HUMAN RESOURCE MANAGEMENT IN PRIMARY HEALTH CARE SYSTEM

Pawan Kumar* and A.M. Khan**

ABSTRACT

Qualified and motivated human resource (HR) is essential for a qualitative and robust health care delivery. Understanding the constraints and difficulties of health managers is essential for effective and efficient management of health care services. The present study is aimed at understanding the various constraints and difficulties of human resource management (HRM) in the public health sector. A descriptive study was carried to assess the views and opinion of the Mission Director- NRHM, Directors Health Services, Director Family Welfare, Chief District Medical Officers (CDMO) and primary health care (PHC) providers through a semi-structured interview schedule. Findings revealed that planning for regular vacancies is not done at the district level. Only the contractual staff is hired at the district level by the district health societies. Policy makers believe that contractual staff delivers relatively better under pressure, and the principle of ‘hire and fire’ works better as far as contractual staff is concerned. Other important findings are that present central civil services rules, recruitment methods, appraisal system, reward and punishment, etc. are not sufficient to handle the management issues related to human resource. Managing HR requires the urgent attention of the policy makers enabling an organizational culture for optimal use of the potentials of the human resource. Adopting good practices of human resource management would motivate health personnel for effective health care delivery system. A differential human resource policy is suggested to manage the problems of discontentment and low motivation among the regular and contractual staffs.

Key words: Primary Health Care, Human Resource, NHM, Motivation, Delhi.

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The presence of qualified and motivated Human Resources (HR) is essential for adequate health service provision. The new economic policy in India, enunciated by the Government since the middle of 1991, has brought serious implications for both quantity and quality of employment\(^1\). In brief, the restriction on filling up the posts after superannuation has been followed as per the new economic policy. As more and more people are retiring, organizations are suffering with manpower crunch. The deficiency in the functioning of health organizations has become a major challenge. The terms and conditions of various forms of employment have resulted in various human resource management issues including legal. The restricted career growth, high turnover, and low salary of contractual staff in comparison to regular colleagues working in same organization for the same purpose has led to a conflicting environment in organizations. Increased number of temporary or contractual human resource may invite several undesired and unpleasant questions to the sustainability of health care delivery system.

India is a signatory to the millennium development goals (MDGs) and committed to achieve health for all and MDGs. Therefore, WHO has advocated developing a capable and motivated health work-force for overcoming the bottlenecks on the road to achieve the national and global health goals.\(^2\) WHO also stresses that the quality of health services, their efficacy, efficiency, accessibility and viability depends primarily on the performance of those who deliver them.\(^3\) So, manpower planning, hiring and retaining them in the organization assume great importance now-a-days. The situation of human resources for health (HRH) in India is evolving and remains inadequate as evident from the recent health sector outcomes.\(^4\) For better management of human resources for health (HRH), it is utmost important to understand the various constraints and difficulties faced by health managers.

**OBJECTIVES**

This study was undertaken to:

- understand the constraints and difficulties faced by the middle and top-level health managers in the public health sector,

- study the issues pertaining to the contractual model of human resource under the primary health care delivery system, and

- analyse the perception of primary health care service providers on the existing policies.
METHODOLOGY

This study examined the management of human resources in the primary health care system of Delhi that comprise of the Primary Urban Health Centres (PUHCs) and dispensaries under the Directorate of Health Services (DHS). The study population includes the middle and top-level managers such as the Chief District Medical Officers (CDMOs), Director Health Services, Director Family Welfare, and Mission Director- NHM; and primary health care service providers. For the middle and top-level managers, out of nine CDMOs, three CDMOs were selected randomly and the rest of the officials were selected one each at the State level. A sample of 333 primary health care providers from PUHCs was selected using a multi-stage simple random sampling technique. Out of the nine districts in Delhi, three districts were chosen through simple random technique. Then from the three districts, a total sample size (333) of primary health care providers which included Medical Officers (101), ANMs (114), Pharmacists (85), Lab Assistants and Lab Technicians (33) both under regular and contractual provision were selected randomly from PUHCs assuring 10 per cent cadre strength of staff for each category. In-depth interviews of all the stakeholders were conducted in 2012 using a pre-tested semi-structured schedule focusing administrative constraints and difficulties experienced for HR management. Thematic analysis of responses was done for primary health care providers. For the middle and top-level health managers, main themes of discussion were human resource planning, recruitment, selection, contractual recruitment, constraints and difficulties in human resource, and opinion and suggestions for better management of HR.

FINDINGS

Opinion of CDMOs: CDMOs of the three districts were of the opinion that there was staff shortage in PUHCs and dispensaries, and work was being hampered by frequent transfers of regular staff as well as due to contractual recruitments of human resources. Workload in dispensaries/PUHCs has increased many folds from previous years and the existing staff is not adequate to handle the workload efficiently. New health programmes are added continuously and expectations of the health department have increased manifold in recent times.

Planning for regular vacancies is not done at the district-level while the contractual staff is hired by the district health society. Contractual recruitment modality is easy with a low financial burden on the government. The policy-makers at the national level think that contractual staff is more amenable to work pressure than the regular work-force. The contractual staff could be easily replaced in case they fail to achieve the desired targets. Contractual recruitment is thought to be a good alternate method for fast filling-up the posts in the PUHCs as Union Public
The district chiefs are of the opinion that without regular staff, districts cannot run the health care delivery system. Regular staff is an important asset for the organization because such staff is experienced and if handled properly, they can deliver better health services. But the CDMOs negated this perception that regular staff does not deliver the results timely in the organization. Only few regular people may be exception for less working in PUHCs. Contractual staff hired is less motivated and comparatively less committed to tasks assigned to them, and even the quality of work performed by them is also not up to the mark. Whereas the regular staff is relatively more responsible and financial responsibilities can be delegated to them. Presently, it is difficult to find persons who could be delegated the financial responsibilities in the districts as ratio of regular staff is comparatively less than the contractual. Contractual staff had gone to courts for regularization of jobs and is fighting for equal pay for equal work. Attrition rate of contractual staff is higher as they are always in search of better and secure jobs; and whenever they get the opportunity, they leave the organization. All the trainings imparted to them go waste. Officers feel that the present terms and conditions for the contractual human resource hiring cannot sustain the health care system in the long-run. Health organization is having a conflicting environment due to disparity in pay structures, leave provisions and other privileges associated with regular and contractual staff. Such type of situation appears to be detrimental to quality health care services.

Present Central Civil Services (CCS) rules, recruitment methods, appraisal system, reward and punishment, etc. are insufficient to manage the issues related to human resources in the health care system. Under the CCS rules, sometimes it becomes difficult to punish the regular staff; and the officers feel themselves punished as long procedure are to be followed to punish the erring officials. There is no documented transfer policy for HRH in the organization. While planning at the national level, health was not given the desired priority. The lack of human resource policy in the health care sector is a serious ground for several HR issues.

Opinion of Director Health Services (DHS) and Director Family Welfare (DFW): Both the officers opined that different modalities of recruitment are prevalent in the health care delivery system. Failure of UPSC and DSSSB in recruiting regular staff in time is a major hurdle in the performance of the health care delivery system as health department is dependent on these agencies for recruitments/selection. They also viewed that the recruitment process of these two agencies is slow and tardy that has led to the unhealthy system of contractual recruitment in the health care sector which is thought to be flexible and easy going for health
mangers to fill the vacancies in short duration. If the regular staff is groomed properly, then it is a big asset and is a long-term investment rather than a burden. Even if contractual staff is hired, it should be for shorter duration and should be filled by regular staff at the earliest. Quality and commitment of contractual staff is comparatively lower than their regular counterparts. The disparity in terms and conditions of contractual staff has led to conflict in the organization. Under the contractual system, organization is suffering because of the lesser commitment of the contractual employees, low motivation and high attrition. Due to tenure posts of policy-makers, they don’t have ample time to think and decide on these issues.

**Opinion of Mission Director, NHM:** For every job, there must be a proper vacancy position. To fill up these identified posts, agencies are in place like the UPSC and DSSSB. Due to delay at the end of these recruiting agencies, the department does not want to suffer for shortage of staff. Therefore, human resource is hired on contract. Contract hiring of human resources is just a stop-gap arrangement. Since the health system doesn’t work in time, contractual employment became a precedent and gradually institutionalized with passage of time. Initially, when cadre was formed, proper HR planning was done but that is not updated with the passage of time in the department. This has created a shortage of manpower and as a consequence; contractual method being easy, has come into existence. There is an established provision for cadre review every two years but cadre strength is not updated timely in the organizations. Moreover, unplanned opening of dispensaries has led to discrepancy in human resources. The Mission Director agreed that there is a conflicting situation in the dispensaries/PUHCs but again stated that if a particular employee has agreed to the set terms and conditions of contract and after that he/she has joined the job on those accepted terms and conditions, and then he/she cannot claim for other benefits except those written in his/her contract. It is agreed that contractual employment has led to low organizational commitment, low motivation and low quality of work but this model will work in the health sector without compromising the quality of services in the health care sector.

**Suggestions by Policy-makers:** The policy-makers were of the view that the staffing pattern of dispensaries requires revision, parameters for recruiting the health care personnel should be changed, terms and conditions of contractual appointment and hiring skilled workforce should be made attractive to retain and manage the contractual staff efficiently and effectively. CDMOs expressed that conflict can be resolved by designing better terms and conditions of recruitment for contractual model, problem of insecurity can be managed only through better terms and conditions of ad-hoc appointments; longer duration of contract, may be of two years or more, or by extending better service benefits to the contractual
workforce. All the CDMOs are of the opinion that differential human resource policy is required to deal with from the point of problems the contractual as well as regular health care staff in primary health care system are facing.

The Annual Confidential Report (ACR) or the Annual Performance Appraisal Report (APAR) might be revised and made more objective. Need for reforms in punishment rules for the staff is also suggested. Besides salary, recognition and appreciation/award system should be made more attractive to boost the motivation and morale of the staff. One of the officers is of the opinion that all the recruitments in the health sector should only be on regular basis and contractual system of appointment may be abolished gradually. For making contractual system sustainable in the health sector on the long run, it needs to be structured in the form of some appropriately laid-out policy so that quality of work in the organization doesn’t suffer. Structured contractual system can address the issues like duration of contract, salary, annual increments, leave facilities, bond system, objectivity in performance monitoring, etc. It was informed that contractual policy for human resource in health (HRH) is under process in the Delhi government in which single contractual mode of recruitment and selection is being proposed for all categories of staff under the Delhi government.

**Opinion of Health Care Providers:** Responses of the 333 health care providers were entered into Microsoft excel sheet for thematic analysis. Each response was discussed with experts for identifying the theme under which that response was covered. Three major areas of constraints and difficulties for HR management were emerged from the discussion: (i) Compensation and Career growth in the organization, (ii) Disparity in the organization and (iii) Human resource issues. The contents covered under these three major areas of concern in HR are described in Table 1.

A comparative analysis of the findings mentioned in Table 1 indicate that contractual staff has main constraints and difficulties as far as their compensation and career growth in the organization (32.4%) are concerned in comparison to the regular staff (8.4%). Sense of disparity and discontentment is perceived more by contractual staff while working the organization (16.8%) in comparison to regular health care provider (6.0%). Problems pertaining to human resource issues are more perceived by the contractual staff (12.0%) than their regular (9.0%) counterparts. Element of discontentment is high among the contractual health care providers which include discriminations, disparities and anomalies in job, leave provisions, delay in personal bill reimbursements, compensations associated with job, etc.
TABLE 1
CONSTRAINTS AND DIFFICULTIES FACED BY PRIMARY HEALTH CARE PROVIDERS IN PUHCs

<table>
<thead>
<tr>
<th>Constraints and Difficulties</th>
<th>Health Care Providers n=333</th>
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<tr>
<td></td>
<td>Regular n=118</td>
</tr>
<tr>
<td>1. Compensation and career growth: salary, promotions, career growth, incentives, conveyance allowance, and different types of leaves e.g. study leave, medical reimbursement including cash less facility for medical treatment, provision of home loans, child education allowances etc.</td>
<td>28 (8.4%)</td>
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<tr>
<td>2. Disparity in the organization: discriminations, disparities and anomalies in job, comparisons among different staff, dissatisfaction with job, undermining of authority of contractual staff by regular staff, patient care relationship, too much reporting, lack of efficiency in administrative work in the office, issues of personal bill reimbursements, etc.</td>
<td>20 (6.0%)</td>
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<tr>
<td>3. Human resource issues: shortage of manpower, trainings issues, transfer issues in the organization, etc.</td>
<td>30 (9%)</td>
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DISCUSSION

Human resources are essential element of health care delivery system, and an important organizational asset. Developing human resource management system to achieve the universal health coverage in the country is an important recommendation given by the High-Level Expert Group (HLEG) constituted by the Planning Commission of India. It is also suggested by the HLEG to ensure opportunities for career advancement in the health care sector so that suitable people apply for the posts. The HLEG envisaged an enhanced production capacity and quality with a focus on primary health care, integrated service delivery and training at the district level, and improvement of HR for health management.
Constraints faced by the middle and top-level health managers are shortage of manpower in PUHCs/dispensaries, declining strength of regular staff, shortage of officials leading to problems and risks of delegating more financial responsibilities, low motivation, disparities and anomalies in pay and high attrition rate among the contractual staff. Earlier reports of CRM 2011 and 2012 have also documented problem of disparities among the regular and contractual staff in other states of the country.\textsuperscript{6,7} An earlier study focused on organization policies/practices and administration also reports of the same points as causes of dissatisfaction among the personnel.\textsuperscript{8} The concerns of the health workers towards pay, training and promotion avenues in the organization have also been highlighted by the WHO.\textsuperscript{3} Similar type of constraints and difficulties for HR management are also reported by the health care providers in the present study. The former Director General of WHO, Brundtland, has also commented that dealing with issues of pay and incentives in the public health sector constitute some of the most challenging items on the international health agenda.\textsuperscript{9} Similar findings have also been seen in the current study with regard to the issues of HR management in primary health care services in Delhi.

Deficiency in appraisal system of paramedical staff and lack of a comprehensive HR policy in the health care system have led to conflicts and demotivation among the workforce in the health care system. All types of constraints and difficulties stated in the present study are manageable at the ends of the district and state-level administrators. Authors of another similar kind of study have also reported that constraints related to human resources are hindrance in achieving the health related goals.\textsuperscript{10} Declaration of the first global forum on human resources for health recognized the need for immediate action to resolve the accelerating crisis in the global health workforce, and called the countries to take urgent action to address the human resources for health (HRH) challenges.\textsuperscript{11}

The lengthy recruitment process is considered as a significant bottleneck in the immediate requirement of filling up the existing vacancies. Therefore, under NHM, option of contractual doctors who could be recruited instantly through a walk-in interview was created as an alternative. However, this is also not free from constraints since a contract did not give them access to promotions, pensions, job security and other benefits which the regular staff enjoys in the government medical service.\textsuperscript{12}

A technical paper of 2008 indicates that the institutional problems related to HRH in the Central Health Services, Government of India; Uttar Pradesh Health Services and Tamil Nadu Health Services faced bureaucratic hassles during the implementation of programmes as well as reforming the HR policies. This
was principally because of institutional weaknesses at the state-level due to inadequate attention in the policy making process. Tamil Nadu has adopted clear guidelines for the promotion and transfer of doctors and nurses. But the system of counseling attempts to bring in a greater degree of transparency and information in promotions and transfers of ad-hoc appointments is dominating in Uttar Pradesh. In the current study, it was revealed that the ratio of contractual doctors is more than the regular ones. Several studies have documented that increasing number of temporary doctors poses a threat to the sustainability of the hospital medical workforce, the contractual model of employment leads to improper utilization of skills, low motivation/morale of the workforce and higher turnover. Previous studies have also reported that there are differences in salary and other benefits between various forms of contracts with terms of contract/employment being mostly unfavourable towards temporary contract workers. Hence, policy-makers have suggested a strong need for a comprehensive HR policy in the public health sector. The importance of human resource policies for improving the performance of health system has been highlighted in recent years. Vital reforms have been pending for decades on the matter of human resource for health. Yet the development of ‘National Council for Human Resource in Health Bill 2011’ is a new momentum for change.

CONCLUSION AND RECOMMENDATIONS

Human resource management issues require urgent attention by the policy-makers. Adopting good practices in human resource management will go a long way in ensuring the availability of adequately prepared, skilled and motivated personnel in health care delivery system. HR policy for regular and contractual staff is strongly suggested to tackle the problem of discontentment and disparities. The major policy outlook for contractual model of HR may include longer period of contract, creation of HR cell at the state-level, better salary package, increment of 10-20 per cent in salary every year, better provisions of leaves, better training facilities, provision of bond system, and objectivity in performance appraisal. It is essential to frame a comprehensive human resource policy for primary health care system. Administrative and operational delays can be managed through proper prior planning for issues of reservation rosters, clear terms and conditions of recruitment, regular follow-up by the recruiting agencies such as UPSC and DSSSB for faster recruitments.
REFERENCES


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