



Module 4: Chapter 1

AN INTRODUCTION TO HUMAN RESOURCES IN HEALTH



**Indian Association of Preventive and Social Medicine
Gujarat Chapter**

AN INTRODUCTION TO HUMAN RESOURCES IN HEALTH

Learning Objectives: This chapter will help the students to

1. Understand the significance of human resource
2. Need for planning of human resource
3. Issues involved with human resource
4. Steps involved in planning of human resource

INTRODUCTION

From the top to the bottom, from the centre to the periphery and in-between, it is the men that make the machinery of administration work. Therefore, the first and foremost task is to pay attention to the administration of personnel, if we expect the effective performance of such organizations.

Among the three components required for development tasks-men, money and material (M3),-it is more the men (or the human element) than any other factor which determines the quantity and quality of the performance and output. After all, even the contribution of money and material to performance depends substantially upon their manipulation by the men in an organization.

Walter R. Sharp has aptly remarked: "Good administration is a composite of effective organization, adequate material facilities and qualified personnel-Even poorly devised machinery may be made to work if it is manned with well trained, intelligent, imaginative and devoted staff. On the other hand, the best planned organization may produce unsatisfactory results if it is operated by mediocre or disgruntled people."

There is a general tendency in the organizations to lay emphasis on materials and financial management to the utter neglect of the personnel. What are the consequences? It is observed that the process of development takes longer, sometimes even fails. Why? The main reason for this is that we are not attending to the administration of personnel earnestly and forget that they are real agents of development and ultimately the beneficiaries of the process of development. Persons, properly selected and given the job of their choice, produce excellent results otherwise they are a liability on the organization.

Health personnel administration implies proper planning for work, selection placement and training of employees so selected, and distribution and assignment of work among them. It includes the supervision, conduct and discipline, motivation, communication and welfare, grievance settlement, terms of employment, etc. It also deals with all other auxiliary functions starting from recruitment and ending with all retirement. Personnel administration functions are comprehensive and cover the entire work career of the employees vis-a-vis the organization. This function is universal and is useful for all organizations whether government, industry, hospital or universities.

Manpower planning is the keystone in the arch of personnel management.

A developing economy needs high-level technical manpower as urgently as it needs capital. A crucial factor in improving the coverage and quality of health services is the availability of adequate number of health personnel with task-oriented training.

The outcome and impact of any health programme depends on the competencies and skill of the personnel who implement it. Both in the State and in the Central sector, over 75% of the funds provided are spent to meet the salary of the employees. Personnel costs form a major portion of investment in health service delivery in voluntary and private sector. Unlike health service planning, health manpower planning in India has not received adequate attention. There has been very little attempt to assess the requirement in manpower and to match health manpower production with requirement while the production of physicians and specialists has been more than the estimated requirement. Dental and Para-professional manpower production has lagged behind the present projected needs. The curricula have not kept pace with the changing health care requirements of the population. Continuous updating of skills & knowledge has not been made an essential mandatory requisite for all practicing health care professionals.

What is the need for planning human resource?

- a) Each organisation needs personnel with necessary qualifications, skills, knowledge, experience and aptitude.
- b) Need for replacement of personnel (Old, retired, disabled).
- c) Meet manpower shortage due to turn over.
- d) Meet needs of expansion / downsizing.
- e) Cater to future personnel need (avoid surplus / deficiencies).
- f) Nature of present workforce in relation with changing environment.

Current scenario:

- a) The HR is not planned along with rapid developments in infrastructure.
- b) Many institutions (ANM / MPW training schools) have been dismantled in the last decade
- c) SIHFWs and RHFWTs are poorly functional while district training centers have fallen into disuse
- d) There is very uneven growth of professional education
- e) Most of the positions of ANMs & MPWs are vacant

Health Manpower Planning

It is the Process by which health organisation ensure that

- It has right number and kind of people at the right place and at right time,
- Capable of effectively and efficiently completing these tasks
- That helps the organisation achieve its overall objectives.

The Four main categories of human resource in health are:

- Medical doctors and specialists including public health specialists and health administrators
- Nurses, ANMs and allied workers – includes MPWs
- Lab techs, pharmacists, and technical support staff
- Public health support staff.

The key issues in HRH

1. There are insufficient training institutions in most states.
2. 70% seats concentrated in six states – 30% of seats in rest.
3. There is in specialists an estimated 10% migration and a large and increasing private sector preference.
4. Available pool does not necessarily translate into public sector recruitment- more so if the expansion is in the private sector.
5. There is a reluctance to join if the posting is in remote areas.
6. The ratio of women doctors joining is even less than of men.
7. Transfers, postings, promotions, disciplinary actions, pensions: ...are they timely, transparent, fair and non discriminatory?
8. Issue of incentives...Do those who work more or in more difficult circumstances get rewarded more... or do they actually feel penalized and discriminated against!!
9. Inadequacy of compensation package.... Both financial and non financial..
10. Lack of a career path...
11. Availability of positive role models and team leadership, Accountability.. ...???

SITUATION

- A. Lack of policy directives.
- B. Multiple planners with no linkages.
- C. Health Manpower Shortage.
- D. Improper Distribution.
- E. Improper Job responsibilities.
- F. Lack of career advancement program.
- G. Public Private Partnership???
- H. Remuneration???
- I. Availability of Basic facilities in the difficult areas.
- J. Lack of proper guidance / supervision.

OPTIONS FOR HEALTH MANPOWER

- SANCTIONED POSTS.
- PROJECTISED APPROACH.
- CONTRACTUAL STAFF.
- MULTISKILLED PERSONNEL.
- COOPERATION / COLLABORATION / COORDINATION – INTER SECTORAL CONVERGENCE.

Manpower Planning: Steps

1. Linking health manpower plan with health policy & plan
2. Assessment of health manpower situation
3. Regularly updating & interpreting information (Forecast)
4. Develop professional standards & norms
5. Selection & recruitment of HRH
6. Training programs for HRH
7. Research studies on HRH