

Study of Workplace Environment in Healthcare Sector of India

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ABSTRACT

A hospital can be successful only when it delivers the quality service to its patients despite of its size. The performance of medical and Para medical staff regarding the quality of medical care is extremely important for any hospital. Out of all the factors that affect the performance of employees in hospitals is the work environment which plays a critical role in any organization. Also as per Human Resources department, the recruitment and retention of health professionals is very challenging due to many factors. Workplace environment affects the quality of care, organizational functionality, employee satisfaction, continuous development and organization culture. A good environment always motivates an employee to perform his duties in an efficient manner while as poor work environments contribute to medical errors, stress, burnout, fatigue, absenteeism and high level of staff turnover which in turn compromises the quality of care. The paper has tried to examine various work environment related factors that affect the employees in healthcare and in turns affects the service delivery. This paper also tries to compare the difference in services provided by government and private hospitals in Indian context. This paper would enable the hospitals to have a greater awareness of the impact that workplace environment factors have on employees and their organizations. This also leads to better understanding of which factors are very crucial from employees' point of view and how they can be taken into consideration by healthcare employees so as to result in better quality of services by its staff. This study is based on secondary data and it intends to analyze the work done in earlier studies. This study also suggests the strategies to hospitals to improve their employee satisfaction at workplace.

KEYWORDS: Workplace Environment; Hospitals; Employee satisfaction; Service Delivery.

INTRODUCTION

The health has always been a priority for a common man and because of this, the health care sector has acquired lot of importance as it offers cure for various kinds of illness and diseases. The hospital is a place where patients are treated and all the hope lies with the employees working in it. The employees including both medical and para medical department are responsible from first point of contact till the recovery of patient. In service sector, the main important thing that matters for efficient performance of hospitals is the service delivery by the staff. And this quality service depends on lot of factors including from better infrastructure, updated equipments and work place environment. With increase in population, the healthcare sector needs to cater the rising level of demand for healthcare services. But today as the competition is increasing everywhere, challenges like high expenditure on healthcare, increasing demand for high quality care, growing population are putting healthcare in more pressure. The performance of healthcare gets effected by declining productivity, lack of medical staff, poor infrastructure and dissatisfied patients. Therefore, the improvement of healthcare facilities and proper supervision is the need of an hour. To achieve the higher standards in its organization, the authorities have to utilize resources properly and moreover, wellbeing of patients and financial goals are major challenges in the performance of healthcare organizations.

Review of Literature

Rosemary Lucas (2002) with her study entitled “Fragments of HRM in hospitality? Evidence from the 1998 workplace employee relations survey”, The study carried out to verify the rehabilitation of the health sector in Britain from the perspective of human resource management and aimed to assess the dimensions of human resources related to the rehabilitation of the health system and the formation of a new health sector. A study entitled “The filling in the Sandwich: HRM and middle managers in the health sector” ,Mc Conville and Holden (2003). The study showed the central role of line managers in implementing human resource management, is widely acknowledged and examined how far employees affect, or are affected by, such practices. Through a case study in two Trust hospitals, this study demonstrates that middle line managers, positioned between the service’s decision-making bodies and its employees, are bearing many of the consequences of the change process. The effects of growing workloads, combined with altered expectations of their increasingly visible roles, have enhanced the tensions and role conflict inherent to their position. The study found that the perception of line e manager are under resourced and found lack of time needed to manage their staff effectively

.Al Kudhat Mohammed (2004), with his study entitled “Methods of selecting staff in King Abdullah in the light of technological developments,” one of the main findings of this study is the existence of a positive relationship between the personality traits of those who have been recruited and technology employed in the hospital. In addition to that the contrast of views of the staff about the availability of specialist personal

attributes required. It also revealed the existence of the impact of high technology in the analysis and design work and job classification and the nature of the work.

Ozcan and Hornby (2005). The study found that one of the reasons for poor performance of employees in government hospitals in Turkey, was mainly due to lack of interest by the managers of head departments in government hospitals to provide better conditions to hospital's staff and develop incentives system. The study recommended the adoption of incentives system and rewards for staff and nurses who perform good and choosing a group each month as a role model for individuals working in the hospital and pay them special bonuses to encourage other staff who have not been selected, and the study emphasized that adopting this system will improve the performance of all individuals working in the hospital dramatically.

Valverde and Ryan (2006) in their research entitled "Distributing HRM responsibilities: a classification of organizations". The aim of this study to show that HRM is not the sole responsibility of HR departments, but also of other agents inside and outside the organization, such as top and line managers, and external HRM service providers. The researcher examined how organizations distribute HRM activities and responsibilities among these agents, he also attempts to classify organizations according to agent distribution and to explore whether a number of internal and external context characteristics affect this distribution. The finding of this study shows that the model of HR function adopted by an organization may not be contextually determined, but instead it is a matter of corporate choice. That is, companies actually choose what type or model of HRM they want and distribute the responsibilities of their various agents accordingly, rather than being determined by organizational contingencies. The researcher concluded that a large number of organizations have proved very useful in identifying a wide range of behaviors in the distribution of HR responsibilities.

Chan and Mak (2012) with their study entitled "High performance human resource practices and Organizational performance the mediating role of occupational safety and health"; the aim of this study is to examine the relationship between high performance human resource practices (HPHRP) and organizational performance. The results showed that the mediating role of perceived safety climate in the relationship of HPHRP and organizational performance is confirmed. The finding suggests that organizational emphasis on safety issues contributes to establishing effective HPHRP and driving organizational performance. Organizations can benefit from effective HR practices by paying attention to employees' safety issues, which in turn result in better organizational performance.

Salah Mahmoud Diab (2012) in his study entitled "measuring the dimensions of the quality of medical services provided in the Jordanian government hospitals from the perspective of patients and staff". The study found an increase rate to quit job among doctors and nurses working in hospitals and the Ministry of Health, and the low degree of satisfaction and low desire among the staff to continue working in the hospital, and this giving impact to the low quality of health services provided to patients. The most important recommendations by the study with regard to the condition of individuals working in the hospital, the provision of material and moral incentives for employees working in government hospitals to generate their desire to continue to work and provide medical services appropriately. Training courses for workers in the

hospitals in the area of the dimensions of medical service quality, and to deepen the quality concept between the staff and to achieve the quality dimensions at the best degree.

Objectives

This paper proposes to conduct the study with the following objectives:

- To study the workplace environment in healthcare sector in context with Indian hospitals.
- To identify the factors related to workplace environment in order to know the impact on performance of healthcare employees.
- To suggest further how to improve the workplace environment of Indian hospitals.

RESEARCH METHODOLOGY

The data has been collected from the secondary sources of data that include libraries, research papers, research articles, journals and syndicate sources.

Workplace Environment

An attractive and supportive workplace can be described as an environment that attracts individuals into the health professions, encourages them to remain in the health workforce and enables them to perform effectively. The workplace environment is the place where all the employees will perform their duties and so the place has to be worth working for. It is one of the important factors in the recruitment and retention of health professionals, and the characteristics of the work environment affect the quality of care both directly and indirectly. Therefore, to focus on work environment, plays a critical role in ensuring both the supply of a health workforce and the enhancement, effectiveness and motivation of that workforce. The purpose of providing attractive and supportive work environments is to retain employees in hospitals and to provide conditions that enable health workers to perform effectively.

All healthcare organizations follow some management practices and instructions for delivering services to the patients. Most have evolved over the years and aspire to be better than before. However, some practices become ineffective and obstruct the smooth functioning of the organizations. These practices differ from organization to organization depending upon the ownership, internal culture and environment. In fact, the performance of the healthcare organizations depends a lot on these management practices. Therefore, it is necessary to find out the best management practices which assist healthcare organizations to reap improved performance and deliver best services to their patients. But every employee is effected by certain factors at his workplace. These factors which affect an employee at workplace have to be identified so as to see their impact on service delivery.

Work Environment related Factors

Recruitment and retention: The recruitment and retention of health professionals are priorities in the health sector. The main reasons responsible for low attrition include low pay, poor working conditions, limited educational and career opportunities, unsafe workplaces and a lack of resources for effective working. Also, elements of the wider socioeconomic environment– such as political and economic instability, or security issues – influence decisions to move. The employees shift to place where they find better conditions for work and life which include higher pay, better-resourced health systems, and opportunities for professional development.

Work environment and quality of care: The work environment is effected by the organizational functionality, e.g. internal communication systems able to give the right information to the right people at the right time;

Individual satisfaction, e.g. support of professionals by the management, and appreciation from patients or society at large;

Family–work balance, e.g. provision of kindergarten services and reduction of work recalls;

Staff development (professional and educational), e.g. giving staff them, Opportunity to attend courses;

Organizational culture, e.g. engendering trust as a key element for work effectiveness, and competent leadership.

In many hospitals, violence and harassment continue to be perceived by health workers as “part of the job”. Therefore, awareness and recognition of violence as a risk at the health workplace are necessary first steps on the way to violence prevention and the protection of staff. The specific societal and cultural context of the work environment needs to be considered, as well as the gender dimension, in reaching a shared understanding of the phenomenon. Any approach intended to address workplace violence should be integrated, participative, culture- and gender-sensitive, non-discriminatory and systematic. The main areas of action include the prevention and control of workplace violence and the management and mitigation of its impact, with an emphasis on the support of workers affected by workplace violence

Findings and Suggestions

To improve the work environment requires measures to be taken while drafting policies for an organization. These policy responses should therefore be considered at four levels: international/regional; national; sectoral; and local/organizational level, in order to ensure policy coherence and enhance the sustainability of interventions. Policies and instruments intended to improve the work environment are available in the form of standards, legislation, resolutions and framework agreements. International standards, in conjunction with

regional and national legislation, are instruments for enforcing the application of set standards in quality care and for safeguarding workers' rights. However, standards and legislation in themselves are not sufficient to address the challenges of attracting and retaining health professionals associated with the work environment. Knowing the complexity of the work-environment issues, the hospitals have to change their policies. And this change in policy has to be done at four levels: international/regional level; national level; sectoral level; and local/organizational level. All the four levels have to contribute in order to get policies followed by employees but the priority has to be given at organizational level. In the health system, there are no concrete rewards except promotions and salary increments. All promotions and increments are linked to seniority in the system and vacancy available. For many posts, promotions are few anyway. The current system of annual confidential reports does not reflect performance as these reports are written as a routine procedure, indicating satisfactory performance except in very extreme cases. Postings and transfers are also not based on performance but on "government's wish", for which there is a lot of scope for political and administrative contacts to be used. The staff that stay at their place of posting and provide 24-hour service get the same salary as the staff who are absent or are available for only three to four hours a day. In such a system, many settle for the minimum acceptable level of performance. Further training is of little help as staffs do not see any personal benefit of the training. Training is the basis for human resource development. Several problems have emerged in the area of training over the past few years. Basic medical education has a heavy focus on urban curative care and is provided in tertiary care settings. This does not prepare doctors for their roles in the rural primary health care system. There is hardly any system of induction training for medical officers of the primary health centers when they join the government health system. Furthermore the medical officers do not have any public health or management training even though they are supposed to manage the staff under them. There is no training for health education, interpersonal communication, doctor-patient and doctor-staff interactions, and counseling. The technically oriented training does not help to bridge the gap between the doctor – who is regarded as supreme – and the clients who are usually poor and illiterate. The Independent Commission on Health in India observed that the standard of teaching in training schools for auxiliary nurse-midwives was very low and that "the main reasons for substandard patient and community care are: substandard training, especially in the staff-nurse, midwife, and auxiliary nurse-midwife training courses, the lack of a proper system of training; and absence of regular reorientation courses. Central level planning has, over the years, killed many initiatives at the state level to adapt or augment health and family planning programmes to local needs. States lack public health expertise to develop new health programmes and are not allowed to take direct assistance from foreign donors or to collaborate with foreign partners in the health area without clearance from the central government. It has been seen that during the process of performance appraisal, the process of writing ACRs was routine (subjective and generalized) rather than reflective of the individual's capability (objective and customized) in absence of any output indicators. While reporting, the officer tended to tread a middle path so as to avoid controversy and unnecessary explanations.

Moreover, the reviewing officer was not intimately associated with the working of the officer being reported upon to make any realistic opinion.

Conclusion

There are a multitude of challenges concerning the work environment, and these can be tackled using a variety of policies. Whatever issue is identified as a priority concern, it is important to consider policies that operate at different levels, to ensure a coherent and sustainable approach. Improving the work environment will require measures that are relevant and applicable in the specific context of a given health system while observing international standards and considering regional harmonization efforts. Effective solutions are context-related and therefore priority has to be given to the local/organizational level. Policy responses need to be designed with two layers: one layer would relate to the content (what issues need to be addressed), and one would relate to the process (how issues should be tackled). Many factors impacting on the work environment of health professionals are beyond the scope of influence of health policy-makers. Therefore intersectoral collaboration and social dialogue are core means of developing effective and sustainable responses. The aim is to provide a work environment that attracts individuals into the health professions, encourages them to remain in the health workforce and enables health workers to perform effectively.

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