

# ‘Healthcare Employee Management – A focus on Indian Healthcare Sector’

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## ABSTRACT

### Background

The constitution of India guarantees free healthcare for its citizens and all government hospitals are required to provide free of cost healthcare facilities to the patients. Healthcare employees play an important part in making this possible. This research paper studies healthcare employee management and its impact in improving the value of healthcare sector in India.

### Methods

Published literature was searched and data was collected through secondary sources like research papers, books on the related topics, web portals, public websites of concerned departments and other statistics, various journals, newspapers and magazines, websites of selected governmental and non-governmental agencies, as well as different printed materials (brochures, etc) collected from them.

### Results

The paper reveals that employee management is important for healthcare sector and plays an important part in improving the quality of healthcare sector in India. The paper further, shows that the healthcare sector of India faces many employee management challenges. In addition to this, healthcare sector is growing in India, on the contrary, not much research is done to determine the impact of developing policies for healthcare employees.

### Conclusion

In order to advance the excellence of healthcare sector in the Indian subcontinent, appropriate management of healthcare employees is imperative. The study suggests that training and continuous development of healthcare employees is critical for improving the performance of healthcare employees, and in turn the healthcare sector.

**Keywords:** Employees, Healthcare Services, Human resource Management, India, Training

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## I. INTRODUCTION

An organisation cannot build a good team of working professionals without good Human Resources. Human resource management helps to develop the organisational important sectors by planning, staffing, direction, controlling and organising to achieve the organisational objectives. Due to increasing cost pressures, and the necessity to ensure high quality patient care while maintaining a safe environment for patients and staff, interest in the capacity for HRM practices to make a difference has piqued the attention of healthcare professionals[1]. Healthcare has become one of India's largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players [2]. Almost one-third (31 per cent) of those who claimed to be allopathic doctors in 2001 were educated only up to the secondary school level and 57 per cent did not have any medical qualification, a recent WHO report found, ringing the alarm bells on India's healthcare workforce. The situation was far worse in rural India, where just 18.8 per cent of allopathic doctors had a medical qualification, the study titled 'The Health Workforce in India', published in June 2016, revealed [3]. Thus, this research paper, studies healthcare employee management and its impact in improving the value of healthcare sector in India.

### Objective of the study

The objective of the study is to access the healthcare services in India and the management of healthcare employees.

Follows sub objectives are set to achieve the main objective of the study: (1) Status of healthcare services in India; (2) Status of healthcare employees in India.

### **Research Methodology**

The research is based on secondary data taken from different books on the related topics, web portals, public websites of concerned departments for data and other statistics, various journals, newspapers and magazines, websites of selected health care providers, as well as different printed materials (brochures, etc.) collected from them. Substantial information has been gathered from these sources thus allowing for appropriate analysis, compilation, interpretation, and structuring of the entire study.

## **II. MATERIALS AND METHODS**

### **Literature Review**

#### **Status of healthcare services in India**

Spending on health care in India was an estimated five percent of gross domestic product (GDP) in 2013 and is expected to remain at that level through 2016. India's public health care system is patchy, with underfunded and overcrowded hospitals and clinics, and inadequate rural coverage. Reduced funding by the Indian Government has been attributed to historic failures on the part of the Ministry of Health and Family Welfare (MHFW) to spend its allocated budget fully [4]. The government's low spending on health care places much of the burden on patients and their families, as evidenced by the country's out-of-pocket (OOP) spending rate, one of the world's highest [5].

Besides the lack of overall healthcare infrastructure, the second most important influence on India's healthcare industry is its lack of a medically insured population and high out-of-pocket expenditure (71.13%) [6].

The World Health Organization's 2000 global healthcare profile ranked India's healthcare system 112th out of 190 countries. This survey highlighted four major health concerns for India that still are prominent today. The first concern is the high vulnerability of young children. Among children under five, 43.5% are underweight (the highest percentage in the world) and have 6.6% die before their fifth birthday (which is quite high compared to United States' rate of 0.8%) [7].

There is a large gap in the healthcare system between urban and rural areas. The inequity among regions is due to a lack of healthcare resources and infrastructure in the rural region. Compounding the issue, most of the population resides in rural part of the country (68.84%) [8].

The shortage of qualified medical professionals is one of the key challenges facing the Indian health care industry. India's ratio of 0.7 doctors and 1.5 nurses per 1,000 people is dramatically lower than the WHO average of 2.5 doctors and nurses per 1,000 people. Furthermore, there is an acute shortage of paramedical and administrative professionals. The situation is aggravated by the concentration of medical professionals in urban areas, which have only 30 percent of India's population. Many patients, especially those living in rural and semi urban areas, are still receiving services from unqualified practitioners. The industry needs an additional 1.54 million doctors and 2.4 million nurses to match the global average [9].

#### **Status of healthcare employees in India**

The Health Workforce in India', published in June 2016, revealed, substantial variation in the density of health workers across States and districts. For instance, Kerala had 38.4 per cent of the country's medically qualified nurses but constituted only 3.1 per cent of the total population. Similarly, West Bengal had 30.6 per cent of all homoeopathic doctors in the country but only 7.8% of the population. Better-off States seemed to afford more doctors plus nurses per capita, the study noted. District-wise, the inequalities were massive. The density of allopathic doctors with any level of education in the lowest 30 districts — half of which were in north-eastern States and the other in central States — was a little over 9.4 per lakh of the population whereas, in the highest 30 districts, it was 159 per lakh of population. In the case of dentists, the situation was even worse. The national density of dentists was extremely low at 2.4 per lakh population, with 58 (of the total 593) districts having no dentists at all in 2001. In fact, 175 districts (30 per cent) had no dentists with a medical qualification. [3]

Suminder Kaur et. al, conclude that a significant proportion of doctors were found to be dissatisfied with the average number of their working hours and salary. Many of them did not perceive their work environment as good. Factors like the average number of work-hours per day and the number of night shifts per month were found to have a significant association with dissatisfaction [10].

Multiple studies show doctors put their patients', and their own, lives at risk — with increased chances of medical mistakes, car crashes and surgical injuries. The study by the Harvard Work Hours, Health and Safety Group found that

resident doctors made 35.9 per cent more serious errors when working 24 hours-or-more schedules, compared to “every third night” call schedules. The study, based on 17,000 Internet questionnaires answered by over 2,700 doctors in their first year of post-graduate residency, also found that every time their work shifts overshot stipulated hours in a month, their risk of suffering a motor vehicle crash increased by 9.1 per cent, and the monthly risk of a crash during the commute from work to home by 16.2 per cent. Another 2006 multi-institutional study published in the Journal of American Medical Association (JAMA) by the Harvard Medical School and Vancouver General Hospital, found accidental percutaneous injuries — needle stick or laceration injuries — common in residents who worked 24 hours.

A third multi-institutional study, by the Kansas City School of Medicine, published in the journal Academic Emergency Medicine in 2008, found 8 per cent resident doctors posted in Trauma or Emergencies saw 96 motor vehicle crashes, and 58 per cent doctors reported 1,446 near crash injuries after duty hours. Nearly three-fourths of motor vehicle crashes and 80 per cent of near-crashes followed the night shift, according to the study. In 2006, a study of gynecology residents by Northwestern University’s Feinberg School of Medicine, published in the American Journal of Obstetrics and Gynecology, found 89.8 per cent “showed evidence of moderate burnout” and 34.2 per cent were “considered depressed”. Bodies of senior doctors in India, like the IMA or state councils, have rarely raised the issue of duty hours for junior doctors. One demand of doctors who went on strike in 2015, in Delhi was for shorter duty hours. They are unregulated currently, and resident doctors in the capital’s public hospitals easily end up working 36-48-hour shifts. In Emergency wards of private hospitals by contrast, doctors work, at the most, 8-10 hours at a stretch — and treat, by conservative estimates, about a tenth the number of patients at a government hospital Emergency [11] .

M Arun et. al, in their research paper suggest that every profession has its own constitutional rights and civil liberties. Medical professionals do realize the nobleness of their profession while opposing the injustices that they find. The health-care industry should be brought within the Essential Services Maintenance Act and suitable platforms provided to allow the formation of doctors’ unions at different levels within the profession, so that doctors can voice their concerns. The threat to medical autonomy comes not only from patients’ changing attitudes grounded in consumerism, unrealistic expectations and litigiousness, but also from the new-found strength of third-party players and the rise of bureaucratic forms of medical practice. Doctors could respond to these pressures by striking more often in the days to come. But while strikes would draw attention to their grievances, it would be hard for doctors to convince society at large that their main concern was to achieve better health services for their patients rather than personal gain [12]. Integration of robotics will be of utmost importance in the current scenario [13, 14,15].

### **III. RESULT**

So far there has been no substantial research done to assess the impact of managing healthcare employees on the Indian health care sector. In the near future efficiency gains through the management of Indian healthcare employees would become more obvious and, thus, the efficient management of Indian healthcare employees will gain momentum and will play an important role in assisting health care professionals to complete their daily tasks and thus help in providing better health care. Thus, there should be workable spotlight on training and development of healthcare employees, so as to meet the future challenges posed by the ever growing demand of healthcare services in India.

The researchers point out that health care sector can improve the performance of the employees by emphasizing on excellent human resource practices such as employee engagement and motivation. Furthermore, the research work is useful for the health care sector, to map the most important areas of concern with regard to the management of Indian healthcare employees. The focus can subsequently be on further development of effective, efficient, and employment friendly healthcare employee management policies for the sector. The researchers confidently conclude that this study has practical and policy implications for the organizations in the health care sector.

### **CONCLUSION**

#### **For health care sector**

The Indian health care sector is growing very fast and is showing a revolutionary approach by introducing latest technology but at the same time the research indicates that the sector lacks trained health care professionals. The healthcare sector should invest in training and development of their human resources, so as to keep their skills and knowledge up to date, which in turn would motivate the health care professionals to work in challenging environment. This approach is important, as history teaches us that people are the most precious components for change, at any level of development especially so in the current era of information explosion.

#### **For the government**

Government healthcare institutions should start collaborating with the education sector so that healthcare specific and futuristic courses are introduced for healthcare employees.

## Limitations of the study

The study is based on data collected from secondary sources only and there is scope for research based on primary data. Future researchers can take up further studies based on the above-mentioned limitation.

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