A STUDY OF WORKING CONDITIONS IN THE HOSPITALS OF SATARA CITY

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Abstract *A hospital is a social institution which possesses adequate accommodation, well - qualified and experienced staff to provide complete health care viz., preventive, promotive, curative and rehabilitative character of the highest quality to all people, which conducts educational and training programmes for health workers/functionaries required for efficacious medical care and hospital services, which conducts research assisting the advancement of medical science and which conducts programmes in health education. Although hospital employees are important component of the health care service provision, their perspectives have received little attention compared to patients' perspectives. In order to have a successful service encounter that serves the patients well, we need a better understanding of the employees' perspectives. Because patients' satisfaction is to an extent depends upon the hospital management and the employees. A satisfied employee is expected to provide a better care to his patients than an unsatisfied employee. Therefore, in order to ascertain the perceptions and opinions of the employees in relation to various related issues, as well as to study the level working conditions the researchers have selected this study area.*

Keywords *Corporate social responsibility, Leadership, India, Culture and values.*

INTRODUCTION

1.0 Introduction and Review of Literature

Health care is a human resource industry and the hospital employees are the mainstay and defining input of health service production and delivery. Availability of adequate and properly qualified staff appropriate for various health care and related tasks is considered as an indicator of quality care. Hospital staff plays a major role in identifying and meeting patients' health care needs. When the employees' services and behaviour fail to meet the patients' expectations, patients will simply switch over to other hospital. Various factors affect the employees' ability to deliver quality health services such as - their own competence, the general working conditions, infrastructure available to them, workload, salaries and incentives, regulatory constraints (management and supervision), staff training and development, etc. Inadequacies in the health system frustrate employees' efforts to do a good job and reduce their motivation. Even the most sincere and capable employees can not do a good job if the systems they depend on are deficient.

In India, the history of hospitals can be traced back to the 6th century B.C., during the time of Buddha, there were a number of hospitals to look after the crippled and the poor. Emperor Ashoka (273-232 B.C.) who not only built the most outstanding of the early hospitals for human being, but also for animals with the motive and intention to spread Budhist ideology of sympathy for the sick , so that every creature in his kingdom should be healthful without 'soka' (i.e., without lamentation and depression). Charka and Sushrutha of ancient India were famous physicians. Medicines based on the Indian System (basically Ayurveda) were taught in the universities of Takshashilla and Nalanda, which probably contributed to the advances in Arabic medicine. The " Upakalpa -niyam Adhyayam" of charake suthresthanam gives specifications for hospital buildings, labour rooms and children wards. The qualifications for hospital attendants and nurses as well as specifications for hospital equipments, utensils, instruments and diets have also been given. There is evidence to show that there were many hospitals in South India in the olden days, as observed in the Chola and Makkapuram edicts.

According to historians, the study of the history of the medicine of ancient India was greatly handicapped for want of inscriptions, manuscripts or other records as are available for other ancient system of medicine. But we do find from the books written by Arabian and European travellers (about 600 A.D.) that the study of medicine in India was in its bloom. Every major city had a medical school. The decline of Indian medicine started with the Mohammedan invasion in the 10th Century A.D. which was a period of unrest. The zeal of the native 'Vaidyas' for the investigation of the Indian flora slackened for want of encouragement. The invaders brought with them their own physicians called "Hakims" who followed Greek system of medicine generally worded

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as "Unani." Under imperial patronage, the "Hakims" began to prosper at the expense of "Vaidyas". The maintenance of hospitals in India declined during this period considerably.

The use of the allopathic system of medicine commenced in the 16th century with the arrival of European missionaries in South India. It was during the British rule that there was once again progress in the building of hospitals. The first Europeans to set up a medical establishment in India were the Portuguese. In 1510, the Royal Portuguese Hospital was established in Goa. This was transferred to the Jesuits in 1591 and it became one of the best - run hospital in the world. Of course, its access was limited to European Christians only, though later Jesuits set up a separate unit to cater to Indian Christians. The East India Company established its first hospital at Madras in 1664 for its soldiers and another in 1684 for civilians. The earliest hospital in Calcutta was built in 1707-1708 and in Delhi in 1874.

In the 17th century, the European doctors employed by the East India Company played an important role in the introduction of modern medicine in India. Many doctors, after discharged from the services of the East India Company, settled down in India as private practitioners. Quite a few also got employment in the courts of princely states. When European doctors felt the need for assistants, they trained some local inhabitants as compounders and dressers. After some training and experience they were termed 'native doctors.'

As the needs of the British population, especially the armed forces, increased due to larger territories coming under their administration and an increased number of English troops, a more organized medical establishment was necessitated. During the 17th and 18th centuries, there was a slow but steady progress in the growth of the modern system of medical practice in India and the indigenous system was pushed to the background. In the 19th century, modern medicine took firm root. Medical care based on this system spread all over India, mainly through the efforts of the missionaries.

Organized medical training was started in the 19th century and precisely in 1822, the East India Company established a medical school at Calcutta and was converted in to a medical college in 1835. Later on, when the universities were started, some of the medical schools were taken over and converted into medical colleges. In the beginning, both the modern system and the Ayurvedic system were taught.

By the end of 19th century, the attitude of community towards hospital system also began to change. They started realizing that hospitals are not meant for the terminal stages of disease and life and hence, the dumping places for the patients of chronically ill. As a result of this, people started giving importance to the hospitals and the volume of work increased. Many hospital and dispensaries, originally started to treat army personnel, were handed over to the civil authorities for treating the civilian population. Local governments were encouraged to start hospitals at the taluka and district level and gradually they were taken over by the states or provincial governments and run as taluka and district hospitals. Some hospitals at the provincial headquarters were converted into teaching hospitals and attached to medical colleges.

On achieving Independence, India embarked upon planned effort for raising the standard of living of the masses. Health planning in Independent India was made an integral part of the overall planning for socio - economic development. A major landmark in the development of health services in India was the establishment of the first Primary Health Center (PHC) in October 1952.

Objectives

The following are the main objectives of the study.

1. To know the relationship between the staff, patients and management of the hospital in public and private hospitals in Satara city.
2. To understand the infrastructural facilities and working conditions in public and private hospitals in Satara city.
3. To study the policies of the hospital towards personal benefits of the staff.
4. To analyse and interpret the collected data for suitable conclusions.

Hypotheses

1. The infrastructure and working conditions are satisfactory in hospitals.
2. Policies of hospitals are good for the personal benefits of the staff.

1.3 Scope of the study

In Satara city there are only two public hospitals - one civil hospital and the other is a teaching hospital. These are included in the sample. However, as the number of public hospitals being only two and as these are big hospitals, there are tremendous differences between their structures, facilities and personnel employed, etc. Hence, no separate analysis of these public hospitals could be done. As the private hospitals form the bulk of hospital sector in the city, the study's primary objective is to throw light on this largest segment within the hospital market.

1.4 Sample Design

The empirical data necessary for fulfilling the set out objectives was collected from three different sets of respondents:

Satara City had 148 general and specialty in-patient hospitals in total. Out of this contingent, 61 hospitals–59 private and 2 public–were selected and approached for detailed investigation on the basis of 5-plus bed capacity criterion. As expected, not all private hospitals responded positively. 7 private hospitals refused to participate in the study. Therefore, the data was collected from those who agreed to co-operate. The study was thus left with a total of 52 private hospitals and 2 public hospitals, totaling to 54 hospitals in all (36% of the total in - patient hospitals in the city). The response rate was 88% for private hospitals and 100% for public hospitals. However, it was ensured that, at least one hospital of each specialty was retained in the selected sample. Doctor - owners/managers of these selected hospitals were administered a comprehensive interview schedule to assess the quality management aspects of hospital services, their organizational features, the range of services offered and pricing of services, personnel employed, etc.

For assessing the provider satisfaction, the staff selected for the interviews was employees who have put in at least one year service in the present hospital, by focusing on the various dimensions of job satisfaction. The providers interviewed for the study were administrative officials, duty - doctors, nurses, technicians, pharmacists, receptionists, clerks and class - IV employees of the hospitals.

The sampled 54 hospitals had collective staff strength of 1095 employees. Out of this, 165 staff members (15% of the total) were selected by stratified random sampling technique. They included administrative officials, duty - doctors, nursing staff, technicians and hospital services personnel. They were administered a comprehensive pre - tested interview schedule to gauge their opinions about the personnel polices adopted by the employing hospitals and the existing constraints within which they had to work, to assess their approach and involvement towards rendering qualitative medical services and patient satisfaction and to assess the level of job satisfaction among the hospital staff.

1.5 Data Analysis & Interpretations

In order to ascertain the perceptions of the providers and their satisfaction, information was collected from a wide variety of hospital staff.

Source: Field survey

In all 165 providers were interviewed for the study (Table-1) consisting of 33% employees from public sector and the rest 67% from the private sector. The information was collected from 18 assistant. doctors/housemen, 4 pharmacists, 18 technicians, 69 nurses / brothers, 11 office staff and 45 class - IV employees of the hospitals. The following table no.1.5.1 gives the break - up of providers interviewed for the study -

Table 1.5.1 Number and type of providers interviewed for the study

Type of Provider	Number	Per cent
Sector :		
Public	55	33.3
Private	110	66.7
Total	165	100
Designation :		
Manager	2	1.2
Medical social worker	1	0.6
Asst. doctor	6	3.6
Houseman	12	7.3
Pharmacist	4	2.4
Lab. technician	10	6.1
X-ray technician	8	4.8
Receptionist	5	3.0
Clerk	3	1.8
Nurse	58	35.2
Brother	11	6.7
Ayah	26	15.8
Ward boy	14	8.5
Watchman	2	1.2
Ambulance driver	3	1.8
Total	165	100

Table 1.5.2 Distribution of providers by background characteristics

Background Characteristics	Number	Per cent
Gender composition		
Male	59	35.8
Female	106	64.5
Total	165	100
Age:		
18-20 years	15	9.1
20-30 years	63	38.2
30-40 years	41	24.8
40-50 years	26	15.8
50-60 years	20	12.1
Total	165	100
Religion		
Hindu	139	84.2
Buddhist	13	7.9
Muslim	10	6.1
Christian	3	1.8

Background Characteristics	Number	Per cent
Jain	-	-
Sikh	-	-
Total	165	100
Caste :		
S.C. (including Nav Budhas)	40	24.3
S.T.	7	4.2
N.T.	2	1.2
O.B.C.	21	12.7
Others	95	57.6
Total	165	100
Marital status :		
Unmarried	43	26.1
Married	107	64.8
Widow	12	7.3
Divorcee	3	1.8
Total	165	100
Education :		
Up to S.S.C.	74	44.9
H.S.C.	31	18.8
Graduation	23	13.9
Post - graduation	5	3.0
Technical diploma	14	8.5
Professional degree	18	10.9
Total	165	100
Distance of residence from hospital:		
Up to 2 kms	69	41.8
2 to 4 kms	51	30.9
4 to 6 kms	16	9.7
6 to 8 kms	7	4.2
8 to 10 kms	10	6.1
10 to 40 kms	12	7.3
Total	165	100
Mode of conveyance :		
Walking	89	53.9
City bus	26	15.8
Moped	20	12.1
Motorcycle	15	9.1
Bus (state - transport)	12	7.3
Bicycle	3	1.8
Total	165	100

Source: Field Survey

Table 1.5.2 shows the background characteristics of the sampled 165 hospital staff - respondents. It mainly focuses on gender, age, religion and caste, marital status, education, residence and mode of conveyance of the hospital staff. Gender composition of the sample brought out that the sample had 36% male and 64% female staff.

The age group - wise distribution of the staff showed that the maximum number of staff (47%) falls in the age category of 18-30 years. Staff in the age group 30-40 years comprised 25% of the sample. The next age group of 40-50 years comprised 16% of the staff, while 12% of the staff came from the last age group of 50-60 years. The average age of the staff was 32.9 years. It was revealed that, staff in private hospitals was relatively younger while most of the staff in public hospitals was senior.

A majority of the staff was Hindus (84%) followed by Buddhists (8%), Muslim (6%) and Christian (2%).The data showed that a majority (58%) of the staff belonged to other category (upper castes including Brahmins, Marathas) followed by Scheduled Castes (24%), O.B.C. (13%), Scheduled Tribes (4%) and lastly N.T. (1%).

It was seen that 26% staff was unmarried; while majority of the staff (65%) was married. Another 7% of the staff was widowed and the rest 2% staff was divorced.

The level of educational attainment was relatively low as the largest proportion (45%) of the staff was educated up to S.S.C. 19% of them had passed the H.S.C. examination and 14% of them had completed graduation. Barely 3% of them had post - graduate qualification. 8% staff holds technical diplomas while the rest 11% held professional qualification.

Data on the distance showed that the staff had to travel every day to and from the hospital shows that, as much as 42% of the staff had their residence within 2 kms from the hospital and another 31% of them reside at a distance of 2 to 3 kms from the hospital. Among the rest, 10% had to travel between 4 to 6 kms, 4% had to travel between 6 to 8 kms, 6% had to travel between 8 to 10 kms and 7% had to travel more than 10 kms everyday for coming to the hospital. This reflects that majority of the hospital staff respondents were local residents within easily traversable distance from the hospital in which they work.

Mode of transport used for coming to work by staff shows that 26% of them traverse the distance between their residence and the workplace by walking; while 16% of their counterparts use city - bus. About 12% of them use a moped and 9% of them use motorcycle. Another 7% of the staff uses state - transport bus; while only 2% of them use bicycle.

1.5.3 Work Experience of hospital staff from public sector and private sector:

The observations related to the work experiences in the hospitals of public sector and private sector in Satara city.

Table no.1.5.3 depicts information about total work experience and years of service in the present hospital of public hospital staff. The average total experience of public hospital staff was 20.52 years and the average years of service in the present hospital by public hospital staff was 14.95 years, indicating a difference of about 5.6 years.

Table 1.5.3 Total Work Experience of hospital staff from public sector

Years	1-3	3-6	6-9	9-12	12-15	15-20	20-35
1-3	-	-	-	-	1	1	2
3-6	-	-	-	1	1	1	2
6-9	-	-	3	1	-	1	2
9-12	-	-	-	4	3	-	-
12-15	-	-	-	-	3	2	3
15-20	-	-	-	-	-	6	4
20-35	-	-	-	-	-	-	14

Experience in present hospital

Table 3.1 Analysis of total work experience of hospital staff from public sector

Average total experience	=	20.52 years
Average present experience	=	14.95 years
S.D. of total experience	=	7.2873
S.D. of present experience	=	8.2373
C.V. of total experience	=	35.52%
C.V. of present experience	=	55.52%

Source: Field Survey

Correlation coefficient between total and present experience is r= 0.5329 and r2 = 0.2841.

The table no.1.5.3 reflects the correlation coefficient between total and present experience indicates that for about 28% of the public hospital staff, the total and present experience is the same, meaning thereby, they have put in their entire service in the present hospital only. They were not transferred to any other hospital. The remaining 72% of the public hospital staff have worked, on an average, for 5.6 years in another public hospital. The C.V. of experience for public hospital shows that the variation in experience is comparatively less than the private hospitals which range between 6 to 35 years.

Table 1.5.4 Total Work Experience of hospital staff from private sector

Years	1-3	3-6	6-9	9-12	12-5	15-20	20-35
1-3	36	13	4	3	2	1	-
3-6	-	14	3	3	2	1	-
6-9	-	-	7	1	2	-	1
9-12	-	-	-	5	1	1	-
12-15	-	-	-	-	2	-	2
15-20	-	-	-	-	-	3	-
20-35	-	-	-	-	-	-	3

Experience in present hospital
Source: Field Survey

Table – 1.5.4. reveals the information about total work experience and years of service in the present hospital of private hospital staff. The average total experience of private hospital staff was 7.25 years and the average years of service in the present hospital was 4.88 years, indicating a difference of about 2 years. Thus, it appeared that private hospitals do not retain the same employees for longer period the reasons of which were not known.

Table 1.5.4 Analysis of total work experience of hospital staff from public sector

Average total experience	=	7.25 years
Average present experience	=	4.88 years
S.D. of total experience	=	6.7605
S.D. of present experience	=	5.4639
C.V. of total experience	=	93.19%
C.V. of present experience	=	111.92%

Correlation coefficient between total and present experience is r = 0.7903 and r2 = 0.6245

The table no.1.5.4 analyses the correlation coefficient between total and present experience indicates that, for about 62% of the private hospital staff, the total and present experience is the same, meaning thereby, they have put in their entire service in the present hospital only. Thus, for an overwhelming majority of the private hospital staff, there was no job change over. It appears that, given their low educational qualification or absence of essential qualification and the pressure of their circumstances, they are forced to hold on to their employment. The remaining only 38% of the staff have changed their work place and have worked, on an average, for 2 years in another hospital. The C.V. of experience for private hospitals shows that the variation in experience is very wide ranging from 1 year to 35 years.

1.5.5 WORKING CONDITIONS

The researcher has analysed the various working conditions in public and private sector hospitals in Satara city in respect of daily working hours, wages & salary, leave facilities and grievances.

Table 5 Daily working hours of hospital staff

Dimensions	Number	Percent
8 hours	18	10.9
9 hours	25	15.2
10 hours	64	38.8
11 hours	21	12.7
12 hours	37	22.4

Table – 1.5.5 brings out the information about the daily working hours of hospital staff. It was found that, on an average the hospital staff work for 10.20 hours a day. It is seen that, 11% of respondents work for 8 hours daily; while 15% for 9 hours. Another 39% of the respondents put in 10 hours daily and 13% of them work for 11 hours daily. The rest, 22% work for 12 hours every day. What then becomes evident is that, the existing staff is over worked in terms of long hours of work.

Salary drawn by public sector and private sector hospital staff is presented in Table -1.5.6 It is evident from this table that, for all of the categories of staff, the average salary drawn by private hospital employees was much lower than that of the public hospital employees in the same category. On the whole, the situation that is reflected from the table is far from satisfactory. This apparently is an exploitation of staff by high income private doctor - owners.

Table 1.5.7 Mean wages drawn by hospital staff

Type of Provider	Public	Private
Astt. doctor /houseman	25000.5	2177.44
Pharmacist	9000.50	4667.17
Lab technician	13500.00	2708.83
X-ray technician	6667.17	2350.50
Receptionist/clerk	10333.67	1590.40
Nurse	10750.38	1979.17
Ayah/ward boy	5786.22	1229.23
Ambulance driver	4500.50	2125.50
Mean wages (Rs.)	**10692.37**	**2353.53**

The ratio of mean wages for two sectors is 10962.37 / 2353.53 = 4.56 Therefore, for all categories of staff, average salary drawn by private hospital staff is about 4.56 times lower than that of public hospital staff in the same category.

Graph – 1.5.7 : Mean wages drawn by hospital staff

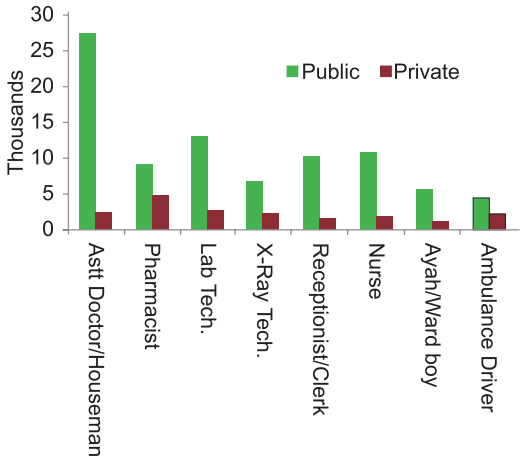

Table 1.5.8. Leave facilities and retirement benefits available to hospital staff

Dimensions	Number	Percent
Get weekly off :		
Yes	88	53.3
No	77	46.7
Total	165	100
Get weekly off :		
Yes	88	53.3
No	77	46.7
Total	165	100
Get the following types of leaves:		
Casual leave	55	33.3
Sick leave	55	33.3
Maternity leave	25	25.5
Paid leave	55	33.3
Satisfied with the leaves available:		
Yes	55	33.3
No	110	66.7
Total	165	100
Retirement benefits available:		
Provident fund	55	33.3
Gratuity	55	33.3
Family pension	55	33.3

Table – 1.5.8 summarizes the leave facilities and retirement benefits available to hospital staff. Out of the total, 53% respondents reported that they get weekly off. However, 47% of them negated the aforementioned characteristic. This reflects that, the staff is over worked in terms of long working hours often without even a weekly off. Casual leave, sick leave and paid leave facilities were available to only 33% respondents employed in public hospitals. Maternity leave facility was available to 25% female staff, all of whom were working in public hospitals. None of these leave facilities were available to the staff working in private sector and hence all of them (67%) were unsatisfied with the leave facilities available to them. Only the 33% staff respondents working in public hospitals were satisfied with the leave facilities available to them.

It is also seen that, the retirement benefits like provident fund, gratuity and family pension are provided only to 33% employees working in public hospitals. None of the private hospitals in the sample provide any of these retirement benefits to their staff. The situation that is reflected from the above table is, to say the least, very shocking and revealing and points to the exploitative attitude of the employers.

Table 1.5.6 SALARY DRAWN BY HOSPITAL STAFF :

Type of Provider	Asst. Doctor /Houseman (18)		Pharmacist (4)		Lab Technician (10)		X-ray Technician (8)		Nurse / Brother (69)		Ayah / Ward Boy (40)		Watchman (2)		Ambulance Driver (3		Receptionist / Clerk (8)		Medical Social Worker (1)		Manager (2)	
Sector	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
Numbers	06	12	01	03	04	06	03	05	22	47	14	26		02	01	02	03	05	01			02
400-1000										5		16						1				
1001-1500		3				1				6		3		2				1				
1501-2000		4				2		1		16												
2001-3000		1								17												
1001-1500										2												
1501-2000																						
2001-3000																						
3001-4000		2		2		2		4		16		1				1		2				
4001-5000		1								17	1					1		1				2
5001-6000										2	10				1							
6001-7000										1	1						1					
7001-8000		1				1					2											
8001-10000			1	1			1		9													
10001-12000							2		7								1		1			
12001-15000					4				6								1					
15001-35000	6																					
Average salary Rs.	25000	2177	9000	4667	13500	2709	6667	2350	10750	1979	5786	1229		1700	4500	2125	10334	1590	12000			2300
Average Experience (Yrs.)	21	5	10	4	21	8	24	6	23	7	7	6		3	5	10	28	5	20			2

Table 1.5.9 Grievance handling procedure in hospitals

Dimensions	Number	Per cent
The way you air your grievances :		
Directly	110	66.7
Through head of department	48	29.1
Through trade union	7	4.2
Total	165	100

Table -1.5.9 throws light on the grievance handling procedure adopted by the sampled hospitals. 67% staff reported that they directly approach the highest authority for seeking redressal of their grievances. 29% of the staff reported that they route their grievances through the head of department and the remaining 4% of them reported that they air their grievances through trade union. It is evident from the table that, there is no well-defined grievance handling procedure in the sampled hospitals.

Table –1.5.9 Causes of grievances

Dimensions	Number	Per cent
Normally grievances are related to :		
Inadequate salary	129	78.2
Heavy workload	123	74.5
Leave facilities	110	66.7
Facilities provided	92	55.8
Weekly off adjustments	77	46.7
Working conditions	61	37.0
Treatment accorded	44	26.7
Equipments	36	21.8
Discipline	23	13.9
Promotions	18	10.9
Transfer	10	6.1
No grievances	29	17.6

Note : Responses are multiple.

Let P be the proportion of grievances of hospital staff.

From the sample, the sample proportion p = 752 / 1980 = 0.387

Let the hypothesis be, Ho: P = P0 = 0.25.

Where, P0 be the normal proportion of grievances of hospital staff is about 0.25 (assumed).

H1: P > P0, Under H0, Z0 = (p-P0)/√ (P0 (1-P0)/ n) = 14.08

At α = 5% level of significance, the critical value Zα = 1.64

As Z0 > Zα , therefore, Ho is rejected.

Hence, the proportion of grievances of hospital staff is more than expected level (i.e., 25%).

Surprisingly, a few respondents do not harbour any grievance at all. It must be noted that hospital being a highly human - interactive industry, long - time seething of unredressed grievances will eventually lead to strained inter - personal relations and poor quality of patient care. Though, such grievances are part of working environment; nonetheless, these require immediate redressal lest they act as demotivators.

1.5.10 Reactions to Work Environment

Let μ be the average score of opinion of the staff about the clinical infrastructure available in the hospitals.

From the sample,

The sample mean $\bar{X}$ =4.342 and the sample standard deviation s = $\sqrt{3.02}$

Let the hypothesis be, Ho: $\mu = \mu_0 = 6$.

Where , μ_0 be the average satifactory score of satistaction regarding working conditions.

H1 : $\mu < \mu_0$, Under Ho, $Zo = (\bar{X} - \mu_0) / \left(\frac{s}{\sqrt{n}}\right) = -12.37$

At α=5% level of significance, the critical value Zα= - 1.64

As Z0 < Zα , therefore, Ho is rejected.

Hence, on an average the availability of clinical infrastructure is unsatisfactory.

Table 1.5.10 Assessment of the facilities available in their hospital by staff

Sr. No.	Facilities Provided	Always	Mostly	Sometimes	Rarely	Never	Total
1	Hospital has adequate number of staff.	15 (9.1)	25 (15.2)	40 (24.2)	51 (30.9)	34 (20.6)	165 (100)
2	You have adequate supply of medicines	13 (7.9)	19 (11.5)	58 (35.1)	44 (26.7)	31 (18.8)	165 (100)
3	You get adequate and uninterrupted supply of materials, consumables, etc.	6 (9.7)	28 (17.0)	63 (38.2)	37 (22.4)	21 (12.7)	165 (100)
4	You have adequate equipments	32 (19.4)	48 (29.1)	60 (36.4)	18 (10.9)	7 (4.2)	165 (100)

Table 1.5.11 Staffs' satisfaction regarding working conditions in their hospital

Sr. No.	Dimensions	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Very Dissatisfied	Extremely Dissatisfied	Total
1	Satisfaction with the change room facilities provided	8 (4.8)	14 (8.5)	27 (16.4)	39 (23.6)	77 (46.7)	165 (100)
2	Satisfaction with the working conditions	12 (7.3)	21 (12.7)	33 (20.0)	43 (26.1)	56 (33.9)	165 (100)

1.5.11 Working Conditions

Let μ be the average score of satisfaction regarding working conditions.

From the sample,

The sample mean $\overline{X}$=4.342 and the sample standard deviation s = $\sqrt{3.02}$

Let the hypothesis be, Ho:$\mu = \mu_0 = 6$.

Where , μ_0 be the average satifactory score of satistaction regarding working conditions.

H1 : $\mu < \mu_0$, Under Ho,Zo = $(\overline{X} - \mu_0) / \left(\frac{s}{\sqrt{n}}\right) = -12.37$

At α = 5% level of significance, the critical value Zα = - 1.64

As Z0 < Zα , therefore, Ho is rejected.

Hence, the satisfaction regarding working conditions is below average level.

1.5.12 Personal Benefits af Staff

Let μ be the average score of opinion about personal benefits.

From the sample,

The sample mean $\overline{X}$=14.302 and the sample standard deviation s = $\sqrt{10.431}$

Let the hypothesis be, Ho:$\mu = \mu_0 = 18$.

Where , μ_0 be the average satifactory score of availability of personal benefits.

H1 : $\mu < \mu_0$, Under Ho,Zo = $(\overline{X} - \mu_0) / \left(\frac{s}{\sqrt{n}}\right) = -14.71$

At α=5% level of significance, the critical value Zα= - 1.64

As Z0 < Zα , therefore, Ho is rejected.

Hence, on an average the availability of personal benefits is very unsatisfactory.

1.5.13 Policies and Environment of Hospital

Let μ be the average score for staff's opinion regarding the policies of the hospital.

From the sample,

The sample mean $\overline{X}$=17.38 and the sample standard deviation s = $\sqrt{9.312}$

Let the hypothesis be, Ho:$\mu = \mu_0 = 18$.

Table 1.5.12 Opinion of staff about personal losses and gains

Sr. No	Dimensions	Always	Mostly	Sometimes	Rarely	Never	Total
1	Adequate leave facilities are available	25 (15.1)	14 (8.5)		16 (9.7)	110 (66.7)	165 (100)
2	Adequate pay package offered	12 (7.3	17 (10.3)	26 (15.8)	41 (24.8)	69 (41.8)	165 (100)
3	Get extra remuneration for overtime work					165 (100)	165 (100)
4	Adequate employment benefits are provided	36 (21.8)	19 (11.5)			110 (66.7)	165 (100)
5	Adequate fringe benefits are provided				45 (27.3)	120 (72.7)	165 (100)
6	Easy access to health services for the family	62 (37.6)	39 (23.6)	27 (16.4)	22 (13.3)	15 (9.1)	165 (100)
7	Get sufficient time for family and personal work	23 (13.9)	30 (18.2)	58 (35.2)	34 (20.6)	20 (12.1)	165 (100)

Table 1.5.13 Staffs' opinion regarding the policies of the hospital

Sr. No.	Dimensions	Always	Mostly	Sometimes	Rarely	Never	Total
1	Polices of the hospital applicable to you are fair	13 (7.9)	22 (13.3)	74 (44.8)	38 (23.0)	18 (10.9)	165 (100)
2	Enough explanation of changes in rules is given	17 (10.3)	31 (18.8)	54 (32.7)	43 (26.1)	20 (12.1)	165 (100)
3	Not concerned about being laid off	55 (33.3)	5 (3.0)	14 (8.5)	24 (14.6)	67 (40.6)	165 (100)
4	Your hospital is a good place to work	19 (11.5)	27 (16.4)	62 (37.6)	49 (29.7)	8 (4.8)	165 (100)
5	Your hospital is well run	23 (13.9)	33 (20.0)	52 (31.5)	46 (27.9)	11 (6.7)	165 (100)
6		16 (9.7)	30 (18.2)	58 (35.1)	36 (21.8)	25 (15.2)	165 (100)

Where , μ_0 be the average score of favourable opinion regarding the policies of the hospital.

H1 : $\mu < \mu_0$, Under Ho,Zo = $(\overline{X} - \mu_0) / \left(\frac{s}{\sqrt{n}}\right) = -2.62$

At $\alpha = 5\%$ level of significance, the critical value $Z\alpha = -1.64$

As $Z0 < Z\alpha$, therefore, Ho is rejected.

Hence, on an average staff's opinion regarding the policies of the hospital is unsatisfactory.

1.6 CONCLUSIONS

1.6.1 Work experience

A. The average total experience of public hospital staff is 20.52 years and the average years of service in the present hospital is 14.95 years. The average total experience of private hospital staff is 7.25 years and the average years of service in the present hospital is 4.88 years.

B. About 28% of the public hospital staff has put in their entire service in the present hospital only.

The variation in experience of public hospital staff is low. About 62% of the private hospital staff has put in their entire service in the present hospital only. The variation in experience of private hospital staff is very wide.

1.6.2 Working hours

It is seen that, on an average the hospital staff work for 10.20 hours a day. What then becomes evident is that, the existing staff is over worked in terms of long hours of work often without a weekly off.

1.6.3 Salary

It is revealed that, the average salary drawn by private hospital employees is 4.56 times lower than that of public hospital employees. This apparently is an exploitation of staff by high income private doctor - owners.

It is found that, employees working in private hospitals are paid a consolidated salary every month without any yearly increment and allowances. Hence, the private hospital employees are receiving the same salary for years. Overall, poor and inadequate salary related facilities are provided to private hospital staff.

Leave Facilities

None of the leave facilities like casual leave, sick leave, maternity leave and paid leave are available to any of the private hospital staff. Also, the private hospitals do not provide post retirement benefits like provident fund, gratuity and pension to their employees. This points to the exploitative attitude of the private employers.

Being informal sector organizations, private hospitals do not observe definite work rules. Hence, the situation that is reflected is extremely disappointing.

1.6.5 Grievances

It is found that, the grievances are mostly taken directly to the hospital head instead of being routed through proper channel, probably because of undefined organization structure. It is revealed that, a huge chunk of hospital staff harbour grievances over various issues. Majority of the grievances

result from inadequate salary, heavy workload, absence of leave facilities and inadequate service related facilities.

1.6.6 Work Environment

It is found that, there is severe shortage of staff, medicines, materials and equipments. As these bare necessities are not supplied regularly, the staff has to face the critical situation and even has to take the blame for all shortages. It means that, the staff is working under the system with lot of inadequacies. It is also found that, the provided facilities (staff and physical inputs) are unsatisfactory in most of the hospitals.

It is found that, most of the hospital staff is not satisfied with the working conditions in their hospitals. The abysmal working conditions, under which the hospital staff works, in fact, reduce their efficiency, which is bound to have an adverse impact on patient care, since the working conditions at work place plays a significant role in motivating the employees.

1.6.7 Personal benefits of staff

It is revealed that, the availability of personal benefits is very unsatisfactory. For private hospital staff no leave facilities are available, no adequate pay package offered, no extra remuneration for overtime work, no employment benefits are provided and they do not get sufficient time for family and hence, the dissatisfaction is observed to be the highest. However, public hospital staff is relatively better satisfied with the personal benefits as compared to private hospital staff.

1.6.8 Work Relationship

Recognition and appreciation from the superiors for the good work done is important as it increases the morale of the junior staff to perform better. It is observed that, the work relationship between superiors and junior staff is very good. The superiors appreciate the good work done by the juniors and most of them are happy with the positive attitude of superiors.

Many times a patient is looked after by many persons in a hospital. Hence, co - ordination in patient care activities and team work is always necessary. It is found that, the team work and interpersonal relationship among the staff is very good. There exist a better work culture and harmonious relations among the staff.

It is revealed that, the provider - patient relationship is by and large good. The staff feels that the patients have respect and trust for them. Nonetheless, a few of them had experienced a strong reaction from patients occasionally and feel that the fighting attitude of the patients is increasing these days. On one hand, though this attitude of the patients indicates the demand for better health services, on the other hand, it indicates the deteriorating provider - patient relationship.

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