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SITUATION ANALYSIS OF DOCTORS WORKING IN HEALTH DEPARTMENT OF ODISHA: A DESCRIPTIVE STUDY

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ABSTRACT

Stable human resources are critical for a robust public health system in any country. Preliminary review of Odisha state data revealed that about one-third posts of Medical Officers were lying vacant; the doctors perceived that the work conditions in the districts were not conducive in rural areas, resulting in lower level of Job satisfaction. Situation analysis was conducted using secondary data from two districts, namely, Cuttack (representing coastal) and Kalahandi (representing non-coastal). Perception on work conditions was analyzed using primary data. Forty-three doctors were selected at random from different levels of public health facilities, that constituted about 10% of total strength of doctors in the selected sample districts, and were administered a semi structured questionnaire. Qualitative data was collected from 42 respondents through six Focused Group Discussions (N=35) and seven in-depth interviews (N=7). Thirty-one percent of all type of posts was vacant across the two districts. Seventy three percent respondents in Cuttack and forty percent in Kalahandi ranked the available basic amenities in the place of posting as 'good'. However, differences in level of dissatisfaction with regard to work conditions, pay structure, posting, transfer and promotion procedures in the two districts was found to be insignificant. With regard to the problem of 'not joining' in non-coastal areas, the main reasons were preference for higher study, non-availability of bare minimum facilities in rural areas, distance between the place of nativity and place of posting, and psychological insecurity. Further, delay in promotion, low pay-structure and inconsistent posting and transfers were cited as the main factors behind job dissatisfaction. Regular and timely promotion, fixed duty hours, separation of cadre and uniform human resources policy would help improve the level of job satisfaction amongst the doctors working in coastal and non coastal districts of Odisha.

KEYWORDS

Work condition of Doctors, Job satisfaction, Human Resource Policy.

INTRODUCTION

 Odisha attained separate statehood on 1st April 1936. Geographically, the State has about 4.8% of total area of the Country with about 3% of the Country's population. It has three revenue divisions, 30 districts, 58 subdivisions and 314 community development blocks.¹ Government of Odisha for programmatic interventions categorized the State into coastal and non-coastal regions. Coastal region constituted districts with better health and development indicators. With regard to the health infrastructure, there are 32 district headquarter Hospitals, 25 sub-divisional hospitals, 87 area hospitals, 377 CHCs, 314 Block PHCs and 1220 PHCs (New).²

The root causes of poor health indicators in the state are attributed to poverty, social deprivation, low levels of literacy, poor infrastructure for health care and a skewed distribution of health workforce particularly those of allopathic doctors. Non-availability of doctors in the state in general, and in non-coastal districts in particular, has been one of the main reasons behind poor health indicators.³ Under government of Odisha, there are 4258 sanctioned Medical Officers posts starting from Super time Scale (1), Senior Administrative Grade (3), Selection Grade (8), Junior Administrative Grade-Joint Director level I (120), Junior Administrative Grade-Joint Director level II (452), Senior Class I (1440), and Junior Class I (2234).⁴

The Indian Public Health Standards (IPHS) has guidelines on doctor-bed ratio. In the context of shortage of trained manpower in the state, recruitment, retention and job satisfaction are the three-fold challenges. The recent introduction of provision of monetary incentives, preferential Post Graduation (PG) admission and mandatory rural posting for admission to PG study has not changed the scenario much.

Despite of limited state-specific literature available on the subject, an attempt was made to review selected reports available on the web. "Health in Orissa" points out that there are only 195 doctors per million population in the State and the doctor density per 10,000 population was between 3 and 4 in 2005.⁵ Health Sector Reforms in India highlighted the emphasis on delegation of powers to district and Community Health Centre level.⁶ Mandatory rural service for PG admission, rural internship for better community health orientation, short course trainings and multi-skilling (e.g. Anesthesia, Emergency Obstetric care) were initiated in 1999 as a part of supply-side reforms.⁷ Working Papers on the subject have cited that the challenges in recruitment and retention of doctors by the Government was mainly on two fronts: undue delay of institutional mechanisms in recruitment, such as, Union Public Service Commission (UPSC) and Orissa Public Service Commission (OPSC) on one hand, and inconsistency in incentive provisions, regularization of contractual services, regulation of the length of stay in rural areas and preferential PG admission on the other. As a result, doctors didn't show interest and commitment to work on contract.⁸

The study aimed to understand the perception of doctors on the service conditions, more specifically in relation to work conditions, salary and incentives, promotional avenues and overall job satisfaction. The specific objectives of this paper were to understand (i) number of government doctors actually working in various ranks in the state; (ii) distribution pattern of doctors in relation to coastal and non-coastal districts; and (iii) perception of doctors serving in both coastal and non-coastal districts with regard to work conditions, job satisfaction and procedures related to promotion, transfer and posting.

MATERIAL & METHODS

This descriptive study was conducted in Kalahandi and Cuttack districts of Odisha during April-July, 2011. Doctors in all facility levels, from Primary Health Centre (PHC) to District Headquarters Hospital (DHH) were included in the study. Convenient sampling was done at the district level to include those doctors who were available at the time of field visit of the interviewer. Selected respondents from the state headquarters were also included to understand their perspectives. Secondary data from the State headquarters revealed that there were 106 doctors in Kalahandi district and 163 doctors in Cuttack district during the study period of which 96 and 141 had been posted for more than a year, respectively, in those districts. Doctors who were working in the place of posting for more than one year were taken for data collection.

Two districts, one representation district from the non-coastal category (Kalahandi) and one from coastal category (Cuttack) were chosen purposively for data collection. In Kalahandi district, doctors from District Headquarters Hospital (DHH) Bhawanipatna, Sub Divisional Hospital (SDH) Dharmagarh, and Community Health Centre (CHC) Junagarh and two Primary Health Centres – New (PHC-N) were taken, while in Cuttack district doctors working in DHH Cuttack (City Hospital), Sub Divisional Hospital (SDH) Banki and Athagarh, one CHC and two PHCs-N were included.

(i) For studying the size, composition and distribution, secondary data from the state and district head quarters were considered. (ii) For understanding the level of job satisfaction semi-structured questionnaires (21 respondents in Kalahandi and 22 respondents in Cuttack) were administered, (iii) For understanding the perception of doctors on work conditions, promotion, posting and transfer procedures, Focus Group Discussions (FGDs) and in-depth interviews were recorded. In Kalahandi, three Focus Group Discussions were conducted involving 20 respondents, three senior doctors were included in the In-depth interview and twenty-one doctors were administered a pre-tested semi-structured questionnaire. Similarly, in Cuttack district three Focus Group Discussions were conducted involving 15 doctors; three senior doctors were interviewed and twenty-two were administered the semi-structured questionnaire. Three in-depth interviews were also conducted at the state level. Responses were recorded in the voice recorder. In view of the saturation of responses, in-depth interviews were restricted to nine participants. Thematic framework approach was used for data analysis. Finally, direct observation was made in six CHCs, three in each district, to assess the actual physical conditions existing in relation to different basic amenities. Prior consent had been obtained for voice recording of FGDs, in-depth interviews and administration of questionnaires. No video recording or photographs were taken during the study.

RESULTS

1424/4258 medical officer posts (32%) were lying vacant as on 1st April, 2011. This included two Additional Directors, sixteen Joint Directors - level I, 122 Joint Directors level II, 395 Senior Class I and 918 Junior Class I. Conversely, only 2834 doctors (67%) were in position to cater to the needs of the entire health service delivery system of Odisha. In Kalahandi district 68 (39%) posts out of total 174 posts were vacant. Similarly in Cuttack district 66 (29.2%) out of total 229 were vacant during the same reference period. There is a significant difference in the percentage of vacancy between Cuttack and Kalahandi district (Table I).

Analysis of semi structured questionnaires in a four-point scale revealed that in Kalahandi district four respondents (19%) were fully satisfied with present posting, transfer and promotion procedures; two were satisfied to some extent (10%), eleven were not satisfied (52%) and four respondents expressed their total dissatisfaction (19%). Eleven out of twenty-one respondents from Kalahandi were not receptive to the idea of compulsory posting, as they felt that it would not improve the service delivery quality. The results of in depth interviews indicated rational policy for posting, transfer and promotion may be adopted which would envisage provision of preferential posting for senior doctors. Job-enrichment may be done using delegation of authority and responsibility; Comparable findings in Cuttack district were as follows: three (13.5%) respondents were totally satisfied, four (18%) were satisfied to some extent, three (13.5%) were not satisfied and twelve (55%) were not at all satisfied. About the overall service experience, few respondents from both the districts categorized government service as 'good' and 'very good'. Seventy three percent respondents in Cuttack and forty percent in Kalahandi ranked the available basic amenities in the place of posting as 'good'. It was also felt that basic amenities ought to be given doctors and their family members, especially electricity and safe water supply. Lack of Schooling facilities for children was cited to be one of the most discouraging factors against rural stay. Since its effective remedy would need substantial engagement with other departments, such as, rural development, engineering, education and PRI departments, thus a state level Convergence Cell may be established under the leadership of the Hon'ble Chief Minister. However, none of the respondents from both the sample districts ranked the available facilities 'satisfactory'. Direct observation of Community Health Centres (CHC) in both the districts complimented the above responses.

Thematic analysis of Focus Group Discussions revealed that with regard to the perception on work conditions, posting, transfer and promotion procedures, and over all opinion on state government services, differences in the responses across district categories (coastal and non-coastal) were statistically not significant. When asked on whether posted befitting one's training, qualification & specialization, and on whether satisfied with place of posting, all respondents answered negatively in Kalahandi; whereas in Cuttack the responses were 13%, 0% and 53% respectively. With regard to the pay structure and incentives, while Kalahandi didn't have any respondent expressing satisfaction, about 13% of respondents in Cuttack were satisfied with it. With regard to appropriate place of posting, transparent transfer procedures and timely promotion policies, responses were not satisfactory in both the districts. All the respondents from coastal and non-coastal category of districts were dissatisfied with their present nature of job. The main reasons for higher level of dissatisfaction were found to be associated with their place of posting, transfer and promotion procedures and lack of an effective and time-bound system for career progress (Table 2). As compared to the situation in 1990, after restructuring of the Orissa Medical and Health Services Rules, the prospects for promotion of young doctors has improved, but not yet fully satisfactory. Findings of in-depth interviews were similar to the above.

DISCUSSION

Vacancies in both generalist' and specialist' posts were from 13% to 55% at the time of study in different districts across the state. As per IPHS norms, the State would need about 11764 doctors. During the study period 3499 doctors were in position against 4258 sanctioned posts.⁹ The only post of Cardiologist in non-coastal districts (KBK belt) was vacant at Bhawanipatna, since the doctor posted there had not joined. None of the respondents in Kalahandi district and 53% of respondents in Cuttack district was satisfied in reference to place of posting. With regard to availability of basic amenities, Cuttack (73%) was much better as compared to Kalahandi (40%). None of the respondents of Kalahandi were satisfied with the pay structure and incentive, as compared to 13% satisfied respondents in Cuttack. Further probing revealed that all these satisfied respondents were successful practitioners. All doctors in Kalahandi (100%) and almost all in Cuttack (91%) opined that transparent posting and transfer procedures would improve the level of satisfaction. It was also reflected that there is improvement in the promotion scenario after restructuring of medical cadre which needed to continue with the momentum.

"More incentives for remote non-coastal areas were necessary with antedated relieve instructions at the time of posting", said one respondent.

All respondents were against compulsory KBK (undivided Kalahandi, Bolangir and Koraput districts, commonly grouped as KBK) posting and 12% respondents perceived the present service conditions to be 'good'. Respondents were not in favour of working in corporate health sector as they felt common men couldn't reach out to those costly services. Furthermore, there was no definite demand for private practice in remote rural areas; whereas in urban areas, private practice was perceived to be the single most motivating factor for which all successful practitioners wished to serve in city areas. Regular posting on a time-bound manner would be the first step in this direction. Alternative recourses, such as, ad-hoc and contractual appointments could also be made with higher scale of pay. A multi-pronged strategy to improve the pay structure and incentives could be implemented. Increased annual intake of doctors as medium-term strategy will help fill up the current vacancies over a period of next ten years. Establishing Medical Colleges under Public Private Partnership (PPP) could be a feasible long-term strategic solution for making the state IPHS-compliant.¹⁰ Only compulsory posting to non-coastal areas would not yield encouraging results; rather posting on rotational basis according to seniority may be implemented for improved retention. Simultaneous improvement in living conditions, such as, house, water supply, electricity and communication ought to be considered not only for retention of current workforce but also for opening of new health centers. One of the main reasons behind freshly passed out graduates not joining government service was found to be preparation for getting into Post Graduation study; posting in remote areas, provision of less salary were additional factors. The findings are comparable in both coastal and non-coastal districts.

This reaffirms the established understanding that coastal and non-coastal districts in Orissa don't have substantial associated differences in overall service conditions and the level of satisfaction of doctors.

Establishment of separate Public Health cadre would provide public health doctors with more opportunities to develop specialized knowledge and ability to manage public health problems. Only those doctors opting for managerial positions may only be taken into public health cadre. Posting on rotational basis may be adopted with option of mutual transfer.

CONCLUSION

The immediate priorities for the government would be expedited recruitment, provision of incentives for retention and development of competitive human resource policy. Delayed promotion and non-availability of schools for education of children were found to be the important factors behind higher level of dissatisfaction. Time-bound promotion system linked to one's performance may be introduced as a pilot intervention and there may be fixed duty hours as to rationalize work distribution. Coordinated programme planning between health and education department would create opportunities for health in all policies. Post-globalization, the revolution in information technology has also increased the Level of Aspiration (LOA) which needs to be considered while framing the human resource policy for the state. This study has been undertaken using composite attributes such as posting, transfer, and promotion under one category. Further study on each of these attributes would help strengthen our understanding of each of these factors.

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TABLES

TABLE 1: DETAILS OF VACANCY IN CUTTACK AND KALAHANDI DISTRICTS OF ODISHA

Category	Cuttack			Kalahandi		
	S	P	V	S	P	V
JD-I (Gen)	1	1	0	1	1	0
JD-I (Spe)	5	4	1	5	5	0
JD-II (Gen)	11	9	2	6	3	3
JD-II (Spe)	12	11	1	14	10	4
Sr-I (Gen)	52	39	13	35	30	5
Sr-I (Spe)	24	16	8	20	12	8
Jr-I (Gen)	81	67	14	51	33	18
Jr-I (Spe)	43	16	27	42	12	30
Addl Post	0	30	00	0	22	00
Total	229	193	66	174	128	68

Source: NRHM Doctors database update [1.4.2010]

JD = Joint Director; Gen = Generalist; Spe = Specialist; Sr-I = Senior Class I

Jr-I = Junior Class I; Addl Post = Additional Posts

S = Sanctioned; P = Positioned; V = Vacant

TABLE 2: PERCEPTION ON SERVICE CONDITIONS, PLACE OF POSTING, TRANSFER AND PROMOTION

Attributes	Cuttack (N=15)		Kalahandi (N=20)	
Perception on place of posting				
Befitting training	Yes (2)	No (13)	Yes (0)	No (20)
Befitting qualification	Yes (0)	No (15)	Yes (0)	No (20)
Satisfactory	Yes (8)	No (7)	Yes (0)	No (20)
Perception about Payment and incentives				
Appropriate payments	Yes (2)	No (13)	Yes (0)	No (20)
Adequate incentives	Yes (0)	No (15)	Yes (0)	No (20)
Perception on posting, transfer and promotion procedures				
Transparent posting	Yes (2)	No (13)	Yes (0)	No (20)
Transparent transfer	Yes (0)	No (15)	Yes (0)	No (20)
Timely promotion	Yes (1)	No (14)	Yes (0)	No (20)
Overall job satisfaction				
Enjoying	Enjoying service	0	Enjoying service	0
Dissatisfied	Dissatisfied	15	Dissatisfied	20

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