

Role of Public Health Services in Uttarakhand: A Human Resource Perspective

*Bhawna chahar**
*Pushpa kataria***

ABSTRACT

The status of health is an important indicator reflecting social development and quality of human life. Further health care is one of the most basic human rights. The health sector in India faces critical challenges on several fronts despite significant achievements since Independence. While the country has made substantial strides in economic growth, its performance in health has been less impressive. The report of United State Agency for International Development (2009) and State Planning Commission, Govt. of Uttarakhand (2009) indicate the need and growing importance of HR interventional strategies in redesigning the role of public health services for better service delivery. The objective of this paper is to critically analyze the impact of human resource strategies on the quality of health services and explore the opportunities which provide a value added edge to the public health system.

Key words: *Work enrichment, intervention strategies, quality of work life, performance reward/incentive systems.*

Introduction

The status of health is an important indicator reflecting social development and quality of human life, further health care is one of the most basic human rights. Access to equitable health care regardless of people's ability to pay for health services is one of the major challenges faced by health systems today. Health care systems in most countries, rich and poor, have undergone reform processes stimulated by a growing concern about the weak correlation between the volume of resources expended and the outcomes in terms of health status. These reforms were usually embedded in a set of government reforms intended to improve the efficiency, equity of access and quality of public services in general. The health sector in India faces critical challenges on several fronts despite significant achievements since Independence. While the country has made substantial strides in economic growth, its performance in health has been less impressive. An important reason for this is the inability of the health system to provide health care for all. Despite an extensive network of government funded clinics and hospitals providing low cost care, curative health services in India are largely provided by the private sector and mostly concentrated in urban areas, serve those who are socio-economically better-

off and place a substantial burden of out-of-pocket payments on patients. While India is one of the fastest growing economies in the world today, it is also one of the weakest performers in health. The Government is reinforcing public health investments, reduction in gender discrimination, protection in human rights, and creation of culture of ethical practices.

According to WHO (World Health Organization) health services are the most visible functions of any health system, both to users and the general public. The Pan American Health organization and the World Health Organization (PAHO/WHO) define the Public Health Functions as the indispensable set of actions, as the primary responsibility of the state, which are fundamental for achieving the goal of public health, that is, to improve, promote, protect, and restore the health of the population through collective action. Wide range of issues related to human resources in health sector including the diversity of health personnel, shortages of health personnel especially in critical areas like specialists, disparity in medical colleges in the country, rural-urban divide, migration of health personnel, role of professional councils and training of health personnel amongst others. There is the need for more innovative ideas and greater opportunities for medical

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research and initiatives for producing greater number of critical health personnel including faculty for medical and health institutions, hospital administrators and public health specialists.

HR Strategies and Health Services: The health sector has over the past years made several attempts to transform its human resources management schemes in order to strengthen and empower workers with relevant skills to be able to provide quality health care to the people of Uttarakhand. The Human Resource policy direction in the last eleven years has focused on increasing services and retention of staff and equipping them with the relevant tools to provide health care to all people of Uttarakhand. The current reforms in the health sector demand additional policy interventions on Human Resource management for sustainable human resource development towards improved health care delivery in the state. The strategic framework for action provides an overview of critical human resources for health issues and challenges confronting health system performance in India. The overall structure under which the strategic objectives operate; actions to be undertaken to achieve the key outcomes of public health systems calls for an effective HR Interventions or redesigning of HR Strategies in different states of India in Improving service delivery as the Social Sector is one of the priority areas of the country. There is a chronic shortage of well trained health workforce in Uttarakhand. This shortage is due to a variety of reasons including: migration to well develop states, under production of health workforce, inability to pay higher salaries and benefits, inability to sustain other measures to retain health workers.

The overall goal of the human resource policy is to improve and sustain the health of the population of Uttarakhand by supporting appropriate human resource planning, management and training so that there is adequate production of appropriately trained staff and that the staffs are motivated and retained to perform effectively and efficiently. The conceptual framework on HRM policy (derived from Health sector policy), underlines the following HRM policy (Bamberger & Meshoulam, 2000) measures:

- ? Increase the production and recruitment of health workers focusing on the middle level.
- ? Retain, distribute equitably and increase productivity of health workers by Strengthening supervision, refining compensation and incentive schemes, enhancing legislation and regulation.
- ? Advocate and mobilize other professionals related to health care to contribute to the promotion and maintenance of health.
- ? Empower environmental health inspectors to enforce standards for environmental hygiene.

Statement of the problem

Health forms the backbone of the state. There are different factors affecting the quality of health services in the state of Uttarakhand. It has been seen from time to time that the employees are discontent on the matter of HR practices and therefore the need arises for identification of specific HR policies different from the traditional state which do not suit to the typical requirement of Uttarakhand. Therefore, this paper attempts:

- (i) To assess the role of HR Strategies in Health System and to study the impact of HR Intervention on the Quality of Public Health Services in India.
- (ii) To explore application of Force Field Analysis in managing the quality of public health services.
- (iii) To recommend strategies for improving the Quality of Public Health Services in India.

2. Literature Review

The following are some of the studies or agencies which emphasized on the role of HR Strategies on Health systems:

Hirak Dasgupta & Suresh Kumar (2009) revealed that the productivity of the medical staff is the most decisive factor as far as the success of the organization is concerned. The study showed that role overload is most significant source or factor causing role stress among the doctors working in the hospitals. The productivity in turn is dependent on the

psychosocial well being of the doctors. In the age of highly dynamic and competitive world, man is exposed to all kinds of stressors that can affect all realms of life. The growing importance of interventional strategies is felt more at the hospital Level.

United State Agency for International Development (2009) highlighted the importance of policy intervention in reviewing and redefining the roles of public medical health centers, role of medical officers (MOs), orienting and introducing performance reward/incentive systems to improve productivity. The study also focused on special Non-Practicing Allowance for Medical Officers.

State Planning Commission (Govt. of Uttarakhand) (2009) focused on quality of work life variables in order to overcome the shortage of medical professionals, along with the recruitment through the Public Service Commission; contract appointments are also being done. Also proposed Residential & hostel facilities for doctor's family at suitable places will be provided.

The District Health Action Plan (2007) based on the concept of NRHM was implemented in all the thirteen district of Uttarakhand. The District Health Action Plan integrates the various interrelated components of health to facilitate access to services and ensure quality of care. Apart from other objectives, the DHAP recalled once again on the factors of quality of work life and focused on special allowances and revolving type of transfer policy for motivating the staff to work in the remote areas. It emphasized on regular training to the health functionaries at district and block levels on the new programs launched by the state and central government.

Dr. Ashok Kumar (2006) targeted towards providing meaningful information to policymakers, health administrators, researchers, Students and others to contribute towards improvement of health services and equitable distribution of health resources in the country.

Govt. of Uttaranchal, 'Health System Reforms in Uttaranchal' (2003), a paper presented at the workshop on India's Health System: Role of Health

Sector, recommended measures to improve access to health services in remote areas. Given the difficulty in retaining services of various service providers in remote areas, due to lack of accommodation and low salary, there is a need to explore contractual appointments of medical staff.

3. Research Methodology

The study is conceptual in nature and is based on the primary and secondary data. The primary data include the rigorous interview in the form of discussion with the help of an open ended questionnaire with 60 professionals from PMHS (Provincial Medical Health Services), NGO's, Private Health Systems, medical professionals etc., Secondary data include Governmental as well as non-governmental publications, reports, newspapers and sites.

Area of the study: The study is confined to the areas in and around Dehradun, Haridwar and Tehri districts which gave the ample representation to the existing geographic and demographic diversity existing in the state of Uttarakhand. The study was also specific to the Allopathic medical services, as it forms the most common Medicare health services without any prejudice to the other system of medicines. Also the present study would cover the most significant factors of HR policies

Research tool: The responses of participants were analyzed by the application of Kurt Lewin's Force Field Analysis*, which is purely a qualitative technique. Therefore, the responses of participants (variables affecting the quality of health services - Workload, Hours of work, Monetary and Non-Monetary Benefits, Training and Development Program, Performance Evaluation Process, Promotional Pattern, Quality of work life and other factors) were categorized under two broad dimensions affecting the quality of health services: Driving Forces and Restraining Forces.

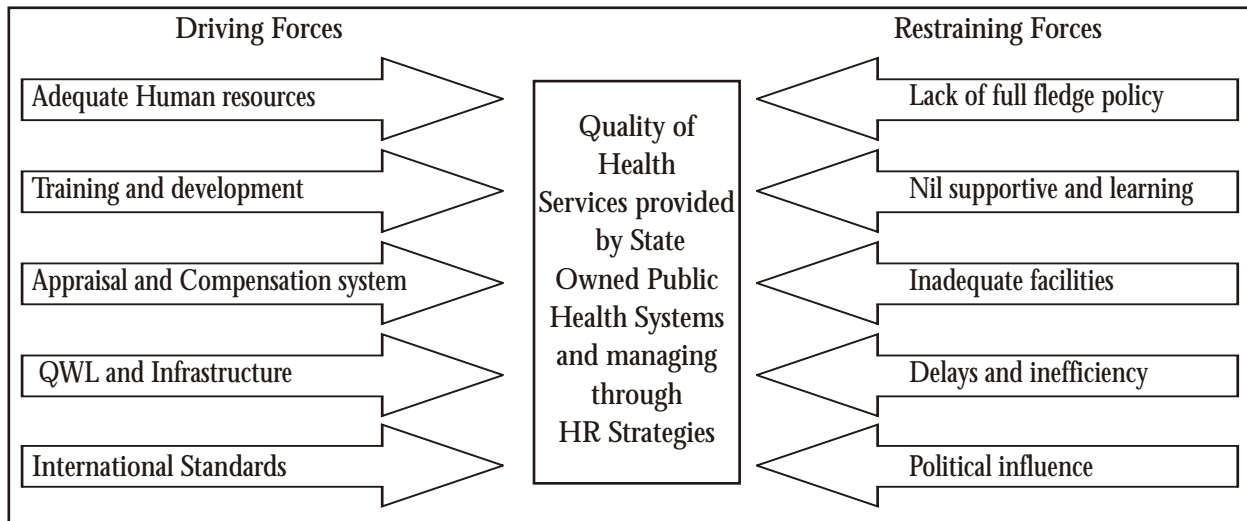
4. Data Analysis and Findings

Force Field Analysis is a simple but powerful technique for building an understanding of the forces that will drive and resist a proposed strategy. Chart 1 derived from the work of social psychologist Kurt

Lewin, helps to understand the variables/ forces involved in planning and implementing a program affecting the quality of health services provided by Public Health Systems and managing through HR Strategies. It depicts the driving as well as restraining forces affecting Quality of Health Services provided by Public Health Systems in Uttarakhand.

* Force field analysis is a management technique developed by Kurt Lewin, a pioneer in the field of social sciences, for diagnosing situations. It will be useful when looking at the variables involved in planning and implementing a change. Lewin assumes that in any situation there are both driving (helping forces) and restraining (hindering) forces that influence any change that may occur.

Chart 1: Force Field Analysis Depicting the Factors Impacting State Owned Public Health Services in Uttarakhand



From the interviews conducted, 80% of the respondents revealed that the following are the major driving and restraining forces which have an impact on the role and effectiveness of PHMS in Uttarakhand:

Driving Forces: Driving forces which represents positive forces and that could add value to the quality of services include investment in training and development, efficient appraisal and attractive compensation system, meeting quality of work life of employees, development of proper infrastructure facilities, and finally adhering to the International Health Standards such as WHO, UNESCO etc., apart from this the State governments need to maintain the standards through appropriate institutional mechanisms.

Restraining Forces: The Restraining forces that found to be grave to the provision of quality of public health services include lack of full fledge policies and procedures, nil supportive and learning environment,

inadequate facilities, delays and inefficiency, lots of administrative and paperwork and at the outstretch the influence of politics.

In order to make the health system effective the driving forces must overcome the restraining forces. Usually, the most effective way to do this is to diminish restraining forces. Therefore, the government initiative as well as the role of good Human Resource Strategies plays a vital role in identifying the role of Public Health Systems in Uttarakhand.

5. Conclusions and Suggestions

For developing sound health workforce and good HR practices in Uttarakhand, one of the key actions required is coordination between national and state councils and demarcation of roles and responsibilities of national and state branches of councils along with compulsory induction programme and creation of separate divisions for human resource development at district, state and national levels.

Some of the key points that the study reveals or suggests are:

- Need for policy on Human Resource Management and creation of separate cell/divisions for Human Resource Cell at central, state and district levels,
- Need for induction training to officers across all levels,
- Greater role of professional bodies and associations to adhere to standards and ethics,
- Adequate remuneration and good working conditions to be provided to prevent migration,
- Transparent and effective transfer policies,
- More health care providers to increase the number of qualified service providers entering the health workforce,
- Creating healthy, supportive, learning workplaces to enhance working and learning conditions to maintain an experienced, dedicated workforce with the skills to provide high quality, safe, timely care and
- More effective planning and forecasting to develop the capacity for more effective health human resources planning and forecasting to support an affordable, sustainable health care system.

While Uttarakhand is one of the fastest growing states in India today, it is also one of the weakest performers in health. The importance of reforming the health sector has never been as critical as it is today. Therefore, it is a high time for Government to review rather than reinvent, and focus on the innovative HR practices affecting the quality of Public Health Services in Uttarakhand. A roadmap for streamlining this sector of health workforce should focus on competencies and the need for national and state bodies' coordination.

Limitations

1. The study is specific to the Allopathic medical services.
2. It is confined to only three districts of Uttarakhand.

3. The tool that has been utilized in the study is qualitative.

Scope for future research

1. The study which is purely based on a qualitative technique can also be analyzed by applying a quantitative tool.
2. The present study can be further used in health research in improving the efficiency and effectiveness of Provincial Medical Health Services in India.

References:

- Agnihotri, V.K., Keynote address, International workshop on good governance, New Delhi, 2002.
- Bamberger, P. and Meshoulam, I., "Human Resource Strategy: Formulation, implementation and Impact", Sage publications, 2000.
- Basak, A., "In fracture Summit 2002", MEDC www.medcindia.org. (February 28, 2003), 2002.
- Dasgupta, Hirak., and Kumar, Suresh., "Role of system among doctors working in a government hospital in Shimla (India)", European Journal of Social Sciences, ol.9, No. 3, 2009.
- Dewan. M.L. and Bhadur, J., (Eds), "Vision and action programme", Concept Publishing Company, New Delhi, 2005.
- DHAP, National rural health mission report, 2007.
- Don de savigny Taqreed Adam, "Systems Thinking for Health Systems Strengthening", WHO, 2009.
- Forestry, In., Dewan, M.L., and Bahadur, J., (Eds.), "Uttaranchal: Vision and Action Programme", Concept Publishing Company, New Delhi.
- Government of India, Ministry of HRD, Annual Report, 2001-02.
- Kumar, Ashok., National Health Profile, Ministry of Health and Family Welfare, Health Information of India, 2006.
- Monthly Review of Uttaranchal Economy (Oct-Nov-Dec 2006). Centre for Monitoring Indian

Economy (CMIE), Dehradun branch office, Uttarakhand.

Peters, D.H., Yazbeck, A.S., Wagstaff, A., Ramana, G. N. V., Pritchett, L.H., Sharma, R.R., Sharma, "Better Health Systems for India's Poor".

USAID, World health report, 2009.

Varkevisser, C.M., and Pathmanathan, I., Designing and conducting health systems research projects", Trishul publication, Dehradun, vol. 2, 2003.

WHO, World Health Report, 2005.

Annexure I

Questionnaire for Health Care Providers

You have been randomly selected to be part of a survey on health and human resources, for which we would like to interview you. The interview will take approximately 15 minutes. I will ask you some questions about your work as a health care provider, including the practices and experiences at this and other facilities where you work. The information you provide will be used only to understand about the types of activities, payments and general working conditions of health workers.

The information you provide is totally confidential and will not be disclosed to anyone. It will be used only for research purposes. Your name, and the name and location of this facility, will be removed from the questionnaire, and only a code will be used to connect your answers with the facility without identifying you. Your participation is voluntary and you are free to refuse to answer any question in the questionnaire.

Are you willing to participate in this survey?

Agreed Refused

- a. Name of the Respondent:
- b. Hospital/Health centre/Dispensary :
- c. Name of district/town:
- d. Urban/rural:
- e. Occupation of respondent (tick please):

- a. Doctor
- b. Nurse
- c. Pharmacist
- d. Other health professional

- 1) How would you best describe your workload at your health center?
- 2) How many hours a day does you usually work?
- 3) How would you describe the method by which you are usually paid? Are you satisfied, If not Why?
- 4) Do you receive any additional monetary and non-monetary benefits? What are they?
- 5) Do you undergo any training and development program? If yes, what is the frequency?
- 6) Are you satisfied with the present training and development program?
- 7) How is your performance evaluated? What is the pattern on which it is evaluated?
- 8) Are you satisfied with the present performance Evaluation Process?
- 9) Are you satisfied with the promotional pattern followed by the health system?
- 10) Are you satisfied with the Quality of work life and other infrastructure facilities provided?
- 11) Is the Health system has the influence of any other factor? If yes what are they?
- 12) What according to you are the factors that have an influence on the efficiency and the performance at work?
- 13) Do you receive sufficient support from the health system? What are they?
- 14) Do the policies related to health system are revised from time to time? Are you satisfied with them?
- 15) Do you think the overall HR strategies towards the health are sufficient to meet the employee satisfaction?