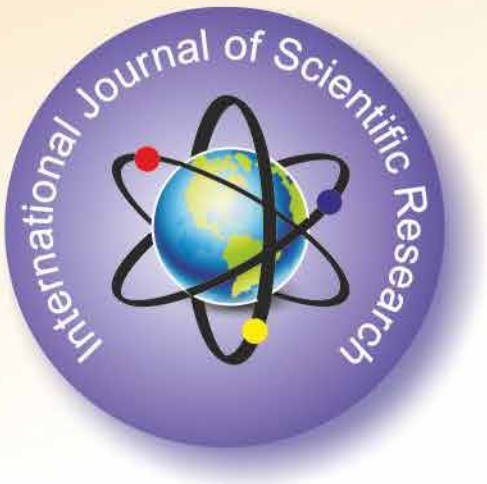
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Research Paper

Transition in Human Resource for Health: Challenges Ahead

Medical Science

KEYWORDS : Human Resource, Contractual Employee, Health Sector

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ABSTRACT

Health care system in India is under transition. In the first phase (1947-1983) 100% government personnel's were involved in public health care delivery system. In second phase (1983-2000), initiation of private partners started in family planning services in limited numbers. 1991 onwards thrust was, not to fill up the vacant posts after retirement. Such types of arrangement have resulted in chronic shortage of human resource at all level. WHO (2006) reported that there is a shortage of health workers with an uneven distribution in India. The Scientific status of contractual model as evident from review of literature revealed that it needs serious re-introspection of policies about the implications on quality of health services. Issues like job security, career development, motivation, commitment for the organization, which play vital role, are not understood properly under new structural changes in health system.

Introduction

The present health care system in India is completely based on Bio- medical model which focuses heavily on the medical supply side. After independence the emphasis was more on "developing human resource" in the public sector at the state cost, and nurtures them for implementing the government schemes. The health care system demanded huge size of human resource from district to the village. However it has been suffering a lot in the absence of adequate number of human resource to implement national health programmes both in regular and in contractual mode.

Phases of health care system in India

During the first phase (1947-1983), despite scarcity of human resource the motivation, dedication and commitments superseded the constraints of various natures. This phase (1947-1983) was completely on the shoulders of public health personnel. The second phase (1983-2000) inducted partnership of private health providers in a very limited manner. The third phase (Post 2000) onwards the structure of public health system has undergone sea changes under flagship programme of NRHM in terms of contractual human resource (India' Health System, NCMH 2005).

Economic Reforms for HR since 1991

New economic policy under the influence of globalization demanded different models of human resource in every sector. This has demanded reduction in the state burden as it is the crucial feature under new alternative models to fill the deficiency. Pay-for-Performance philosophy has become an emerging HR trend (Charan and Wadhva 1994). New economic policy demanded different models of human resource in social sector including health sector. In brief, the policy emphasized on the restriction on filling the post after superannuation; the shortage of human resource aggravated due to retirement of more regular employees, organizations started suffering more in terms of manpower. Thrust has been more on "economic models" having lesser burden on organizations. The new economic policy of 1991 has serious implication in terms of quantity and quality of employment (Singh, 1993).

Effect of contractual hiring of human resource on health system

Different models of employment emerged during the last one and half decade like Public Private Partnership & Contractual employment to reduce the economic burden of the government. Differences in terms & conditions of various forms of employment have resulted in various human resource management issues which have even resulted in legal actions. All modes of human resource hiring (UPSC, State Commissions etc.) are in place and different types of hiring have different effects on employee motivation and satisfaction level. Under these models many managerial issues have emerged like what could be new human resource initiatives which may lead to increase in satisfaction level, career development which in turn results to higher organizational commitment? Whether government decisions for hiring of human resource under contract (thought economical) would serve real purpose of providing quality service to the people? Restricted career growth, low motivation, high turnover, reduced training and development, improper utilization of skills, low salary in comparison to regular colleagues have resulted in low organizational commitment. Increased number of temporary human resource can pose threat to sustainability of health care system. The attitude and behavior of contractual employees is crucial to organizations. Constraints related to human resources in the health sector are a hindrance in achieving the health related goals (Wyss, 2004).

Health sector reforms have mainly focused on a single objective of reducing the government's expenditures (Lethbridge, 2004). This narrow focus on cost containment has lead to a situation where human resources are seen as a cost rather than as an investment. As a result human resource costs have been targeted for expenditure reductions (Bach, 2001). This has resulted in changes in the numbers of permanent and temporary staff in public sector healthcare organisations (ILO, 1998).There is an increasing use of temporary contracts to overcome the delays in hiring process (World Bank Report, 2009). Human resource management is crucial to the success of such reform measures (Nigenda and Gonzalez, 2009). Therefore, it is important to consider the implications like motivation, organization commitment etc. for the human resources at an early stage in the reform process.

Temporary Human Resource's Perspective: There are considerable differences in work conditions in different types of temporary jobs. The contracting process is viewed ambiguously by health workers. This may lead to strained labour relations and labour conflicts (Martineau and Buchan, 2000). The legal and administrative implications of temporary employment arrangements with doctors engaged as employees in the public hospital system are generally poorly understood by hospital administrators (Skinner et al, 2006). Temporary employment contracts have been found to lead to absenteeism, restricted career mobility, worsening of work conditions, reduced training and development opportunities (Kolehmainen-Aitken, 2004). Increasing number of temporary doctors poses a threat to the sustainability of the hospital medical workforce, improper utilization of skills of contract workers, low motivation/morale of the workforce, and higher turnover. Low salary has been noted to be a major demotivator for public sector health employees (Ravindran and Sood, 1996).

The Health Managers' Perspective: On the managers' part, there is a lack of clarity on new roles and responsibilities, and inad-

equate training to cope with peculiar human resource management issues. There is a need for a clear vision of how the reform process would affect the human resources and to deal with such issues. A breach of the psychological contract may elicit negative attitudinal consequences like job dissatisfaction, and produce negative work behaviours like lower commitment and turnover intention (Bal and Vink, 2011). From an employee's perspective, the psychological contract guarantees job security, and fair wages and benefits. A breach occurs when the employee experiences a discrepancy between his/her own expectations and the actual fulfilment of obligation by the employer. The type of contract can affect the relationship between employment status and outcomes like job satisfaction, organizational commitment and turnover intention. Various studies regarding temporary employment's effect on job satisfaction and organisational commitment have shown varied and inconclusive results (Connelly and Gallagher, 2004).

Challenges Ahead: In health sector, contractual employment is well accepted and recognized model. All the National Health Programmes are hiring human resource on contract basis. Contractual model has been initiated because of foreign funding policy. Under RCH-II programme hiring of specialist on full time or on part time was the necessity of the time. Under contractual hiring of doctors and paramedical staff quality of health care is important issue. As the 4th Common Review Mission (2010) report talks about low motivation and improper handling of HR issues at the state government level under NRHM throughout the country. Contractual character of employment under National Rural Health Mission (NRHM) is now being associated with an increasing number of problems. Renewal of contracts, poor service conditions and increments, high turnover rate, reluctance to send them for longer skill-based training and unnecessary and retrogressive hierarchy between the contractual and the permanent staffs are some of the problems. Report suggests that there should be proper HR policy for human resource under contract. States needs to create posts for contractual employees, pay differences should be minimized, supportive environment should be provided to the staff (CRM 4th Report, 2010).

Under modern HR perspective in private health sector managers and leaders are working towards goal directed behavior. In private sector Managers are taking care of personal needs of employees, their motivation level, their satisfaction level. Therefore, health sector is unique and different from many other sectors where dedicated providers are the key to success.

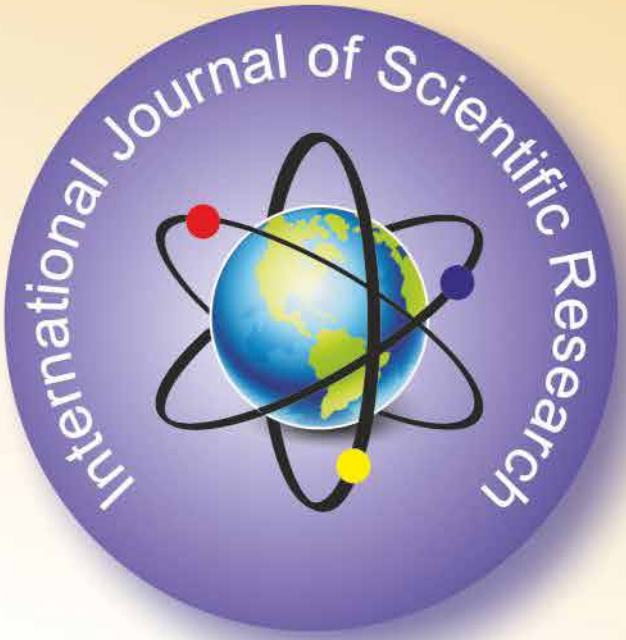
Overall, the principal challenge for the health system continues to be the improvement of the health status of the people in a sustained manner. Various types of job models are creating conflicting state of mind between health workers. Organization will lose its minimal potential under which they are working. Based on these models public health organization are gradually loaded with temporary staff on contractual basis likely to lose its own potentiality of working.

Conclusion

The reforms in health sector human resource remain a sensitive issue. As the Director General of the WHO commented, 'dealing with issues such as pay and incentive in the public sector… constitute some of the most challenging items on the International health agenda' (Bach, 2001). Poorly management of human resource in health remains the most challenging constraint for health sector reform. In major part of country the problem with shortage, misdistribution with poor utilization of human resource remains prevalent. In labour intensive human resource service industry the quality of service is linked to skill, motivation and commitment of staff providing the service. The uncertainty and intensive working pattern associated with working pattern have badly affected the staff morale. Although efforts are being undertaken for health sector reforms but insufficient attention is given to HR for health management issues. There is long way to develop effective HR policy in health, never the less simple measures will be more effective if they tackle the simple problem of health workforce like recruitment, selection, salary, training and career growth in the organization. There is a real need for human resource development (HRD) policies related to recruitment, promotion, transfers and training (NCMH Report, 2005).

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