ABSTRACT
India, which is in the cusp of developing to a developed stage, right now needs quality rather than quantity healthcare services. Theoretically, from the management point of view, the human capital is given the highest order but in practice falls far short of the expectations including healthcare sector. Being a service industry, the success of hospital industry depends mainly upon its human resources, as satisfied employees translate their services into the patient satisfaction and loyalty. But it has been found that employee’s motivation and satisfaction is directly dependent on the existing general climate of the organization. The general climate variables include Boss-subordinate relationship, employee development, personnel and line management policies. This paper tries to analyze at a comparative level, the perception of medical and para-medical staff towards the general climate variables in the healthcare sector.

Keywords: HRD; General Climate; Healthcare Sector; ESOP

INTRODUCTION
Globalization has forced the Indian hospitals (to try) to become highly competitive in order to meet international set standards and has given a golden opportunity for Indian healthcare system to become a major medical tourism destination. In fact the domestic healthcare market is huge as the current status of 1.25 billion population of India speaks volumes about the market potential as the medical tourism in India is now Rs. 1,330 crore industries and can offer a wide range of specialized services at less than a one fifth of the cost in developed countries (Anonymous, 2006). No doubt, Healthcare facilities being provided in some of the hospitals are at par with those being provided in the developed nations but still healthcare index under Human Development Index (HDI) is abysmally poor (Anonymous, 2006). So Healthcare professionals have to play a crucial role in terms of making and enabling employees to constantly learn, unlearn and relearn the changes and adopt themselves to the current competitive environment. In this scenario, macroeconomic policy should focus on Human Resource Development (HRD) in the healthcare sector. HRD has gained wide currency both at the micro and macro level in the last decade, and has to play a catalytic role in building, facilitating and delivering right kind of healthcare services (Singh, 2003). At the macro level, healthcare industry has to make efforts in the improvement of quality of work life of the people at the national level (Shukla, 1987) and at the micro or organization level, hospitals have to improve the quality of life of the employees so as to achieve greater efficiency and effectiveness (Rao, 1996) which means total all
round development of the person so that (s)he can contribute his/her best in delivering quality healthcare service to the community and to the nation (Venkateswaran, 1992). In practice, HRD involves an organization’s acquisition, development and utilization of employee as well as the employee relationship to an organization and its performance (Ferris et al., 1995). This has been further defined in economic terms, which means accumulation of human capital and its effective utilization for the economic development of the country (Varma et al., 1999). To develop human resource, it is a must to have good HRD climate which is an integral part of the organization climate, and to understand the former it should be interesting imperative to understand the latter first. The organization climate means a set of attributes, which can be perceived about a particular organization (Hellriegel & Slocum 1974); more precisely, climate is a shared perception of organizational policies, practices and procedures both formal and informal (Luthans, 1995). Further, it is recognized as a molar concept which is indicative for achieving organization’s goals. It has been noted that multiple climates are thought to exist in an organization depending upon the manpower diversity who share common perceptions (Joyce & Slocum, 1984; Rentsch, 1988). Some researchers have conceptualized climate as a dependent variable where the focus has been on understanding the cause of climate perception (Dieterly & Schneider, 1972; Litwin & Stringer, 1968) and Pritchard & Karasick (1973) and some have conceptualized climate as an independent variable in the sense that it can influence job behaviors and attitudes. Still, some researchers consider climate as a mediating variable, a variable whose existence is thought to serve as a cognition-mediating between organizational behavior and individual behavior (Hall & Scinders, 1973; Likert, 1967; Hall & Richter, 1990). Additional, climate creates interest and motivates the employees to stay longer in the organization. However, its success is based vitally on the top management’s confidence wherein employees will take initiatives and challenging responsibilities of the organization which in turn will boost employees’ dignity and self-esteem. Employees should feel free to express their ideas so as to encourage them to experiment with new methods and try out creative ideas. If superior maintain such a treatment, subordinates automatically come to mainstream in the organization. Thus the general climate in such an organization can create the right path for the development of the individual and organization. The HRD climate appears in informal and social relations, and, ergo, it carries a descriptive role rather than an evaluative role and has been classified into three broad categories (Rao 1991; Rao, Abraham, 1986a, 1986b).

a) General Climate
b) HRD mechanism or subsystem and

c) OCTAPACE culture

The general climate deals with the importance given to human resource development in general by the top management and line managers (Pareek & Rao 1998). The HRD mechanism measures the extent to which the various instruments are implemented critically (ibid). OCTAPACE culture is related to the extent to which openness; confrontation, trust, autonomy, pro-activity, authenticity, collaboration and experimentation are valued and promoted in the organizations (ibid). In the general climate, top management’s support and encouragement is a pre-requisite for employee development (ibid) and also for the organizational success.

In the hospital, the employees as well as management personnel are of the view that the employees exhibit a strong urge for developing themselves. However, it has been found that the employees usually blame the management for not taking pains in their development (Mattoo & Mir, 2005). Research has revealed that the top management makes some fallible attempts to develop their subordinates, but the reinforcement mechanism to keep their moral high is missing (ibid). It calls for the formulation of an effective HRD policy which takes into account various constraints faced by the organization (Gani & Rainayee, 1996). And enough attention should be paid to the process of humanizing: treating people with respect and taking steps to make work a source of development and growth for people rather than being treated merely as an activity for which they are paid. This trend for humanization not only contributes to the new values emerging in the society but also contributes to the...
effectiveness of the organization in all aspects (Pareek, & Rao, 1998). The organization becomes proactive and begins to set examples for other organizations in the society (Shukla, 1987). So, to develop the general climate of the organization, the top management may further improve the company’s personnel policies, motivate both senior and junior employees to take more interest and educate them about the existence of effective organizational and HRD climate. Organizational climate is the human environment within which organization employees do their work (Luthans, 1995). Organizational values provide broad and general criteria for judging whether action, ideas and attitude of members are right or wrong (Siehl & Martin, 1981). Climate can influence motivation, performance and job satisfaction, which significantly affect the process of participative system of decision making. Further, group decision-making without general climate in the organization generates more cynicism among the group members.

Organization can become dynamic and grow only through the efforts and competencies of their employees (Brannen, 1992; Gagliardi, 1986; Hatch, 1993; Schein, 2004), and to keep the morale and motivation of the employee high Personnel policies are equally important. Still these efforts are not enough to make the organization dynamic, for which Employees’ capabilities must be continuously acquired, sharpened and is possible only in an “enabling organization culture”. When employees use their initiative, take risks, experiment, innovate and make things happen, the organization may be said to have an “enabling” culture. Some of the important characteristics of organizational culture are behavioral regularities, norms, dominant values, philosophy, rules (Meyerson & Martin, 1987; (Luthans, 1995). Some organizations have strong cultures; others have a weak culture, which depends upon the intensity of mutual understanding (Kaline & Boyd, 1991).

Most of the problems encountered by healthcare organizations are due to the poor working culture which is due to the lack of poor working relation at dyadic level, between boss-subordinate, outdated personnel policies and lack of willingness on the part of the top management to develop their employees’ morale for the future challenges. Further, it has been found that the poor development climate is due to bureaucratic, autocratic and centralized structure existing in the hospitals, and it normally differs from hospital-to-hospital on the basis of type, size, area of the operation and functions. In western countries, both line and staff wing work under the control of a Chief Executive but in the next level of hierarchy, it gets separated altogether and the divisional function of the organization is very perfect.

The discussion and review of literature amply supports the view that the existence of efficient, trained and developed workforce is the key to survival of any organization; moreover its satisfaction and retention to a larger extent is dependent on the general climate prevalent in the organization. The supremacy of human resource and the urgency of its development, therefore, make out a strong case for the evaluation of the General climate in the hospital organization.

OBJECTIVES

The specific objectives of the research can be discussed under the following heads:

1. To study the perception of Medical and Para-medical staff with regard to the general climate existing in the hospitals.
2. To study the existing personnel policies and boss-subordinate (b-s) relationship in the hospitals and,
3. To formulate guidelines and suggestions suitable for the improvement of general theclimate in the hospitals.

Hypotheses

H1: “There is no relationship between satisfaction of medical staff and the general climate in the hospitals”.

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H₂: “There is no relationship between satisfaction of Para-medical staff and the general climate in the hospitals”.

**RESEARCH METHODOLOGY**

In Jammu and Kashmir State, there are approximately 110 hospitals (Anonymous, 2009). For the purpose of the research programme, four hospitals were taken viz Sher-e-Kashmir Institute of Medical Science (SKIMS), Soura Srinagar, Shri Maharaja Hari Singh Memorial Hospital (SMHS), Srinagar, Lal-Ded Hospital, Srinagar, and one Hospital from Punjab namely Christian Medical College (CMC), Ludhiana. The Lal Ded hospital is an associate hospital of SMHS, hence their policies and procedures were found the same to those of the SMHS hospital. This study is exploratory as well as conclusive in nature. For the collection of data from primary sources, efforts were made to elicit the opinions of almost all the key personnel in these hospitals by using observation, personal interviews, questionnaires and schedule methods. The in-depth interview techniques have also been used for collecting the primary data.

The research design is exploratory cum conclusive in nature and 38 statements questionnaire was used for collecting the primary data (Cron Bach alpha value is 0.810). These questionnaires measure the extent to which developmental climate exists in an organization, and the general supportive climate has been further subdivided into sub-variables which consist of the following:

2. Top management commitment towards employee development
3. Supportive personnel policies.
4. Line Management commitment.

**Analysis**

In the developing countries, especially in India with a population of approximately 1.26 billion, an effective and efficient management of hospitals has got a lot of significance in the current dynamic environment. Hospitals are very complex organizations with a variety of jobs to be performed by diverse kinds of personnel. And Medical care is a team-work where modern management techniques can be of immense use and this indeed requires the right planning, proper organization, targeted direction, better coordination and effective control. The use of modern techniques in the public healthcare system especially in the area of hospital management is not having the kind of reception it deserves, as the system suffers from paucity of resources. In more advanced countries, the use of these techniques has been widely adopted and standardized (Griffiti, 2001), However, India has a long way to go to have professionally managed hospitals.

The general climate survey which is related with the personnel policies, employee development, boss-subordinate relationship and top management commitment towards lower staff was following the same normal distribution pattern and showing poor satisfaction level of the employee towards the sub variables of the general climate (tables:1.1 &1.2) The different sub variables are discussed as below.

**Perception of Medical & Para-Medical Staff towards Boss-Subordinate Relationships**

The efficacy of an organization depends on the level of motivation and cohesion among the employees working in the organization. Boss-subordinate relationship is a dyadic process and mainly focuses on establishing mutuality and confidentiality. The perception score of medical staff regarding boss-subordinate relationship shows a percentage score of 53.25 percent as the mean score in this hospital was found 2.13 ± 0.24 in CMC-L hospital which varies up to 1.39 ± 0.18 (SMHS) having percentage score 34.5 percent in SMHS hospital whereas in paramedical staff the perception score varies from 2.13 ± 1.41 in CMC-L hospital to 1.38 ± 0.16 in SKIMS (table 1.1).

These scores of the boss-subordinate relationship reveal a great deal about interpersonal conflict and which means that each party sees the issue from its own point of view. The $Z_{calculated} (Z_{cal})$ value for
CMC-L Vs SKIMS is 2.67; Z_{2-cal} value in CMC-L Vs SMHS is 1.25 and; Z_{3-cal} value for CMC-L Vs L.D hospital is 2.00. Hence null hypothesis (H_0) is rejected in case of Z_1 and Z_2 at 5 percent level of significance, as the values are higher than Z-tabulated (Z_{tab}) value of 1.96 (0.05 level of significance), which depicts that there is significant difference between boss-subordinate relationship in CMC-L and other hospitals of the sample units. So the dimension needs a lot of attention from the top management otherwise will defunct the system with bureaucracy.

**Perception of Medical and Paramedical Staff towards Employment Development**

Employee development is a multifaceted long-term process, and there is not one best way to develop managers. Employee development is often viewed as the key to combating today’s economic ills. The mean score of four different hospital varies from 2.21 ± 0.22 (CMC-L) to 1.38 ± 0.19 (SMHS hospital) in the medical category whereas in the paramedical category it varies from 2.24 ± 0.21 (CMC-L) to 1.13 ± 0.19 showing poor employee development policies in the hospital of Kashmir compared to the CMC-L hospital. Moreover, Z_{1-cal} value CMC-L Vs SKIMS is 3.26. Hence rejecting the null hypothesis (H_0) at 0.05 level of significance and Z_{2-cal} value CMC-L Vs SMHS is 1.48 and Z_{3-cal} value of CMC-L Vs L.D. Hospital is 1.11, accepting the null (H_0) hypothesis (Table 1.2 & 1.2). This depicts that employees in the hospitals of J&K State perceive that employees development is considered as a policy by the top management but poor means score reveals that it is not a top priority for the top management.

**Perception of Medical and Paramedical Staff towards Personnel Policies**

Personnel policies provide guidelines for a wide variety of employment relationships in the organization and serve as road maps for the managers. These guidelines identify the organization’s intentions in recruitment, selection, promotion, development, compensation, organization motivation and also leading people in the organization.

So for as the perception of medical staff of four different hospital is concerned, its mean score among the hospitals varies from 2.03 ± 0.21 to 1.31 ± 0.19 which depicts that there is a significant difference and hence satisfaction level towards personnel policies of the hospital is very poor. Even in the paramedical category, the general mean score varies from 2.03 ± 0.21 (CMC-L) to 1.16 ± 0.09 (SKIMS) depicting resentment towards the personnel policies of the hospital in general. Moreover the Z_{1-cal} value in case of CMC-L Vs SKIMS hospital is 4.14, hence rejecting null hypothesis (H_0) at 0.05 level of significance (Table 1 & 1)

**Table 1.1 Perceptions of Medical Staff towards General Climate**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Dimension/ Variables</th>
<th>CMC-L</th>
<th>SKIMS Hospital</th>
<th>SMHS Hospital</th>
<th>L.D. Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Boss-Subordinate Relationship</td>
<td>2.13 ± 1.23</td>
<td>1.81 ± 0.91</td>
<td>1.39 ± 0.88</td>
<td>2.01 ± 0.96</td>
</tr>
<tr>
<td>2</td>
<td>Employee Development</td>
<td>2.21 ± 1.1</td>
<td>1.46 ± 1.03</td>
<td>1.38 ± 0.89</td>
<td>1.91 ± 1.02</td>
</tr>
<tr>
<td>3</td>
<td>Personnel Policies</td>
<td>2.03 ± 0.6</td>
<td>1.12 ± 0.82</td>
<td>1.31 ± 0.92</td>
<td>1.37 ± 0.9</td>
</tr>
<tr>
<td>4</td>
<td>Line Management Commitment</td>
<td>2.43 ± 1.08</td>
<td>1.73 ± 0.9</td>
<td>1.15 ± 0.83</td>
<td>2.14 ± 0.96</td>
</tr>
</tbody>
</table>
The line manager plays a vital role in guiding and taking the employee to the higher steps of performance and success level. Line managers are thus increasingly being called upon to handle people management and responsibilities in addition to their core functional tasks. Line management has a direct and immediate influence on all employees. They necessarily bear the major responsibility of effective development of human resources. Hence, Human Resource officer has an influential role to play in developing and managing the human-ware of the organization. Their active interest in their juniors, helping them to acquire competence, developing and preparing them for the future responsibilities have percentage score of less than 50 percent in medical category and the same trend continues also in the paramedical category, where the mean score varies from 2.43 $\pm$ 0.21 in CMC-L to 1.15 $\pm$ 0.17 in SMHS hospital (table 1.1 & 1.2), revealing thereof that the line management staff in the hospitals of Kashmir are not committed in developing the competencies of their subordinates whereas in the CMC-L the situation is still at satisfactory level but is still having enough scope for improvement. In the hospitals of Kashmir, the reason may be due to the poor functioning of personnel departments and due to the role ambiguity healthcare professionals in treating the patients.

**Discussion and Policy Implications**

While analyzing the interviews and their responses held with the lower rung of employees, it appears that there is a perceptible gap between belief and practice at the top management level. To meet the widening gap between belief and practice, it is suggested that the top management of the hospital organizations should direct the policy towards enhancing the physical, mental and emotional potentialities and capabilities of the individuals for creating and maintaining a productive Human Capital.

The analysis and interpretation of data reveals that the existing general climate in the hospitals, viz. SKIMS, SMHS, LAL-DED, and CMC-L is abysmally poor, to a larger extent. Though, some of the variables in the general climate are at satisfactory level in CMC-L but still there is enough scope for the improvement. Generally, in these hospitals both medical and paramedical staff is barely satisfied with the positive attitude existing towards employee development. The research reveals that due to dissatisfaction towards general climate by the medical staff normally motivates them to move in search of greener pastures. In case of J&K state, healthcare professionals normally land up in Gulf countries where as in case of the Punjab it is Canada. This is where brain drain problem stems from. Further, it has been found that the most important dimension which is often neglected is the boss-subordinate (B-S) relationship, and is practiced on traditional lines is “boss-is-always-right” approach. Under such conditions, it is hard to improve the work culture in the hospitals as the personnel policies are also practiced on traditional lines which creates a lot of bureaucratic hiccups, red-tapism, and hampers the progress (Anonymous, 2012). The policy mantra should be more ‘development oriented’ rather than
‘control-oriented’ (Mir et al, 2010). Moreover, the existing personnel policy which has a direct bearing on individual as well as hospital organization needs complete re-engineering in tune with the current global demands so that it would create the developmental climate in the organization. If these hospitals desire to succeed in the present globalization era, they need to overhaul the ‘rustic’ personnel policies; and for that to happen, good leadership is must in order to bring in first and second order change in the healthcare sector.

The workplace of an organization says a lot about the company-its values and policies. Employees can be more productive when their workplace is comfortable and pleasant. The management has to create an optimal conducive environment that encourages employees to put in their best. An environment that helps employee to work, relax and also have fun, contributes to the quality of work. Employee participation is one way to strengthen the morale and to overcome the stress of multitasking in the hospitals (Mir & Elizabeth, 2008). This can be done by including employee feedback to develop a sense of ownership and giving them a say in the decision making process. Further, employee empowerment can be enhanced by offering Employee Stock Option Plan (ESOP) as and when the policy of privatization will be introduced in the health sector. This will instil a sense of ownership in the employees.

Organizations should strive for more flat structure rather than the hierarchical structure as it brings more decentralization and delegation which is precious for effective and efficient decision making. In the current competitive era, where customer is a king, hospitals need to move away from the existing centralized and bureaucratic structures which are more prone to the political and other influences.

CONCLUSION

The general climate deals with the importance given to human resource development in general by the top management and line managers. The HRD mechanism measures the extent to which the various instruments are implemented critically. Further, it has been found that the most important dimension which is often neglected is the boss-subordinate (B-S) relationship, and is practiced on traditional lines is “boss-is-always-right” approach. Under such conditions, it is hard to improve the work culture in the hospitals as the personnel policies are also practiced on traditional lines which creates a lot of bureaucratic hiccups, red-tapism, and hampers the progress. The policy mantra should be more ‘development oriented’ rather than ‘control-oriented’. Organizations should strive for more flat structure rather than the hierarchical structure as it brings more decentralization and delegation which is precious for effective and efficient decision making. In the current competitive era, where customer is a king, hospitals need to move away from the existing centralized and bureaucratic structures which are more prone to the political and other influences.

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