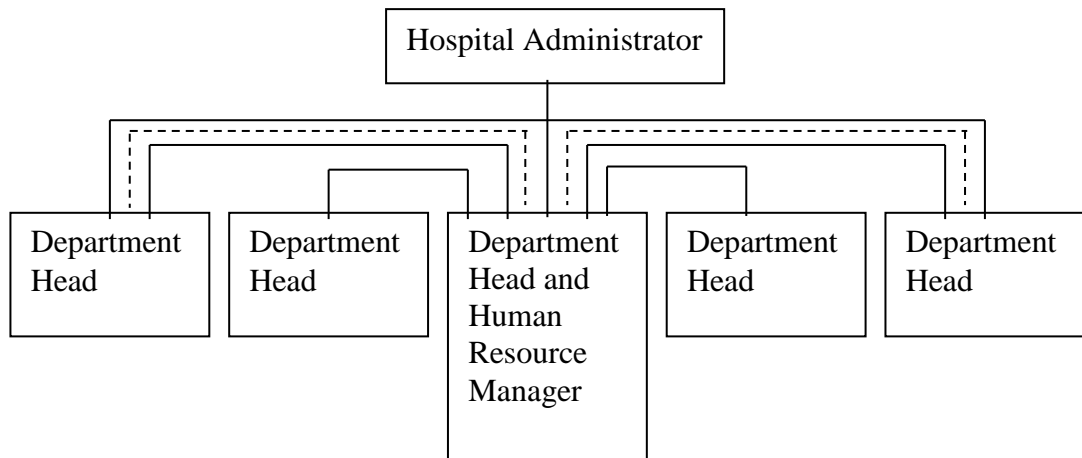
Fig. 1: Hospital Organisational Chart. (Solid lines indicate line functions and broken lines indicate staff functions)

This chart indicates that the human resource manager's function in a hospital is basically a staff function. He is to guide, counsel and serve the line officers. The line officers have direct responsibility for accomplishing the major objectives of the hospital. Physicians, surgeons, radiologists, pathologists, anesthetists, matrons, etc. are line officers. Staff officers help the line officers in accomplishing their objectives. The finance officer, accounts officer, human resource manager, etc. are all staff officers. A physician, whose objective is to provide the best medical care to his patients, is a line officer. The human resource manager's job is to assist the physician in the recruitment and selection of his subordinate doctors. The human resource manager is thus a staff officer. The human resource manager and his department assist and generally act in an advisory capacity with regard to other departments. This often causes resentment in line officers, because most of them feel that a person who does not belong to their department has no business to interfere in their department affairs. The human resource manager should therefore develop a patient attitude to avoid conflicts and win the confidence of the line officers. He should also follow a policy of passing on credit, rather than of grabbing credit. The human resource manager should play the role of a social worker (i.e. the role of an enabler) instead of indulging in spoon-feeding while dealing with the officers. Once the line officers are reassured, they will look forward to receiving assistance from the human resource manager and his department.

3.2 Internal Organisation of the Human Resource Department

While in the overall organisation chart of a hospital, a human resource manager is placed as a staff specialist, his relationship with his subordinates in hi own department is always that of a line specialist. Within the human resource department, there is a chain of command from top to bottom, just as in line departments. A good human resource department should possess certain characteristics: (a) the ability to replace key personnel with minimal loss; (b) the capacity to solve the personnel problems encountered; (c) a clear understanding with other line and staff departments, because they misunderstand and are often at loggerheads with each other; and (d) definite objectives. Since the human resource manager must shoulder the responsibility of all the human resource functions, including those of his own department, he must be a man of high caliber who can lead his department, guide others and report in various matters with confidence to the administrator.

Human resource plan

Human resource management has the same five basic managerial functions as any other management has. The first of these functions is planning. Every organisation - be it a business house, an industry or a hospital, needs a human resource plan in which various programmes of personnel work are tied together into a compact programme. The efficiency of a human resource plan is measured by its contribution to the accomplishment of the objectives of an organisation. Thus, a plan will be treated as efficient if the cost involved in its operation is lesser than the revenue obtainable. However, in hospitals, no human resource plan should be taken up at any cost if it reduces service to the patients.

Human resource philosophy

Human resource philosophy represents those basic beliefs, ideals, principles and views which are held by management with respect to the remaining four management functions, namely, organising, staffing, directing and controlling employees at work. Organising means arranging the work for the effective accomplishment of objectives. Staffing involves choosing competent and suitable personnel for different positions in the organisation. Directing entails guiding and supervising personnel to bring about purposeful action towards the desired projects. Controlling ensures progress toward objectives

according to plans. The human resource philosophy should be flexible so that it may be amended as conditions alter with the passage of time.

Human resource objectives

It is important to set the objectives of the human resource department within the framework of hospital policies. Broadly speaking, the objectives of most hospitals are service and efficiency. The objectives of employees are good salary and working conditions, job security, opportunity for advancement, etc. The important objectives visualised by the human resource department of any hospital should normally include (a) recruiting the best available candidates; (b) evaluating the performance of employees for their promotion; (c) ensuring reasonably good working conditions for the employees; (d) giving adequate and fair emoluments to employees commensurate with their performance; and (e) motivating employees to work harder.

Tools of the human resource department

Good tolls are essential for god production. Human resource management is no exception. In equipping the hospital's human resource department, the first step should, therefore, be to determine what tools are needed and what forms they should have for the greatest efficiency. The tools for the human resource manager include the office and its equipment, personnel records, personnel policies and access to the information required to do the job.

The human resource office

The location of the human resource office and the equipments provided would to a great extent determine the efficiency of the human resource department. The office should be centrally located and within easy reach to every department. It should be particularly close to the office of the nursing service director and the administrator. If possible, the location should be near the main gate of the hospital. A well furnished and adequately equipped waiting room with desk at which application forms may be filled up by the candidates who come for job interviews should be provided. A folder of pictures of hospital jobs and employee activities and also a few current magazines should be provided in the waiting room.

Office equipment

Filing cabinets, typewriters, computer, printer, electronic clock, cyclostyling/photocopying machine, etc. should be provided in

sufficient number to make clerical routine as efficient and economical as possible. Telephone and intercom facilities should be made available for maintaining effective communication within and outside the hospital.

Human resource inventory

Before the human resource manager can plan his programme, he should orient himself about the personnel and their jobs by conducting a human resource inventory. Detailed information should be collected about each employee:

1. Name
2. Designation
3. Department
4. Immediate supervisor
5. Location of job
6. Dependents
7. Present address with telephone number, if any
8. Permanent address with telephone number, if any
9. Date of joining
10. Date of promotion, if any
11. Total salary and pay-scale at the time of joining
12. Total salary and pay-scale at present
13. Date of last salary increase
14. Hobbies
15. Background of family members
16. Any other information.

The data necessary to know about the personnel may be gathered from payrolls and existing employment records. The human resource inventory will provide the following important information:

1. An overall picture of the personnel situation
2. Data for making a rough analysis of the turnover of personnel
3. Information as to the number and types of jobs in existence
4. The number of employees reporting to each supervisor
5. Data for making a rough study of salary schedules
6. Seniority list of personnel
7. Hobbies of personnel.

Once the personnel inventory is established, it should be revised annually. It serves as a check against existing records. It may be supplemented by such information as the employee's new address, addition in family or any other details. This inventory will also assist in the following areas:

1.   Determining the areas where short-term employment is needed
2.   Studying the effects of transport facilities on employment
3.   Assessing the ratio of supervisors to employees.

Human resource records and forms

Just as it is necessary to maintain records of outdoor and indoor patients, medico-legal cases, finance or accounts, similarly, the proper maintenance of human resource records is essential. Some records are to be kept because of statutory requirements; other records are for reference purposes only. As the number of employees grows, it becomes more and more difficult to remember all details. Human resource records must include not only negative records of employees, like records of absenteeism, warning, etc., but also positive records of their achievements, promotions, training, etc. The human resource department should keep this record up-to-date, accurate and also handy so that it can be referred to when requires. There are several reasons for keeping human resource records:

1.   Individual functional departments usually do not keep human resource records of their employees with them. Their records are kept in the human resource department and shared/supplied when required.
2.   Government agencies frequently ask for various kind of information from time to time. This can easily be supplied on the basis of such records.
3.   Payroll is prepared from these records.
4.   Training needs are determined from these records.
5.   Personal details, family details, educational qualifications, experience, present salary, etc., can be ascertained from human resource records for the purpose of deciding promotions, transfers, etc.

The efficient operation of the human resource department demands that forms to promote efficiency, be designed and put into use. Forms used in hospitals may be divided into three categories:

1.   Permanent records concerned with employees' positions.
2.   Forms which may become part of the permanent records once their immediate use is over.
3.   Temporary forms which are destroyed once their immediate purpose has been served.

Permanent records concerned with employees

All records concerning an individual employee throughout his employment at the hospital should be kept in a file. This file can also be used for reference purposes after the employee has left the organisation. It has been found useful to record the following particulars:

1. Name
2. Father's name
3. Present address (sufficient space should be provided to record changes in address)
4. Permanent address
5. Telephone number, if any
6. Birth place
7. Date of birth
8. Marital status
9. Dependent(s) name, sex, age, relationship
10. Person to notify in case of emergency, with address and telephone number, if any
11. Hobbies
12. Education
13. Experience
14. Test record if pre-employment and promotional tests are used
15. References
16. Employment record in the hospital
    (i)   Date of joining
    (ii)   Designation
    (iii) Department
    (iv)   Pay-scale
    (v)   Break-up of allowances
    (vi)   Date of each change along with designation, department, pay-scale and allowances
    (vii) Date and reason for leaving
17. Unauthorised absence record
18. Misconduct record, date-wise
19. Punishment record, date-wise
20. Commendation record
21. Special notes, if any, e.g. special health report, repeated loans taken.

Permanent records concerned with the position

Permanent records concerned with the positions give the history of what has happened in the various positions throughout the hospital. The following constitutes the permanent record concerned with the position of an employee:

i.   Job analysis: The breakdown of a job into various component parts

ii. Job classification: Grouping of positions having a sufficient number of common characteristics to enable them to be grouped into a unit, e.g. laboratory aid, nursing aid, pharmacy aid, etc.

iii. Job evaluation: A system by which each position is rated on specified factors and positioned in its relationship to every other job in the hospital.

iv. Job specification: A summary of the requirements of the job both from the point of view of tasks to be performed and the qualifications necessary to perform the tasks.

v. Human resource planning: A thorough assessment of future staff needs is required for recruitment, training and career-planning.

Forms which become permanent record

These include forms which will become a part of the permanent record once their immediate use is over. The most common ones are:

1. Requisition for new employee(s) and authorisation for employment
2. Job application form
3. Medical fitness report
4. Employee probationary rating form
5. Employee annual rating form.

Temporary forms

These are to be destroyed after use. They consist of the following:

1. Introduction slips
2. Meal passes
3. Leave record (should be maintained for three years)
4. Attendance record (should be maintained for three years)
5. Permission to visit health clinic.

3.3 Human Resource Policies

In the beginning of the present century, the words 'human resource policies' and 'human resource departments' were unheard of in hospital administration. The matron, medical superintendent or business manager, who were the immediate supervisors, were responsible for the hiring and firing of employees. Training, promotions and other benefits were handled by numerous supervisors without any rationale. The nature of the handling of employees in hospitals depended primarily upon the whims and fancies of these authorities.

The haphazard and ad hoc manner in which human resource problems were handled in the past is now considered as unsatisfactory by many

executives, whether thy are in the fields of industry, hotel, business or hospital. The change in their attitude has been due to: (a) the increasing power of labour unions; (b) the introduction of legislation; (c) the expansion of their enterprises; and above all (d) the fact that the enthusiastic support of employees is of vital importance to the success of their organisation.

Today, each employee in the hospital wants to know the terms and conditions of his employment, the regulations which govern his employment and the principles which guide the administration of the hospital in its relationship with him. The body of such principles, rules and regulations establishing working conditions and administration of the hospital is known as the human resource policy of the hospital. The human resource policies should be founded on three social policies:

1. Justice – a code to ensure equitable and consistent treatment to all employees.
2. Human needs – a policy fulfilling human needs.
3. Democratic approach – for securing the willing cooperation of employees.

The human resource policies of a hospital should be clear-cut statements of its aims and objectives, setting out clearly what is to be achieved in the areas of employment, training, remuneration, human relations and welfare.

Human resource policies are of two types: (a) general policies stating broad principles governing the administration's relations with the employees employed in the hospital; and (b) specific policies which are the application of the general principles to specific situations. In order to achieve integration of all specific policies into a major pattern for good employee relations, each of the specific policies must fit into the broad application of the general policies. These policies should fulfill the needs of both the employee and the employer.

1. **Needs of the employee:** Adequate remuneration, job security, the urge to contribute something worthwhile, recognition of creative abilities, the feeling of being recognised as a human being, etc.
2. **Needs of the employer:** Achievement of organisational goals with the optimum utilisation of available resources.

Thus, a sound human resource policy must aim at:

1. maximising employees' satisfaction to enable each employee to make an effective contribution
2. planning for the development of employees of all categories

3.   creating an organisational structure by clearly defining responsibilities and establishing lines of authority, to prevent misunderstanding and duplication of work

4.   encouraging employees' participation in the management of the organisation to build trust and develop interest, not just in the job but in the hospital as a whole and in the standards which it seeks to attain

5.   keeping in mind the human and social implications of organisation management

6.   developing an effective system of communication to keep people informed about all relevant matters, to remove doubts and avoid any undercurrent of dissatisfaction

7.   maximising utilisation of existing human resources.

There are various advantages of having human resource policies:

1.   Policies promote consistency and fairness. They help to avoid confusion and misunderstanding among employees.

2.   Policies act as controls over the line managers and their employees.

3.   Policies avoid repeated analysis of the same type of problems, resulting in saving time and energy.

4.   Policies ensure uniformity in application.

The human resource policies should be drafted in unambiguous language so that the chances of misinterpretation are minimised. They should also be in detail so that they cover each and every aspect of human resource management and act as a true guide. Human resource policies generally cover the following points:

1.   Definition of the words such as hospital, administrator, management, workman, board, executive committee, medical director, etc. (whatever is applicable in that hospital)

2.   Classification of employees, i.e. permanent, temporary, apprentice, probationer, casual, etc.

3.   Medical examination of the employee and medical-care facility for the employee and his/her family members

4.   Appointment (terms and conditions of appointment and job description)

5.   Orientation and identification cards

6.   Hours of work and shifts

7.   Attendance and late coming

8.   Salary and stipend

9.   Promotion

10.   Transfer

11.   Personal search

12. Uniform
13. Locker
14. Provident fund scheme
15. Gratuity scheme
16. Incentive scheme, if any
17. Loan facility
18. Hostel rules
19. Housing rules
20. Private practice
21. Double employment
22. Re-employment policy
23. Part-time employee policy
24. Annual increment policy
25. Dearness allowance policy
26. House rent allowance policy
27. City compensatory allowance policy
28. Conveyance allowance policy
29. Uniform allowance policy
30. Training facility
31. Leave rules governing casual leave, festival leave, sick leave, annual leave, maternity leave, study leave, leave without pay, etc. and procedure for routing leave applications
32. Information concerning patient's condition
33. Performance appraisal
34. Termination of employment and the notice thereof to be given by the employer and the employee
35. Misdemeanour and misconduct
36. Procedure for disciplinary action (dismissal, suspension)
37. Grievance redressal procedure
38. Retirement
39. Authority to interpret human resource policies
40. Powers to amend human resource policies
41. Any other matter relevant to the terms and conditions of employment.

The human resource policies must place emphasis on the selection and placement of the right type of employees and facilities for their education and training so that they may do their job efficiently and with dedication.

4.0 CONCLUSION

Employees of all types are found in an organisation. Thus they may be the young or the middle aged, authoritarian, submissive or the type needing reassurance, support, motivation, inspiration, etc. So the Human resource manager should look for the employees whose own philosophy

matches the organisational philosophy. Such employees can take the organisation to such heights for the following reasons:

1. Good employees take responsibility. They do any assigned task and are always happy to be helping others and never like to sit idle. They always seem to be doing something to make life easier for patients, visitors and their colleagues.
2. Good employees understand the financial position of the organisation. They know what activities make money for their organisation. So they focus on those activities.
3. Good employees keep their commitments so that the hospital can serve their patients better.
4. Good employees of a hospital know that patients are their bread and butter. They really take pain to serve patients and always show concern and empathy.
5. Good employees do their jobs carefully even if the job is not their favourite.
    (a) Good employees consistently do what is best for the organisation while the others do what is best for them.
    (b) Good employees are disciplined and stay on track.
    (c) Good employees are consistent performers so that the management can depend upon them.
    (d) Good employees are self-motivated. If they have nothing to do, they utilise their time either in learning something or helping others.
    (e) Good employees give credit to others.
    (f) Good employees do more than what they are asked to do and they do a better job than expected.

5.0 SUMMARY

The emphasis of this unit is that every human resource manager should think of forming a team of such employees who can deliver better goals and really serve the customers i.e. clients and patients plus their relatives and organisation to the best of their abilities.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the procedure available to human resource manager to make human resource inventory.

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MODULE 2

Unit 1   Manpower Power in Hospitals
Unit 2   Deciding Workload Ratios and Human Resource Strength in various Departments
Unit 3   Training and Management Development I
Unit 4   Training and Management Development II
Unit 5   Wage and Salary Administration

UNIT 1   MANPOWER PLANNING IN HOSPITALS

CONTENTS

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1.0 INTRODUCTION

This unit is looking at manpower planning in the hospitals as the nature of hospital manpower determines the qualitative and quantitative services that will be delivered by that hospital hence the significance of hospital manpower planning cannot be underscored.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- discuss the nature and scope of hospital manpower planning in Indian hospitals
- list the need for manpower planning
- explain the benefits of manpower planning
- state the objectives of manpower planning
- discuss the steps of manpower planning.

3.0 MAIN CONTENT

3.1 Introduction

Manpower planning is the prime function of the hospital human resource manager but before he starts individual jobs, he should consider the overall management problem of making the best use of available human resources. Just as the controller of finance budgets for the best use of financial resources, the human resource manager is basically concerned with budgeting for the best use of human resources. Manpower planning calls for the integration of information, formulation of policies, forecasting of future requirements of human resources so that the right personnel are available for the right job at the right time.

Manpower planning starts with the analysis of the future needs of the hospital and its objectives. It determines organisation structure, decides what jobs have to be filled and what their requirements are. Short-term manpower planning - two years or so ahead-is promotion planning. But the really important planning is the long-term planning - five to ten years ahead. In manpower planning, the basic questions of objectives, organisation structure and age-structure of personnel have to be considered. Hence, the direction of a hospital's development efforts will be determined by short-term as well as long-range manpower planning.

3.2 Nature and Scope of Manpower Planning

Manpower planning may be defined as a technique for the procurement, development, allocation and utilisation of human resources in organisation. It views employees as scare and costly resources, whose contribution must be developed to the fullest by the management. It is also concerned with the interaction between an organisation and its total environment.

Manpower planning, which is at times described as manpower management, is basically concerned with having the right type of personnel for the right job at the right time. This is done by studying three types of forecasts:

1.   Economic forecast
2.   Hospital's expansion forecast
3.   Employee's market forecast.

Systematic manpower planning is a must for every dynamic organisation. The management has to meet the challenge of various pressures, such as political, economical and technological, to ensure that the future of the hospital remains bright under all circumstances. The

emergence of more hospitals in the vicinity and better opportunities offered by hospitals coming up in developed, developing and underdeveloped countries aboard can result in high employee turnover and a source of potential loss.

3.3   Need for Manpower Planning

Every hospital has to do manpower planning for the following reasons:

1.   Shortage of certain categories of employees.
2.   Advancement of medical science and technology resulting in need for new skills and new categories of employees.
3.   Changes in organisation design and structure affecting manpower demand.
4.   Government policies in respect to reservation of seats for SC/ST/OBC/handicapped persons/women and others.
5.   Labour laws affecting demand and supply of labour.
6.   International scenario of employment, e.g. employment of nurses, doctors, paramedical personnel in USA, UK, Ireland, the Gulf countries, etc.
7.   Introduction of computers.

3.4   Benefits of Manpower Planning

Manpower planning anticipates not only the required kind and number of employees but also the action plan for all the functions of human resource management. The major benefits of manpower planning are that it:

1.   enables an organisation to have the right person at the right place and at the right time
2.   provides scope for advancement and development of employees through training, development, etc.
3.   helps in anticipating advertisement and salary budgets
4.   foresees the need for redundancy and plan to eliminate it
5.   plans for better working conditions, fringe benefits, training needs
6.   gives an idea of the type of tests to be used and interview techniques in selection based on the level of skills, qualifications, intelligence, values, etc. of future manpower
7.   helps improve service to patients and contributions of working personnel.

3.5   Objectives of Manpower Planning

The objectives of manpower planning are very wide and varied. The most important ones are:

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1. ensuring maximum utilisation of personnel
2. assessing future requirements of the organisation
3. determining recruitment sources
4. anticipating from past records:
   i.   resignations
   ii. discharge simpliciter (simple discharge)
   iii. dismissals
   iv. retirement
5. determining training requirements for management development and organisation development.

3.6 Manpower Planning Steps

Manpower planning covers the total activity of the personnel functions such as recruitment, selections, training, career development, staff appraisal, etc. Manpower planning involves the following steps:

1. Scrutiny of the present personnel strength
2. Anticipation of manpower needs
3. Investigation of turnover of personnel
4. Planning job requirements and job descriptions.

Scrutiny of the present strength of personnel
The scrutiny of the present personnel strength is the corner-stone in manpower planning. This helps in management development, in determining training needs, and in the optimum utilisation of personnel wherever they are needed most. An examination of present staffing can further determine the exact number of personnel required and their skill-levels.

Anticipation of manpower needs
The anticipation of the needs for manpower generally involves taking an inventory of the existing personnel who are "in stock" today, and what can be expected to be in stock tomorrow. This forecast is prepared every year for the next five years. Its objective is to determine the number of personnel likely to be needed on account of any reason whatsoever; promotion of employees to higher posts, losses that are likely to occur through resignations, discharge simpliciter, dismissals, retirements, etc. Ultimately, the net requirements of the hospital are indicated.

Investigation of turnover of personnel
Labour turnover, as the words imply, means the rate of change in the number of employees, i.e. the number of employees leaving and joining an organisation during a certain period. A study of labour turnover is helpful in manpower planning. A high turnover is a warning to the hospital authorities that something is wrong with the personnel policies

and practices of the hospital. It may be due to wrong selection, placement, low salary, poor working conditions, lack of promotional avenues, etc. A high rate of turnover not only costs in terms of money but also harms the reputation of a hospital, lowers the team-spirit of the remaining employees and reduces the quality of patient-care.

Some of the important factors which result in employees quitting their jobs are:

1. Low salary
2. Better prospects in other hospitals
3. Poor working conditions
4. Transport problem
5. Housing problem
6. Marriage in case of female employees
7. Health grounds
8. Family circumstances
9. Further studies
10. Maltreatment by superiors
11. Unfriendly relations with colleagues
12. The attraction of going back to one's native place
13. The attraction of going to a foreign country.

The exit-interview is a useful tool to study labour turnover. When an employee is leaving, he is generally willing to be candid and may share his better experiences. The organisation's weak spots are revealed, which can ultimately help reduce turnover and in building the morale of the remaining employees in the hospital.

The exit-interview form should be filled up by the human resource department. Any responsible person of the human resource department should conduct the exit-interview of an outgoing employee on the last day of his leaving. He should report his findings to the human resource manager and chief executive of the hospital for taking corrective measures so that other employees may not leave the hospital for the same reasons.

An exit-form should also be filled up by the concerned department head. While filling up this form, the department head need not interview the employee who is leaving. He should fill up the form on his own and forward it to the personnel department for analysis and record purposes.

The head of the human resource department should objectively analyse the information received through the exit-interview conducted by the human resource department and the information given by the concerned department head through the exit-form. He should then forward his

observations and recommendations to the head of the hospital so that corrective measures may be taken to reduce the turnover.

Planning job requirements and job descriptions
Manpower planning consists of studying job requirements and preparing job descriptions. The requirements of each and every job must be thoroughly studied through job analysis.

Job analysis: Job analysis is the process of examining a job to identify its component parts and the circumstances in which it is performed. It is necessary to be familiar with this technique because its application is quite wide and extends across the whole range of staff management functions:

i.   Recruitment: It aims at filing jobs by recruitment, transfer or promotion.
ii.   Training: It is intended to decide the contents of the programme.
iii.   Salary: It is designed for finding the correct grading of individual posts.
iv.   Safety: It is meant for identifying job hazards.
v.   Annual performance appraisal: It evaluates the performance of employees annually.

Its range is comprehensive and it is, therefore, essential for every supervisor to know this technique. The mechanics of carrying out this work of job analysis are demanding on the resources of both the functional management who prepare the job analysis and the line management who analyses it.

The steps in conducting job analysis are as follows:

1.   The analysis should commence with a fairly brief statement of initial requirements such as aptitude, educational qualification, training and experience.
2.   The next main item should be a description of the responsibilities under broad headings such as physical effort (amount of physical effort required for moving, lifting, duration, etc.), mental effort (the degree of intelligence needed); and responsibilities (for controlling staff, material, equipment, cash, etc.).
3.   Environment and conditions of service are to be considered and analysed, such as physical surrounding (indoor, outdoor, temperature, humidity, noise, etc.), accident hazards, shift duties, prospects of advancement, occupational illness, etc.
4.   The constraints, difficulties and pressure of the job should also be brought out. For instance, in the case of an accountant responsible for preparation of consolidated figures for the top management, the

time by which these figures must be prepared and its impact on his other duties during this period must be spelt out.

Job analysis should, therefore, be concerned with realities and practical possibility. It should indicate how a job is taken care of within the limits of human capacity. It is a tool of the management aimed at eliciting detailed information about a job. At the same time it can act as a personnel problem-solving device.

Job description: Job description is a broad statement of the purpose, scope, duties and responsibilities of a particular job. This is a resultant of the job analysis. It provides the detailed factual information required by candidates and selectors alike in order to obtain a thorough knowledge of the requirements of a job. To avoid confusion and misunderstanding, a job description should be prepared jointly by the human resource department and the concerned department head.

The job description is not a legal document. However, it helps when there are differences between the job holder and his department head. The job description should be reviewed from time to time, particularly at the time of annual appraisal, because the job itself changes due to advancement in technology, laws, requirements, etc.

Job specification: A job specification can be defined as a list of various qualities which the person doing the job should possess. It is prepared by analysing the job description. The job description is translated in terms of qualifications required and personality requirements. These requirements can be grouped under the heads:

1. Mental requirements which include intelligence needed, and educational and professional qualifications.
2. Physical requirements which include age, height, health and eyesight, etc.
3. Skills requirements such as dexterity required for doing a job, communication, human relations and leadership skills.
4. Responsibility requirements in relation to machines, equipment, fellow workers, work schedules, etc.
5. Experience requirements to do the job efficiently.
6. Working conditions requirements such as physical surroundings.

The requirements vary from job to job. Due importance should be given to each requirement depending upon the circumstance of each job. However, undue importance should not be given to any one requirement at the cost of the other. A well-laid-out job specification will enable the management to identify the right man needed to do the required job efficiently. It should not be noted that if a man is not found fit for a

particular job, he need not be necessarily unfit for all other jobs. At the same time of selection, due care and caution should not be taken to avoid selection of the wrong person.

Human resource requirements in hospitals: Before the recruitment and selection of personnel can be undertaken, the requirements for human resources must be analysed in terms of number of personnel needed for each type of job. According to a report of the Commission on University Education in Hospital Administration, a ratio of two employees per bed has been prescribed. This ratio is applicable to general hospitals where patients with all types of diseases are treated. The term 'employee' means any person who works in any capacity in a hospital, e.g. doctors, nurses, pharmacists, medical laboratory technicians, X-ray technicians, physiotherapists, dieticians, medical social workers, supervisors, skilled/semi-skilled/unskilled employees, etc.

This ratio of two employees per bed cannot be applied in Indian hospitals because the personnel required depend on the size of the hospital, type of hospital and degree of care it provides, area of the hospital, type of equipment used (automatic, semi-automatic or manually operated), etc. Under prevailing conditions, to manage every bed, whether in a small or big hospital, it requires three to five personnel.

Doctor-to-beds ratio
According to the Indian Medical Council, the doctor-to-beds ratio should be 1:5, but this ratio is applicable only to those hospitals which are attached to medical colleges and where the doctors are required to participate in teaching programmes of the medical colleges. This ratio depends upon the type of hospital, such as maternity, paediatric, infectious diseases, referral, general, etc. However, it can be recommended that the doctor-to-beds ratio should be 1:10 in general hospitals. The ratio of one doctor to 10 in-patients will imply an in-built facility for examining 30 outdoor patients approximately. If a doctor has to look after more than this number of patients, he will not be able to do full justice to the patients.

Nurse-to-beds ratio
The nurse-to-bed ratio should be 1:3 according to the Indian Nursing Council. The council has further prescribed that for every 100 beds and to cover a 24-hour period, there should be four ward sisters and 30 staff nurses and for fractions of 100, the staff should increase in the proportion of one ward sister to 25 beds and one staff nurse to three beds. When the bed strength is between 150 and 400, in addition to the nursing superintendent, there should be an assistant nursing

superintendent, and when the bed strength is 401 to 700 and for every 300 beds in excess of 700, there should be an additional assistant nursing superintendent. There should be separate staff for special departments with a sister-in-charge of the operating room and a sister-in-charge of the casualty department. The out-patients department should have a sister-in-charge and a minimum of one staff nurse for each out-patient clinic operating daily, but not less than a total of two in the department.

The nurse-to-beds ratio also depends upon the kind of ward. The recommended nurse-to-beds ratios for the various kinds of wards in a hospital are given in Table 1. However, needs may vary from one hospital to another, depending on the size of the hospital and services rendered. Thirty percent leave reserve personnel should also be provided.

The nurse-to-beds ratio given in Table 1 according to the kind of ward, has been found to be ideal, keeping in view the high quality of nursing care must is a must for convalescing patients in hospitals. A nurse is to perform different procedures and functions at different time, such as on admission of a patient, discharge of a patient and care during the stay of a patient in the morning, afternoon, evening and at night.

Table 1:   Recommended Nurse-to-Beds Ratios

Ward	Nurse	Beds	Remarks
Medicine	1	3	
Surgery	1	3	
Casualty	1	1	
I.C.U	1	1	
C.C.U	1	1	
Paediatric	1	4	If mothers are allowed to stay with the patients
	1	2	If mothers are not allowed to stay with the patients
Obstetrics and gynaecology	1	3	
Labour room	1	3	
Operation theatre	2	1	(Per table, day shift)
Orthopaedic	1	3	
Well-baby nursery	1	3	
Special nursery	1	1	

Patient's care at the time of admission: The staff nurse welcomes a patient with a smile, removes the bed cover, makes him feel comfortable, arranges for fresh drinking water, checks his weight,

temperature and blood pressure, enquires about the history of the illness, orientates the patient to his surroundings (such as use of the call bell, bedpan, light, fan, etc.) sends the diet requisition, records his general condition, informs the doctor about the admission and answers queries of the patient and the relatives.

Morning care of the patient: This care is given to the patient in the morning by the day-shift nurse. She visits the patient in his room, greets him, gives a sponge bath, changes his clothes, rubs talcum powder, changes bed sheets and pillow-cover, checks his temperature and blood pressure, administers morning medicines, makes the round with the doctors, assists the diet-aides in giving breakfast, brings fresh water, sends the patients for X-ray, sends urine and stool specimens, if ordered to laboratory department, arranges for breakfast, lunch, etc.

Afternoon care of the patient: This care is given to a patient by the day-shift nurse after he has had his lunch. She draws the window curtains to darken the room so that the patient may take a nap. After the patient has woken up from his afternoon nap, she pulls the curtains, offers the bedpan, washes and dries the patient's hands, straightens linen and remakes the corners of the bed, places the call-bell within the patient's reach, checks temperature and blood pressure, administers medicine and injections, combs the patient's hair, prepares him for tea and for receiving his visitors, etc.

Evening care of the patient: This care is given to the patient by the p.m. shift nurse. She takes the report about the patient from the morning shift staff, checks temperature and blood pressure, administers medicine and injections, sees that the patient has been provided the prescribed diet, straightens the bed sheets, places the patient in a comfortable position for sleep, wishes the patient a peaceful and comfortable night's sleep, switches off the lights and switches on the night lamp if required, etc.

Pre-morning care of the patient: This is the care which is given to the patient generally between 5 and 7 a.m. by the night nurse. She greets the patient, provides the bedpan, collects urine and stool specimens if required, assists the patient in brushing his teeth, washes his face, straightens the bed sheets and makes the patient comfortable, etc. If the patient has any problem at night, she contacts the doctor-on-call, makes entries in the nurses' note-sheets about the general condition of the patient and finally reports to the day-shift nurse before going off duty.

Care at the time of discharge of the patient: Preparation for the patient to return home should actually begin the moment he enters the hospital. The whole aim of hospitalisation is to try to help an individual

recover speedily so that he may again take his place in society. If this is not possible, he should be prepared to continue his treatment at home. Many patients feel some anxiety about returning home. The nurse should recognise symptoms of fear and give them reassurance accordingly.

When the doctor decides to discharge a patient, the nurse informs the patient and his family members so that they make the necessary arrangements. She sends the chart for billing, explains the discharge policy to the patient and relatives, hands over the bill to the patient's relatives, collects home medicines from the pharmacy for the patient, requests the doctor to prepare the discharge summary, etc. When the patient's relatives returns after paying the bill, she receives the discharge slip from him, signs it, gives the medical certificate, home medicines and discharge summary to the patient, explains follow-up policy, checks hospital belongings, accompanies the patient to the exit gate of the hospital, enters the patient's name and accurate time in the discharge census, informs the admission office and the diet kitchen about the departure of the patient and disinfects and prepares the bed for the next patient.

These ratios as shown in Table 1 have been derived after consultations with experienced nursing staff and after minutely observing the day-to-day nursing procedures which are performed by the nursing staff in different wards.

4.0 CONCLUSION

Manpower planning being the major function of the hospital human resource manager, he has to consider the overall management problem of making the best use of available human resources and a systematic manpower planning is a must for any dynamic organisation because the success or failure of any hospital rest squarely on the human resource management of that hospital.

5.0 SUMMARY

In this unit, we have looked at manpower planning: nature and scope, need for manpower planning, benefits and objectives of manpower planning, etc. No doubt your knowledge has increased by this exposure so we can consider the tutor-marked assignment.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the relevance of manpower planning in meeting the demands of both the hospital and its consumers of service.

7.0 REFERENCES/FURTHER READING

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UNIT 2   DECIDING   WORKLOAD   RATIOS   AND HUMAN RESOURCE STRENGTH IN VARIOUS DEPARTMENTS

CONTENTS

1.0   Introduction
2.0   Objectives
3.0   Main Content
4.0   Conclusion
5.0   Summary
6.0   Tutor-Marked Assignment
7.0   References/Further Reading

1.0   INTRODUCTION

This unit is a continuation of the previous unit. We will be looking into how human resource management decides the workload ratios and human resource strength in various departments of the hospital in order to avoid over and under staffing or under and over utilisation of the personnel in various departments. The departments itemised in this unit cannot be said to be exhausted so you can add more departments but basic ones are mentioned here.

2.0   OBJECTIVES

At the end of this unit, you should be able to:

- list some basic departments in the hospital
- explain how the resource management department arrives at the employees in each department
- discuss the relationship between equipment, personnel and productivity.

3.0   MAIN CONTENT

Deciding workload ratios and human resource strength in various departments in hospitals

X-ray department
While deciding the number of employees in an X-ray department, the following tasks should be taken into consideration:

1.   Reception of a patient
2.   Recording the history of a patient, as concerned with X-ray

3. Preparing the necessary papers; the slip to be pasted on the X-ray request, entry in the register, etc.
4. Taking film from stock, putting the same in the X-ray cassette
5. Explaining to the patient about X-ray procedure and taking the X-ray
6. Processing film
7. Sorting film
8. Reporting to the radiologist
9. Typing of reports
10. Charting report or dispatching report.

Keeping in view the quality of work required, one X-ray technician cannot be asked to do more than 30 X-ray investigations per day. There are certain X-rays such as carotidangiography, myelography which take very long and only two can be done in a day. It can be recommended that in one day one X-ray technician can do five I.V.Ps; or five O.C.G.s; or two myelographies; or three hysterosalpingiographies; or 10 Barium investigations; or two cartidangiographies; or 30 one-view X-rays or 20 ultrasound investigations or five C.T. scans.

One senior X-ray supervisor is required for seven X-ray technicians, to supervise and execute radiographic work, to maintain efficiency and high quality of work. Also required are one receptionist-cum-typist to take care of reception, clerical and typing work and also one X-ray aide to fetch up to 25 patients from the wards during the day. However, these figures depend upon working procedures of different hospitals.

Accordingly, the chief radiographer and the human resource manager can jointly decide the human resource strength, after anticipating the number of investigations likely to be referred to the X-ray department every day.

Physiotherapy
The main functions of this department are to rehabilitate or activate various limbs/parts of the human body which might have become inactive due to accident/disease/ageing process, etc. One physiotherapist can treat about 25 patients in a day (eight hours duty). Before giving treatment to the patients, he has to do some preparatory work:

1. Examination of the patient
2. Entry into register
   i. Name
   ii. Age
   iii. Sex
   iv. Present history of illness
   v. Past history of illness

      vi.   Family history, if any
      vii.   Diagnosis
3.   Aim of treatment
4.   Planning of treatment
5.   Result of treatment
6.   Progress reports.

In a day, one physiotherapist can attend to 15 diathermies; or 50 ultrasonictherapy cases; or 25 infra-red treatment; or 15 ultra-violet treatments, or 15 stimulation cases; or 30 cervical traction cases; or 20 hydrotherapy cases; or 10 lumber traction cases; or 25 lasertherapy cases; or 15 microwavetherapy cases; or 100 wax-therapy cases; or 15 exercise-therapy cases.

Note: In cases where the physiotherapist has to be with the patient during the treatment, he can attend 25 patients per day but in those cases where he can switch on a machine and leave the patient for 15 to 20 minutes, he will be able to give 80 to 100 treatments per day, provided the department has more than one machine for each treatment.

If the physiotherapist is required to attend to more than 25 patients in a day, the quality of service will certainly suffer.

One senior physiotherapist is required for seven physiotherapists, to supervise their working and to maintain a high standard. Also required are a receptionist to look after reception and clerical work and one physiotherapy aide to fetch up to 25 in-patients who cannot walk from the wards to the physiotherapy department. This, however, depends upon working procedures of the hospital.

On the basis of these norms, the chief physiotherapist and human resource manager can fix the human resource strength of the department keeping in view the number of cases referred in the past.

Medical Laboratory
One medical laboratory technician can do approximately 35 tests per day. If he does less than 35 tests, it means that his performance is below average. If he does more than 35 tests, the accuracy of his tests should be questioned.

In one day, one technician can do: 45 hematology tests; or 50 urine analysis tests; or 50 parasitology tests; or 20 blood-tank tests; or 40 serology tests; or 30 biochemistry tests; or 20 histopathology tests.

Note: These figures are relevant if the technician is asked to do just one particular type of test. If he has to do a normal mix of tests, he should

perform approximately 35, as mentioned. Where tests are automated, higher number of tests can be performed. It depends also on the methodologies practiced in the medical laboratory for various investigations.

Also requires are one section head over seven laboratory technicians, e-clerical staff and bottle-washers, keeping in view the workload and technology used in the department. This will also differ from one hospital to another because it depends to a great extent upon ownership and resources of the hospital, level of care required, etc.

Pharmacy
The number of pharmacists to be employed in a hospital depends upon the policy of the hospital. Some hospitals expect out-patients as well as in-patients to purchase only costly medicines from outside because of their own pharmacy not stocking them due to financial constraints. On the other hand, there are some hospitals which manufacture I.V. solution themselves, because they do not want to risk purchasing contaminated I.V. solution from outside.

The pharmacy department of any hospital is a major source of administrative concern in term of cost control, quality of medicines, pilferage, wastage, legal obligations, etc. Over and above these, it is essential to stock the right quality of vital and essential drugs all the time. Hence, hospital pharmacy operations are fairly complex.

It has been observed that one pharmacist can dispense medicines to 150 patients per day. This excludes placing the order with the supplier, receiving supplies and making entries in the ledger but includes reading prescriptions, dispensing medicines and explaining how to take medicines to the patients. As far as the dispensing of medicines to in-patients is concerned, it depends upon the policy of the hospital, because some hospitals send medicine trolleys to the wards once a day or on alternate days, while some others expect the nurses to collect medicines for their in-patients from the pharmacy counter. Whatever the policy, one pharmacist can dispose of one prescription of a patient, whether an out-or an in-patient in approximately two minutes. Thus, one pharmacist who works eight hours a day can take care of 100 out-patients as well as 50 in-patients, but for every two pharmacists, one pharmacy aid will have to be provided to assist them.

If the number of pharmacists in a hospital exceeds seven, the chief pharmacist should employ one senior pharmacist to assist him in supervision so that the efficiency of the department may be maintained.

Laundry

The number of personnel required in the laundry department depends upon the frequency of changing the linen in the wards, the quality of linen, as well as upon its laundry equipment-whether it has boilers, washing machines, hydro-extractors, drying tumblers, flat-work ironers, flat bed presses and allied equipment. However, one laundry operator can wash the linen of 25 to 30 beds and one laundry orderly can assist in washing the linen of 50 to 60 beds. Thirty percent of laundry operators and laundry orderlies should be kept as the leave reserve. The appointment of laundry supervisor, mechanic and clerk and the number employed depend upon the size of the hospital. However, one shift supervisor, one laundry mechanic and one laundry clerk are required in each shift. Some staffing norms based on the workload being followed at various hospitals are:

One washerman can take care of	: 150 to 200 kg linen per day. (This includes collection of linen from different places, washing, drying, folding, ironing and returning).
Each operation in O.T.	: 7 to 8 kg of soiled linen
Each delivery in L.R.	: 7 to 8 kg of soiled linen
Each ward patient	: 5 to 6 kg of bed linen

Food service

The food-service department of any hospital caters meals to the patients and plays a significant role. Meals prepared hygienically under the guidance of qualified dieticians, according to the instructions of the doctors and attractively served to the patients help in their speedy recovery. If the meals are substandard in any respect, they have the opposite effect. Today, the food-service department ranks as one of the major departments of a modern hospital.

It is responsible for planning, organising and directing all phases of the dietetic operations which include visiting patients, consulting their charts, menu planning, food preparation, serving, budgeting, cost control, record keeping, performance appraisal of its personnel, safety, sanitation, etc.

It is difficult to generalise on the size of staff required in the food-service department of a hospital because some hospitals not only serve breakfast, lunch, evening tea and supper to the patients but also to their attendants as well as to the hospital employees. The staff strength depends upon the number of medicated diets required, the education programme, research work and the type of equipment used in the department. However, one dietary staff member (excluding supervisory

staff) is required for approximately 15 to 20 patients. If the hospital policy permits the attendants of the patients and hospital employees to have their meals from the food service department, the same formula, i.e. one dietary staff for 15 to 20 persons will be applicable.

Generally, in the food-service department of a hospital, the dietician, food storekeeper, cook, cook helpers, bearer and dish washer work in close coordination. One dietician can look after up to 200 words. If the bed strength exceeds 200 beds, another dietician should be appointed. One cook, one cook helper, one bearer and one dishwasher are sufficient to prepare and serve meals for 20 patients/staff members. The food is served to the patients in their wards and to staff members in the hospital cafeteria. A 30 % leave reserve should be appointed, because the food service department functions round the year.

Sanitation and housekeeping
The housekeeping department deals with hospital hygiene. The sanitation in-charge should know the simple facts about bacteriology. He should also be able to train his employees in cleaning techniques that prevent the spread of disease, since all cleaning is meant to remove organic matter in which bacteria is harboured. Some organisms are too small to be readily seen by the naked eye. Some viruses are so small that they cannot be seen even under a microscope. A number of infections are caused by bacteria. Under certain conditions where there is moisture, heat and accumulation of dirt, these bacteria multiply rapidly. Cleanliness is the cardinal method of attacking them.

It is not essential for the sanitation in-charge and his workers to know about every kind of bacteria and the diseases they produce, but it is necessary for them to understand that bacteria enters the body through the mouth, nose, mucous membranes or through broken skin. The hospital patient who is already ill has lowered-resistance and is, therefore, subject to secondary infection. A surgical patient who develops an infected wound may pay dearly in many ways, e.g. a higher hospital bill, longer stay in hospital, catching some other diseases, etc.

The time and effort of sanitation employees can be saved and more efficient cleaning accomplished if set procedures and fundamental techniques for dusting, sweeping, mopping, scrubbing, polishing and washing are observed. In all these operations, clean equipment and clean solution should be used. Cleaning cannot be accomplished with dirty hands and equipment.

The allotment of work-area to a sweeper depends upon the degree of cleanliness required, type of hospital, whether it is a closed or an open area, the size of the rooms, kinds of staircases, kinds of drains

(open/close, etc.). Secondly, it depends upon whether the sweeper is assigned to the intensive care unit, coronary care unit, labour room, operation theatre, wards, O.P.D., paramedical departments, etc. Thirdly, it depends upon whether the sweeper is required to do sweeping, mopping, scrubbing, polishing and washing as well as cleaning the oil-painted walls/doors/windows/fans and removing cobwebs as well. A sweeper should be allotted a work-area of 1,200 to 1,500 square feet keeping in view the work policies of the institution, the degree of cleanliness required, and the electrical cleaning equipment used such as scrubbing machine, vacuum cleaner, etc. However, for a nursing unit, one sweeper over 10 beds is recommended, on the basis of round-the-clock-services. This ratio is too low in an I.C.U and C.C.U. because a higher degree of cleanliness is required. Therefore, more sweepers may be provided there; but on the whole, sweepers should be employed on the basis of one for every 10 beds or one sweeper for 1,200 to 1,500 square feet area. Though the sanitation work is done during the day on a full scale, it continues into the evening and even at night. It is advisable to keep a 30% leave reserve. This particular work requires strict vigilance. Therefore, one supervisor to supervise 10 sweepers is recommended. For a 300-bed hospital, there should be one sanitation in-charge, four supervisors and 40 sweepers (30 sweepers for the daily requirement and 10 sweepers as leave reserve).

Security
With the passage of time, the security of any organisation is becoming more and more problematic. This is particularly so for a hospital. Visitors often indulge in pilferage, with or without the connivance of employees of the hospital. They also try to visit the patients during non-visiting hours, thereby violating the rules and regulations of the hospital. Similarly, employees of the hospital try to pilfer hospital property as well as break hospital discipline. The security personnel of a hospital have a dual role to play-that of watching and controlling both visitors and the staff.

Keeping in view the rising trend of thefts and the tendency of visitors to violate the rules and regulations, it is necessary to engage sufficient security force. The staff strength required depends upon several factors: the area of the hospital, the location of the hospital (city, town and village), the construction of the hospital building (compact building, scattered buildings as a result of mushroom growth with/without proper planning). However, the norm is that one security guard is required for every 10 beds of a hospital and one security supervisor is required in every shift to take decisions on the spot in case of any untoward incident such as theft, fight between the hospital staff and the public or amongst the hospital employees.

Sterile supply department

The staffing norms of the central sterile supply department of a hospital depend upon the model of the autoclave, other equipments being used in the department, the policy for the distribution and collection of articles, the interpersonal relationships of the staff of this department with the staff of medicine, surgery, operation theatre, labour room, casualty, etc. While determining the staffing norms for the central sterile supply department, several points must be kept in mind:

1. Method of collection and distribution of articles to be autoclaved
2. Number of disposable articles being used in the hospital
3. Reprocessible articles available for circulation
4. Bed strength of the hospital
5. Size of the autoclave
6. Type of the hospital.

Since the nature of work is simple and can be learned after a short training, one person in the central sterile supply department can take care of 25 to 30 beds. This excludes the supervisory staff but includes a 30 percent leave reserve.

ECG department

The staffing norms for ECG technicians depend upon the type of hospital, size of the hospital and number of patients visiting the OPD. The staffing norms for ECG technicians can be formulated on the basis of number of ECGs taken in one shift lasting eight hours. One ECG technician can take about 20 ECGs in one shift. If the workload is less in the evening and night shifts, the technicians should be assigned some other job such as making cotton balls, preparing gloves foe obstetric and gynaecological check-ups, making gauze pieces and eye pads, packing of dressing sets, etc. according to his ability. The technician can thus be kept occupied.

The ECG technician's work is not only to take the ECG of the patient, but also to establish rapport with the patient before taking the ECG, noting down the required particulars in the register, setting up the ECG machine with ECG graph, tying the cord on different parts of the patient's body, taking the ECG, cutting the ECG graph, mounting the ECG graph on the ECG folder, submitting it to the cardiologist and pasting the ECG request in the patient's chart for ready reference.

4.0 CONCLUSION

Modern equipment and newly-discovered techniques in the day-to-day operations of a hospital call for specific hospital designs and planning approaches. The setting up of norms and standards of programming, designing, equipping and especially staffing are the need of the day. The core determinants of staffing the hospital organisation are quality, quantum of work, round-the-clock service, professional and technical skill required in the job and optimum utilisation of its personnel. The variables determining the quality of personnel are appropriate recruitment, selection, induction, training on the job, continuing education, promotional avenues, decent salary with attractive perquisites, etc. The staffing norms should aim at matching the individual aspirations to the aims and objectives of the hospital. Hence the norms recommended for the number of personnel in different departments of the hospital are only general guidelines to determine the manpower. Each hospital has to consider various factors which influence its staffing before arriving at its staffing quarters.

5.0 SUMMARY

In this unit, we have looked at basic departments in the hospitals vis-à-vis personnel management so that at the end, the clients/patients and relations would have been satisfied with the kind of quality service rendered.

6.0 TUTOR-MARKED ASSIGNMENT

(1) List the basic departments in hospitals.
(2) How can the human resource manager determine the allocation of personnel to those departments?

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UNIT 3   TRAINING AND MANAGEMENT DEVELOPMENT I

CONTENTS

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2.0   Objectives
3.0   Main Content
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1.0   INTRODUCTION

Training and Development (T & D) is an important phase in human resources management. Employees may become obsolete or rustic if they do not update themselves with new work methods, skills and knowledge about their work, the organisation and the environment. The entire organisation may also become rustic and obsolete if it lacks a systematic means of continually developing and renewing organisational capabilities. Klatt and his colleagues (1985) reported that it has been estimated that "an engineer's knowledge of his or her filed is cut in half every 10 years because of the advancement of the field-unless he or she continues to work". Training and development activities are planned programmes of both individual and organisational improvement. But what is training? What is development? Are they different or the same?

2.0   OBJECTIVES

At the end of this unit, you should be able to:

- define training and development
- state the need for training and development
- list the advantages of training and development
- discuss the techniques used to determine training needs of an organisation

- state the training principles
- enumerate the phases in training process.

3.0 MAIN CONTENT

3.1 Definition of Training and Development

Training is planned organisational efforts or activities concerned with helping an employee acquire specific and immediately usable skills, knowledge, concepts, attitudes and behaviour to enable him or her perform efficiently and effectively on his present job. Training, therefore, is related to improving upon the present job experience. It is concerned with technical/manual skills to non-managerial staff.

Development, on the other hand, are planned activities which focus on increasing and enlarging the capabilities of employees so that they can successfully handle greater and/or assume higher positions in the organisation's hierarchy to better handle current responsibilities. Development usually focuses on improving the conceptual skills-the intellectual and abilities needed to handle complex situations and do a better job (Mathis and Jackson, 1982; Klatt *et al*. 1985). Development is therefore, not only "person-oriented", but it also focuses on supervisory and managerial personnel. This does not imply that these higher-level personnel do not involve themselves in training activities. For example, Klatt and his associates have made the point that "a manager may be trained in public speaking so that the speeches he or she gives for the company will be better, just as a stenographer may receive training to increase the rate of dictation that he or she can take". Training and development, however, are geared toward improving upon workers' performance with the ultimate aim of achieving set organisational goals.

3.2 The Need for Training and Development Programmes

Training and development has become an accepted phenomenon in organisations. The need for employees to improve their knowledge, skills, attitudes and behaviour while on the job is rarely questioned. There are several reasons providing an impetus for the need to develop employees while on the job. These are:

- Academic programmes rarely adequately prepare candidates for their future positions and their accompanying responsibilities. Consequently, many persons enter their career with no practice and with no experience in using the tools of their profession (Heiss, 1970).
- The declining rate of employee mobility and high tenure density coupled with less hiring of new blood.

- The presence of aging employees and the explosion of knowledge. Georgiades (1980) pointed out that with age, human beings suffer from diminished vitality, creativity and flexibility. Aging employees can be assisted to remain or once again become vibrant, vital, productive and pertinent through employee renewal activities.
- The increasing heterogeneity of employees in organisations. This includes very young graduates, some from economically, culturally and educationally disadvantaged background.
- The public and organisation's disenchantment with the quality of the Indian educational products. The rapidly changing society, continually expanding and developing technology and sometime restive community youths.

3.3 Symptoms Requiring Training and Development

There are usually certain signs in an organisation, that serve as pointers to management that training and development activities should be engaged in so as to improve individual and organisational performance. Some of these symptoms have been highlighted by Nwachukwu (1988) to include:

- Lack of interest in one's job
- Negative attitude to work
- Low productivity
- Tardiness
- Excessive absenteeism rate
- Excessive complaints (and excuses)
- High rejects or low quality output
- High incidence of accidents
- Insubordination.

3.4 Advantages of Training and Development

The advantages of employee training and development can be summarised thus:

- Increased knowledge, skills and the development of positive behaviour and attitude to work
- Increased organisational productivity and quality products
- Improved worker's morale
- Reduced turnover rate among workers
- Brings about sense of belongingness among employees and reduces the rate of absenteeism

- Brings about better coordination of both human and non-human resources within the organisation as it helps to save supervisor's time of supervision
- Enhances employee's chance for promotion.

3.5 Techniques Used to Determine Training Needs

An effective training programme must be one planned to improve or correct identified areas of weaknesses among employees. Several techniques are available in determining training needs. Gilbert (1967) developed a common sense approach to identify areas of training needs of employees. He summed up his approach in a formula thus:

D= M – I

Where,
  D = Deficiency in the employee
  M = Complete list of behaviour necessary for mastery of the job
  I = Knowledge of behaviour necessary for the job which the employee already possesses.

According to Nwachukwu (1988), by identifying the behaviour required to perform a job and finding out what an employee lacks, training can then be concentrated in areas of difficulty.

Klatt, Murdic and Schuster (1985) have suggested 10 techniques for identifying training needs of workers. These have been summarised as follows:

i.   Interview with potential participants by the manager or career counsellor in order to identify areas of training needs.
ii.   Questionnaire survey conducted on employees and manager.
iii.   Analysis of personal inventory files.
iv.   Management (managers) request.
v.   Observation of on-the-job behaviour communications, workflow and relationships on the job.
vi.   Job analysis and job competencies, which lead to the development of job specifications and reveal that a worker does not meet the job specifications, set for the job.
vii.   Tests.
viii.   Outside consultations may be invited to review the T and D programme and make recommendations.
ix.   Group problem analysis. Here managers concerned with problems meet to identify the specific problems and causes. Often, training of employees is a major part of any solution.

x.   Assessment centres used for evaluating employees for promotion, placement and further T and D.
xi.   Others include discussion with immediate boss.

3.6   Training Principles

We have stated earlier on that training and development is intended to bring about certain relatively permanent changes in the employee or trainee's behaviour, skills, knowledge and attitudes in order to improve performance on his or her current job or future job. In psychology, this is called learning. For any training and development programme to be successful, the trainees must learn. Personnel training effort must therefore be guided by learning principles that have been developed principally by psychologists. In summary, some of these principles are:

i.   Readiness to learn: the trainee must want to, or have the intention to learn.
ii.   Reinforcement: provide positive rewards for certain acceptable behaviours because trainees are most likely to repeat response patterns, which give them some type of positive reward.
iii.   Immediate confirmation: trainees learn best if reinforcement is given as soon as possible after the training response. For example, a promotion or an increment at the conclusion of training processes.
iv.   Feedback: provide feedback on learning results as to whether the results of a learning process are correct or not.
v.   Active practice: learning by doing is more effective than by reading or passive listening.
vi.   Spaced practice: learning task spaced over a period of hours or days are more effective than being concentrated into one period.
vii.   Whole learning: learning is better when an overall view of what the trainee will be doing is given to him than just go immediately into the specifics.
viii. Sequence: materials to be learned should be developed or presented in stages; moving from the known to the unknown, simple to the complex, and part to the whole.
ix.   Instructional materials: use audio-visual aids as they help learner/trainee to learn more effectively and retain materials learnt longer than reading and/or listening.
x.   Recognise plateaus: that is, during the training process, employees reach a stage where they make very little or no progress. At this point, the trainer should take a break and/or encourage trainees to prevent a feeling of despair or a desire to give up (Mathis and Jackson, 1985; Pigors and Myres, 1981).

3.7 Phases in Training Process

An effective training system must involve a number of phases and steps. (Mathis and Jackson, 1985) have developed a model of training system based on the training model developed by Godstein (1974). The former model has been adopted here because of its simplicity and comprehensiveness. This model is made up of three major phases with specific steps. They are:

Phase 1: The assessment phase
This phase involves the following steps:
- Determine training needs, i.e. identify areas of weaknesses.
- Identify and specify training objectives.
- Develop and set the criteria against which training success is to be measured.
- Pre-test trainees to determine their competence and areas of deficiencies.

Phase 2: The implementation phase
- Select training methods specifically aimed at weak areas.
- Conduct training.
** Monitor training

Phase 3: Evaluation phase
It focuses on measuring how well the training accomplishes the desired objective(s). You compare training outcome against criteria.
** Monitoring of training services as a bridge between the implementation phase and the evaluation phase.

3.8 Training and Development Techniques

After the employee training and development needs have been identified, actual training must be engaged in. This involves choosing a particular training and development method. There are several training methods to choose from. These methods have been variously classified into different categories. Campbell and his associates (1970) developed one of such taxonomies wherein training and development techniques have been classified as:

- Information presentation techniques
- Simulation methods
- On-the-job training.

This selection has been based on the Campbell's modified taxonomy by Cascio (1993), as:

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Information presentation techniques

These techniques include the following methods:

i.   Lectures: Lecture is a method of teaching. It is an organised talk, giving formation about a specific subject matter to an audience or a class. It can be used for a small or a large group of trainees.
ii.   Conference: This is an organised meeting for the discussion or an exchange of views about an issue or problem.
iii.   Correspondence courses.
iv.   Motion pictures: This refers to cinema films.
v.   Reading lists.
vi.   Closed-circuit television (and videotape).
vii.   Systematic observation (closely akin to modeling).
viii. Programmed Instruction (PI). It is a method of guided self-learning which provides trainees immediate feedback and step-by-step learning. According to Mathis and Jackson (1982), the total information to be learned is divided up into meaningful segments using either a "teaching machine" or a book. An employee is presented small segments of information, which progressively increase in difficulty. Trainees' respond to each segment of information by answering a question or responding on a machine. The trainee receives an answer or looks up the answer. Correct response allows the trainee to proceed to other material. If an incorrect response is given, the trainee is guided back to previous material for review. Programmed instruction is a recent method for training employees.
ix.   Computer Assisted Instruction (CAI): As the name implies, CAI involves the trainees' learning by interacting with a computer.
x.   T-group training: T-group is also called sensitivity training, encounter group and laboratory training. It is a technique for learning about one's self and others. It is done by observing and participating in a group situation. The individuals usually meet in groups over a certain period of time, during which they attempt to enhance their awareness both of themselves and of social processes.
xi.   Laboratory education: This involves more complete programmes of training experiences, which may include, in addition to the basic t-group, short lectures, role playing, group exercises designed to illustrate problems in inter-personal or inter-group behaviour, and the likes.
xii.   Organisational development: This involves systematic long-range programmes of organisational improvement through action research. Action research includes: (a) preliminary diagnosis, (b) data gathering from client group, (c) data feedback to the client

group, (d) data exploration by the client group, (e) action planning, and (f) action. The cycle then is repeated continuously.

Simulation methods: These include:

The case study method: This is a widely used oriented development technique in medicine, law and business schools. The case study method involves the examination of an organisational event or series of events or problems, actual or hypothetical. These situations usually involve statements that reveal problems or opportunities that must be recognised, identified and solved through strategic decision. The case study approach adds realism to the classroom and offers the trainee the opportunity to apply concept, principles and theories of management. It therefore helps to improve the analytical thinking, problem solving and decision-making ability of the trainee. As Casio rightly pointed out:

> In the case method, representative organisational problems are presented on paper, usually to groups of trainees who then are required to identify problems and offer solutions. Individuals learn from each other and also receive feedback on their own performance.

The incident method: This technique is similar to the case study method, except that trainee is given only a sketchy outline of a particular incident. They have no question the trainer and when they think they have enough information, they attempt a solution. At the end of the session, the trainer reveals all the information he or she as and trainees compare their solution to the solution based on complete information.

Role playing: Role-playing is a developmental technique that requires the trainee to assume a role, character or function of another in a given situation and act out behaviour associated with that role, it is thus as appreciation of the factors in a certain situation.

Programmed group exercises: This is a hybrid technique that incorporates many of the elements of the case study, multiple role playing, programmed instruction and sensitivity training. Trainees examine their responses first as individuals, then with members of their own groups and finally with larger group and with the trainer.

The task mode: This involves the construction of a complex but easily built physically object and a group of trainees is assigned the task of duplicating the model, given the proper materials. Certain trainees are then allowed to view the object. Common problems are then discussed as they arise and solutions are reached through group discussion.

The in-basket technique: This is a behaviourally experienced learning method. It involves short work assignments for trainees.

Business games: These are computer-based business games that often have to do with labour/management negotiations. In such games, a player takes the role of either management or union and the computer takes the other role. The trainee and the computer bargain on such items as wages and benefits (Mathis and Jackson, 1982).

Assessment centres: The assessment centre is not a physical location. Rather, it is a set of individual and group activities in which a number of candidates participate. It is a multiple method group selection technique. They help identify areas in employees that need development and are useful for selecting managers. Mathis and Jackson (1982) provides a vivid description of what assessment centres are as one off-the-job development methods:

> Candidates may participate in a wide variety of exercises that are work samples of managerial situations that require the use of managerial skills and behaviours. These standardised exercises could be management games, leaderless discussion groups, and an in-baskets over a several-day period. Trained observers watch the candidates' behaviour in detail and record impressions. Each assessor writes a report on each candidate, which is given to the candidate's superior to use in selection and promotion decisions. The reports often identify guidelines for further development of the assessed employee.

At the end of the procedure, the assessors or judges have to come to agreement on a cumulative rating for each individual, related to job requirements, taking into account all the selection activities (Torrington and Hall, 1998).

Managerial modelling: There is an old truism in personnel management development that says managers tend to manage as they were managed. That is, modelling the behaviour of other managers just as children learn by modelling parents and older children makes much of management to be learned; they are quite comfortable with the process by the time they grow up. Modelling is a very natural way of managers to develop since it will likely occur regardless of design, intent or desire. Management development efforts can take advantage of the natural human behaviour by matching young or developing managers with appropriate models and then reinforcing the desirable behaviour that are exhibited.

On-the-job training methods
These methods, as the name implies, are used with organisations and are directly job related. They are the most common training and development methods used by organisations. They are used both in skills training and in management training and development. The advantages of this method are:

- The employee is using the same machine, equipment or materials, which he will be using after the training.
- He is being subjected to the same environmental constraints under which he will have to operate.
- What he produces while learning is a contribution to the day's effort (Nwachukwu, 1988).

Mathis and Jackson (1982) have identified five common advantages of on-the-job methods as follows:

- Effective training can be tailored to fit each trainee's background, attitudes, needs, expectations, goals and future assignment. Off-the-job training cannot usually be tailored as well as to the exact measurement of each trainee.
- The importance of learning by doing is well recognised in on-the-job training.
- On-the-job training is not as time consuming.
- The employee's development is influenced to a large extent by the immediate supervisor and is likely to go along with the supervisor's expectations in an on-the-job training situation.
- When an organisation relies mostly on off-the-job training, supervisors do not feel that their obligation to develop their subordinates is a primary one. They tend to neglect it. On-the-job training focuses a supervisor's attention on subordinates' development.

On-the-job training methods include:

Orientation training

Apprenticeships: Apprenticeship training is best used in training manual skills as in welding, carpentry, auto-mechanic, plumbing, typesetting, etc. An apprentice programme involves on-the-job experience by an employee under the guidance of a skilled and certified worker. During this time, the apprentice receives lower wages than the certified individuals (Mathis and Jackson, 1982).

Internships: This is one type of cooperative job-experience training. It is a form of on-the-job training, which usually combines job training

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with classroom instruction in technical schools or universities. In a typical internship, students receive educational credit for the on-the-job experience. For example, an engineering or business administration student in a university, after two sessions of academic work, goes and works for a company for six weeks or a semester. The objective of the internship called Industrial Training (I.T.) programme, is for the student to acquire knowledge and skill (ibid).

On-the-job coaching: This is one of the on-the-job development techniques. It involves the daily instruction of subordinates by their immediate superior. It is a continuous process of learning by doing. For coaching to be effective the trainers should provide trainees with frequent and immediate feedback and a healthy and honest relationship must exist between subordinates and their supervision or managers (ibid: 262).

Special projects: They take various forms. For example, conference leadership. This requires that the trainee organises and chairs problem-solving conferences. A typical example of this is the Junior Executive Board. This allows promising middle-level managers to experience, first hand, the problems and responsibilities faced by high-level executives in their organisation. Ordinarily, the board is allowed to study any problem faced by the organisation and to make recommendations to the Senior Board of Directors.

Continuous understudy assignments: It is a recognised fact that organisations need to have trained people ready to assume key high-level positions. This is because necessary understudy and assignments are used for this purpose, and to promote 'home grown top executives'. An understudy relieves senior executives of selected responsibilities, thereby allowing the understudy to learn certain aspects of the job and the executive's style of handling it (Cascio, 1995). Similarly, Mathis and Jackson (1982) has observed that assignments of a promising employee to important committees can be very broadening experience. Employees who participate in committees which make important decisions and plans may gain a real grasp of personalities, issues and processes of governing the way the organisation functions.

Vestibule-training: This is exclusively a training method. It involves duplicating exactly the materials and equipment used on the job, but takes place in an area off the production line or away from the actual job situation.

Job rotation: It involves shifting employees from one position to another similar one within the organisation. The objective is to give the trainee an appreciation of the problems in the different departments and

also the opportunity to learn from the different superiors. When properly handled, job rotation encourages a deeper and more general view of the organisation.

Assistant-to-positions: This is closely related to the junior executive board, coaching and job rotation methods. The assistant-to-position is a staff position immediately under a manager. Through this job, trainees can work with outstanding managers they may not otherwise meet.

As earlier pointed out, the above tripartite categorisation of T & D methods is not exhaustive. One employee development technique not covered in that taxonomy is the off-the-job technique called sabbaticals and leave of absence. Sabbaticals, as Mathis and Jackson (1982) noted, are a very useful development tool. Sabbaticals have been popular for many years in the academic world, where professors take a leave to sharpen their skills and advance their education and research. Similar sorts of plans have been adopted in the business community. However, paid sabbaticals can be an expensive proposition.

4.0 CONCLUSION

Any approach to training and management development programmes must start with the identification of training needs. Its policies, objectives and techniques must be clarified. This is bound to improve service to patients and will, in the long run, improve the image of the hospital and its employees. The objective of training is increasing the efficiency of employees and their development for future promotion and better service to patients. The training programmes must be well planed and evaluated periodically.

5.0 SUMMARY

This unit has exposed you to the uncompromising necessity of training and development of the employee. It is what makes an organisation not to do extinct as will remain relevant always. Now let us attempt the following questions.

6.0 TUTOR-MARKED ASSIGNMENT

(1)   Explain why it is necessary for top management to support training and development activities for employees.
(2)   How do you identify the training needs of employees in a hospital?

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UNIT 4 TRAINING AND MANAGEMENT DEVELOPMENT II

CONTENTS

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3.0 Main Content
    3.1 Introduction
    3.2 Management Development Programmes
    3.3 Principles of Management Development
    3.4 Grooming Leaders
    3.5 Management Development Methods
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1.0 INTRODUCTION

In the last unit, we looked at the definition of training and development, need for training and development, advantages, techniques, principles and phases in training process. This unit will build on these areas and focus in management development in the hospital organisation.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- describe management development programmes
- state the principles of management development
- explain how leaders are grouped
- discuss management development methods
- state the responsibilities of line and staff in management development.

3.0 MAIN CONTENT

3.1 Introduction

Recently, a leading surgeon and proprietor of a nursing home in New Delhi asked a renowned industrialist of India, to give him an executive to take care of the administration of his newly established nursing home. The industrialist replied: "I can give you money, machinery and factory

but I cannot give my executive." In a developing economy like India, managerial resources are scarce. If an organisation has the policy of recruiting managers as and when the need arises, it is like digging a well when fire breaks out. Such a policy is wrong, because managers cannot be developed overnight.

If an organisation has a band of effective and efficient managers, it possesses a most valuable asset, though it does not appear on the balance sheet of the organisation. Without this asset, the organisation's survival is at stake, as no organisation can exist without managerial talent. Management development occurs in every organisation in some way, as subordinates learn from and respond to the example of their superiors. Training and development activities within an organisation are geared to its future as well as present requirements. For better results, it is necessary that systematic and planned procedures for management development are introduced on a wider basis and followed.

3.2 Management Development Programmes

The management development programmes aim at making available managers and executives with requisite knowledge and skill to meet the present and anticipated future needs of the organisation. They encourage managers to develop their full potential for handling greater responsibilities. The functional competence of the managers is improved by the management development programmes, making them more transparent and responsive to the changing needs of the organisation. Besides developing managers for higher assignments by duly replacing the retiring executives, the management development programmes help sustain good performance of the managers throughout their career and not allow them to develop managerial obsolescence.

The management development programme:

- is a continuous process
- is a vehicle for attitudinal change
- is stimulant to higher competence
- provides feedback mechanism
- eliminates functional deficiencies
- is a self-development process as managers learn many things through sharing the experience of each other in a stimulated classroom.

3.3 Principles of Management Development

The following principles of management development should be kept in mind:

1. The first principle for determining a long-term strategy for management training is that it must be comprehensive, extending to all health-care personnel with managerial responsibilities.
2. The integration of management training with work is the second principle, as the real meaning of management can only be learnt for actually managing. The task of management development training cannot be fully discharged by conducting external courses. The process begins and continues at the workplace rather than in the classroom. The gap between the two can be bridged by focusing training on the practical problems of management.
3. The third principle is that training should be designed to be progressive. Supervisory training should comprise the basic technical instructions in the concerned occupation, and in turn should constitute a foundation for subsequent middle- management training and thereafter training at senior levels. A good employer will see that training for a career should be the main objective.
4. The fourth principle is that management-developing training should be collaborative. This means that experts from outside are called in to undertake relevant field-work, to cooperate in follow- up and evaluation efforts and to develop health-oriented case studies.
5. The fifth principle is that training must take full account of an organisation's objectives and be directly related to its need. It must contribute to an understanding of actual situations and must not be allowed to take place in vacuum. In short, it should be tailor-made rather than ready-made.
6. The sixth principle is that training for management development should be related to individual needs and be adapted to the varying strengths, personal interests and pace of learning of each individual manager. Only in this way can the hospital take the best advantage of the opportunity to develop skills and potential. Substantial teaching time and tutorial support are necessary to achieve this objective. Some of the recognised techniques of individual teaching, such as programmed learning, have yet to be fully developed for use in management education.
7. The seventh and the final principle is that training must be monitored and evaluated. The investment of resources in management development training is so high that there must be a systematic and comprehensive evaluation to assess its effectiveness and to modify and improve training programmes as required.

3.4   Grooming Leaders

No organisation can do without a super-leader someone who can recognise the 'skill set' of every employee, hone these skills and mould him into the next rung leader. A super-leader's brief is to spot and liberate the leader in every employee. And, this liberation cannot happen overnight. It is often the result of a continuous effort at developing individual capacity of every employee till they realise their optimum potential to act in a responsible manner.

Effective leaders invest in developing people's skills and competencies. Surveys have shown that organisations, which spend more that average amount of money on employee training, achieve higher levels of commitment, better customer service and employee alignment with company vision and values.

Another responsibility of a super-leader is to create an effective learning environment. This is characterised by a climate of trust and openness which leads to greater willingness to communicate about feelings and problems and a positive inclination for change.

Learning is also about making mistakes. In any work environment, there is learning curve. Performance generally goes down before it goes up. Super-leaders are thus great learners who regard all mistakes as learning opportunities. They foster this attitude among their associates also by encouraging them to break old patterns of thinking, come out of their boxes, question routines and challenge assumptions.

One leading company introduced a suggestion system that rewarded thinkers of original ideas. The response from the employees was prompt and instantaneous. The system began to change established mindsets. Employees began to think more in terms of how to improve their productivity rather than remain disturbed by others' mistakes. In less than five years, inventories went down by 60%, output shot up to 90%, timely deliveries increased from 65% to 95% and sales increased by over 30%.

The president of a well-known company pursues a very open-ended communication strategy with his subordinates. Instead of interacting only with a small coterie of key executives, he routinely summons big employee groups to his office and openly shares his vision for the company with them. Sometimes, the employees come up with their own suggestions on better alternatives. Needless to add, there is better understanding in this company than anywhere else. The employees are more committed to the company plan than even the boss himself.

3.5 Management Development Methods

Generally, the aim of all management training techniques is to generate in department heads a better understanding of themselves and of others so that their decisions may take better account of the needs of the hospital. Many methods are used, but all of them seek to develop managerial styles that are likely to build morale and motivate personnel for more effective work, to attain the objectives of a hospital. A brief description of these methods follows.

3.5.1 Formal Management Education

There are full-time programmes at universities and other institutions of higher learning designed especially for middle and top-level executives who leave their jobs for short periods and are exposed to new ideas and new people from other organisations. Some institutions of higher learning conduct off-campus training programmes as well as specialised training on particular aspects of management for managers. In India, there are 30 health-care institutions which impart hospital administration training. The All India Institute of Medical Sciences, New Delhi is one of them.

3.5.2 Management Seminars

Working managers, who want a speedy orientation in various management areas, may get it by attending seminars. There are a number of associations such as National Institute of Health & Family Welfare, Voluntary Health Association of India, the Indian Hospital Association, etc. which conduct such seminars from time to time. These seminars are useful for middle-management managers and top-level executives.

3.5.3 Job Rotation

Managers may be rotated among positions to test their ability and to meet new situations and challenges. Some organisations give middle-management managers little opportunity to consider whether or not they are interested in job rotation. Others consult them in detail before taking into action. Job rotation is a very useful method for developing people's careers, but it may not be good at senior levels. This method can be used in the case of management trainees as well as existing managers. It provides actual experience to both categories of trainees. A word of caution is necessary here. When job rotation is used for management trainees, great care must be taken in handling the relationship between the management trainee and the staff.

3.5.4 Lectures

Lectures are generally preferred for disseminating information and communicating new methods and policies to a large number of trainees at a time. The lecturer presents material orally. He hands out prepare notes to the trainees before or after his lecture. If he does not hand out his notes, the trainees make their own notes during his lecture. The main disadvantage of a lecture is that participation of the trainees is minimal. This can, however, be overcome by having a panel of speakers and encouraging the listeners to ask questions. This can bridge the gap between the one-way communication of a lecture and the needed exchange of ideas between the lecturer and the listeners.

3.5.5 Role Playing

Role playing is a useful technique in developing skills. It may be used where human relations skills are required to be developed. Ward in-charges, senior X-ray or laboratory technicians, senior pharmacists or physiotherapists, who are required to get work from their subordinates, can benefit from role-playing. In this method, an individual puts himself in another person's shoes and acts as that person would act. This gives practical experience free from theoretical and academic restraints. The great advantage of role-playing is practice in a reality situation. The first step is to get the trainees to suggest common problems which they experience while performing their duty. The scenario is then prepared and the trainees are asked to volunteer themselves to play different roles. This provides each individual with an opportunity to develop insights. Thus, persons who work in supervisory capacities can learn to supervise their subordinates better.

3.5.6 Sensitivity Training

Sensitivity training is designed to make the trainee employees more aware of themselves. Its agenda is open, and is determined by the group itself. Sensitivity training develops situations which induce the individual to examine his compartmentalisation, incongruities and discrepancies and endeavour to integrate his behaviour, value, needs and feelings, which constitute his inner world with the expectations of the social environment.

There is no role-playing in sensitivity training, because participants are playing their own, actual roles. In sensitivity training, it is assumed that the essential sources of personal growth and development lie within the participants themselves. It provides ample opportunity to the participants to expose their behavior as well as their thinking, receive feedback about their behaviour and give feedback about the behaviour

of others. It has been found that stress on participants as they undergo sensitivity training is so high that they risk nervous breakdown. Sensitivity training is, therefore, the most controversial training method. Some proponents of laboratory education denounce it while others strongly support it.

3.5.7 Delegation

Indian managers are generally scared of delegating their powers to their subordinates. They wrongly believe that no one can excel them. They forget that without delegation of authority and giving additional responsibility, no subordinate can gain confidence in himself. Asking the subordinates to study problems and take decisions by themselves can infuse then with confidence and develop decision-making and leadership skills which are essential for a good manager.

3.5.8 Promotion

The possibility of promotion can encourage a manager to acquire skills required for the higher job, so that he may take proper decisions and discharge his duties efficiently. Deserving candidates who have potentials should be promoted and in no case be left to stagnate at one place. If management does not follow this policy, it will soon start losing its good employees, with dire consequences to the organisation.

3.6 Line and Staff Responsibilities in Management Development

The prime responsibility for management development is that of each and every line manager. The responsibility for planning and implementing the management development programme would, however, rest with the training officer, who is part of the human resource department.

The success of a formal management-development programme depends largely on the sustained interest of all management personnel. Each manager should feel that he is required to assist in the development of his subordinate. It is only then that the management-development programme will succeed in a real sense.

Dr. P.N. Ghei in his paper presented on 22 March, 1992 at Bangalore on "Hospital Management Training in India" stated that hospitals operate 365 days a year. Although they are looked upon as humanitarian institutions, yet they encounter the same economic problems that the modern industry does. Therefore, modern business techniques should now readily be adopted in most hospitals. As necessity and requirements

of new items are unending, it is more than difficult to restrict or limit the activities of a hospital. In order to keep it updated, hospitals should maintain suitable pace with the day to day advancement in the field of medical science. He further stated that the first programme of training leading to Master in Hospital Administration was started in the All India Institute of Medical Sciences, New Delhi in 1963. At present there are 30 different training programmes spread in different parts of the country.

4.0 CONCLUSION

Management development activities must meet the needs of the employees to further develop techniques and abilities, to keep abreast of the latest technology available in the field of radiology, medical laboratory and medical record technology, physiotherapy, nursing, surgery, administration, etc. There are, of course, many variations in training and management-development programmes. Each hospital uses some combination of types of training, which fits its situation best.

5.0 SUMMARY

We have seen that management development is crucial to the progress and existence of any organisation especially hospital. I am sure you will agree with me that the knowledge acquired in these last two units is quite insightful.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the various methods used in management development.

7.0 REFERENCES/FURTHER READING

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UNIT 5   WAGE AND SALARY ADMINISTRATION

CONTENTS

1.0   INTRODUCTION

Wage and salary administration is a pivotal function of human resource management. Its importance is evident from the fact that a majority of union-management problems and disputes relate to the question of wage payment. According to the hierarchy of needs proposed by Abraham Maslow, money, food and shelter are the first needs of a person. It is therefore of utmost importance to develop a sound wage and salary scheme to attract capable employees, motivate them toward better performance and retain them.

Fair and equitable compensation for each hospital employee should be the objective of the wage and salary administration programme. The way in which this function is discharged varies depending upon policies, size and other characteristics of the hospital.

Hospital authorities, particularly those of charitable hospitals, have recently realised that the salaries paid to employees in hospitals are less than those paid for similar occupations in industries. In an increasing number of hospitals, this recognition has resulted in reconstitution of pay scales and allowances, improvement of working conditions, fringe benefits, etc. The bread-winning motivation need not replace the service ideal in hospital employment; but in an analysis of the motives which determine an individual's choice of a job, the wages paid is an important, if not the most important involved.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- state the meanings of wage and salary
- differentiate between wage and salary
- state the purposes of wage and salary administration programme
- discuss what determines wages and salaries
- describe the obligations of the management to the staff
- explain why authorised deductions are made from the wages of the workers.

3.0 MAIN CONTENT

3.1 Purposes of Wage and Salary Administration Programme

The wage and salary administration programme has a variety of purposes. These are as follows:

1. To define the duties and responsibilities involved in each position in the hospital and determining the qualifications ad training requirements of the employee occupying the position
2. To compare positions according to mental and physical requirements, skill, responsibility and working conditions
3. To establish common titles for jobs which have similar duties and responsibilities, to facilitate dependable salary comparison
4. To establish within the hospital wage levels comparable to that prevailing in the community for similar work
5. To establish a periodic salary review system so that adjustments may be effected whenever indicated.

3.2 Meaning of Wage and Salary Administration

To the hospital, wage and salary administration means:

1. Fair and equitable wages and salaries for all employees
2. A basis for establishing, developing and maintaining good employee relations
3. Development and maintenance of good employee morale
4. A guide for administrative action concerning wages and salaries
5. A basis for facilitating control over expenditure on wages and salaries.

To the employees it means:

1.   A basis for understanding the hospital's policies concerning wage levels, structures and ranges
2.   A means for clarifying opportunities for development and channels for promotion
3.   Greater job satisfaction and feeling of security, helping the individual attain his occupational objectives.

To the patients it means:

1.   Better service to patients and their families by hospital employees, who enjoy their job and are happy with their work
2.   Lower hospitalisation costs, resulting from a higher degree of employee efficiency.

3.3   Wages versus Salaries

Payment made to compensate labour for the work done is generally termed as wages. Money paid periodically to persons whose output cannot easily be measured, such as clerical staff, supervisory and managerial staff is termed as salaries. Salaries are generally paid on a monthly basis. However, in practice, these two words are used interchangeably for employees in the lower strata.

3.4   What Determines Wages and Salaries?

Demands and supply: If enough candidates are available, they will offer themselves for work at low salaries. However, if they are in short supply, they will work only if they are paid well.
Capacity to bargain: Candidates are usually not in a position to bargain, but they acquire some powers through their unions.
Government regulations: Since employees do not have the bargaining power to ask for fair wages, the government intervenes and fixes minimum wages.
Hospital's ability to pay: The ability of the hospital to pay the rates prevalent in comparable hospitals is an important consideration. If a hospital pays less, it will find it difficult to attract and hold employees. If a hospital can pay more, it can attract, retain and motivate its employees.
Cost of living index: In many industries, wages are linked to the cost of living index which ensures fair wages to the employees. As prices of commodities go up, wages too go up and when the index goes down, as a result of fall in prices, wages also come down but it is not so practically because employers can increase wages but cannot decrease.

3.5 Obligations of the Management

The Payment of Wages Act, 1936, has imposed a number of obligations on employers. Basically, the management has six obligations regarding the payment of wages and salaries to its employees:

1. The management must fix a time to pay wages and salaries
2. This period must not be longer than one month
3. The management must pay within seven days of the wage period if the number of employees is less than 1,000. In the case of number of employees is more than 1,000 wages must be paid within 10 days of the wage period
4. The payment should be made on the working day and within working hours
5. The payment should be made in cash or by cheque if the employee consents to it
6. The payment should be made in full without any deductions except those authorised by law.

Authorised deductions used the payment of Wages Act, 1936

The following deductions can be made under the payment of Wages Act, 1936:

1. Fines
2. For absence from duty
3. For damage or loss of goods
4. For house accommodation
5. For amenities and services provided
6. For the recovery of advances and adjustment of overpayments
7. For the recovery of loans taken from provident fund or from thrift and credit society
8. For income tax
9. By order of the Court
10. For life insurance scheme

These deductions can be made in the manner and to the extent provided in the Act. No other deductions are permissible.

3.7 What is involved in Wage and Salary Programme?

Any job may be arbitrarily assigned in hospitals to any particular pay scale, but a more satisfactory result may be achieved if a job-evaluation programme is completed before hand.

Job evaluation is a technique of human resource management concerned with assessing the value of one job in relation to another. Its objective is to determine the relative value of each job in the institution. The process of job evaluation involves the following steps:

1. Selection of a representative committee
2. Agreement on the objectives to be attained and jobs to be covered
3. Conduction of job analysis - an analysis of the factors necessary for its successful performance
4. Comparison of one job with others
5. Arrangement of jobs in their proper sequence
6. Salary survey in the industry and the region
7. Assignment of rates to each job.

Before a job-evaluation plan is launched, it is important to identify which jobs are to be evaluated because job evaluation is as applicable to high paid jobs as to low paid jobs. It is equally necessary to decide a representative committee which can ensure the programme's success. The committee should consist of human resource manager, nursing director, one head of the department of any paramedical department, maintenance engineer of the maintenance and repairing department and one of the medical personnel. They should be liberal, objective and analytical in their approach. In this way, they cannot only eliminate to a great extent grievances about salary but will also give the satisfaction to the management and employees that justice has been done. Job evaluation can provide a sound foundation for framing an incentive scheme, selection, placement of employees, etc.

Depending on the job-evaluation plan, similar jobs can be grouped into categories by total points assigned in the evaluation programme. There is generally a positive correlation between pay scales and points. However, there may be deviations due to the following reasons:

1. Certain categories of employees are in great demand (such as nurses)
2. Department Head exerting undue influence
3. When certain jobs carry extra responsibilities and are, therefore, compensated in proportion to the extra responsibilities assigned.

Wage and salary administration programme may be divided into four interrelated steps: (a) developing fundamental policies; (b) building the wage and salary structure; (c) job assignment; and (d) developing compensation procedures.

3.7.1 Developing Fundamental Policies

Policies must establish the average level of wages and salaries within the hospital. These policies are influenced by the following factors:

Existing labour legislation: India is a fast developing country. Through the Five Year Plans, beginning with the First Five Year Plan, the country has aimed at achieving rapid economic and industrial growth, price stability, equitable distribution of income, etc. In the light of these goals, state regulation of wages has become the principal characteristic of Indian wage policy. The Indian government in the post-independence period has always felt the need for protection of the large segment of the population-the working class.

1. Article 39 of the Constitution of India provides the principle of equal pay for equal work for both men and women as a directive principle of state policy.
2. Similarly, Article 39 of the Constitution provides that the State must endeavour to secure for all workers a living wage and conditions of work which ensure a decent standard of life as well as full employment of leisure and social and cultural opportunities.
3. The Minimum Wages Act, 1948, is a direct state measure for the regulation of wages in the country. The act empowers the government to fix minimum rates of wages. It also provides for the review of these wages at intervals not exceeding 5 years.
4. The Payment of Wages Act, 1936, was a step in the direction of wage regulation. It tries to ensure regular and prompt payment of wages to prevent exploitation of employees by arbitrary fines and deductions from wages.

Wages and salaries paid for similar work in the community: This is one of the most important factors influencing wages and salaries policy formulation. The hospitals compete with other employers for the available labour force. If the supply and demand for labour is in balance and if a competent staff is to be retained, it is necessary that hospitals pay wages which are comparable to those being paid for work of a similar nature elsewhere in the community. Paying adequate competitive wages can result in actual monetary saving to the hospital, if an efficient worker who is able to do more and better work in less time with less supervision is employed. Payment of salaries that are lower than those prevailing in the area might result in a higher total payroll, since more employees and more supervisors will be required due to low efficiency. The quality of work will also be sub-standard.

Regulations established by employees and their unions/associations through negotiations: Regulations established by the unions through

negotiations with the management affect the wage and salary bill of the hospital. Subject such as leave, pay scales, allowances, fringe benefits, working conditions, overtime rate, etc. are frequently included in the agreements with the unions and professional associations.

The hospital's financial position: The hospital's financial position is a major factor in the establishment of a wage and salary plan. It obviously imposes a limit on the payroll costs which the institutions can incur. The following factors should be considered in connection with this problem:

1. One of the major objectives of a wage and salary study is to create the proper relationships among the positions in the hospital.
2. A study of duties performed in various positions may enable the hospital to spend the money available for wages and salaries more wisely.
3. If the wage and salary plan indicates a need for overall increase in wage and salary, this fact should be clearly understood and a basis for budget revision be firmly established.
4. In no case should the study of wage and salary be stopped on account of non-availability of funds. In the absence of such study, the hospital might start losing its most valuable asset-its personnel. On the contrary, the completion of a study covering such matters for the institution as a whole will provide the basis upon which more consistent and intelligent decisions can be taken.

Availability of qualified hospital personnel: This is an important factor. A hospital may sometimes be forced to pay to a person a salary which is above the market value. This type of problem exists mainly in positions filled by highly skilled employees. If the study indicates a pay rate for a give job classification, and if this rate is not adequate to attract suitable employees, it is advisable to make a temporary adjustment in the rate which will enable the hospital to fill the necessary positions. The rate can later be reduced to the level indicated by the study, as and when a competitive situation arises.

3.7.2   Building the Wage and Salary Structure

It is very important to build a wage and salary structure for the hospital. The matters of primary importance in developing such a structure for a hospital are:

1. Establishing the jobs to be performed, describing their content and the duties and responsibilities of employees assigned to them.
2. Studying and analysing each job to determine the standard of performance necessary for its successful completion and the qualities which the person should possess.

3. Evaluating each job to determine the relative value in relation to all other jobs performed in the hospital.
4. Classifying the jobs into groups which possess similar characteristics and establishing a wage level for each group.

Although the development of a study of the type proposed is time consuming, the procedure is a valuable tool in encouraging administrative and supervisory personnel to think through the problems involved and arrive at logical conclusions. This involves the following tasks:

Establishing the jobs to be performed, describing their contents and defining the duties and responsibilities of employees assigned to them: There are three fundamental steps in the investigation of the work performed in the hospital:

1. The positions involved must be listed.
2. The contents of each position must be described including the duties and responsibilities of the employees assigned to it.
3. Positions with essentially the same content must be grouped under the same job title.

The work undertaken should be so organised and directed that answers to the following questions, will be completely and clearly indicated:

1. How many persons are employed by the hospital?
2. What tasks does each person perform?
3. In which positions are the same tasks performed?
4. What job title can be assigned to each position which will be indicative of the tasks performed and most universally accepted and understood by others in the health-service profession and related organisations?

There are four methods generally used in collecting the above information. It is advisable to use all of them in order to secure complete and valid information:

1. A review of payroll record to identify each position and each employee.
2. A work questionnaire completed by each employee in which he lists all the duties he performs.
3. An interview with each employee and his supervisors to clarify and supplement the information received from them through the questionnaires.
4. Direct observation of work performance, to check the accuracy of the data collected.

After this information has been collected and correlated, positions involving essentially the same duties should be grouped into job classifications. The job title for the job classification should be meaningful and as widely accepted as the circumstances permit.

Studying and analysing each job to determine the requirements necessary for its successful performance and the qualities which the person assigned to it should possess: Each of the job classification must be studied in terms of its demands. The procedure presupposes complete knowledge of content for each job classification upon which judgment can be based concerning the minimum performance requirements. The resulting analysis describes the qualities of the worker who should be selected to fill the job. A complete analysis of jobs has many practical uses for members of the hospital at all levels.

1. Agreement upon terminology so that job names, titles, etc. have specific and uniform meaning to all those who use them.
2. A definition of performance requirements so that employees can be more carefully and intelligently selected, more realistically inducted and, wherever necessary, trained on the job.
3. An understanding of job relationships to encourage better cooperation among employees and to establish promotional lines and transfer opportunities.
4. Awareness of job-environment factors which may involve health hazards.
5. Provision of relevant facts to serve as the basis for method's improvement.
6. Development of information essential for a system of job evaluation which will support and defend wage and salary differentials between jobs.
7. Helping workers and supervisors to formulate a better common understanding of job standards and of rating procedure.
8. Provision of accurate job facts for use in negotiating with professional associations.

An analysis of jobs should include a great many facts about each job classification. The following is a list of items generally necessary:

1. Job title.
2. The number of positions commonly carried on the payroll in each job classification.
3. The departments in which positions in this job classification are found.
4. Work performed.

5. Supervision given and received. The number and titles of individuals reporting to each supervisor in this classification and the type and degree of this classification given to them.
6. The level of difficulty involved in the job, such as (i) degree of responsibility, (ii) degree of knowledge, (iii) value of judgment affecting the welfare of patients and successful operation of the hospital, (iv) amount of resourcefulness needed to meet new situations without specific instructions, (v) manual strength and dexterity, (vi) degree of accuracy, and (vii) training required.
7. Hours and shifts
8. Standard of performance
9. Job combinations
10. Working conditions
11. Mechanical requirements
12. Special performance demands, if any
13. The date of completion of analysis
14. The signature of the supervisor responsible for the job described.

Evaluating each job to determine its relative value in relation to all other jobs performed in the hospital: This is meant to find out the relative worth of all jobs. Many other elements may influence the relative wage rate for a given job such as economic conditions, availability of capable workers, the cost of living and collective bargaining by the unions and associations. A job-evaluation system does not determine the wage rate for any given position but provides logical and uniform basis for decisions concerning the relative level of wages and salaries between jobs in the hospital. The fact thus collected may be useful in selecting, training and supervising employees.

There are four common methods of job evaluation-the ranking method, the classification method, the factor comparison method and the point systems. The method to be used in a given hospital should be determined on the basis of its applicability, its usefulness and the success with which it can probably be completed.

1. **Ranking method:** All the jobs in the hospital are arranged in the order of importance accepted by the common agreement among those responsible for the evaluation system on the basis of job titles and job content. The least important position is placed at the bottom of the list, the most important at the top and the remaining others are properly arranged between them. Although this procedure is sound and simple, its value is largely dependent upon the judgment of the persons applying the method.

   This method considers each job as a whole and measures each job against every other. It attempts to establish an order of relative

worth right from the post of sweeper/dishwasher to the post of chief executive/medical superintendent. It is helpful to begin with a small group of key jobs with which the committee is familiar. It requires only a short time to do the actual rating of the job and it is quite flexible. The ranking method can be effective in a small hospital where a limited number of jobs are being rated.

2. **Classification method:** This method involves the establishment of certain grades or classifications of employees, each of which is carefully defined by describing the types of duties performed, the degree of responsibilities involved, etc. The jobs are then reviewed and assigned to a grade or classification, for example, clerical, technical, nursing, etc. Tentative grade descriptions of these areas are written. It is assumed that positions which can be classified under the general title 'clerical' will have some common elements. A decision as to the applicable job level is reached through discussions of the job-evaluation committee. Jobs are then assigned to this level. It may be necessary to rewrite the tentative descriptions several times.

The evaluation is accomplished by preparing a set of job grades and classifying individual jobs in relation to how well they match the grade definitions. There are three steps in this method:

i.   Job grades are established
ii.   Each grade is carefully defined
iii. Individual jobs are classified in relation to the grade descriptions.

Since the grade descriptions are the foundations on which the plan is built, the descriptions should be general enough to include the various jobs ad yet specific enough to distinguish clearly the type of jobs to be included.

Within the general grade descriptions will be included the several levels of jobs which fall in each category and these levels of jobs can be limited from 10 to 15. Too few job levels limit the accuracy of classifications; too many levels call for unnecessary and artificial separations. There may, of course, be several positions at any one job level.

The grade level should be clearly defined in terms of the general grade description. In writing the grade level descriptions, the degree to which any or all of the following conditions are presented must be watched, because on these considerations will be based the decision on the importance of each job:

(a)   Supervision and leadership of subordinates

(b)   Cooperation with associations who are not in the line of authority
(c)   Probability and consequences of errors
(d)   Initiative and resourcefulness
(e)   Minimum experience requirements
(f)   Minimum education requirements.

In such a plan, clerical staff might be divided into nine or 10 categories:

Clerk I	Typist-Clerk I	Stenographer I
Clerk II	Typist-Clerk II	Stenographer II
Clerk III	Typist-Clerk III	Stenographer III

While the duties of Typist-Clerk I were less arduous and less demanding than those of Clerk III, the distinction made seems wise because of the recruitment problem for any position requiring typing.

Once the grade levels have been established and the general descriptions within the various clerical positions arrived at, positions in the organisation can be assigned to a grade level by the evaluation committee.

3.   **Factor comparison method:** The factor comparison method is a comparatively easy method to evaluate unlike jobs. One can use the same scale for appraising laboratory technician, X-ray technician, pharmacist, physiotherapist, staff nurse, medical record technician, accountant and executive jobs because this method does not employ specific scales for job measurement as does the point method. Instead, one job is compared with another. There are four steps to the factor comparison method.

The first step is the selection of certain factors common to all the jobs involved. It is assumed that a factor may differ in the degree to which it is important from one job to the other. The second step is the selection of certain key jobs which appear to be properly rated at present in terms of relative status and pay status as compared to other jobs. Enough key jobs should be selected to provide some guidance from the bottom to the top of the total list under consideration. The third step is the arrangement of key jobs on the basis of each of the factors previously chosen. A rank should then be assigned to these key jobs for each of the other factors to be used. When this step is complete, a scale of key jobs will be completed based on which all other jobs can be ranked on each of the factors to be considered. The fourth step is the comparison of all other jobs with the key jobs and the consideration of these ranks in establishing an overall evaluation of each job as compared to all others.

There are five standard factors in the construction of the factor comparison method. The first factor is mental effort which includes intelligence, general education, specialised information, creativity, etc. The second factor is skill which is required in operating machines in X-ray, laboratory, physiotherapy departments. The third factor is the physical requirement of a job such as standing during an operation for operation-theatre nurse, lifting patients for nursing orderly, etc. The fourth factor is responsibility for hospital property, money and negotiating contracts on behalf of the hospital. The fifth and last factor is working conditions, such as congestion, humidity, accident hazards, noise and radiation.

This method is more reliable than the ranking and classification methods. A change in general employment or economic conditions may affect some jobs more than others, which will necessitate the re-evaluation of all positions.

4. **Point systems:** The point systems have the widest application. They have been used for both clerical and manual skill positions. A number of factors, each considered to be pertinent to success on the jobs are selected for study. It involves the following steps:
   i. Under the point systems, a few jobs are selected by the point decision of job analyst and the department head. These jobs should be representative of the various levels of employment found in the department.
   ii. A temporary organisation chart for the department should be prepared. This should shows the organisational pattern as it actually exists. Only those lines of relationship which actually function should be included. The chart will help in determining the relationship between positions.
   iii. Once agreement has been reached upon key jobs, it is possible to proceed with evaluation of the other jobs in the department. The job analyst should bear in mind the following points:
      (a) The job under consideration is to be compared with similar jobs in other departments.
      (b) The job, and not the worker in the job, is under study. It is essential that the requirements considered relate to those which will assure the necessary job productivity. The fact that the worker on the job has abilities in excess of the job requirements does not mean that the job can be given a higher assignment of points.

   When the job analyst completes his study, the assigned points can be reviewed by a committee consisting of the department

head, human resource manager and the chief executive. Their decision should be considered final.

This programme must be looked upon as a guide to the development of the wage and salary structure.

iv. Classifying the jobs into groups that possess similar characteristics should establish a wage level for each group. In many cases no significant differences can be established between two or more classifications. Then the various classifications can be grouped into grades. The number of grades will vary depending upon the dissimilarity of the job classifications considered. If all the job classifications in a hospital of 100 beds are evaluated, they can be arranged into 10 to 20 grades. Decisions concerning the number of grades to be established should be governed by the following considerations:

(a)   There should be enough grades to avoid placing job classifications into the same grade when the evaluation process has shown their different values.

(b)   The number of grades should be sufficiently small to avoid minor differentials in grades which may lead to minor differences in pay rates.

(c)   There should be a minimum overlap between the pay rate for two adjacent rates.

(d)   A defensible basis for establishing differentials should be established and applied to all the grades used. It is usually assumed that the difference between the minimum rates for successive grades will increase as the grades ascend. This may be done by adding a fixed percentage to the base rate of the preceding grade in order to determine the base rate for the next grade. This percentage can be between five and 15 percent to avoid excessive overlapping.

If the ranking or classification or factor-comparison method of evaluation has been used, job classifications should be assigned to grades on the basis of their relative positions. If the point systems have been used, a numerical point should be determined for each job classification which will serve as a guide to grouping classifications into grades.

The establishing of grades and the assignment of a salary range to each grade involve numerous considerations beyond the evaluation of jobs by classification and the mathematical computation of

setting up a defensible grading system. These often include the following:

(a)   The prevailing rates in the region where the hospital is situated

(b)   Custom within the hospital as evidenced by existing wage and salary levels

(c)   Assignment of higher responsibility to a particular job in the interest of the hospital

(d)   Raising the salary level in a given position to attract prospective candidates.

The programme must be looked upon as a long-term guide to the development of the wage and salary structure.

Each of the above four job evaluation methods, has its own advantages and disadvantages which should be weighed by the hospital. The objective, regardless of the method adopted, should be to develop a logical relationship among jobs to be used as the basis for a salary and wage schedule, because good compensation plans have a salutary effect on the entire organisation. In the absence of such plans, pay scales for each category of jobs are determined subjectively on the basis of haphazard and arbitrary decisions. This creates unrest in the organisation resulting in low morale of its personnel. Therefore, compensation plans should keep a balance between the needs of the organisation and those of its personnel.

Job assignment: After a satisfactory salary and wage structure has been developed, it should be applied to the individuals employed by the hospital. Assigning each hospital employee to his job, appraising his performance and compensating him involves:

i.   Procedures for recruitment, selection and induction
ii.   Procedures for transferring, promoting and separating employees
iii.   Setting standards of performance and the evaluation of the performance of each employee
iv.   Establishing a salary range for each job and paying each employee according to this range is possible through the process of merit rating because it is easy to compare the performance of any given person in a job with all other in the same grade. This comparison will indicate the approximate position with the salary range which should determine the compensation for the individual employee.

These functions are all carried on in all hospitals. Some of them are carried out to some degree every day. There is a possibility that their performance may be overlooked and their relationship to the salary and wage administration programme forgotten because they are such

familiar parts of the hospital operation. The following points are intended to bring out the importance of such matters in developing a complete plan for the administration of salaries.

Unfortunately, it is not easy to assign the salary range for a given employee. When introducing a system, the existing rate must be considered. Length of service must be taken into account. There may be other matters which influence the decision. Ideally, merit ratings should be the major factor in determining the salary paid to an employee within the grade to which his position has been assigned. The new employee in a classification will ordinarily be started at or near the bottom of the range, unless his training and experience justify a higher rate.

Developing compensation procedures: The development of the hospital's compensating methods and procedures requires a decision as to what payment methods the hospital should adopt. The nature of work in hospitals is such that employees have commonly been paid only on a monthly basis. This situation has largely eliminated the possibility of using incentive wage plans for hospital employees. Compensation includes all benefits given to the employees in cash as well as in kind. It is, therefore, important for the hospital to adopt a well-defined and uniform policy. Items to be considered include: (a) basic pay; (b) dearness allowance; (c) house rent allowance; (d) city compensatory allowance; (e) uniform allowance; (f) mess allowance; (g) night allowance; (h) provident fund; (i) gratuity; (j) free medical care; (k) casual leave; (l) festival leave; (m) sick leave; (n) annual leave; (o) any other benefit given by the hospital, such as overtime, etc.

These are all a part of the wage and salary cost of the institution and must be considered in arriving at total compensation. There has been a marked growth in cash as well as non-cash compensation during the past several years, affecting the salary budget of the hospital. Non-cash items should be converted into their cash equivalent and the employees should be informed of the value of these items. It is doubtful whether the average employee places as great a value upon non-cash items as he does on hard cash. The hospital will probably be in a better bargaining position if it pays the maximum proportion of its compensation package in cash and the minimum in non-cash items.

A clear understanding must be reached with each employee, preferably before his joining, concerning the total compensation which he will receive in cash as well as in kind. This objective can be implemented through the use of the employees' handbook which can be distributed to the employees.

The mode of disbursement of salaries to employees differs from hospital to hospital. Some hospitals pay in cash through their cashier in a working day during working hours; others by crediting on the bank accounts of all the employees.

In most of the hospitals, the length of the pay period is usually a month. Definite procedure must be established and followed for several functions:

(i)   Putting the employee on the payroll: When a new employee joins, a copy of his appointment letter with a copy of his joining report should go to the accounts department. Similarly, when there is a change in salary of any employee on account of his promotion, a copy of the letter indicating this change must be given to the accounts department.

(ii)   Reporting absence for salaried employees: This should be done for each absence and an indication as to whether the time lost is to be: (a) deducted from the employee's salary; or charged to (b) casual leave; (c) festival leave; (d) sick leave; (e) annual leave; (f) maternity leave; (g) study leave; (h) administrative leave; or (l) any other source should be sent to the accounts office before the salary clerk starts preparing salary bills.

(iii)   Reporting changes in salaries: This can be done by informing the accounts department in writing. The change in salary may be due to: (a) increase in dearness allowance; (b) release of annual increments; and (c) any other reason.

(iv)   Removing an employee from the payroll: The human resource manager should communicate the effective date and reason of termination to the employee in writing and a copy of this should be sent to the accounts department immediately, to avoid any excess payment being made.

Copies of each document with this information as well as other data having to do with the compensation of the employee should also be filed in the employee's personal file.

4.0   CONCLUSION

A plan for the administration of wages and salaries is always a changing process which requires continuous study and frequent revision. It is important that the hospital should provide for: (a) frequent checks on job description to make sure that they are essentially correct; (b) periodic wage surveys to determine the prevailing wages paid in the neighbouring hospitals; (c) a means of explaining the procedure in use to new employees; (d) periodic reviews if the wage and salary structure to eliminate inconsistencies and strengthen the programme in general.

Responsibility for the development and administration of a fair and equitable wage and salary administration system rests with the line managers. The human resource department has an important role to play in this area, as wage and salary administration has significant human relations implications. The human resource manager renders expert advice to line management in the development of a suitable system of job evaluation. A very large hospital may have a separate wage and salary administration department. Smaller hospitals, which cannot afford such a specialist department, assign the responsibility to someone in the human resource department.

5.0 SUMMARY

Wage and salary administration is not only a science but is also an art, whatever data is available, a proper selection has to be made, and this requires the highest skill in the human resource manager so that effective policy decisions may be evolved.

6.0 TUTOR-MARKED ASSIGNMENT

Describe how the wage and salary structure of hospital workers be built in order to bring peace or reduce the unhealthy rivalries within the system.

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MODULE 3

Unit 1   Appraisal of Human Resources
Unit 2   Human Relations and Public Relations in Hospitals
Unit 3   Teamwork in Hospitals

UNIT 1   APPRAISAL OF HUMAN RESOURCES

CONTENTS

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1.0 INTRODUCTION

Recognition and advancement are some of the basic human aspirations. A proper system which caters for those aspirations motivates a person to provide better output. On the other hand, the absence of such a system leads to frustration, disappointment and lethargy, which result in the deterioration of performance. The success and efficiency of an organisation depend to a large extent on how these basic requirements are taken care of.

It is an unfortunate fact that the more deserving a person is, the more is his desire for unmerited advancement. He is prepared to use both fair

and foul means and is often able to attract the favourable attention of his superiors simply by being more visible though working less that he should, or though he is capable than many of his colleagues. It is this phenomenon which lowers the standard of conduct and behaviour resulting in frustration and inefficiency. The administrator has, therefore, to constantly struggle to make employee assessment objective and keep any vicious trend under check.

A system in which a job is properly defined and some yardsticks laid down for judging the employee's performance makes the appraisal more accurate and objective. This system also gives the conscientious employee a good opportunity for self-appraisal. The whole process paves the way for continued betterment of the employee's performance and development of confidence and pride in his work.

In any system of performance appraisal it is necessary to adopt nomenclatures which have uniform and universal application, so that one description would convey to all persons at all times and at all places the same meaning and eliminate any misunderstanding.

Terms commonly applied to the management and evaluation of performance of employees are efficiently rating, service rating, annual rating, merit rating and performance appraisal. As applied to human resource management, they are practically synonymous. The last two are most frequently used. More recently, emphasis has been given on increasing the results of the employee's performance rather than his merits.

If managers accept that one of their responsibilities is to develop their subordinates, they should also accept that appraisal and discussion about job performance are their duties too. But the truth is that most of the senior officers holding medical, nursing, paramedical and administrative posts in hospital have never held discussions with their superiors and subordinates on how they were fairing in their jobs, with a view to developing their potential or correcting their weaknesses.

Central to the concept of employee-performance appraisal is the mutual advantage of employer and employee so that in practice the phrase 'career development' establishes an identity of interest between them. The employer benefits by identifying individuals with the ability to take on more responsible and senior jobs and the employees are helped to develop their personal capacities further. Performance, capacity and potential are the main qualities under review and in recent years the emphasis is being placed more and more on performance. Measuring result against previously agreed objectives is now seen as the main purpose of appraisal. This is contrary to the earlier, traditional type of

assessment which was largely based on assessing a subordinate's personality and which was kept absolutely secret from him.

Another sign of the traditional approach being swept away is that the written confidential report has been replaced by the appraisal interview where the senior officer neither dominates the interview nor announces his opinion. Rather, an appraisal interview has come to mean a joint interview in which the subordinate is expected to make a constructive contribution including self-assessment of his performance and career aspirations. Recently some organisations have introduced 360 degree appraisal system for their employees, which will be explained in a later section.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

*   define performance appraisal
*   state the components of performance appraisal
*   list the purpose of appraisal
*   describe the process of performance appraisal
*   enumerate the advantages and disadvantages of employee performance appraisal
*   mention the requisites of a good appraisal system
*   discuss the precautions necessary while introducing employees' appraisal scheme.

3.0 MAIN CONTENT

3.1 History of Performance Appraisal

Employees' performance appraisal technique is said to have been used for the first time during World War I, when Walter D. Scott of the U.S. Army adopted the man-to-man rating system for evaluating military personnel. Now, merit rating is largely restricted to the rating of hourly paid employees and is used for developing criteria for wage adjustments, promotions, transfers, etc. Performance appraisal places emphasis on the development of the individual and is used for evaluation of technical, professional and management personnel. Some authorities use terms such as performance appraisal, merit rating, employee evaluation, annual rating, etc. interchangeably while others interpret some of these terms differently. However, the term performance appraisal is most widely used in the human resource management vocabulary.

3.2   Definition

Performance appraisal is the process of evaluating the ability of an individual employee against predetermined standards usually set in the job description. It replaces casual assessment with formal, systematic, scientific, objective and professional procedures. Employees know they are being evaluated and they are told the criteria that will be used in the course of the appraisal. Nothing is kept secret. The appraiser and the appraisee should carry out this task jointly in a cordial atmosphere stressing on the plus points and finding out ways and means of overcoming drawbacks, if any, of the appraisee.

3.3   Components of Performance Appraisal

There are a number of reasons for performance appraisal of employees such as counselling, promotion, training or a combination of them. Therefore, it is necessary to understand clearly the objectives of the performance appraisal. While doing the performance appraisal, the appraiser should address the question in respect of the five Ws, viz. who, what, why, when, where, as also the how of performance appraisal. These five Ws will not only help the appraiser but the appraisee as well.

Who: All employees work under the supervision of one supervisor. Therefore, the supervisor is the best person to do performance appraisal of his subordinate.

What: This includes appraisal of current performance and future potential. It also includes evaluation of human traits.

Why: It is concerned with creating and maintaining a satisfactory level of performance of employee in his present job, highlighting his needs and potentials for personal growth and promoting understanding between the supervisor and his subordinate.

When: Informal performance appraisal continues throughout the year. The supervisor should use good work as an opportunity to provide positive thrust and use poor work as a basis for training. But formal performance appraisal should be done once a year.

Where: Performance appraisal should be done in the office of the supervisor in a cordial atmosphere without any interruption. At that time, the appraiser, the supervisor, and the appraisee, the subordinate should not be disturbed.

How: The method of performance appraisal must be decided. All supervisors must be trained in it. Certain ethical norms should be followed.

3.4 Appraisal from Employee's Point of View

An appraisal discussion, for some, is a nightmare. For others, it is a much awaited opportunity. How does an employee react to his appraisal? Does it cause him to feel anxious or does he see it as a positive event - an opportunity to learn about oneself so that he can grow and develop.

An appraisal discussion can be very positive experience, depending upon the attitude and mindset one brings to it. Some managers are more skilled in preparing and delivering appraisals than others but there are many things one can do to help make it a good experience.

3.5 The Purpose of Appraisal

The first thing to do is to remind oneself of the purpose of the appraisal. The boss has no desire to slap at one's face and tell what one has done wrong. A good appraisal reviews past performance that shows how one met one's goal and objectives. It gives an insight into one's strengths and reveals weaknesses and areas one needs to improve, with a plan to perform better in future.

3.6 Preparing for the Discussion

An employee should remember the purpose of the appraisal system so that he can go in with the right mindset. He should reflect on his performance over the past year and what he perceives to be his strengths and weaknesses. It is better if the employee keeps a written document of his past performance and what he intends doing in future for the organisation. He should imagine how he wishes to behave during the discussion.

Get a good night's sleep the evening before so that he will be alert and fully present during the appraisal discussion.

Lastly, he should be rest assured that his boss is like his father who is there for his growth and development.
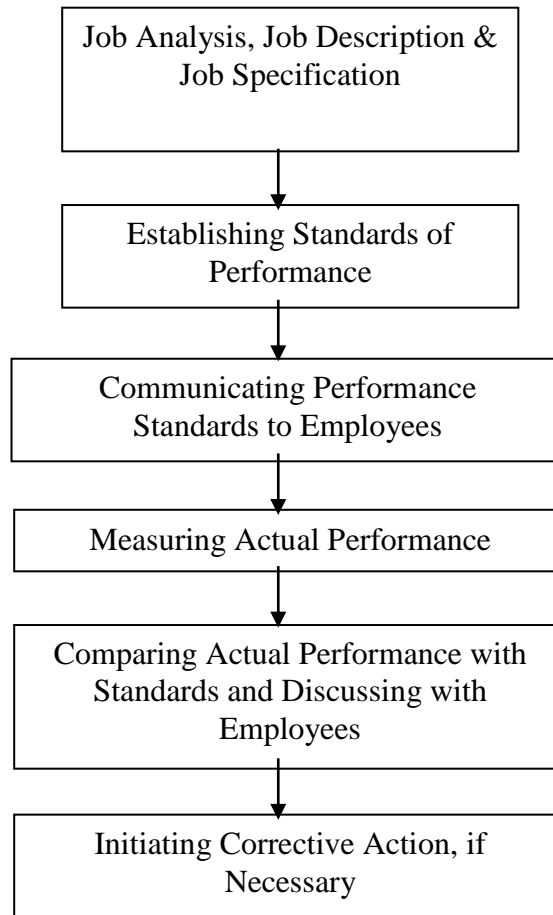
The following points needs to be taken into consideration during the discussion on appraisal:

(a) Make sure that the employee understands the basis of his appraisal system from the beginning.

(b) Sit up straight in the chair and look at the appraiser in his eyes.

(c) Listen carefully without interrupting.

(d) Be open, flexible and willing to admit you short comings.

(e) If the employee does not understand how his superior arrived at a particular evaluation, he can request him to give specific example of that event.

(f) If the employee does not agree with his comments/evaluation, try to respond as objectively as possible.

(g) Before the appraisal is over, the employee should be clear in his mind of areas where he has been required to improve his performance.

(h) The employee should give assurance to his superior that he would certainly perform better in future.

3.7 Process of Performance Appraisal

Performance appraisal is a process of various human resource functions. It begins with the job analysis, job description and job specialisation. These help in establishing the standard performance. The standard set for performance must be clearly defined and unambiguous. It should be attainable by the average employees. The figure below shows the various steps involved in employee performance appraisal.

The next step in the process is to communicate the set standards of performance to the employees. The feedback should also be taken to eliminate any confusion or misunderstanding. The feedback assures the management that the information has reached the employees.

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┌─────────────────────────────┐
│  Job Analysis, Job Description & │
│        Job Specification        │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│    Establishing Standards of    │
│          Performance            │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│  Communicating Performance      │
│    Standards to Employees       │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│    Measuring Actual Performance │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│  Comparing Actual Performance with │
│    Standards and Discussing with   │
│            Employees               │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│  Initiating Corrective Action, if  │
│             Necessary              │
└─────────────────────────────┘
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Fig. 1: Steps Involved in Employee Performance Appraisal

Now the step in order is to measure the actual performance. It can be effected through personal observation, and written and oral reports from the supervisors.

The next step is to compare the actual performance with the set standards. Deviations, if any, from the standards are noted and discussed with the employee. Weaknesses are also discussed so that the employee takes interest in improving his performance.

The last step in the process is to initiate corrective action to improve the performance of the employee. Before this, the reason for low performance should be probed by taking the employee into confidence. He should be motivated for better performance. Counselling and training can do the magic to a great extent.

3.8   Advantages of Employee Performance Appraisal

The principal advantages of employee performance appraisal are:

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i.   It provides a regularly scheduled uniform system of reviewing the employee's performance and an opportunity for exchanging views about each other, i.e. the department and the employee.
ii. It gives evidence of management's interest in the individual employee.
iii. It induces supervisors and department heads to think more seriously and objectively about the performance of their employees.
iv. It gives an opportunity to an employee to know his plus and minus points and to improve his performance.
v.   It provides an objective basis for many types of personnel decisions including pay increase, training, promotion, etc.
vi. Employee performance appraisal indicates whether the present job makes full use of an employee's abilities and if any change is desirable in his duties, what kind of training is required to improve his performance.

Time interval between two performance appraisals
Performance appraisal is a regular and continuous activity. It should be conducted at regular intervals. Some experts are of the opinion that it should be conducted every six months while others opine that it should be conducted once every two years, but the author firmly suggests that it should be conducted every year for all those employees who are permanent, at any time for those employees who are being considered for promotion, or being sent for higher training, etc. It may be part of a strategic decision to the manager, which he has to take. It is surprising that in many organisations performance appraisal is not undertaken regularly, which is not a good practice. Periodic performance appraisal of the employees enables them to improve their performance.

3.9   Limitations of Appraisal

There are also certain limitations of employee performance appraisal:

a.   There is a tendency among supervisors to rate an employee as well as his job. Therefore, a personal bias cannot really be eliminated while appraising an employee.
b.   There is a tendency to rate the individual on the basis of an overall impression.
c.   In similar institutions, there is close personal association between the rater and the rate. With such close contact, the rating tends to become subjective.
d.   The efficiency of an employee may be measured in terms of the quality of the work accomplished and the quality of work done, but there is a serious lack of quantitative standards on which rating can

be based. It is regrettable but true that in many cases, hospitals do not know what production standards at various levels should do.

3.10 Requisites of a Good Appraisal System

The following are the requirements of a good employee performance appraisal system:

1. The most important conditions for the success of any rating system is that the supervisors fully understand the plan, have faith in its effectiveness and carry out their part conscientiously.
    The original rating is made by the employee's immediate supervisor. If this rating is made carelessly, no amount of care and intelligence elsewhere will be able to save the programme.
2. It is important that the employee performance appraisal system has the active support of the top executive who makes the final decisions on promotion, training, increment, transfer, etc.
3. An appraisal form that has been thoughtfully and skillfully designed should be used. A well designed form is of great help in securing accuracy and uniformity in doing the appraisal.
4. An important part of any employee's performance appraisal plan is the statement of standards of performance. The statement of standards will enable both the employee and the rater to have some basis for judgment as to how satisfactory the employee's performance has been. These standards should be stated in writing and in as specific terms as possible.
5. It must have the support of all the line managers who administer it; otherwise they will not take interest in its operation.
6. It must be easily understandable. If the system is too complex or too time consuming, it may be a non-starter and ultimately be rejected by those who are to use it.
7. It must identify persons of proven competence and leadership.
8. There should be very close collaboration between line managers and the human resource manager, because the line managers are primarily concerned with the subordinate and his job and the human resource manager focuses on the man and his career.
9. As much notice is possible should be given to the employee regarding the performance appraisal interview, so that the employee may be mentally prepared.
10. Adequate time should be allowed for the performance-appraisal interview. This may vary according to circumstances and the persons taking part in it.
11. Complete privacy and freedom from telephone and other interruptions should be ensured.
12. Finally, it is a must to establish rapport before commencing the employee performance appraisal interview.

3.11 By Whom Should Appraisal be Done?

It is essential to carefully select and train the appraiser. It is important that those who are to appraise other employees:

a. Recognise the need for an objective attitude while appraising an employee. An employee should never be appraised when the appraiser is displeased with the employee, because his displeasure will be reflected in the performance appraisal. In such cases, the work should be assigned to a second person.
b. Avoid rating an employee high or low because of any personal liking or disliking about him.
c. Understand the danger of rating consistently high, consistently low or grouping all employees at the centre of the scale.
d. Understand the objectives of the appraisal programme.
e. Are familiar with the job of the concerned employee, its requirements in quantity and quality of work, its difficulties, etc.
f. Are aware of any public relations problems involved. This point is especially important in the hospital field, where each employee somehow or the other come into contact with patients and the public.

In selecting an appraiser who can meet these requirements, the first choice should be the department head, or in larger institutions, the immediate supervisor of the concerned employee. It is also important that the employees know about and understand the programmes before it is undertaken. The plan should be discussed and advantages to the employees stressed before the appraisal programme is introduced in the hospital.

3.12 Precautions to be Taken while Introducing Appraisal Scheme

It is important that an appraisal scheme be introduced at a time when employee-management relations are not strained on account of incidents such as pressure for salary increase, the dismissal of a senior employee, withdrawal of any facility, etc.

An appraiser might best start by getting his subordinate to talk about the job and problem areas. This is the time to discuss those parts of the job that are done well. The superior should then move on to ask about any difficulties encountered. Questions must be asked in a subtle manner to bring out personal shortcomings. When these are known to exist but the subordinate is unwilling to admit them, the superior must have on hand evidence of inadequate performance during the period under review. The interviewer must carefully set the tone throughout the interview by

listening attentively, helping the subordinate to express his feelings and never permitting the exchange to become heated.

The conclusion of the interview should take the form of a confirmation of agreed action so that both are perfectly clear about what is to follow in the immediate future. A 'development action plan' - a written statement of objectives agreed upon between the superior and subordinate for the development of the latter should be instituted. It should include training and career needs as well as indicate the areas in which improvement in the present job are called for from the appraised. It should be practical and the agreement should signify a commitment to the plan by both superior and subordinate. If this is done, the subordinate will believe that his boss is genuinely interested in his job performance and career aspirations.

Participation in employee performance appraisal means giving the initiative to the subordinate. He should be allowed to write his own report on the main tasks he has dealt with during the year under review and how he has carried them out. He should be encouraged to analyse the problems that arose and how he tackled them.

With this approach as a basis, the nature of the conventional type of appraisal interview changes. It becomes primarily a joint problem-solving event. However, the programme does not achieve a maximum usefulness until several appraisals have been completed. It is, therefore, important that the operation of the programme be maintained continuously. When several appraisals are compared, a pattern of behaviour can usually be established for the individual employee.

All appraisals should be kept confidential between the employee appraised and members of the supervisory staff responsible for the operation of the programme. This information should never be discussed with other employees or publicised in any form. Appraisal reports should be retained centrally in the human resource department for a minimum period of five years or for a longer period, if possible.

3.13 Behaviourally Anchored Rating Scales

Behaviourally anchored rating scales belong to a recently developed method of performance appraisal. The exponents of this method claim that it is a more reliable and advantageous method.

The method is designed to identify critical areas of performance of a job. The evaluator is required to observe the behaviour of the employee while performing the job and at the same time prepare the behaviourally anchored rating scale to recognise the critical areas of effective and

ineffective performance behaviour. He then compares these behavioural observations with the behaviourally anchored rating scales. Generally, the following seven performance criteria have been established:

1. Knowledge and judgment
2. Human relation skills
3. Conscientiousness
4. Skill in operation
5. Organisational ability
6. Skill in monetary transactions
7. Observational ability.

This method is more valid and expected to give more reliable results as it minimises the errors in performance appraisal.

3.14 Executive Appraisal

The work of appraising the performance of employees does not stop with the appraisal of workers and supervisors of the hospital. Executive appraisal is equally necessary to strengthen administrative performance by developing a clear-cut mutual agreement on work objectives, plans, personal and institutional goals. Some leading hospitals in the United States of America have developed a system of appraisal which incorporates three phase directed toward the final goal of sharing total objectives: (a) the personal appraisal by the executive himself; (b) the appraisal of the executive by his peers; and (c) the appraisal of the executive by his boss or chief executive.

A personal appraisal form is given to the executive whose performance is to be evaluated. The executive is asked to outline his job, describing the objectives, responsibilities and duties of his job. He is then asked to list the phase of his work that he performs well and those he performs just adequately. He is also asked to make specific suggestions as to how he can improve. The narrative form of appraisal includes obtaining a statement on what points he needs improvement from: (a) workers such as nurse/pharmacy/X-ray/physiotherapy/laboratory aides; (b) supervisors such as in nursing/pharmacy/X-ray/ physiotherapy/ laboratory/medical record/accounts, etc.; (c) his fellow executives; (d) the organisation; and (e) himself. The executive is then asked to look back on the past year and describe what he considers were his main achievements, to look to the future and describe the areas he intends to develop from the viewpoint of his personal goals and the needs of the hospital. Concurrent with the self-evaluation of the executive, the chief executive of the hospital selects one or two peers of the appraised executive and asks them to measure the effectiveness of his performance by frankly stating how well he functions to fulfill the needs of their

departments and how he strengthened or weakened their own efforts to perform effectively. Thus, they are asked to outline the fellow executive's principal strengths and weaknesses. Finally, upon receiving the self-appraisal of an executive as well as the appraisal of his peers, the chief executive completes a two part executive appraisal by having a free and frank discussion about his performance, based on the assumption that the performance will improve further by training and by meeting his requirements. Here the chief executive measures the executive's problem-solving abilities, report writing, meeting of deadlines, his organisational ability and communications with subordinates and superiors. On the basis of the information required, each hospital can design s form for the performance appraisal of the executives.

3.15 The 360 Degree Appraisal

Recently, a new appraisal system is coming into vogue where chief executives have started following the 360 degree appraisal of their employees in their organisations. The 360 degree appraisal is a development oriented appraisal system of employees, which gives due recognition and importance to all entities that influence the performance of employees in an organisation and attempts to gather all the vital inputs from these entities with an objective and attempts to gather all the vital inputs from these entities with an objective of performance enhancement and overall employee development.

As depicted in the figure 2, the employee is at the core of this system because different entities such as superior, subordinates and peers of one's own department as well as of other departments of the organisation play important role in his work. Thus, the 360 degree appraisal can be classified into: self-appraisal, superior appraisal, subordinates' appraisal and peers' appraisal.
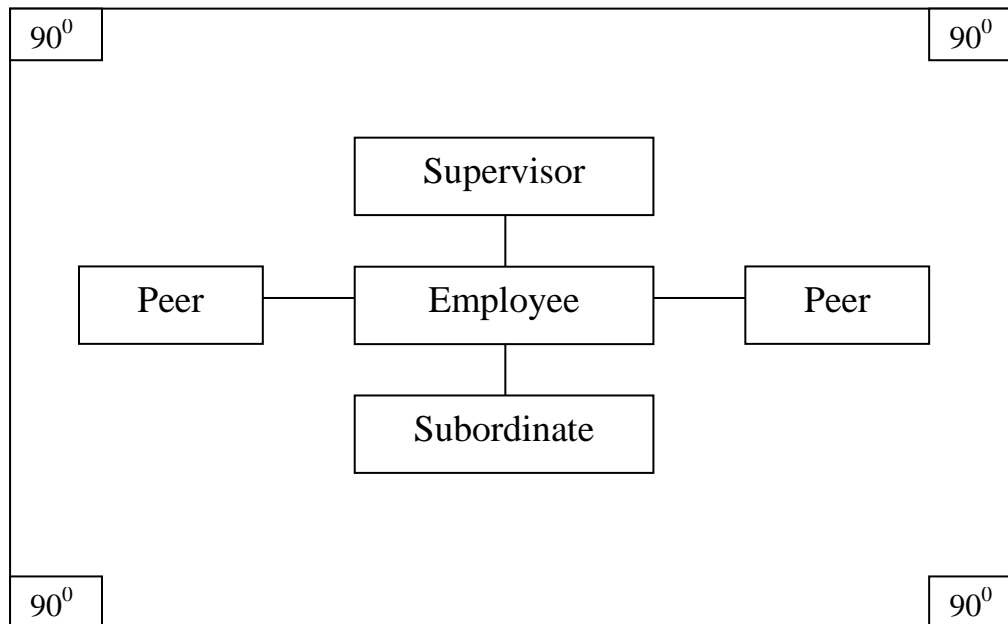
Fig. 2: The 360 Degree Appraisal: Illustration of 360 Degree Appraisal

Self-appraisal

In the 360 degree appraisal system, self-appraisal gives to an employee absolute freedom to objectively look at his strong points and areas of development along with an opportunity to assess his performance. Some executives have found that employees are their own critiques and display very high degree of objectivity. Secondly, they share their development areas with their superiors based on their self-appraisal and then they work out a development plan, keeping in view the organisational requirements and resources. Thirdly, self-appraisal provides an opportunity to the employees to express their future career plan in which the organisation may or may not be helpful to them because of its constraints and resources.

Superiors' appraisal

In the 360 degree appraisal, superior's appraisal places career aspirations of the employees in proper perspective. The superior must communicate to the employees in clear words, what the organisational plans are for them. Apparently, the superior provides constructive feedback on the employees' performances in the review period. Here, the superior and the employees set goals manually for the next year.

Subordinates' appraisal

Appraisal by subordinates of their superior encourages openness and brings them closer. Besides, it is a systematic recognition of the fact that subordinates do play a vital role in the performance of their superiors. So the purpose of subordinates' appraisal is to get first-hand assessment

of how they view their superiors in terms of the style of their functioning. It provides an opportunity to the subordinates to give feedback to their superiors on the kind of things the former would like the latter to continue doing and what they should stop doing.

Peers' appraisal

Peer's appraisal is significant because they play a critical role in the life of any employee in the organisation. First thing about peers appraisal is to select the right peers for getting the appraisal done from within the department as well as from the other departments who are directly connected with the working of the peers' department. Thus, these four components complete the 360 degree appraisal system, each one representing 90 degree of the overall appraisal. The factors to keep in mind before attempting to introduce the 360 degree appraisal system are that it requires the level of maturity in one's organisation's history of appraisal, current stage of appraisal, organisational climate and culture, top management's willingness to accept openness and feedback, and implementing inputs received from the 360 degree appraisal system. A word of caution for those who want to adopt this appraisal system: whether or not their organisation is ready to accept this new system; otherwise, a step taken in hurry to adopt this appraisal system can prove fatal because of its ill consequences.

Performance counselling

As the name suggests, performance counselling relates to the performance of employees. If the employee is not keeping up his performance and it is going down day by day, then counselling is required to maintain the standard level of performance. Performance gets affected by many reasons. Those reasons must be spotted by the supervisor of that employee. If he fails to spot them, he should refer such an employee to the counsellor as the employee may be having family problems, financial problem, marital problem, difference with his peers or supervisor, etc. All these problems have a negative impact on his job. The urgent need is to remove the problem and help the individual regain his or her self confidence. Here counselling can do the magic and help an employee to overcome his lost confidence.

4.0 CONCLUSION

Ideally, every appraisal should end in three easy steps. Setting measurable goals for each employee, measuring part performance and recommending remedial action for the future. All this can be handled in a usual interview format, but the interview should centre on specific goals, targets and rewards. So far as performance is concerned, it can be reviewed in many ways. Whatever mode one chooses for one's

organisation, make sure it meets the approval of all concerned, otherwise, it might end up as one more futile experience.

5.0   SUMMARY

Employee's performance appraisal in a hospital is necessary to ensure understanding and to obtain the most favourable agreement between an employee and his supervisor on the goals of the institution and the progress of the employee in reaching institutional and personal goals. The employee's plus points should be appreciated and the minus points should be minimised by counselling instead of criticising them. It is hoped that you enjoyed your reading and your knowledge enhanced as well.

6.0   TUTOR-MARKED ASSIGNMENT

Discuss the remedial programmes that human resource management department should put in place for employees that could not meet the standard of the organisation in performance of their duties.

7.0   REFERENCES/FURTHER READING

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UNIT 2   HUMAN   RELATIONS   AND   PUBLIC RELATIONS IN HOSPITALS

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1.0   INTRODUCTION

Hospitals provide medical care to the sick and needy. They are not in the business of manufacturing goods but for rendering service and are far more dependent than other organisations upon their employees' morale and commitment. Employees in such institutions are constantly facing the public. Institutions which provide medical care are generally criticised more for the attitudes of their personnel than for the quality of the care. Patients and visitors are more impressed and concerned with the attentiveness, empathy and responsiveness of the healthcare personnel than with the architecture of the hospital building, sophisticated machines or ward facilities like televisions, refrigerator, telephone, newspaper, barber, music, etc.

Human behaviour of two persons is not the same. It differs from person to person. The manager should try to understand what causes this

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difference and how to cope with certain problems caused by their different behaviour. A manager with an understanding of human relations and human behaviour can still make use of their differing behaviour to the advantage of an organisation.

Good human behaviour creates cordial human relationship and bad behaviour creates bitter relationship. For understanding his subordinates/peers/superiors and maintaining cordial relationship with them, a manager may have to acquire knowledge in such disciplines as psychology and sociology. The managers must understand that the good of the individuals is also good for organisation for maintaining good human relations.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- describe ways and means of maintaining cordial human relations
- state the importance of human relations in hospitals
- define motivation
- discuss why workers need to be motivated
- list the theories of motivation.

3.0 MAIN CONTENT

3.1 Ways and Means of Maintaining Cordial Human Relations

When all functions of human resource management are performed effectively and efficiently, there will be definite improvement in human relations. The following are the ways and means to maintain and promote cordial human relations:

1. By promoting honesty among the individuals.
2. Openness clears misunderstanding and restores good relations. Therefore, one should be free and frank. At the same time, one should appreciate frankness of others.
3. By helping and respecting employees of other departments when they visit other's department.
4. By treating the subordinates with dignity and respect.
5. By winning those people who acknowledge his appreciation for their ideas.
6. By speaking about his own mistakes before criticising others.
7. By providing himself to be a good leader, a manager can bring cohesion in the group and thereby contributes to the improvement of human relations.

8. Effective communication in a way improves human relations.
9. By requesting the others instead of issuing direct or indirect order.

3.2 Importance of Human Relations in Hospitals

In his book *Hospital Organisation and Management*, Mac Eacheren comments that hospitals were slow to follow the lead of industries which had long ago realised the necessity for good human relations and had set up human resource departments to perform human resource functions. Human resource management has been a victim of administration. In conducting a survey of hospital board meetings, it was found that 40% of the time at these meetings was spent by the governing board members talking about money, 20% about building improvement and equipment, 15% about medical staff problems, 10% about patient services, 10% about public relations and five percent about miscellaneous subjects including human resource.

In modern health care institutions, the personnel functions should be given due importance and the human resource manager should be considered an integral part of the administrative team so that he may arrange organisational conditions in such a way that people can achieve their goals. This is one of the most important and complex responsibilities of the human resource manager. This will go a long way in establishing cordial human relations which will reflect in patient care.

The primary aim of hospitals is to provide patient care of the highest quality. An often overlooked truth is that efficient patient care develops not from modern medical equipment and drugs alone but from the work force, a group of well rewarded and motivated medical, paramedical, skilled and unskilled personnel. The assembly of these personnel, who are committed to institutional goals and their fulfillment, is not just a matter of chance. It is the result of sound professional administration and cordial human relations.

The role of human relations in health organisations is concerned with the integration of people into a work situation. It is also concerned with motivating personnel to work together cooperatively and productively. In understanding the behaviour of human beings, some knowledge of basic needs and human behaviour is necessary. It should therefore be the first duty of health care administrators and human resource managers to see that most of the basic needs of their personnel are met so that their behaviour is of cooperation and not of aggression at their workplace.

The following is a list of dos and don'ts in the interest of good human relations:

a. Do not injure the pride and sense of dignity of your employees in any manner.
b. Set the target of their work in consultation with them and place your confidence and trust in them.
c. Allow your employees to represent any current grievance and pay due heed and give priority to such representations. As the saying goes, 'A stitch in time saves nine'.
d. Maintain contact with employees, either directly or through supervisors and foster an environment of empathy and good human relations.
e. Make every effort to solve the problems - both official and personal - of your employees to their satisfaction.
f. Ensure the training, better placement and promotional opportunity of each individual employee, if possible.
g. Welcome constructive suggestions from patients and visitors in general and from employees in particular.
h. Suppress tendencies towards luxurious working environment for senior officers but do not spare any effort in improving the working environment for lower categories of employees.
i. Fill higher posts by promoting your personnel rather than recruiting people from outside. This will boost morale of your existing employees.
j. Reassure your employees regarding your responsibility for their future security.
k. It is a good idea to give to employees a small gift on the occasion of their festival - not a box of sweets which will be eaten and forgotten, but something durable for the house.
l. During the festival days, employees are suddenly faced with expenses which they often cannot meet out of their normal salary. It is a good idea to give your employees a loan at that time, which can be recovered in a few installments.
m. When an employee gives a very good performance, supervisors and managers should not hesitate in giving recognition to his work. This act of the management will not only boost morale of that employee but of others also.
n. If the hospital can afford to, it should provide a proper canteen and subsidised meals to the employees.
o. Where the distance from the nearest railway station or major bus stop is considerable, hospital authorities should persuade local transport officials to provide transport facilities.

Human behaviour cannot be fully understood and accurately predicted, and as such, all basic needs of the employees cannot possibly be fully met. Nevertheless, hospital authorities should make sincere efforts to ensure that all laws which are applicable to hospital are adhered to in

letter and spirit and, if possible, should provide more than what is prescribed in the Statues.

Human wants and problems are multitudinous and diverse. As Dr. Peter Drucker has wisely stated: "When you employ a man, you employ the whole man." In other worlds, all problems whether official or personal which an employee is facing, have to be viewed by hospital authorities as their own problems. They must fully accept their responsibility for the education, training, development of their employees, and for providing solutions to their problems.

In hospitals, the lower rungs of employees are usually not taken into confidence by the hospital authorities at any stage. They are absolutely ignored. The present day's employees expect to be treated with dignity. Therefore, all the concerned hospital executives must stop working from above or pushing from behind. They should, instead, start leading from the front and must work together with all categories of employees and gain their genuine and wholehearted contribution to achieve the hospital goals by providing them opportunities for participation even at the planning stage.

These do's and don'ts of human relations in hospitals may appear rather simple and petty; yet they can act as powerful agents in building bridges of understanding between management and employees. The more affection and concern hospital authorities have for their employees, the more cooperative will be the employees' attitude towards work. This will result in very cordial human relations.

3.3 Motivation

Motivation plays a crucial role in maintaining cordial human relations, particularly in service-oriented organisations like hospitals. Attractive architecture, modern equipment and costly medicines alone are not enough to run a hospital efficiently and effectively; what is essential to a greater degree, is a well motivated, dedicated and disciplined work force. Therefore, it should be the earnest endeavour of every human resource manager to keep his employees highly motivated so that they may give better service to patients and do not invite undesired litigation of medical negligence under the Consumer Protection Act, 1986.

3.3.1 What is Motivation?

Every human action is the result of a need. One experiences a sort of mental discomfort as long as that need remains unfulfilled. The moment the action is initiated, he makes an attempt to get over the discomfort. So what causes an action is the need. What causes a need is called the

stimulus. Therefore, it is the duty of every human resource manager to create the stimulus creating a need that initiates an action which leads to satisfaction.

The word 'motivation' has been derived from the word 'motive'. A motive is an inner state that energises, activates and directs behaviour towards a goal.

3.3.2   Motivated Workforce - The Only Survival Game

In this highly competitive work environment, large corporations are looking for motivated workforce to see the cash registers booming. Accelerated growth, vibrancy in the organisation, and a high level of pep among its employees are the dreams of every organisation.

In the age of globalised economy and acute shortage of trained personnel, hospital administrators can raise physical (property) and financial resources with some efforts, but the key factor for any hospital aiming to give superlative performance hinges on its human capital. Therefore, hospital administrators must invest this human capital to produce more motivated employees who may rise to any given challenge if they want to expand.

Many enlightened industrialists have started doing this for their existence in this highly competitive work environment and in the age of globalisation. An employee is now a key asset who can play a crucial role in further expansion of the organisation. They have started realising that to retain an employee, they must first treat him on a human level, understand him and make him feel wanted. Companies are aware that superlative performance can be achieved provided the corporate goals are linked to the individual goals, needs and aspirations of the employees.

For this, every individual needs to be trained to formulate his life goal. He needs assistance to find out where he is vis-à-vis his goal and how he can fill the gap between the two.

There are five key ingredients which the hospital administrators need to inculcate in their employees:

1. High value system - It consists of personality and character ethics
2. Time management - The art of prioritisation of work according to time schedule
3. Emotional bank balance - Investment in personal relationships
4. Interdependence - Working in team and with team spirit

5. Role of meditation - To develop positive attitude toward life and work.

Thus, hospital administrators can not only motivate their employees but can provide better service to patients.

3.3.3 Types of Motives

Motives are divided into three categories:

1. Primary motives
2. Secondary motives
3. General motives.

Primary motives: These motives are unlearned and physiologically based. They include hunger, sleep, sex, and avoidance of pain.

Secondary motives: Secondary motives are closely tied to the learning concept. A motive may be learned to be included in the secondary classification. Important among them are: achievement, affiliation, power, security and status.

General motives: These motives are unlearned and physiologically based. These general motives include curiosity, manipulation and affection.

3.3.4 Objective of Motivation for Human Resource Manager

It is generally known that most of us use only a small portion of our mental and physical abilities. To tap the unused potential in employees, they need to be motivated. Such tapping by the human resource manager results in greater efficiency, better service and better standard of living of the employees.

There are two ways by which people can be motivated. One is the positive approach, e.g. appreciation and recognition of a work of an employee and the other is the negative approach, e.g. finding fault and criticising an employee.

3.3.5 Praise as a Strong Motivational Tool

Usually, giving something involves costs money, but **giving praise** costs nothing. In fact, it is the failure to praise that can cost a lot because there is no motivational tool as powerful as praise. Its presence is keenly felt and so is its absence.

There are five rules for using praise effectively to motivate employees:

1. Look for points to praise: Do not give empty praise but do praise absolutely everything that deserves it. One should go out of the way to identify praiseworthy events and then praise the person.
2. Praise is positive reinforcement: If you want your subordinates to be more attentive, then praise them when they perform well in any area.
3. Give timely praise: It is important to associate positive reinforcement as closely as possible with a desired behaviour and the reinforcement greatly reduces its effectiveness.
4. Give praise as publicly as possible: There is certainly some value in taking an employee aside and then praise him privately but the value is multiplied many times if you praise the person in front of his colleagues.
5. Praise specific things: There is nothing wrong in telling someone that he is doing a great job but the praise becomes much more powerful if it is tied to specific events.

Positive motivation: Employees are said to be motivated positively when they are shown a reward and the way to achieve it. Such reward may be financial or non-financial. Monetary motivation may include special increment, promotion, bonus, incentive scheme, etc. Non-monetary motivation may include praise for work, social recognition, etc. Thus, positive motivation seeks to create an optimistic atmosphere in the organisation.

Negative motivation: Employees can be negatively motivated by creating fear in their minds, e.g. employees will not get raise in their salaries if they do not achieve the target. Thus a manager can get the desired work done. This method has several limitations because fear creates frustration, a hostile state of mind and an apathetic attitude towards the job, which hinders efficiency and productivity. So the use of this method is undesirable.

3.3.6 Steps in Motivation

A human resource manager should adopt the following steps in motivation:

1. Sizing up: This step mainly involves understanding of the different needs of employees. Having assessed their needs, one can determine what motivates them.
2. List of motivators: The list of motivators should be prepared based on the revealed needs of the employees.

3. Selecting and applying motivators: Out of the list of motivators, a few should be selected and applied wherever and whenever they are needed.
4. Feedback: Having applied the motivators, it is important to find out how effective has a particular motivator been.

3.3.7 Theories of Motivation

There are several theories of motivation. The significant among them are Maslow's hierarchy of needs, Herzberg's two-factor theory, Vroom's expectancy theory, Alderfer's ERG theory, Porter and Lawler's model expectancy theory and equity theory.

Maslow's theory of hierarchy of needs: According to Maslow, humans needs form a hierarchy, starting at the bottom with the physiological needs and ascending to the highest need of self-actualisation. He says when one set of needs are satisfied, they no longer work as motivators as a person seeks to satisfy the next higher level needs.

1. Physiological needs: These are basic needs of human beings such as food, clothes, shelter, sleep and sexual satisfaction. Maslow says that until these needs are satisfied, a person does not aim for the satisfaction of the next higher level of needs. As far as work organisations are concerned, these needs include pay, allowances and incentives.

2. Safety needs: When the physiological needs are satisfied, a person starts thinking of the way by which he can continue to satisfy the physiological needs. Thus, security needs spring up the moment he makes an effort in the direction of providing himself the source of continuity of physiological needs. This is exactly the reason why attitude towards security is an important consideration in choosing the job. These needs include stability of the job, financial position of the organisation and union membership.

3. Affiliation needs: When the physiological and safety needs are satisfied, the affiliation needs begin to occupy the mind of a person. This is exactly why he looks for the association of other human beings and strives hard to be accepted by its group. Social needs at work place under membership of formal and informal groups such as canteen committee, welfare committee and so on.

4. Esteem needs: Every person has a feeling of importance and he wants others to regard him highly. These needs make a person aim high and make him achieve something great. These needs in the

case of employees include status symbol such as promotion and better organisation.

5. Self-actualisation needs: This is the highest need in the hierarchy. This refers to the desire to become what one is capable of becoming. A person tries to maximise his potential and accomplish something in society.

Herzberg's two-factor theory: Herzberg modified Maslow's theory of hierarchy and called it two-factor theory of motivation. According to him, the first group of needs is such things as organisation policy, supervision, working conditions, salary, status, personal life. Herzberg called these factors as dissatisfaction and not motivators. By this, he means that their presence does not motivate in the sense of yielding satisfaction but their absence would result in dissatisfaction.

Table 1: Herzberg's Two-Factor Theory

Maintenance factors or dissatisfaction factors	Motivational factors or satisfiers
Job context	Job content
Extrinsic factor	Intrinsic factors
Organisational policy	Achievement
Supervision	Recognition
Relationship with supervisors	Advancement
Peer relations	Possibility of growth
Relationship with subordinates	Responsibility
Pay	
Job security	
Status	

Vroom's expectancy theory of motivation: Victor Vroom felt that content models were inadequate explanations of the complex process of work motivation. Therefore, he developed a relatively new theory of motivation. According to his theory, motivation of any individual depends on the desired goal and the strength of his expectation of achieving the goal. His model is built mainly on three concepts, viz. valence, instrumentality and expectancy.

1. Valence: Vroom says that valence is the strength of an individual's preference for a particular outcome. It can be taken as equivalent of value, incentive, attitude and expected utility. The valence to be positive, a person must prefer attaining the outcome to not attaining. A valence of zero occurs when the individual is indifferent towards the outcome. The valence is negative when the individual prefers not attaining outcome to attaining it.

2. Instrumentality: Another major input into the valence is the instrumentality of the first level outcome in obtaining desired second level outcome. For example, assume that an individual desires promotion and feels that superior, average or poor performance. His second level outcome is promotion. The first level outcome of high performance thus acquired a positive valence by virtue of its expected relationship to the preferred outcome of second level promotion. In this case, the person is motivated to achieve superior performance because he has desire to be promoted. The superior performance (first level outcome) is seen as being instrumental in obtaining promotion (second level promotion).

3. Expectancy: The third major variable in the Vroom's theory is expectancy. Though expectancy and instrumentality appear to be the same at the first stage but they are different. Expectancy is a probability ranging from 0 to one or strength of a belief that a particular action of effort will leave to a particular first level outcome. Instrumentality refers to the degree in which a first level outcome will lead to the second level outcome. According to Vroom, the sum total of these variables is motivation.

Alderfer's ERG theory: Alderfer also feels that needs should be categorised and that there is basic distinction between lower order needs and higher order needs. Alderfer identifies three groups of needs, viz. existence, relatedness and growth. The existence needs are concerned with survival or physiological well-being. The relatedness needs talk of the importance of interpersonal and social relationships. The growth needs consist of the individual's intrinsic desire for personal development. This theory is somewhat similar to that of Maslow's and Herzberg's models, but unlike Maslow and Herzberg, he does not assert that a lower level need has to be satisfied before a higher level need; nor does he say that deprivation is the only way to activate a need. So a person's background and cultural environment may make him think of relatedness needs or growth needs though his existence needs are unfulfilled.

The Porter and Lawler's model expectancy theory: All the content theories assume that satisfaction leads to improved performance. However, it was later found that there is a very low positive relationship between satisfaction and performance. Porter and Lawler explored the complex relationship between motivation, satisfaction and performance. According to them, performance is a function of two important factors:

1. Reward: A person gets intrinsic reward by performing a task well. Intrinsic reward is the feeling of accomplishment and existrinsic

rewards like pay, promotions and status, which are offered by the organisation.
2.   Satisfaction: Satisfaction depends on the perceived rewards and the actual rewards. If an individual feels that he should have received more for what he had done, it results in dissatisfaction and vice versa.
      Thus, motivation and achievement result in satisfaction and dissatisfaction of an employee about the job, organisation and the like.

Equity theory: According to this theory, a major input into job performance and satisfaction is the degree of equity that people perceive in their work situation. In equity occurs when a person perceives that the ratio of his outcome to input and the ratio of other's outcome to input are unequal. Thus, equity theory is based on the assumption that a major factor in job motivation is the individual's evaluation of the equity and fairness of the reward received.

Thus there are many motivation theories. Each of these theories attempt to describe what human beings are and how they can be changed provided they are properly motivated. Therefore, managers keep on trying to motivate their employees by giving them financial and non-financial incentives so that they can extract maximum out of them to reach the organisational goals which are not so easy to attain without the enduring commitment of their employees.

3.3.8   Public Relations

Public relations is an extrapolation or extension of human relations. I have dealt with human relations with peers, superiors and subordinates, the next is human relations with the public.

In any organisational set-up, apart from people within it, there are people who are external to it. People within an organisation should be ready to get along with the outsiders.

The World Book Encyclopedia (1982) defines public relations as 'an activity concerned with winning public approval and understanding for an organisation or individual'. 'These organisations seek to have themselves viewed favourably by people and thus gain the goodwill of the public'.

In Osho (1999), Nigerian Institute of Public Relations (NIPR) and the Institute of Public Relations, London define public relations as "the deliberate, planned and sustained effort to establish and maintain mutual understanding between an organisation and its public(s)." Miller *et al.*

(1983) defines public relations as "the methods and activities employed by an individual, organisation, corporation or institute to promote a favourable relationship with the public."

Just as we have many authors of different backgrounds and disciplines so we have many different definitions of public relations.

Bello (1998) also cited the definition of public relations by the Public Relations Society of America as 'a distinctive management function which helps to establish and maintain mutual lines of communication, understanding, acceptance and cooperation between an organisation and its publics'.

Salu (1994) cited *International Public Relations Association* of 1978 Mexican statement which defines public relations as "the art and social science of analysing trends, predicting their consequences, counselling organisation leaders and implementing planned programmes of action which serve both the organisation's and the public interest."

A comprehensive definition of public relations by Rex Harlow of San Francisco, USA as cited by Salu (1994) is that:

> Public relations is a distinctive management function which helps to establish and maintain mutual lines of communication, understanding, acceptance and cooperation between an organisation and its publics. It involves the management of problems or issues, helps management to keep informed on and responsive to public opinion.

> Public relations defines and emphasis the responsibility of management to serve the public interest; helps management keep abreast of and effectively utilise change, serving as an early warning system to help anticipate trends; and uses research and sound and ethical communication techniques as its principal tools.

Finally, Engel *et al.* (1979) cited Canfield and More (1973) who defines public relations as "the communication function which evaluates public attitudes, identifies the policies and procedures of an individual or an organisation with the public interest and executes a programme of action to earn public understanding and acceptance." The essence of public relations is to ensure that the publics which the organisation serves support it. What the public relations experts or practitioners do is to ensure that the organisation knows what the publics want and then formulate policies which will satisfy the publics.

Since the organisation deals with many publics, the organisation must ascertain the interest of each public and design the programme which will satisfy the needs of each public.

Another reason for the importance of public relations is that there is no organisation which is independent of the society in which it is established. In order to survive within the society, it needs public relations.

3.3.9 Roles of Public Relations

The following roles of public relations of an organisation are:

* Researching into public opinion, attitude and expectations
* Preventing conflicts and misunderstandings
* Promoting mutual respect and social responsibility
* Harmonising the private and public interest
* Promoting goodwill with staff, suppliers and customers
* Promoting products and services
* Maximising profitability
* Projecting a corporate identity and
* Promoting good employees relations

3.3.10 Methods of Public Relations

The two methods which public relations employs in achieving its goals are research and communication.

1. Research method is required in order to elicit information from the publics with regard to their needs or wants. All forms of research e.g. opinion polls, surveys, interviews and the use of questionnaire may be employed in order to gather useful data and information for the purpose of public relations.
2. Communication method is employed for contact between the organisation and the public. The nature of the organisation or message will determine the type of communication and its media.

3.3.11 Main Methods of Communicating with the Public

The World Book Encyclopedia (1982) identifies four main methods of communicating with the public which are advertising, lobbying, publicity and press agency.

Advertising is defined as the non-personal communication through such media as billboards, posters, handbills, mails, newspapers, journals,

magazines and other forms of print media and electronic media such as radio, television, cassettes, cinema, megaphone, public address systems, etc. Lobbying is a term used by politicians when legislators are expected to vote in support of an organisation's interest. Publicity and press agency are ways of promoting an organisation through the use of the media.

3.3.12 The Publics

The publics referred to in the definitions above and the concept of public relations are divided into two, to wit; internal and external publics.

1. The internal public comprises organisational sections, units, departments, governing council, board of directors, board of governors, etc.
    The internal public media of communication are seminars, workshops, newsletters, bulletins, in-service training, joint consultation, end-of-year party.
2. The external public comprises the shareholders, clients, customers, communities, societies, clubs, suppliers, governments at all levels, parastatals, mass media, etc.
    The external public media of communication are the various print and electronic media such as newspapers and radio respectively.
    Salu (1994), identifies four services of public relations as the 4Cs i.e. counselling, coordination, communication and corporate commitment.

Salu (1994) in explaining the 4Cs showed that management should be counseled on organisation's policy and social responsibility to the publics. There is need to coordinate all other departments with regard to implementation of the policy. Having done this, there is need to communicate with the public using appropriate communication media such as oral, written, graphic or non-verbal communication. Corporate commitment requires cooperation between the Public Relations Officer (PRO) and the management in order to attain good corporate image.

3.3.13 Tips on Relationship with Publics

a. Admit your mistakes and do not give excuses
b. Form the habit of saying 'please' and 'thank you'
c. Always look pleasant
d. Differentiate between 'order' and 'request'
e. Learn to listen and talk less
f. Do not boast about your progress especially in the front of failures
g. Have a confidant
h. Keep secrets secret

i.   Avoid gossiping about people or spread rumours
j.   Do not make promises which you cannot fulfill
k.   Keep an arm's length with dangerous people
l.   Help those who need you.

4.0 CONCLUSION

The objective of human relations is to ensure positive relationship among workers within an organisation and between the organisation and the public.

It is a truism that conflict is inevitable occasionally between humans but it should be minimised. Unresolved conflict among workers in an organisation will certainly affect public relations adversely and the ultimate effect on the organisation will kill the existence of the organisation completely.

5.0 SUMMARY

In this unit, we have gone through what human relations is in hospitals, ways and means of maintaining cordial human relations, importance of human relations in hospitals, motivation and its theories. Hopefully you enjoyed your reading.

6.0 TUTOR-MARKED ASSIGNMENT

(1) What are the roles of human relations?
(2) List the ingredients of human relations.

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UNIT 3   TEAMWORK IN HOSPITALS

CONTENTS

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1.0   INTRODUCTION

"United we stand, divided we fall." All over the world, the most successful managements always develop a team for efficient organisation of their work. The large companies in Germany have always had team management. One member customarily presides over the team, but all are equal. Similarly, those marvels of efficient management organisation - the "Big Five' of British banking have always been managed not by one, but by two chief executive teams: the chairman and the deputy chairman concerned with basic objective and the joint general managers concerned with policies, practices and personnel.

2.0   OBJECTIVES

At the end of this unit, you should be able to:

- define teamwork
- describe the nature and scope of teamwork in hospitals
- discuss the McGregor's X and Y theories
- list the McGregor's characteristics of effective teams
- explain team-building and its ingredients
- enumerate how to build trust
- discuss the test of good teamwork.

3.0 MAIN CONTENT

3.1 Nature and Scope of Teamwork

Teamwork is coordinated action by a cooperative group whose members contribute responsibly and enthusiastically towards task achievement. It works best in a supportive environment. The essentials of teamwork are: (a) a small group; (b) a leader; (c) a common goal; (d) regular interaction; (e) each member contributing responsibly; (f) coordination; and (g) team spirit.

During and after World War II, there was an acute shortage of nurses. Therefore, nursing administrators introduced the functional method of nursing. Professional nurses were assigned strictly professional duties such as giving medicines, taking blood pressure, writing notes, making rounds with physicians and surgeons, etc., and nurse aides and orderlies were assigned tasks such as making beds, escorting patients to the X-ray department, carrying stool and urine specimens to the laboratory, handing over the patient chart for billing, etc. Professional nurses now had more time for skilled services. But this system did not work out as planned because non-professional personnel found their work dull. At this point, far-sighted senior nursing executives noticed the need for and possibility of developing genuine teamwork. Professionals were assigned to guide non-professionals in nursing care; each one functioned according to his ability, but was made to participate in making the plans which were expected to be implemented. This was teamwork at a lower level.

In a hospital set-up, there is no other job that needs to be organised as carefully and as systematically as that of the chief executive of a hospital. The priorities of the assignments of the chief executive should be arranged systematically. Even then, the job of the chief executive of the hospital cannot properly be organised as the job of one man. It must be the job of a team of several persons working together. Teamwork is essential at all levels of management in a hospital.

3.2 McGregor's X and Y Theories

According to Douglas McGregor, the management guru, traditional managers believe that by nature people dislike work, are not ambitious and tend to shun responsibility. Thus, in order to get the work done, people need to be pushed by applying the carrot and stick policy. He named the traditional approach to management as theory X. however, he feels that this approach is not correct and in his theory Y, he propounded that normally "People want to work and work is as natural as play or rest." The theory adds that every human being wants self development.

According to theory X, the four assumptions held by traditional managers are as follows:

1. Generally employees dislike work by nature and, whenever possible, will attempt to avoid it.
2. Since employees dislike work, they may be coerced, controlled or threatened with punishment to achieve organisational goals.
3. Employees avoid responsibilities and seek formal direction whenever possible.
4. Most workers place security above all other factors and will display little ambition.

In contrast to these negative views about the nature of human beings, McGregor listed four positive assumptions, which he called theory Y.

1. Employees can view work as being as natural as rest or play.
2. People will exercise self-direction and self-control if they are committed to the objectives.
3. The average person can learn to accept, even seek, responsibility.
4. The ability to make innovative decisions is widely dispersed throughout the population and is not necessarily the sole province of those in management positions.

When both the theories are analysed, one will notice that theory X assumes that lower order needs dominate individuals while theory Y assumes that higher order needs dominate individuals. McGregor himself held to the belief that theory Y assumptions were more valid than theory X. Therefore, he proposed such ideas as team-building, participative decision making and good human relations as approaches that would maximise an employee's job motivation.

3.3 McGregor's Characteristics of Effective Teams

Douglas McGregor, in his book, *The Human Side of Enterprise*, has spelt out some characteristics of effective teams:

1. The working atmosphere is informal, comfortable and relaxed. There are no obvious tensions. People are involved and interested.
2. There is a lot of discussion in which virtually everyone participates, but it remains pertinent to the task of the group. If the discussion gets off the subject, someone will bring it back on track shortly.
3. The task of the objective of the group is well understood and accepted by the members after free discussion of the objectives, followed by commitment of the members.

4. The members listen to each other. Every idea is given a hearing. Members are not afraid to offer extreme views.
5. There is disagreement. The group is comfortable with this and doesn't have to avoid conflict or keep everything on the plane of "sweetness and light." Disagreements are not suppressed or overridden. Options are carefully examined and the group works for resolution.
6. Most decisions are reached by a kind of consensus in which everybody is in general agreement and willing to go along. Members are honest concerning their position. Voting is kept to a minimum.
7. Criticism is healthy, frank and relatively comfortable. There is little evidence of personal attack, either openly or in a hidden fashion. The criticism is constructive and directed toward problem solving.
8. People are free in expressing 'feelings' and 'thoughts'. There is little pussy-footing, and there are few hidden agendas. Everybody seems to know how everybody else feels about any matter being discussed.
9. When action is taken, clear assignments are made and accepted.
10. The chairperson of the group does not dominate, nor does the group show undue deference to him or her. Leadership shifts as circumstances dictate. There is little evidence of a struggle for power; the issue is not who controls, but how to get the job done.
11. The group is aware of its own operation and examines how well it is doing. Maintenance of the group is a priority that gets regular attention.

3.4 Team-Building

Team-building is essential to improve organisational effectiveness by diagnosing barriers to team performance and improving inter-team relationships and task accomplishment. Team-building analyses the activities and relationships of the team members.

The purposes of team-building are to 1. Analyse the way work is performed; 2. Examine the way a group is working; 3. Examine the relationships among team members; 4. Improve relationships of members; 5. Improve service; and 6. Set goals.

3.4.1 Essential Conditions of Team-Building

Teamwork needs collaboration among its members. It is said that one plus one is two in mathematics but eleven in team-building. Moreover, the synergetic effect is evident in teamwork; each team is a linking pin to another team and to the total organisation. Teams do wonders. They

make the impossible things possible. Japan gives a prime example of teamwork.

The essential conditions for team building are: 1. Every member must have a clearly assigned role; 2. The team must take collective responsibility for the action of each of its members; 3. The team must speak with one voice; 4. Each member should be able to handle responsibilities of other members of his team, if the need arises.

3.4.2   Ingredients of Team-Building

Team-building aims at diagnosing barriers to effective team performance, improving task accomplishment and improving relationships among members. The major ingredients of team-building are 1. Get the right people together. 2. Have a large block of uninterrupted time. 3. Deal with high priority problem first. 4. Study the problems in depth and not superficially. 5. Develop realistic solutions. 6. Implement the solutions wholeheartedly and not half heartedly. 7. Follow up to assess results.

3.4.3   Hints for Team-Building Managers

Team-building is not everybody's job. It is a job of capable persons who are dynamic, have clear vision, clean hearted, are objective and committed to organisational goals. The essential hints to the manager whose job is to build the team successfully are: (a) hold small and informal meetings for minor problems and longer meetings for major problem; (b) create cooperative atmosphere; (c) pick up easy problem to be solved first; (d) have an open mind; (e) compliment the participants to encourage their morale; (f) encourage the subordinates to formulate the goals; (g) provide the members all necessary material, finance, etc; (h) remember honesty and democracy are best policies in team-building.

3.4.4   Trust

In teamwork, trust plays the main role. Trust is (a) a central issue in all human relationships; (b) at the heart of collaboration; and (c) essential to organisational effectiveness.

Trusts exist when we make ourselves vulnerable to others whose subsequent behaviour we cannot control. By trusting another person we become dependent upon them. The level of trust governs subsequent behaviour

High trust leads to openness about feelings, self disclosure, greater clarity about goals, problems, etc. more searching for alternatives

instead of jumping to conclusions, greater levels of mutual influence, increased motivation, closeness, increased comfort with each other, tolerance of differing viewpoints and better utilisation of expertise and abilities.

Low trust leads to the following conditions controlling environment, self-protective behaviour, facts, ideas, conclusions and feelings ignored, disguised and distorted, people becoming suspicious, unreceptive and perceive manipulation, attempts to be truly open being rejected, effort to build trust being sabotaged, misinterpretation and misunderstandings.

Deepening a relationship requires taking the first step in trusting another person despite uncertainty about the consequences. If neither person takes the risk of trusting, at least a little, the relationship remains stalled at a low level of caution and suspicion. Trusting another's competence, judgment, helpfulness or concern, results in a greater willingness to be open. Feeling trusted also makes it easier to be open. The foundation of a trusting relationship is in believing that the other person has integrity.

3.4.5   How to Build Trust

1.   Do what you say you are going to do. When you create predictability, you are seen as trustworthy, which promotes trusting behaviour from others.
2.   Trust develops when people feel safe and secure so that they can risk being vulnerable.
     Reduce defensiveness by:
     (i)   providing descriptive rather evaluative feedback
     (ii)   avoiding game-playing and secrecy
     (iii) expressing genuine feelings of caring and involvement
     (iv)   being sensitive to the needs and interests of others
     (v)   seeking out, listening to and understanding the perspectives of others
     (vi)   utilising and recognising the contributions of others.
3.   Be a trust risk-taker. Let people know where you stand even if it differs from their view. Acknowledge your own mistakes and vulnerability. Be human.

Most development activity is centred upon the improvement of individual skills, knowledge and experience, but organisations are increasingly finding that this is not enough; that the real key to success is the way in which individuals behave towards each other and the way in which groups of people relate to and work with each other.

3.4.6   Test of Good Teamwork

How do we recognise good and bad teamwork? Let us first look at some of the symptoms of bad teamwork.

First, there is the symptom of frustration. As an organisation gets larger, the opportunities for personal expression and satisfaction often become less. Too frequently, people who work in organisations become frustrated because they can no longer see a clear way of meeting their own needs and aspirations. People lose inspiration and lack the commitment and motivation which are essential ingredients of effective teamwork.

In many organisations, the symptoms of grumbling and retaliation are evident. If people cannot express themselves through the system, they do it privately through discussion in the corridors, lavatories and car parks. Often bar room chat is a better indicator of organisational health than the most elaborate attitude surveys. The organisations that have a poor output of work also spend a lot of time on retaliation. They do not use mistakes as opportunities for increased learning and improvement but as excuses for punishing those who made the mistakes, leading to ill will.

Unhealthy competition is another indicator of poor teamwork. Competition is the life-blood of many organisations but there is a great difference between the healthy competition where people can enjoy the just reward of their work and others can accept that the best man, system or policy succeeded and the kind of organisation where backbiting, 'dirty tricks' and politics are the everyday pastimes of the managers. Similarly, many organisations owe much of their success to the natural competitive spirit which exists between departments and to the pride of team membership which departmentalisation often brings; but many others have departments which are at constant war with each other, each jockeying for superior organisational position, influence or perks. One particular organisation was for many years plagued by the constant bickering and 'dirty tricks' of its department heads, each one striving for advantage over the others whenever possible. Not only did that lead to the organisation as a whole missing opportunities, but many junior employees found that, although they wanted to work with others, barriers had been erected between them and their counterparts in other departments.

Another sure indicator of poor teamwork is the expression employees wear on their faces. Effective teamwork breeds happiness and a visitor gets an immediate impression of whether the workplace is a happy one, or whether he is likely to be 'killed in the rush' if he is around at

'clocking-off' time. The workplace does not have to be a dull and unenjoyable place; it can so easily be a rewarding place where people love to be.

Openness and honesty are the key indicators of organisational health. Unfortunately, some people seem to try honesty only when everything else has failed. Many mangers particularly seem to go to enormous lengths to avoid telling the truth. There are, of course, occasions in every organisation where total openness is not feasible, but where good teamwork exists, there is generally no need for locks on drawers, dishonest statements to employees and the taking of false bargaining stances.

Meetings are another key indicator of teamwork. The main reason for having meetings is to utilise the collective skills of a group of people whilst working on common problems or opportunities. Too often, however, we experience meetings which in no way use these skills; meetings where only one or few people contribute and meetings used by managers simply as an opportunity to lay down the rules rather than utilise the resources of the team. The quality of meetings can usually be determined by the way in which individuals either look forward or to dread the normal weekly or monthly get-together.

In many organisations, the quality of the relationships between managers and those they manage is low that effective teamwork cannot get off the ground. Where people cannot confide in or trust their manager, where they are fearful of him or where they can converse with him only on a superficial or trivial level, real teamwork is unlikely to exist. Another sign of low quality relationships is that the leader becomes increasingly isolated from his team. He does not represent their views and they do not subscribe to his. The effective team leader needs to be very much a part of his team.

People not developing, is another sure sign of ineffective teamwork. If a team is to be effective, it needs to be continually developing itself and this in part means constantly facilitating individual as well as team development. Often development does not happen because: (a) there are perceived or real pressures; (b) it is seen as the job of the human resource department or training officer; (c) conflict exists between the team's culture and that of the organisation; (d) team leaders lack the skills or willingness to make it happen; and (e) there is fear of the consequences of development.

Sometimes poor teamwork results in jobs getting done twice or not at all, because no clear understanding of rules within and between teams

exists. Sometimes, although common problems exist, people are not willing or get together and work on them.

Then there is the attitude which teams and individual members have to the possibility of external help. The ineffective team usually either rejects offers of help because it fears the consequences of outsiders finding out what the team is really like or seizes all offers of help because it lacks any coherent view of how to proceed and is content to handover its problems to someone else. The effective team uses external help constructively by recognising the new contribution and viewpoint which it can bring, but it always maintains response of its own problems and its own destiny.

Creativity is a delicate flower which flourishes only in the right conditions; namely conditions of personal freedom and support, freedom to experiment, to try out new ideas and concepts, with the support from those who listen, evaluate and offer help. A dearth of new ideas generally goes with poor teamwork, because it is within a team that the conditions for creativity can most easily be created.

The degree to which people help and use each other is another indicator. Where effective teamwork does not exist, people tend to work in isolation and they neither offer nor receive the help of their colleagues. All of us need help in order to perform at our optimum level.
The conditions described are indicative of an unhealthy organisation and all of them can be significantly improved by effective teamwork.

In an organisation where good teamwork exists, people can and do express themselves honestly and openly. Conversation about work is the same both inside and outside the organisation. Mistakes are faced openly and used as vehicles for learning and difficult situations are confronted.

Competition and the conflict of ideas are used constructively and team members have a pride in the success of their team. Unhelpful competition and conflict have been eliminated.

Good relationships exist with other teams and departments. Each individual values and respects the other and their respective leaders themselves comprise an effective team.
Personal relationships are characterised by support and trust, with people helping each other whenever possible.

Meetings are productive and stimulating, with all participating and feeling a sense of ownership of the actions which result from the

decisions made. New ideas abound and their use enables the team to stay ahead.
Boss-subordinate relationships are sound, each helping the other to perform his role better and the team feeling that it is being led in an appropriate way.

Personal and individual developments are highly rated and opportunities are constantly sought for making development plans.

There is clear agreement about and understanding of objectives and of the roles which the team and its individual members will play in achieving them.

External help will be welcome and used where appropriate.

Finally, the team regularly reviews where it is going, why it needs to go there, and how it is getting there. If necessary, it alters its practices in the light of that review.

All these means that 'work' is a happy place to be; people enjoy themselves wherever possible but this enjoyment is conducive to achievement, nor a barrier to it. People get satisfaction from their working lives and work is one of the places where they meet their needs and aspirations.

4.0   CONCLUSION

In an organisation where good teamwork exists, people can and do express themselves honestly and openly. Conversation about work is the same both inside and outside the organisation. Mistakes are faced openly and used as vehicles for learning and difficult situations are confronted.

5.0   SUMMARY

Hospital is a team approach institution, every member/worker is interrelated and interdependent hence the significance of teamwork cannot be overstressed. No doubt you must have learnt greatly in this course as you are well prepared to meet the societal demands from you as a hospital worker.

6.0   TUTOR-MARKED ASSIGNMENT

(1)   Discuss the relevance of teamwork in the effective health service delivery in the hospital.
(2)   List and explain barriers to effective teamwork in the hospital.

7.0 REFERENCES/FURTHER READING

Goyal, R. C. (2006). *Hospital Administration and Human Resource Management.* (4th ed.). New Delhi: Prentice-Hall.

McGregor, D. (1960). *The Human Side of Enterprise.* McGraw-Hill, New York.