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HUMAN RESOURCE MANAGEMENT ISSUES FOR IMPROVING THE QUALITY OF CARE IN HEALTH SECTOR: AN EMPIRICAL STUDY

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ABSTRACT

Several studies have highlighted the relationship between health sector reform and human resources issues arising in that process. These studies have concentrated on the method adopted by new processes to modify the manner of interaction between health workers. Yet, few studies have given sufficient considerations to the ways in which workers have influenced the reforms. Crucial facets of the health workforce, such as labor conditions, extent of decentralization of management, needed expertise and the overall system of wages and incentives have been altered by the impact of the health sector reform. Human resources in health, are vital in realizing alterations in the delivery system, have expressed their opinion in several indirect and direct manner, retorting to changes, supporting, stopping and deforming the proposed ways of action. This article has inspected the facts related to shaping of health reforms by individual or combined actions of human resources, emphasizing the reform activity, workforce counteraction and the factors deciding effective human resources contribution. Provision of a more robust way of anticipating the effects of diverse "technical designs" has been attempted when they interact with the human resources they affect.

KEYWORDS

Health Care, Human Resource Management, Health Services, Human Resources For Health.

INTRODUCTION

In 1990s, the health sector reform emerged as a global event. There is a basic perception that drastic changes are essential in providing health care for achieving worldwide capability for health improvement, since the processes differs from country to country. On account of the increasing political pressure, this identification has come into being and it is growing. Stress has been given to governments to bring enhanced health care, at the same time they are encountering economic restrictions on their health service funded by the public. Their observed failure happens from: increasing expectations for health and health care across the world; the presence of a fast increasing type of technical interventions prevention, control and treatment; of diseases and several countries are unable to utilize these new interventions by means of conventional methods to the provision of health care, which are found to be under the dictation bureaucracy.

Throughout the world, increased attention has been focused on human resources management (HRM) inside several health care systems. One of three principles of health system inputs is human resources where the other two major inputs are physical capital and consumables. Human resources, related to health care, can be described as the different types of clinical and non-clinical staff responsible for public and individual health intervention. Knowledge, expertise and motivation of those individuals accountable for providing health services mostly influence the most significant of the health system inputs, the performance and the benefits that can be provided by the system. A specific focus on planning, training, staff retention, scopes of practice of the staff and human resources management leads to the increasing recognition of the central role of human resources in the improvement of the health sector.

Exploring the effect of human resources on health sector reform is both valuable and important when investigating global health care systems. Some trends can be identified though the specific health care reform process differs by country. Efficiency, equity and quality objectives are the three major trends. Efficiency increase is attempted by employing diverse human resources initiatives. Fixed labor expenditures are converted into variable costs using outsourcing of services as a means for improving efficiency. Improvement of the quality of services and satisfaction of patients is also attempted by human resources in health sector reform. Technical quality and socio-cultural quality are two general measures for the quality of health care: Here we reviews the proof for the shaping of health reforms due to individual or collective actions of human resources, emphasis of the reform process, workforce reactions, quality health care and the issues determining effective human resources involvement. Understanding the human resource issue and challenges faced by the department and employees as whole will be of great importance to design the strategies and handle the issue for improving the Human resource in health care industry in Uttarakhand. Accessibility of researchers with the employees of health care department of Uttarakhand state has motivated him to select them as a sample of study.

REVIEW OF RELATED RESEARCHES

Over a period of time a large number of literatures have been developed by the researchers engaged in the field of health care management and its related field. Marge Berer have discussed the significance of health care providers for well-functioning of the health services in a well-expressed manner determined by means of their training and skills grade, the level of managerial assistance given to them, the salary and remunerations given to them, their career improvement prospects, the environment in which they are likely to work and the facilities provided to them for their work.

Martinez and Collini have solved the significant issues, potential solutions and upcoming challenges encountered by HR staff working in the health sector. Enhancing efficiency in the use of HR; enhancing equity in the distribution of HR; enhancing motivation and performance of staff; and enhancing HR strategic planning and capacity in Ministries of Health have been described as the four equalized effort essential in four areas of human resource. In addition, they have made several suggestion for enhancing HR management; they are i) several efforts like reducing number of staff, altering the skill mix of staff, and more adaptive employment arrangement could cause improvements in HR efficiency ii) Development of training curricula or employment of primary care specific professionals and thereby improve the training given to health personnel iii) Improvement staff performance where the necessary requirements of staff are met, and

compensations are introduced. But, financial restrictions might hinder such approaches. iv) Ability to plan strategically and develop policy is vital to improve HR management of the health sector. Good leadership, staff capacity and collaboration with other sectors and professional bodies are essential to achieve this. Yet, the human resource management of health sector in developing countries continues to be poor. The development of health sector is continues to be hindered by the lack of sufficient training, low capacity and underfunding. But, improved HR management is widely recognized as an essential step for enhancing overall performance of health sectors in both poor and rich countries.

Jack Duncan et al. have prepared a chapter managing customer relations which provide a framework that will assist health service practitioners to develop their own customer relations programs according to a market orientation and relationship marketing techniques. Initially, they have given customer relations in accordance with the weight of the evidence in the literature and in practice. Also they detailed the key constructs involved in an organization's relationship with its customers and how components of an organization relate with its customers to interact to form desirable judgments, attitudes and behaviors.

Sharma and Goyal have introduced the evolution of human resource management and the need of it in the hospital. Human resource management in hospitals have become a necessity and it has to achieve (a) effective utilization of human resources; (b) desirable working relationships among all employees; (c) maximum employee development; (d) high morale in the organization; and (e) continuous development and appreciation of human assets.

Mary O'Neil has presented an analytical study about competency gaps in Human Resource management in the Health Sector of countries like Ethiopia, Kenya, Tanzania, and Uganda. Their study has been intended to detail the function and experience of health managers having HRM responsibilities, find out their challenges, recognize supplementary skills and knowledge required for encountering these challenges, and seek suggestion to improve HR management. Quantitative and qualitative data has been gathered by conducting a survey with 96 participants using a cross-sectional study design with the development of Management Sciences for Health (MSH) and African Medical and Research Foundation (AMREF). HR managers of the government health sector or administrators of chosen hospitals have been the respondents.

Gilles Dussault and Felix Rigoli have analyzed the facts related to separate or unified actions of human resources that influence the development of health reforms, emphasizing the reform procedure, workforce reactions and the aspects influencing effective human resources involvement. It has tried to obtain a more potent method of anticipating the consequences and interactions in which diverse technical designs" functions, when they interact with the human resources they influence. In addition, the dialectic type of the relationship between the targets and policies of reforms and the targets and policies of those that have to employ them have also been described.

Ala Alwan and Peter Hornby have argued that unless a process of combined health and human resources development is incorporated in the health sector reform "health for all" is not attainable in majority of the countries. The conditions in Eastern Mediterranean Region countries of the World Health Organization have been analyzed. Even though progress has been achieved, the narrow adjustment of conventional health service framework and methods in a number of these countries have inhibited further improvement. National reform strategies are necessary and they need the dynamic involvement of health professional groups and academic training organization and also health service managers. A few of the essential initiatives have been signified besides suggesting that a thorough assessment of the recent state of human resources development in health should be the starting point for several countries.

Human resource management is necessary for all organizations, importantly so when public health problems collide with workforce deficiency as it happens presently in several parts of the developing countries. Mary O'Neil and Steve Reimann have analyzed the ways of improving human resource practices by individual managers in terms of five critically important questions about their staff. Assessment of the present state of HRM potential of organizations has been permitted by the HRM rapid assessment tool proposed by them. In addition, the manner in which management customs and HRM systems could be linked with missions and objectives of organizations has been discussed and role as HRM leader has been encouraged.

Stefane M Kabene et al. have dealt with the health care system from a universal point of view and the significance of human resources management (HRM) in enhancing general patient health results and provision of health care services. They have demonstrated the necessity of human resources management to health care system and the manner in which it can progress health care models. The problems in health care systems of Canada, the United States of America and diverse developing countries have been analyzed and recommendations have been provided for subduing these problems with appropriate employment of human resource management techniques.

Samuel Girma et al. have performed an analysis of diverse documents on human resource for health. Documents from Ethiopia have been given special consideration. Special policies to human resource development (HRD) for health and suitable techniques to handle the present health workforce are not available. Several steps have been taken to lessen these difficulties. The enrollment of students has improved in diverse categories and modern trainings have been introduced in occupations like dentistry. The course of action for creating policies and tactics for handling human resource for health has been started.

Uta Lehmann has analyzed the development accomplished in recent times to improve human resources to provide health care inside a Primary Health Care process. Particularly, the existence and readiness of old and new groups of health workers, their existence in the South African health system, in addition to their training and development have been focused. It has examined the factors that must be considered for improving human resources for health (HRH) for health care provision inside a PHC process and investigates the presence of old and new groups of health workers, their deployment and their training and development.

Provision of effective, efficient, accessible, viable and high-quality services by personnel, existing in adequate numbers and properly distributed throughout diverse occupations and geographical areas are highly important in achieving objectives of health. Gilles Dussault and Carl-Ardy Dubois have discussed that imbalances that threaten the ability of health care systems to achieve their targets are created in most countries by the lack of explicit policies for HRH development. Special features that cannot be neglected exist in the health sector workforce. The external pressures encountered by health organization cannot be successfully satisfied without proper adjustments to the workforce. Therefore, the improvement of the workforce seems to be a vital part in the health policy development method. Elucidating objectives and priorities in this area to gather all sectors related to these targets, and promote a more widespread and systematic method to HRM is performed by developing precise HRH policies and placing workforce problems on the political agenda.

Ramesh Bhat and Sunil Kumar Maheshwari have especially concentrated on dedication and expertise of medical doctors working in public health facilities and its significance for health sector reform and analyzed the challenges of human resources in health sector. This has been analyzed by performing this in one of the newly constituted state of Chhattisgarh in India. They have concluded that health sector reforms would have to focus on human resource problems and customs more than ever before in near future because the development oriented HR practices (HRD) is a robust tool for motivating people working in health sector to improve the quality of care. They have tried to analyze the following questions: (i) what is the condition of professional dedication, organizational dedication and technical proficiency of health officials? (ii) what are the features of human resource management traditions in the health sector of the state? and (iii) in what way these management traditions are connected with professional and organizational dedication? In the end the consequences of these to health sector reform process have been discussed.

Aleksanderpur *et al.* have concentrated on the Slovenian national health- care system, sub-system comprising a health-care professional's network at the basic care level. Improvement of the observation of human resource of their network by construction and employment of intelligent data analysis, decision support and visualization methods has been the issue addressed by this. Consequently, data analysis and visualization modules constructed for the observation of quantification, age, workload and dispersion of physicians have been used by their model to facilitate enhanced planning and management.

There have been comparatively few efforts to evaluate the implications of the effects of HRM on organisational performance even though there is restricted but increasing evidence base for this. James Buchan has analyzed this wider evidence base on HRM in other sectors and investigates few of the fundamental problems associated with "good" HRM in the health sector. He has discussed that organizational context is not the only factor that distinguishes the health sector from several other sectors, with respect to HRM. Several of the measures of organizational performance have also been distinct. Indicators that are sector-specific are the only means by which "performance" in the health sector could be completely evaluated. Bridging the present knowledge gap between the knowledge from common evidence base on HRM inputs and performance, and the knowledge from health-specific evidence base concentrating on sector-specific outcome measures has been the challenge for researchers and policy analysts in the health sector.

Judith Schiffbauer et al. have discussed that HR leaders informed by experience about what works, demonstrate the way by means of their dedication and creativity. The HR leaders have prevailed in extremely diverse settings in Afghanistan, South Africa, and Southern Sudan by using few ordinary strategies: a multisectoral method and all-inclusive planning; formation of a HR policy; erection of a committed HR unit and training of HR managers; augmented recruitment and training, testing, and certification of health workers; review of pre-service training program; and a HR information system encompassing the entire country.

Peter Hornby and Paul Forte have analyzed support of management-led initiatives using human resource indicators (HRI) for enhancing efficiency and effectiveness of health service which comprise 1. Recognizing and incorporating preferred enhancements in the service performance and 2. Forming an atmosphere where managers in the service feel attaining these improvements desirable and worthwhile. For the continuation of the use of indicators, perception of some personal and professional benefit in its use by managers in health system is a must. Indicators cannot make any change by themselves. This happens only through action taken by managers. The manner in which indicators is used differ considerably between users and will signify distinct interest, available management methods and the organizational pressures and compensations for good management. The authority and accountability which managers have over the resources at their control has also been signified by them. The choice and utilization of indicators cannot be separated from the managerial environment in which they are employed.

Don Bandaranayake has concentrated on performance management and has attempted to set up connections between the criterion and quality assurance with specific concern to developing countries in south-east Asia. As it belongs to recognized systems in developed countries, it has tried to examine the status of performance management and its ability for improving provision of high quality service. This has emphasized on individuals in both service and academic sectors instead of on teams, though most health care processes are team-based.

Human resources for health (HRH) have a central role in increasing the accessibility to services and quality of care. Marjolein Dieleman et al. have defined the factors motivating and demotivating health workers in Mali and match the motivators with the implementation of performance management. Thus the study exposed that the chief motivators of health workers were related to responsibility, training and recognition, next to salary. The outcomes proved the significance of adapting or improving upon performance management strategies to influence staff motivation. This can be achieved by matching performance management activities to motivators recognized by operational research.

A pleased human resource is treasured and has no substitute. Human beings' wants are dynamic and hence, to meet that health care organization has to be think dynamically. Only then our principal customer, the patient, can get his fair need be satisfied. Ray has offered the planning of human resources to health care provision. The aim of human resource (HR) policy is to a) attract, recruit, retain and develop competent personnel and b) produce a continuously learning health care organization.

Neeru Gupta et al. have developed an international comparison of the health workforce in accordance with skill mix, socio demographics and other labour force characteristics, for establishing an evidence base for monitoring and evaluation of human resources for health. Consequently the evidence recommended that gender inequity in the workforce resides a significant deficiency of many health systems. Some unexpected patterns of occupational distribution and educational attainment detected may be attributable to differences in health care delivery and education systems; though, definitional inconsistencies in the categorization of health occupations across surveys were also obvious.

Núria Homedes and Antonio Ugalde have developed an article on the basis of fieldwork and a literature review. It studies the reasons which led health workers to resist reform; the institutional and legal constraints to applying reform as originally designed; the difference between the types of staff needed for reform and the accessibility of professionals; the lack of the reform implementation process; and the regulatory weaknesses of the region. They provided workforce techniques that the reforms could have incorporated to achieve the desired goals, and the desires to consider the values and political realities of the countries. They also insisted that autochthonous solutions are more possible to succeed than solutions imported from the outside.

One of the most significant constituents determining the performance of public health system is Human resource (HR). Mamuka Djibuti et al., [31] have presented a review to evaluate the sufficiency of local public health agencies to satisfy the demands arising from health care reforms in Georgia. The Human Resources for Health Action Framework which they have used contains six components; they are HR management, policy, finance, education, partnerships and leadership. The establishment of the school of public health is one of the solutions to effectively deal with these problems. Sufficient planning for the number and category of staff to be created by this organization and scheming proper bonus for staff retention and motivation, as well as enhanced HR should accompany this.

In the works on human resource management (HRM) interventions to develop health workers' performance in Low and Middle Income Countries (LMIC), there has not been much attention given to the query how HRM interventions will yield the results and in which circumstances. This info is very important to assess the transferability of results. Marjolein Dieleman *et al.* [34] have targeted to find the realist assessment of published primary research which gave an improved understanding into the working of HRM interventions in LMIC. A realist review inquires if an intervention has shown to be effective and also enquires which mechanisms in intervention yield results and which contextual factors seem to be of high influence.

The prime hindrance to the realization of health related targets for the Millennium Development Goals is the human resource crisis in health care. Ben Rolfe *et al.* [35] have listed the findings on the drivers and inhibitors acting upon the expansion of one novel portion of nongovernment endowment in Tanzania where the moderate self-governing midwifery practice and studies what involvement this sector may be estimated to make to the MDG target of growing skilled attendance at delivery. A multiple case analysis over nine districts revealed their characteristics, and the drivers and inhibitors performing upon their improvement since permitted by legislative change.

OBJECTIVE OF THE STUDY AND METHODOLOGY

The present project has been taken up with the following objectives into consideration.

- To explore the concept of HRM in health care sector in Uttarakhand
- To study the employees perception towards Human resource issues in health care sector in Uttarakhand
- To suggest the strategies for successful implementation of HRM policies for improving the quality of health care sector industries in Uttarakhand state.

In the present study the population consisted of doctors, nursing staff, technical staff and support staff working in all of the units/wards/departments health care department in different hospitals of Uttarakhand. The respondents were scattered in all units/wards/departments already stated at various hospitals. Because the nature of work of the doctors it made difficult to conduct face interviews and a questionnaire was ideal as the respondents used their own time and pace to complete the questionnaire. Judgment sampling was used for the selection of the doctors and support staff which was found to be a convenient and economical method. Two hundred and fifty (250) questionnaires were distributed to the respondents and Two hundred and thirteen (213) questionnaires (duly completed) were received back from the respondents. This means that about 84.5% of the questionnaires (duly completed) were returned. To measure the intensity of parameters open ended and close ended questionnaire was used. To test the hypothesis, Mean Standard deviation, ANOVA and χ^2 tests were applied. Table 1 indicates the profile of respondents.

TABLE 1: DEMOGRAPHIC CLASSIFICATION OF RESPONDENTS

	Categories	Count	Percentage
Age	Upto 25 years	103	48.4
	From 25 to 35 years	97	45.5
	from 35 to 50 Years	13	6.1
Gender category	Male	67	31.5
	Female	146	68.5
Marital Status	Married	64	30.0
	Unmarried	149	70.0
Education Level	Under Graduate	10	4.7
	Graduate	107	50.2
	Post Graduate	27	12.7
	Professionals	69	32.4
Monthly Income	Upto Rs15000PM	158	74.2
	From Rs15001 to Rs30000PM	54	25.4
	Above Rs50000PM	1	.5
Area of Specilisation	Medical	30	14.1
	Administration	13	6.1
	Nursing	158	74.2
	Others	12	5.6
Area of Work	Rural	76	35.7
	Urban	100	46.9
	Semi Urban	37	17.4

This section analyses demographic profile of hospital employees. Demographic profile of the health care employees has been studied based on their age, gender category, marital status, education level, monthly income, area of specialization and area of work (Rural semi Urban and urban). Table I shows that sample is dominated by those respondents (48.4%) who are in the young age ranging upto 25 years. Majority of the employees belongs to male category and unmarried. Majority of the respondents fall in the nursing cadre. Having graduation degree and earning upto Rs15000PM. Majority of the sample of employees are from urban as well as semi urban area.

TABLE 2: PERIOD OF ASSOCIATION

Sl. No.	Years	No. of respondents	Percentage
a	Upto 3 years	106	49.8
b	From 04-5 Years	63	29.6
c	from 6 to 10 years	44	20.7
d	Total	213	100.0

The impact of turnover has received considerable attention by senior management, human resources professionals, and industrial psychologists. It has proven to be one of the most costly and seemingly intractable human resource challenges confronting organizations. It is seen that length of association with the organization develop the binding of employees in the organization and help management to solve number of HR related issues. Data presented in the above table 2 indicates that 49.8%, respondents belong to those categories who are associated with their present organisation from 0 to 3 years only. 29.6% respondents are associated from 4 to 5 year. 20.7% are associated from 6 to 10 years. Thus sample indicates that most of the respondents are having short term association from their present organisation as it was indicated by almost 49.8% respondents in the sample.

TABLE 3: NATURE OF PRESENT JOB

Sl. No.	Classification of job	No. of respondents	Percentage
a	Challenging in nature	67	31.5
b	Routine in Nature	53	24.9
c	Risky in Nature	27	12.7
d	Normal and Enjoyable	66	31.0
	Total	213	100.0

The employees effectiveness toward job and his profession can be enhanced substantially by making the job interesting, creative, challenging and enjoyable. In this context an attempt was directed to know the employees perception towards their job. Analysis of the data indicates that 31.5% respondents in the sample indicates that their job is challenging in nature. 24.9% indicated that their job is of routine in nature. 12.7% feel that it is tedious and risky in nature and only 31% feels that their job is normal and enjoyable. Thus sample is dominated by those respondents who feel that their job is more challenging and risky in nature.

TABLE 4: DUTY HOURS IN THE PRESENT ORGANISATION

Sl. No.	Duty hours in a day	No. of respondents	Percentage
A	From 6 to 8 Hours	182	85.4
B	From 9 to 10 Hours	15	7.0
C	From 11 to 12 hours	16	7.5
D	Total	213	100.0

Length of duty hours and Flexibility is a critical ingredient to overall workplace effectiveness. Companies use it as a tool for improving recruitment and retention, for managing workload, and for responding to employee diversity. Analysis projects that 85.4 % respondents in the sample are from those category who works 6-8 hours in a day. 7 % respondents work 8-10 hours in day. 7.5 % respondents indicated that they work 10-12 hrs in a day Thus sample is dominated by those respondents who work more 6-8hours in a day. Thus it can be inferred that majority of the work force in the health care sector industry is having an ideal working hour.

TABLE 5: EXTENT TO WHICH PROFESSIONAL PROBLEMS COULD BE DISCUSSED WITH SENIORS

Sl. No.		No. Of respondents	Percentage
A	To a great extent	108	50.7
B	To Some Extent	64	30.0
C	To a little extent	28	13.1
d	Not at All	13	6.1
	Total	213	100.0

One of the most significant developments in the field of organization in recent times is the increasing importance given to human resources. More and more attention is being paid to motivational aspects of human personality, particularly the need for self-esteem, group belonging, and self-actualization.. Empirical evidences and various researches on the topics indicate that freedom to discuss professional problem with their seniors boost the confidence of employees in the organization and make the job easy and colleagues in the organisation. Keeping this into consideration an attempt was made to know that how for employees are free to discuss their problems with their seniors. In this respondents are asked as to what extent they are free to discuss their professional problems with their seniors. It was found that more than half (50.7%) in the sample feels that they are free to a great extent to discuss their professional problems with their senior. 30% feels that they are free to some extent in discussing their problem with senior. 13.1% respondents indicated that they are free to a little extent in discussing their problem. 6.1 expressed that they are not at all free to discuss their problem with their seniors. Thus analysis indicates that there is mixed response in this case.

TABLE 6: MEAN AND STANDARD DEVIATION OF DIFFERENT HR CHALLENGES AS PERCEIVED BY THE EMPLOYEES OF HEALTH CARE SECTOR IN UTTARAKHAND

	N	Mean	Std. Deviation
Lack of consensus around the organization's strategy/direction	213	2.4742	1.05756
Driving cultural and behavioral change in the organization	213	3.0563	.94998
Managing human capital during organization expansion	213	2.9249	1.27531
Measuring the contribution of human capital to business performance	213	3.1925	1.11826
Implementing people changes resulting from changes due to operational performance	213	3.0000	1.26267
Increasing line manager capability to handle people management responsibilities	213	2.5399	1.24179
Encouraging organizational innovation	213	3.0329	2.38586
Increasing the return on investment in remuneration	213	3.1455	1.06949
Succession planning	213	2.8122	1.20629
Resourcing and managing HR issues in "new geographies" for the company	213	3.1174	1.10758
Building leadership capability	213	3.0798	1.40693
Workforce planning	213	2.8545	1.24098
Retaining key talent	213	2.7465	1.10383
Acquiring key talent/lack of available talent	213	2.9718	1.09422
Constraints on headcount ("making do with less")	213	3.2019	.94749
Coping with an aging workforce	213	3.0141	1.03468
Valid N (listwise)	213		

The mean and standard deviation of different variable increasing Human resource challenges as perceived health care employees as presented in the above table indicates that Constraints on headcount ("making do with less") has scored highest mean. where as Encouraging organizational innovation are seems to have diverse opinion as it scored highest standard deviation.

Understanding the human resource challenges and different factors promoting it has been of a major interest for academia, researchers and many more. From an administrative perspective, the focus is now on a strategic outlook where talent HR professionals look at improving the work environment and plan out human resource needs The empirical study indicates that there are many challenges and HR Issues like Increasing line manager capability to handle people management responsibilities, Increasing the return on investment in remuneration, Acquiring key talent/lack of available talent, Resourcing and managing HR issues in "new geographies" for the company, Lack of consensus around the organization's strategy/direction, Measuring the contribution of human capital to business performance, Building leadership capability, Succession planning, Constraints on headcount ("making do with less"), Managing human capital during organization expansion , Retaining key talent, Driving cultural and behavioral change in the organization, Encouraging organizational innovation, Coping with an aging workforce, Implementing people changes resulting from changes due to operational performance, and designing of organization structure and building proper climate.

TABLE 7: PRINCIPAL COMPONENT ANALYSIS WITH ROTATED COMPONENT

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Communality
Workforce planning	.869					.896
Increasing line manager capability to handle people management responsibilities	.865					.849
Increasing the return on investment in remuneration	.779					.913
Acquiring key talent/lack of available talent	.794					.839
Resourcing and managing HR issues in "new geographies" for the company	.724					.817
Lack of consensus around the organization's strategy/direction	.710					.787
Measuring the contribution of human capital to business performance		.864				.756
Building leadership capability		.690				.562
Succession planning		.570				.955
Constraints on headcount ("making do with less")			.770			.734
Managing human capital during organization expansion			.688			.823
Retaining key talent			.580			.826
Driving cultural and behavioral change in the organization				.847		.873
Encouraging organizational innovation				.662		.529
Coping with an aging workforce					.869	.821
Implementing people changes resulting from changes due to operational performance					.694	.849
<i>Eigen Values</i>	5.238	3.250	1.932	1.297	1.110	
% of Variation	32.735	20.314	12.074	8.104	6.939	
Cumulative % of Variation	32.654	53.050	65.124	73.228	80.167	

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

A Rotation converged in 9 iterations.

For this respondent were asked to rate their views on the following important statement related to human resource issues as perceived by them. These are Workforce planning, Increasing line manager capability to handle people management responsibilities, Increasing the return on investment in remuneration, Acquiring key talent/lack of available talent, Resourcing and managing HR issues in "new geographies" for the company, Lack of consensus around the organization's strategy/direction, Measuring the contribution of human capital to business performance, Building leadership capability, Succession planning, Constraints on headcount ("making do with less"), Managing human capital during organization expansion, Retaining key talent, Driving cultural and behavioral change in the organization, Encouraging organizational innovation, Coping with an aging workforce, Implementing people changes resulting from changes due to operational performance, on a scale of 1 to 5 in order of their preference. The exploratory factor analysis was used in order to identify the various factors of HR Challenges. Principal Component analysis was employed for extracting factors and orthogonal rotation with Varimax was applied. As latent root criterion was used for extraction of factors, only the factors having latent roots or Eigen values greater than one were considered significant; all other factors with latent roots less than one were considered insignificant and disregarded. The extracted factors along with their Eigen values are shown in table 7. The factors have been given appropriate names on the basis of variables represented in each case. The names of the factors, the statements, the labels and factor loading have been summarized in Tables 7. There are five factors each having Eigen value exceeding one for occupational stress factors. Eigen values for five factor are 5.238, 3.250, 1.932, 1.297, 1.110, respectively. The index for the present solution accounts for 80.167% of the total variations for the perceived HR Challenges in the organization. It is a pretty good extraction because we are able to economise on the number of choice factors (from 16 to 5 underlying factors), we lost 19.833 % of information content for choice of variables. The percentages of variance explained by factors one to seven are 32.735, 20.314, 12.074, 8.104, and 6.939, respectively. Large communalities indicate that a large number of variance has been accounted for by the factor solutions. Varimax rotated factor analysis results for motivational factors are shown in table 13 which indicates that after 5 factors are extracted and retained the communality is .896 for variable1, .849 for variable 2, 0.913 for variable 3 and so on. It means that approximately 89.6 % of the variance of variable1 is being captured by extracted factors together. The proportion of the variance in any one of the original variable which is being captured by the extracted factors is known as communality (Nargundkar, 2002).

TABLE 8: MEAN OF DIFFERENT HR CHALLENGES AS PERCEIVED BY THE EMPLOYEES ACROSS DIFFERENT PROFESSION

Specialisation	Workforce Planning and retention	Leadership and succession planning issue	Talent Retention and Sustainability	Innovation and Managing change	Copying with ageing workforce
Medical	2.1667	2.1667	2.1667	3.7500	2.5000
Administration	3.3333	2.3333	3.0000	2.5000	3.0000
Nursing	2.9515	3.2637	3.2848	3.0348	3.1899
Others	2.7083	1.2500	2.1667	2.0000	1.8750
Total	2.8505	2.9390	3.0469	3.0446	3.0070

As is evident from the mean ratings of various human resource challenges across different professional categories of health care employees Organisation ability to optimize human resources have found highest mean score among physician. Work overload seems to be most important reason of occupational stress among the technical staff working in different hospital of Dehradun area.

TABLE 9: ANOVA OF MEAN OF DIFFERENT HR CHALLENGES AS PERCEIVED BY THE EMPLOYEES ACROSS DIFFERENT PROFESSION

		Sum of Squares	df	Mean Square	F	Sig.
Workforce Planning and retention	Between Groups	18.913	3	6.304	7.902	.000
	Within Groups	166.746	209	.798		
	Total	185.659	212			
Leadership and succession planning issue	Between Groups	73.556	3	24.519	57.089	.000
	Within Groups	89.762	209	.429		
	Total	163.318	212			
Talent Retention and Sustainability	Between Groups	41.514	3	13.838	27.864	.000
	Within Groups	103.795	209	.497		
	Total	145.308	212			
Innovation and Managing change	Between Groups	31.893	3	10.631	5.655	.001
	Within Groups	392.934	209	1.880		
	Total	424.826	212			
Copying with ageing workforce	Between Groups	28.373	3	9.458	11.501	.000
	Within Groups	171.866	209	.822		
	Total	200.239	212			

After comparing the mean one way ANOVA was carried out to test the hypothesis that HR challenges of the employees does not differ significantly across the different employees at different profession. A one-way ANOVA was calculated comparing different factors of HR Challenges and nature of job profession in which an employee is engaged. A significant difference was found between the factors ($F(3,212)=7.902, p<.05$). From the table it is clear that calculated value of F is greater than the tabulated value of F (2.37) at ($p< 0.05$) level of significance. Hence null hypothesis is rejected indicating that there is significant difference in the mean of different factor of HR challenges across the different level of employees like Workforce Planning and retention, Leadership and succession planning issue, Talent Retention and Sustainability, Innovation and Managing change, Copying with ageing workforce, . . .

CONCLUSION

The human resource crisis facing the world health sector has potential to derail existing health programs including millennium development goals. Though advances have been made, further progress is inhibited by the limited adaptation of traditional health service structures and processes in many of these countries. Human resources in health care system are generally picturing a lack of adequacy between expected skills from the professionals and health care needs expressed by the populations. It is, however, possible to analyze these various lacks of adequacy related to human resource management and their determinants to enhance the effectiveness of the health care system.

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