JETIR.ORG

ISSN: 2349-5162 | ESTD Year: 2014 | Monthly Issue



JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

ASSESSING SKILLS OF HOSPITAL SECURITY PERSONNEL'S

Mr Arun Bara
Masters in Hospital Administration, Fourth Semester
Shri Guru Ram Rai University

Dr Mamta Bansal (Associate Professor) Shri Guru Ram Rai University Mr Mandeep Narang (Assistant Professor) Shri Guru Ram Rai University

Abstract:- With the ever growing healthcare industry and the opening up its operations to private and corporate operators, the need to provide a robust security and ensuring a safe environment of care in healthcare premises is the need of times. Though the Indian social environment till date has not witnessed the kind of violence against doctors, healthcare providers and healthcare centers like it has been witnessed in western and underdeveloped countries, but this does not give us an excuse to overlook the aspect of hospital security, an important support service. Most of the hospital's employ security staff through one or the other private agency, the role of these security personnel's are found to be satisfactory in the peaceful environment but are they trained enough to rise up to the occasions of unforeseen circumstances disaster management, when their duty will demand more standing and crowd control. questionnaire based study tries to look into the training needs of the security staff employed at one of multi specialty hospital in Dehradun having maximum footfall.

Keywords:- Hospital Security, Soft Skills, Hard Skills, Training, Skill Matrix.

Introduction:- Today, the management of hospital security use a wide range of security measures, like CCTV cameras, duress alarms for staff members, electronic access control systems for doorways apart from employing 24 x 7 security staff. Security is a major concern for hospitals and posses a unique challenge to its operators. Apart from the ethical responsibility to keep patients and staff safe, the innumerable expensive medical equipments and potentially harmful drugs also puts medical facilities at a heightened risk of theft, whether pre-planned or a simple act of opportunism. The critical assets of a hospital - its people, property, information and reputation – warrant security of utmost quality and reputation. Moreover, various studies have shown that patient satisfaction is directly influenced by the security personnel of a healthcare institution. Thus, security is now considered to be a core module in leading hospitals.

All healthcare centers do have a considerable budget and there are numerous options available in the market with respect to hospital security systems but none of them will give desired results without an effective backup of trained and motivated hospital security personnel. Lack of or poor training, low employee morale and inadequate supervision are handmaidens of poor hospital security. The situation becomes

worse in most of the hospitals as training of hospital security personnel is often casual and restricted to on-the-job- training.

Both hard as well as soft skills are imperative in the security personnel's. Soft skills relate to a person's ability to interact effectively with colleagues and customers. Whereas, hard skills are about a person's ability to perform a certain type of task or activity effectively. Soft skill is all the more important for hospital security personnel who invariably interact with multitude of patients and their attendants while working in the hospital. The aspect of hard skills comes handy during the times of crisis and disaster management, when the situation warrants performance over and above the security needs, so that these security personnel's become force multiplier for the organization.

Objectives:- This study aims to assess the hard and soft skills of the security personnel employed at hospitals so as to enable prioritization of their training needs.

Research Framework:- The study is based on descriptive-cross-sectional study, which employed both quantitative and qualitative methods of data collection and analysis of security personnel's in the hospital. The study used both primary and secondary information. Extensive Skill Matrix analysis was applied to draw inferences from the answers and subsequent conduct of open interview.

Sample Design and Selection

- Population and Sample:- In view of the fact that this was a one person survey and it was to be completed within limited resources, the study was restricted to only security personnel's employed at a charitable hospital with maximum footfall and no comparison has been drawn with any other hospital security staff.
- **Selection of Respondents:-** The primary data was collected through a predesigned and pretested questionnaire containing multiple choice questions, the answers gave an insight in gauging the soft skills and hard skills of 100 security personnel working in the hospital premises.
- **Collection**:-Initial Data research was conducted by going through the various security policies, SOPs, inspection of the security set up held and followed by the

hospital. Patient Feedback Form was also studied in great detail. After having the background knowledge structured a questionnaire was prepared to obtain the answers pertinent to the objective of the study. The questionnaire were made in bilingual language, the participants represented the entire working force vis-à-vis variations in age, education and experience. One mark was given for each correct answer whereas no mark was deducted for a wrong attempt. Thus, final scoring was done separately for hard and soft skills. Other relevant details such as age, education, total experience as a security guard etc. were also retrieved from all the participants.

www.jetir.org (ISSN-2349-5162)

Analysis of Data:- The data / information collected through the questionnaire transferred to the master table which facilitated tabulation of data in desired form and analyzed using Skill Matrix. Skill Matrix for employees is a mapped-out process and reflects the already existing skills of the employees or what they should ideally possess. Creating a database of skills of employees helps in delegating duties or empowering an employee for a specific task as per his skill. It also helps in updating the records post completion of a training cycle and subsequent attainment of the skill. It is a fact that not everyone will attain the same proficiency but maintaining the correct data helps in selection of a right person for the right job. The participants of this study were assessed on the following aspects:-

- Physical Fitness:- This aspect was covered keeping the focus on general health, physical built up, height, obesity, age profile, bearing and turn out.
- Operational Ability:- The participants were assessed for professionalism, job knowledge, quality of work, endurance (to work prolonged period), initiative, involvement, commitment, speed and response during critical situation.
- Competency and Mental Ability:- The participants were assessed for intelligence, tact and multi tasking.
- **Behavioural Aspect:-** The behavioural aspect was covered by assessment of attitude, commitment (polite but firm), discipline, dealing punctuality. conduct. with stakeholders, adaptability to work place, ability to work without supervision.

- General Awareness:- The participants were organizational assessed for awareness, knowledge of local environment, problems and suggestions for improvement.
- Safety:- The safety at workplace was assessed for participants covering safety awareness, concern for safety and unsafe act enforcement. Each personnel were assessed on the above aspects and graded under A, B, C, D, and E category. Each category defines the current skills of the participant and identifies the gap that needs to be developed for improvement. The training needs are then identified to meet requirement of each category.

Limitations of the Study:- Any study based on survey through a pre-designed questionnaire has its limitations no matter how carefully the questionnaire has been prepared or designed or the field investigations have been carried out. The findings have basic limitation of difference between the actual fact and what is recorded. The security personnel's may not have reported their true preference as they are hired through contract through the security agency and do not carry much affiliation with the organization as such, apart from their salary, working hours and task. So, the study suffers from communication process limitations.

Analysis / Results and Presentation of Data:-Over 150 security personnel are employed at the hospital at the time of this study hired through a Security Company and employed as per the existing requirement of the Hospital Security Management.

Table 1 depicts a histogram showing age profile of the security personnel at the hospital, Category One (25-30 years) had only 10% of the strength, 12% personnel's were part of Category Two (31-35 years), 24% of the personnel fell in the age category of 36-40 years, 28% were part of Category Four (41-45 years), Category Five (46-50 years) had 16%, Category six (51-55 years) had 8% personnel and 2% personnel were in Category Seven (56-60 years).

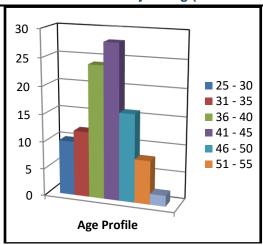


Table 1 : Age profile of Security Personnel's

For converting the work experience profile, only previous experience as a security guard was considered in categorical terms, as shown in Table 2. Category One (0-5 years) had the maximum representation with 58% of the sample strength, 26% personnel's were part of Category Two (6-10 years) of experience, 11% of the personnel had previous security experience of 11-15 years, only 3% of the personnel had security experience of more than 26 years and all of them were ex-army men.

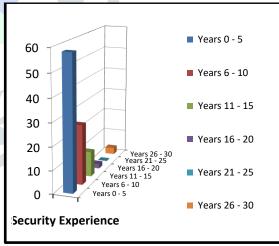


Table 2 : Security Experience of Security Personnel's

The education profile at Table 3 were identified as Category One (10th std and below), Category Two (12th Std), Category Three (Graduate & PG). 62% of the personnel were found to be in Category One with 10th or lesser education level, 32% of personnel achieved intermediate education and only 6% personnel were graduate and Post Graduate which included two female security guards.

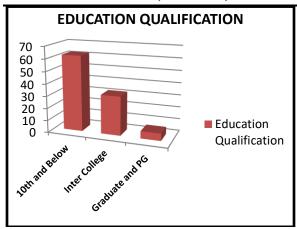
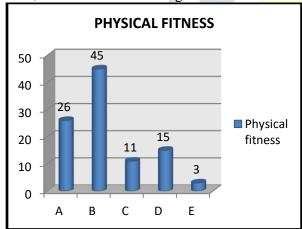


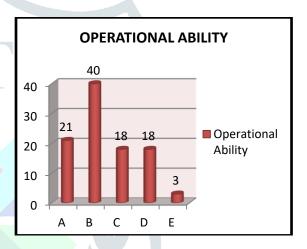
Table 32: Educational qualification of Security Personnel's

Physical Fitness Parameters:- This aspect was covered keeping the focus on general health, physical built up, height, obesity, age profile, bearing and turn out. As the work involved is standing duty which encompasses checking the ingress and egress and does not involve any kind of rigorous physical attribute, but training the guards for turnout, smartness and bearing is required to present a good standard and influence the general perception of the hospital with respect to security and its security staff. The personnel falling in category 'C', 'D' & 'E' require continuous training for weight control, turnout, smartness and bearing.

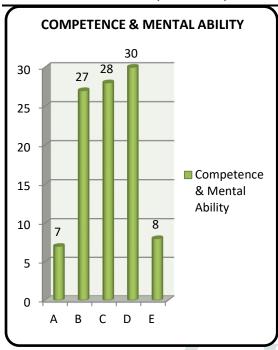


Operational Ability:- Under this parameter the security personnel's were assessed professionalism, job knowledge, quality of work, endurance (to work prolonged period), initiative, involvement, commitment, speed and response during critical situation. 21 % were assessed to be in 'A' Grade, 40% in 'B' Grade, 18% in 'C' Grade, 18% in 'D' Grade and 3% in 'E' Grade. The duty of most of the security guard involves crowd control, checking unwanted and aimless visitors, petty thieves / thugs roaming around in

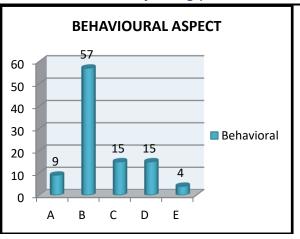
the hospital premises for chance opportunities. The average performance of the participants in this category may be attributed to their basic level of education, lack of previous security experience and after all lack of or no formal training on the security aspect prior or post their enrollment as security guard with the Security Company. The personnel's falling in 'C', 'D' & 'E' Category will require training for hard skill so that they acquire the requisite standards of operational capability to function effectively in ever changing scenario, so that they are ready for any unforeseen eventuality and at times of crisis and disaster management. The personnel in category 'A' & 'B' also need to undergo on-the-job training to hone their skills and be ready for the unforeseen situations.



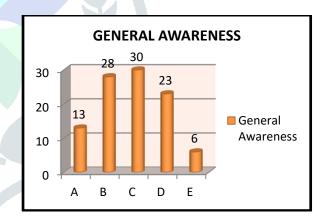
Competency and Mental Ability:-The security personnel's were assessed for intelligence, tact and multi skill. 7% of the participants were assessed to be in 'A' Grade, 27% were in 'B' Grade, 28% fell in 'C' Grade, 30% were in 'D' Grade and 8% attained 'E' Grade. Considerable strength of the participants i.e. 62% personnel's had less than 10th std of education and almost 58% of the personnel's had 5 years or less years of security experience, these two factors were compounded by absence of formal security guard training at any level. The personnel's falling in 'C', 'D' & 'E' Grade will have to undergo continuous training for hard and soft skills so that they develop requisite standards of Competence & Mental Ability to function effectively so that they are ready for situations, crisis and disaster management.



Behavioral Aspect:-Under this parameter the security personnel's were assessed for attitude, commitment (polite but firm), discipline, punctuality, conduct, dealing with stakeholders, adaptability to work place, ability to work without supervision. 9% were in 'A' Grade, 57% in 'B' Grade, 15% in 'C' Grade, 15% in 'D' Grade and 4% in 'E' Grade. The patient violence, in our country, most of the time, refers to verbal abuse, vandalism and physical threat. If the security guards have received proper training in soft skills they can de-escalate the situation effectively and at the same time distance the doctors or HCW from the incident site. Security Guard's need to develop their communication skills and also develop acumen to understand patients who could be violent, being cautious at violent venues, getting ready to run from the scene if situation demands, educating patients and their relatives are important attributes for a security guard. The personnel's falling in 'C', 'D' & 'E' Grade will have to undergo training for soft skill so that they acquire the requisite standards to tackle the unforeseen situations.

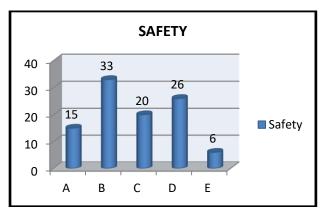


General Awareness:- The participants were assessed for organizational awareness, knowledge of local environment, problems and suggestions for improvement. 13 % of the participants were assessed in 'A' Grade, 28% in 'B' Grade, 30% achieved 'C' Grade, 23% were found to be in 'D' Grade and 6% of the security guard were found to be in 'E' Grade. The performance of personnel in this aspect can be attributed to contract nature of their job and lack of permanency. The personnel falling in category 'C', 'D' & 'E' need to undergo continuous on-the-job training for general awareness.



Safety:- Safety at workplace was assessed for participants covering safety awareness, concern for safety and unsafe act enforcement. 15% were assessed to be in 'A' Grade, 33% in 'B' Grade, 20% in 'C' Grade, 26% in 'D' Grade and 6% in 'E' Grade. The personnel's falling in 'C', 'D' & 'E' Grade need to undergo training for hard skill so that they acquire the requisite standards of operational capability to function effectively. Training makes a security guard ready for any unforeseen eventuality and prepares him to act efficiently at times of crisis and disaster management. The personnel in category 'A' & 'B' also need to undergo on-the-job training to

hone their skills and be prepared for the unforeseen situations.



Discussion

These security personnel's under the study are employed by a Security Company having contract with the hospital for providing manpower for security duties. These personnel's are given only a week long training i.e. introductory elementary basic training on security. No formal training is imparted by the security company to these security personnel's. Training of these security personnel is only limited to orientation training and 'on-the-job' training. Their performance in this study clearly shows a need for formal hands on training with greater emphasis on hard skills as well as soft skills. This is in accordance with the study published by the International Association for Hospital Security that clearly advices the need for continuous formal training workshops for hospital security personnel so as to hone their hard and soft skills.

Low education level, lack of / absence of formal security training, absence of a mean working experience as security guard and contract nature of the job may be cited as a reason for their unsatisfactory performance in hard and soft skills. It is imperative that a participatory type of formal workshop should be arranged for them to orient themselves towards their relatively new role as security personnel. This becomes even more crucial as almost one-third of the security men working at the hospital are not even high school pass and a two-way communication workshop is especially desirable in case of less educated categories of hospital staff such as security personnel.

For soft skills training, those participants who have studied less than tenth standard and have less than 5 years of work experience should be targeted whereas for hard skills training, this very same group of security men along with those participants who lack skills should be given special attention.

Recommendation

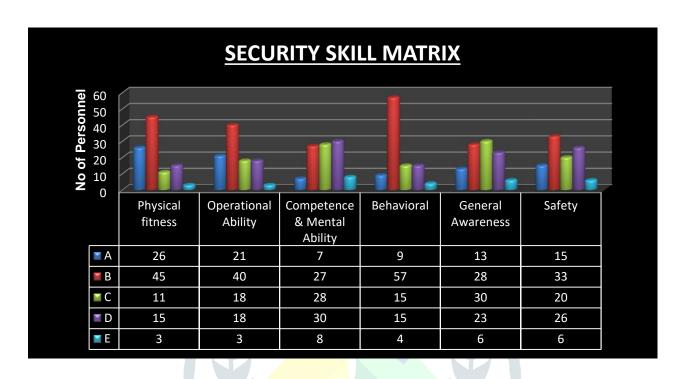
It is recommended that Hospital Managers need to consider permanent security personnel's for the hospital either on their own payroll or a proper contract through which the Security Company is bound to provide qualified personnel's in terms of standard education level, lesser age group personnel's, selected personnel's with turnout / bearing / average physical standards, personnel's with security acumen and personnel's who have undergone some basic security training for at least 3-6 months. It is also recommended that the Hospital Managers make availability of training opportunities for security personnel, avail job descriptions, establish hospital security committees and improve on funding in addition to provision of appropriate security equipment in the hospital for a fool proof security apparatus for the hospital. It is again reiterated that the intake level for security guards need to be tied up with the Security Companies especially with respect to security guards being provided to the hospital as these security guards are performing a responsible job at the sanctums of healing and recuperation and not confined to the stranded city ATMs. Affiliation of these security guards with the hospital is very essential to develop the bond of ownership, build team spirit, spirit-de-corps, for upkeep of motivation level, better performance and effective execution of desired tasks. With lack of affiliation the security guards will never develop the confidence to walk that extra mile for the betterment of the organization.

Low employee morale, poor training and inadequate supervision are handmaidens of poor hospital security. These factors are most probably responsible for more wastage of security resources than any other factors. Both hard as well as soft skills are imperative in security personnel's, and should be given due diligence while formulating their training program based on identified needs. This will ensure that the actual motive of training i.e. enabling employees to do their present job more efficiently is accomplished.

Hospital security is a diverse field and not only restricted to security guards, lack of any aspect may lead to unwanted situation or violence in the hospital or when situation so arise due to unforeseen situation or times of crisis.

Conclusion

To conclude, the methodology adopted in this study, though intricate, is an effective way of identifying the training needs of hospital security personnel. Skill Matrix is also more cost effective vis-à-vis elaborate techniques like assessment centers approach. Though this paper state the effectiveness of a statistically sound questionnaire based approach in gauging the skills of the hospital security personnel in particular, the same can be used by healthcare delivery institutions, after situation specific customizations, to identify the training needs of any category of healthcare staff.



The Graphical Representation of the Score Sheet

References

- 1. Hospital Administration at a Glance by Prof Hem Chandra Dr K Jamaluddin
- 2.https://www.ncbi.nlm.nih.gov/pmc/articles/PM C6206759/#ref19. Indian J Med Res. 2018 Aug; 130-133. 148(2): doi: 10.4103/ijmr.IJMR_1299_17, PMCID: PMC6206759, PMID: 30381535. Violence against doctors: A wake-up call by Kanjaksha Ghosh
- 3.https://www.betterhealth.vic.gov.au/health/servi cesandsupport/security-and-safety-athospital#bhc-content Security and safety at hospital

- 4.https://americanpridesecurity.net/2018/04/therole-of-a-hospital-security-guard/ Safety and Security Assessment, Planning and Training Requirements
- 5.https://americanpridesecurity.net/2018/04/therole-of-a-hospital-security-guard/ Safety and Security Assessment, Planning and Training Requirements
- 6. The Value of Hospital Security Systems for Staff and Patients
- 7. Security Guard Skills: A Detailed Explanation Written by Yair Arad in General Information, Professional Development
- 8.Bolton, Jane. (2011) Four Steps to Developing Patience. Psychology Today. https://www.psychologytoday.com/us/blog/yourzesty-self/201109/four-steps-developing-patience.

- 9. Patient safety culture in hospital settings: Measurements, health care staff perceptions and suggestions for improvement Author: <u>Anna Nordin; Kersti Theander; Bodil Wilde-larsson; Gun Nordström; Anne-marie Boström; Karlstads Universitet;</u>
- 10. Gauging Skills of Hospital Security Personnel: a Statistically-driven, Questionnaire-based Approach Dr. Arvind Vashishta Rinkoo, MBBS, MD, DNB,⁽¹⁾ Dr. Shubhra Mishra, BDS, PGDHHM,⁽²⁾ Dr. Rahesuddin, BAMS, MHA,⁽³⁾ Dr. Tauqeer Nabi, BAMS, MHA,⁽⁴⁾ Dr. Vidha Chandra, BDS, DHA,⁽⁵⁾ and Dr. Hem Chandra, MBBS, MHA, M.Phil, MBA, Ph.D, D.Litt. FIMA, FIMSA, FAHA, MNASc, MNAMS⁽⁶⁾
- 11. WHO | Workplace Violence. WHO. [Last cited on 2017 Apr 06]. Available from: http://www.who.int/violence_injury_prevention/injury/work9/en/
- 12. 1 in 2 Doctors Face Violence at Public Hospitals: Study Times of India. The Times of India. [Last cited on 2017 Mar 22]. Available from:

http://www.timesofindia.indiatimes.com/city/delhi/1-in-2-doctors-face-violence-at-public-hospitals-study/articleshow/57740477.cms