HUMAN RESOURCE ISSUES : SPECIAL EMPHASIS ON MAINTENANCE AND RETENTION OF PARAMEDICAL EMPLOYEES IN PRIVATE HOSPITALS

S. Porkodi*, Ansarul Haque**

**Higher College of Technology, Muscat. Oman*
***Hindustan College of Science & Technology, Mathura, Uttar Pradesh, India*

Abstract *Over the years, the hospitals have grown in size and its activities. This is the era of private hospitals. The strength of a hospital is the strength of its Human resource. Many a hospital of world owes repute is indifferently housed and owes its reputation solely to the quality of its Medical staff. Globalisation increased competitiveness, technological development, and migration of health professionals. The migration of health care workers is an issue that arises when examining global health care systems. Maintenance and Retention measures are the steps taken by the management to retain the skilled employees of the organization. The study introspects the factors influencing Human resource issues in the focused key area of Maintenance and Retention measures for Paramedical employees in private Hospitals, Coimbatore District in employee and employer's view point. Healthcare in Tamilnadu has become a flourishing sector in our country. Coimbatore stands second to Chennai in Tamilnadu for highly affordable and quality healthcare deliveries of international standards. It has nearly 299 organised private hospitals among that 160(Above 50%) were took as a sample for study purpose. Interview schedule was conducted among the 160 hospital administrators/ owners and 800 paramedical employees of the private hospital in such way that it contains all the questions related to determining the issues in Maintenance and Retention of employees. The collected data were analyzed with the help of SPSS and the conclusion was drawn out.*

Keywords *Maintenance, Retention, Human Resource , Paramedics, Hospital Administrator.*

Human resource management (HRM) is the strategic and coherent approach to the management of an organisation's most valued assets - the people working there who individually and collectively contribute to the achievement of the objectives of the business.

The strength of a hospital is the strength of its Human resource. Many a hospital of world owes repute is indifferently housed and owes its reputation solely to the quality of its Medical staff. Bricks and mortar and modern equipments desirable as they are do not in themselves make a first class hospital. Indeed there are hospitals of recent origin in various parts of the world excellently built and equipped, but standing partly empty because of lack of adequate Human resource. Ultimately a hospital, like a man, is judged by its works not by its outward appearance[*]. . Human asset in modern times is considered to be a treasure rather than a mere resource in progressive business organisations. This is because it is the people who shape the destiny of the business and not structures systems and processes that are effectively formulated in the organisations. There have been many success stories documented in management literature about companies whose human resources have turned them around from failure. On the contrary, there are also stories of some companies that are extinct because of poor human resource management practices. Thus, it is evident that effectiveness of a hospital is, to a large extent, dependent on the quality of services delivered, and the work effect expended by its employees. Therefore the Human Resources Management (HRM) function is critically important and cardinal for the efficient and effective operation of a hospital as an organisation. HRM in health is understood as an essential public health function and not simply as "What personnel offices do" for the same reason, the human resources management function correspondents the entity that overseas a health services system health care network, or health institution in order to guarantee the proper conditions to apply human talent, for the utilization of the knowledge and technology necessary to meet the health needs of a population.

A hospital deals daily with the life, suffering, recovery and death of human beings. For the direction and running of such an institution, its administration personnel need a particular combination of knowledge, understanding traits, abilities and skills. Hospital personnel, be they in administration, medical staff, paramedical staff or general employees, must all be concerned with one goal. i.e., to provide the best possible patient care.

* Goyal R.C, Hospital Management, Prentice Hall of India pvt. Ltd., New Delhi, 1993.

Maintenance and retention of employee is a very important process of Human Resource Management. Maintenance is the process of planning, organizing, directing and controlling health, safety and welfare programmes that contain a wide range of activities related to the sustenance of the human resources in the hospital. Katharina Kober and Wim Van Damme (2006) propounded that the lack of human resources for health (HRM) is increasingly being recognized as a major bottleneck to scaling up anti retroviral treatment (ART). Although the migration of HR is a global issue requiring solutions at various levels innovative in country strategies for retaining staff [**].

Maintenance and Retention measures are the steps taken by the management to retain the skilled employees of the organization. Even though recruitment, selection, training and development are the primary functions of an administrator, maintenance and retention becomes the essential work inside the hospital. Hence to maintain and retain the employees the various measures are to be adopted. Wages and salary have their impasding bearings on employee performance and in turn, organization performance. This so because only a properly developed compensation system enables an employer to attract, obtain, retain and motivate people of required caliber and qualification in his/her organization. Secondly, incentives and benefits should be treated as an instrument in attracting and retaining of human resource. Motivation is also used as an induct tool in maintaining employees. Therefore motivation is the willingness to exert high levels of efforts towards organizational goals, conditioned by the effort ability to satisfy some individual needs. As a result of this motivation employees become more loyal to the hospital. They render their high commitment towards quality care by providing an opportunity to the employees for his job enrichment and by considering the employees suggestion one could maintain the belongingness towards the organization. Employees are motivated by Rest hours, Recreational facility, undisparity, holidays availed, salary paid, reasonable pay, pay for overtime, Retirement benefit etc., which will effectively serves as an Maintenance and Retention Measures. These measures motivates the employees by meeting their needs to certain extent. It helps the skilled employees to continue their service in the same organization and provides a feel of security. It ensures a smooth relationship among the staff members in the hospital

The market place for talented, skilled people is competitive and expensive. Taking on new staff can be disruptive to existing employees. Also, it takes time to develop cultural awareness, product/ process/ organization knowledge and experience for new staff members. Mckenna and Beech (1997) emphasized that it is a recognized fact that the health, safety and welfare functions within the organisation have been the "Cinderella" of HRM despite the enormous human and economic benefits that can flow from a well-conceived and properly implemented health and safety policy within the company.[***] There have been counter arguments about why an organisation should take care of health, safety and welfare needs of its employees. These services are provided by the hospital to ensure acceptable standards of performance and that the hospital can prevent personal difficulties from inhibiting performance. Therefore, welfare of the individual should be taken into accounts.

Sara De Gieter, Rein De Cooman, Roland Papermans Ralf Caers, Cindy Du Bois and Marc Jegers(2006) portrays that when trying to establish an efficient reward system for nurses, hospital managers should not concentrate on the financial reward possibilities alone. They also ought to consider non-financial and psychological rewards.[****]

Health and Safety Measures

Health provisions have to be provided by the management, to ensure that they have healthy employees working for them. Healthy employees make a healthy organisation. Most of these health programmes are concerned with identification and control of occupational health hazards arising from toxic substances such as radiation, noise, infection, fatigue and the work stress imposed on the employees. Good house-keeping, periodic medical examinations, regular environmental checks, vaccinations, training etc., will prevent the deterioration of the health of the employees. Hospitals need to have a separate health programme for their employees, since employee health should be part of their regular activity.

Safety is the prevention of accidents by identifying actual or potential causes. The process of identifying them is mainly by conducting inspections, checks and investigations. Most accidents are related to the system of work and some of them are also related to personal factors, which in many cases arise from the system of work. In hospitals, there are several places where accidents can occur. They can occur in the case of electrical or electronic equipments which may give violent electrical shocks. Diagnostics, where inexperience or carelessness could result in an accident. Almost all of these can be prevented if a carefully worked out safety policy is adopted. In many instances, an activity in a hospital can cause health and safety problems. Sometimes they may be inseparable. A faculty handling in diagnostics could cause

** Katharina Kober and Wim Van Damme, "Public Sector nurses in Swaziland : Can the down turn be reversed?", Human resources for Health, 2006.

*** Mckenna and Beech, " Essentials of HRM", Hospital Administration, sep 1997

**** Sara De Gieter, Rein De Cooman, Roland Papermans Ralf Caers, Cindy Du Bois and Marc Jegers, "Identifying nurses rewards a qualitative categorization study in Belgium", Human resources for health, 2006.

an infection, which is not only an accident, but also a health problem. Hence there may be need for a combined health and safety policy.

Welfare Measures

Welfare is the total well-being of the employee. It is improving the morale and commitment of the employees. Some of the welfare measures that can be provided are transport facilities, housing, co-operatives, canteen facilities, education for the employee's children and other benefits or facilities where the families of the employees also avail of benefits such a paid holidays etc., In this case, families influence the employee's decision to stay or leave the organisation in the long run.

Motivation Measures

"Motivation is the result of process internal or external to the individual, that arouse enthusiasm and persistence to pursue a certain course of action" – Gray and Starke.*****

Inke Mathauer and Ingo Imhoff (2007) propounded that non-financial incentives and HRM tools play an important role with respect to increasing motivation of health professionals. ******

Ann.E.Rogers, Wei Ting Hwang, Linda. D. Scott, Linda.H.Aiken and David F. Dinges(2004) picturises that the use of extended work shifts and overtime has escalated as hospitals cope with a shortage of registered nurses. *******

STATEMENT OF THE PROBLEM

Human Resource Management is a process of bringing people and organizations together, So that the goal of each are met. It tries to secure the best from people by winning their whole hearted cooperation. The most significant resource of any organization is often said to be its people. The challenge of human resource management is to minimize the issues. The central challenge facing society is the continued improvement of the organization both private and public. There are many unanswered questions about the factors that influence the issues.

***** New man, William, H and E Kirby Wareen, the Process of Management – concepts, Behaviour and practice, Prentice hall of India pvt ltd., New Delhi, 1977.

****** Inke Mathauer and Ingo Imhoff, "Health worker motivation in Africa – The role of non financial incentives and human resource management tools" Human resources for health – 2007.

******* Ann.E.Rogers, Wei Ting Hwang, Linda. D. Scott, Linda.H.Aiken and David F. Dinges , "The Working Hours of Hospital Staff Nurses and Patient Safety", People to People Health Foundation, Inc. 2004

Health sector is not merely to promote health in the widest sense, but to provide the appropriately trained staff who will, as far as possible, treat diseases, prevent their onset and meet community's demand for service. With in many health care systems world wide, increased attention is being focused on human resource management. Specifically, human resources are one of three principle health system inputs, with the other two major inputs being Physical capital and Consumables. Human resources, when pertaining to health care, can be defined as the different kinds of medical, paramedical and administrative staff responsible for public and individual health intervention.

Paramedics are trained to give emergency medical treatment or to assist physicians in providing medical care. As such his commitment to their work is of a peculiar nature. Paramedical employee's issues cannot be viewed in the same way as worker's/Manager's in other industries. Their job is a peculiar one. Paramedical employees works with patients who are sick and emotional.

In any health service system it is health workers-professionals, technicians and auxiliaries who in the final analysis determine what service will be offered; when, where and to what extent they will be utilized; and as a result, what impact the services will have on the health status of individuals. The success of health activities depends largely on the effectiveness and quality with which these resources are managed. The migration of health care workers is an issue that arises when examining global health care systems. Workforce mobility can create additional imbalances that require better workforce planning, attention to issues of pay and other rewards and improved overall management of the workforce. In addition to salary incentives, developing countries use other strategies such as welfare measures, loan facilities and opportunities for job rotation to recruit and retain health professionals, since many health workers in developing countries are underpaid, poorly motivated and very dissatisfied. The migration of health workers is an important human resources issue that must be carefully measured and monitored.

The study explores the factors influencing Human resource issues in the focused key area of Maintenance and Retention measures for Paramedical employees in private Hospitals, Coimbatore District. The study was conducted on the basis of personal variables of Employees and Employers such as Gender, Age, Educational Qualification, Experience, Designation, Department and Monthly income and organizational variables such as number of beds and type of hospitals. The few past studies focused mainly on Physician, Nurses or the whole health workers. They did not concentrate much about the Paramedical employees segment alone especially those who are working in the private hospitals. Coimbatore stands second in emerging health sectors next to Chennai in Tamilnadu. It consist of

299 private hospitals (organized). Hence, it is desirable to study about the Paramedical employees in Private hospitals at Coimbatore District.

REVIEW OF LITERATURE

This study attempted to assess Paramedical employee's issues viz., Maintenance and Retention measures in employee's and employer's view points. The concepts and findings related to the topic found in the various past studies conducted were of immense help for the researcher to sort out the factors to be used in this study. Also the review helped the researcher to see how for his findings were in consonance or at variance with the findings of the past researchers on the chosen topic. Let us have the Glimpses of the earlier studies, which focused their attention related with Maintenance and retention of health care employees

Ooman[1977] studied the role commitment role perception, role conflict and role behaviours of doctors and nurses in Delhi hospitals and concluded that socio economic status of patients is a critical variable in shaping the role behaviour of doctors and nurses towards them. Ooman [1978] studied the nursing behaviour in ward setting and observed that they almost totally neglected the emotional needs of patients. This impersonal behaviour of nurses affected, the patients who had no attendants. Nurses are doing jobs mechanically and in a routine manner without even speaking a word to the patients. Ray.D.B[1981] attributes the nurses fortune to recognize the psychological need of patients to lack of adequate time, inadequate knowledge and sensitiveness on the part of nurses regarding patient care, inadequate clarity in duties and responsibilities, which harden her into becoming a professional. Further he suggested that communication be included in nurse training programme. Gouri.S.Gupta[1981] discusses the importance of communication in maintaining sufficient levels of morale and efficiency in hospitals. She suggested that management should allow enough time for employees to report back. Desai.V.B[1984] hinted the functions, principles and complexity of the hospitals. It says that management with human touch is a must in management of modern hospitals. Eisendrath.S.J. Link N Matt Hay, M. [1986] noted that an ICU has been considered a psychologically stressful environment, prolonged care of patients with much systems failure and a poor prognosis was the most frequently described source of stress for nurses and physicians. Nalini.V.Dave[1991] a published work concentrates on the need for professionalization in management of hospitals and also dealt with behavioral problems. The work emphasis the need for an administrator in hospitals. Garg.S.M, N.K. Parmar, Rajvir Bhalwar and Kalpana Srivastava[2001] portrays that the analysis of occupational role structure of doctors and nurses concluded that self esteem and pride in job depends upon social and professional standard of doctors in any organization. To create a motivating environment, it is therefore imperative to dovetail into the organization structure and functioning an objective system to measure and meet the motivational needs of doctors which may vary among specialists and non specialists during their career progression. Linda.H.Aiken, Sean.P.ke and Douglas.M.Sloane[2002] presents cross national findings regarding hospital staffing, organization and quality of care. Hospitals are facing multiple challenges. The odds of nurses being dissatisfied with their current jobs, to having high emotional exhaustion and reporting that the care on their units was fair or poor were examined using logistic regression models that controlled for clustering of nurses within hospitals using robust regression procedures. Liz Stubbings and Janet M. Scott[2004] portrays that changes in medical working practices and education together with the increasing numbers of doctors have resulted in proposals for nurses to extend their role and the removal of professional restrictions. Barbara L.Brush, Julie Sochalski and Anne.M.Berger [2004] depicts that importing nurses is likely to remain a viable and lucrative strategy for plugging holes in the U.S. nurse workforce what differs today however is the marked expansion of organized international nurse recruitment, the growth of private for profit agencies to do this work and an increasing number of countries sending nurses abroad. Nurses are enticed to leave their home countries by promises of better pay and working condition improved learning and practice opportunities and free travel, licensure and room and board. Ann.E.Rogers, Wei Ting Hwang, Linda. D. Scott, Linda.H.Aiken and David F. Dinges [2006] picturises that the use of extended work shifts and overtime has escalated as hospitals cope with a shortage of registered nurses. Little is known however about the prevalence of these extended work periods and their effects on patient safety. Log books completed by 393 hospital staff nurses revealed that participants usually worked longer than scheduled and that approximately 40percentage of 5317 work shifts they logged exceeded 12 hours. The risks of making an error were significantly increased when work shifts were longer than twelve hours, when nurses worked overtime, or when they worked more than forty hours per week. Hospital staff nurses long hours may have adverse effects on patient care Sara De Gieter, Rein De Cooman, Roland Papermans Ralf Caers, Cindy Du Bois and Marc Jegers [2006] portrays that when trying to establish an efficient reward system for nurses, hospital managers should not concentrate on the financial reward possibilities alone. They also ought to consider non-financial and psychological rewards, since nurses value these as well and they may lead to a more personalized reward system. Rachel N Manongi, Tanya C Marchant and Ib Christian Bygbjerg [2006] depicts that where professional identity and recognition by both employer and members of the community were found to be important motivating factors for health staff. Unni Krogstad,

Dag Hofoss, Marijke Veenstra and Per Hjortdahl [2007] portrays what domains of work are important for job satisfaction among doctors, nurses and auxiliaries and differences between professional groups in the perspective of micro team culture. Job satisfaction of auxiliaries was equally predicted by professional development and local leadership. Marjolein Dieleman, Jurrien Toonen, Hamadassalia Toure and Tim Martineace [2007] depicts those main motivators of health workers were related to responsibility, training and recognition next to salary. So importance of adapting or improving upon performance by management strategies will influence staff motivation. Inke Mathauer and Ingo Imhoff [2007] portrays that non-financial incentives and HRM tools play an important role with respect to increasing motivation of health professionals. Adequate HRM tools can uphold and strengthen the professional ethos of doctors and nurses. Donoghue, Christopher, Castle, Nicholas . G [2007] portrays organizational and environmental effects on voluntary and involuntary turnover. Kara Hanson and William Jack[2007] depicts that human resource problems are impeding progress towards global health targets. These include difficulties of attracting health workers into public service employment retaining them and ensuring an equitable distribution between urban and rural locations. While increasing the wage level is one possible response, it is not clear that this would be sufficient. Other financial and non-financial incentives could also be used to attract, retain and motivate doctors and nurses. Bamford, David, Hall Castherine[2007] portrays that main reasons for labour turn over is moving house, promotion or career development, appraisal, communications and induction in order to reduce turn over. IDS[2007] (Health information and development team) portrays that Health professionals form the biggest group of skilled migrants. This is facilitated by the fact that within the profession there is globally shared knowledge base. Many have argued that current policy responses to migration of health professionals from low income developing countries underestimate the pressures and miss-identify the reasons for rising migration. Simons Kelsey, Jankowski Thomas [2008] depicts the factors influencing nursing home social workers' intentions to quit employment. The findings indicated that greater job involvement and lack of a negative outlook may enhance job satisfaction and organizational commitment and contribute to decreased job search and quitting intend. Michelle Cunich and Stephen Whelan[2008] portrays that there is currently a world wide shortage of registered nurses due impart to the profession being unable to retain nurses in a variety of specialty areas. Lisa Nguyem, Steven Ropers, Esther Nderitu Anneke Zuyerdwin, Sam Luboga and Amy Hagopian [2008] portrays that there is significant concern about the worldwide migration of nursing professionals from low income countries to rich ones, as nurses are lured to fill the large number of vacancies in upper income countries.

OBJECTIVES OF THE STUDY

Primary Objectives

To investigate the HR issues related to Maintenance and retention Paramedics in private Hospitals at Coimbatore District in employee and employer's view point.

Secondary Objectives

- To analyse the working of HR Department in Private Hospitals
- To Describe the factors motivating and de-motivating the paramedics to retain the jobs in Private Hospitals at Coimbatore Districts.
- To study the personal factors influencing HR issues to Maintain and retain the paramedics in Private Hospitals
- To study the Employer's personal factors and organizational factors influencing HR issues to Maintain and retain the paramedics in Private Hospitals.

RESEARCH METHODOLOGY

Hypothesis Testing

- There is no significant difference between the factors influencing the Maintenance and Retention of paramedical employees with respect to personal factors of paramedics such as gender, age, marital status, educational qualification, designation, department, experience and monthly income.
- There is no significant difference in the mean score among different groups of respondents with respect to personal variables.
- There is no significant difference in the overall mean scores among employers group and the number of beds, nature of the organization, the presence of HR department.

Population and Sampling Design

Tamilnadu has 31 Revenue Districts. The study confined to Coimbatore district in Tamilnadu state. Coimbatore District comprises of 9 Taluks such as Tirupur, Palladam, Pollachi, Udumalpet, Mettupalayam, Coimbatore(north), Coimbatore (south), Vallparai and Avinashi. Coimbatore District consist of 15 Government Hospitals and 299 Private Hospitals (organized) in various taluks. For the purpose of the study the researcher took Private Hospitals at Coimbatore District which are spread in numerous.

Out of 299 the researcher took 160 hospitals. The respondents of this study were Paramedics and Employers

in Private hospitals at the time of research. 10 percentage of Employees (paramedics) were proportionately taken from each Hospital as Respondents of this study. The sampling method used in the study was Non-Probability Proportionate Quota Sampling.

Instrumentation

The Instrument used for this study was prepared keeping in mind the unique nature of Paramedics, Employers in Private hospitals in the Indian context. To identify the pertinent factors of the study, the researcher had gone through the number of literature relating to HR issues in general and related to Health sector. He also had discussion with senior Academicians and field experts in the hospitals. The researcher framed two questionnaires to know about the attitude of the Employer and the Employees. Researcher constructed adequate number of statements under the mentioned key areas. A few negative statements were also incorporated to verify the veracity of the information provided by the respondents. The respondents of the Pilot study were asked to give their comments and suggestions to improve the Questionnaire. The Qualitative comments received were mostly regarding the wordings and length of questionnaire. Based on this suggestions certain modifications were made.

The whole process culminated into a well structured, non-disguised questionnaires. It was decided to gather the views of the respondents on five- point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The statements were subjected to Reliability Analysis using Cronbacho's Alpha method and the values of each set of statements for the factors of all the key areas are as under

- Maintenance and Retention measures (Paramedical employees questionnaire) (1.000)
- Maintenance and Retention measures(Employer's Questionnaire) (0.858)

These values indicate that the statements have the reliability to be considered for the study.

Data Collection

Anticipating a moderate response rate, the employees questionnaires were distributed to 1000 paramedical employees and meeting them in person in their respective hospitals. Out of the total 1000 questionnaires distributed the researcher was able to get back only 838 questionnaires. Hence, the response rate to the survey was 83.8 percent. Out of 838 Questionnaires received by the researcher 26 were found to be defective. Many respondents chose to leave the demographic questions unanswered. Employer's questionnaire were distributed to 180 employers by meeting them in person in their hospitals. Out of 180 the researcher was able to get back 172 questionnaires. Out of 172 questionnaires 5 were found to be defective the few of the employers did not answer the questions related to one or more of the major factors in the study. After deleting defective questionnaires the researcher retained 800 in employees and 160 in employers for the study.

Tools for Analysis of Data

The data collected from the Primary source were compiled and neatly classified with the help of tables. The well known statistical package viz., SPSS 17.0 was employed for the analysis and the data were analyzed using the statistical tools such as Likert Analysis, Mean and SD scores, Chi-square Analysis, ANOVA, Factor Analysis and Discriminant Analysis.

ANALYSIS AND INTERPRETATION

Profile of the Respondents

For the purpose of the study the Hospitals are classified in to two categories viz., Government Hospitals and Private Hospitals. But the private hospitals are more in number and the issues are high so the study focused private hospitals only. The personal characteristics features of the respondents like Age, Gender, Educational qualification, Experience etc., plays an important role in the research study Table no. 1 clearly indicates the personal characteristics, their frequencies and the percentages of paramedical employees and Table no. 2 depicts the organizational characteristics of hospitals(Employer's).

ANALYSIS OF MAINTENANCE AND RETENTION OF THE PARAMEDICAL EMPLOYEES IN EMPLOYEE'S VIEW

A Analysis based on Likert scores

Likert analysis helps us to know the precious opinion of the respondents with regard to each statement that expresses the paramedic's issues in Maintenance and Retention measures. The Likert scores indicates that the scores are high in respect of the statements 14(4.080) and 32 (3.890) which indicates that the paramedics have favourable opinion with regarding the respondents would not avail all their leave provided if the hospital permitted the encashment of leave and they are

happy with the welfare measures of the employee and their family. However the scores are comparatively lower in the case of statements 6(2.895), 9(2.930), 10(2.698), 16(2.893), 17(2.498), 18(2.295), 19(2.958), 21(2.923), 23(2.728), 27(2.875), 28(2.853), 30(2.913) 35(2.955) 36(2.535) and 38(2.888) which indicates that there seems to be the safety measures are inadequate, There is no smooth relationship among the staff members in the hospitals, the respondents are facing problems in leave policy of the hospitals, There

Table 1 Demographic Profile of the Paramedical Employees

Demographic profile	No. of Respondents (Total 800)	Percentage(%)
Gender		
Male	197	24.62
Female	603	75.38
Age group		
Below 25 years(low)	496	62
25 to 50 years(medium)	295	36.88
Above 50 years(high)	9	1.12
Marital status		
Single	300	37.5
Married	500	62.5
Educational Qualification		
School	50	6.25
Diploma	268	33.5
Graduate	314	39.25
Post graduate	168	21
Experience		
Below 5 Years(Low)	275	32.13
5 to 10 years(Medium)	267	33.38
Above 10 years(High)	458	34.49
Designation		
Heads and supervisors	374	46.75
Middle level	159	19.88
Lower level	267	33.37
Department		
Department 1 (Nursing)	527	65.88
Department 2 (lab, Radiology and Imaging	60	7.50
Department 3 (Physio-therapist, Opthometri-cians and others)	213	26.62
Monthly Income		
Below Rs. 5,000(Low)	266	33.25
Rs.5,000 to 10,000(Medium)	281	35.13
Above Rs.10,000(High)	253	31.62

Table 2 Demographic Profile of The Hospital (Employers)

Demographic profile	No. of Respon-dents (Total 160)	Percentage(%)
No.of Beds		
High(Above 200 beds)	36	22.5
Medium(100 to 200 beds)	54	33.75
Low(Below 100 beds)	70	43.75
Nature of organization		
Trust	67	41.88
Private members	93	58.12
Presence of HR Department		
Yes	48	30
No	112	70

is no flexibility in duty roasters and also it is not up to their desired level, the physical facilities and equipment provided are inadequate, There is no proper performance appraisal system in hospitals, Retirement benefits offered by the hospital is not at satisfactory level, There is no sufficient rest hours to relax themselves, Disparities shown in allotment of work, There are no adequate holidays, Payment of salary is also not made on time and also the payment of salary is not at par with other organisations with all these unfavourable opinion the employees are not work for extra hours and they are not much contributed their work to built up the good will of the hospitals.

B Analysis based on Mean score and SD

Mean scores in respect to factors influencing Maintenance and Retention measures with regard to personal variables such as Gender, Age, Marital status, Educational qualification, Designation, Department, Experience and monthly income were calculated. As far as the factors in Maintenance and Retention is concerned all categories of respondents across all the personal variables and across all classifications range from 120.778 to 130.620. The highest mean score is found in respect of the respondents belonging to Educational level up to school and the lowest score is found in respect of the respondents belonging to Age group of Above 40 years. It indicates that the HR issues in Maintenance and Retention measures are low to the Respondents whose Educational status up to only School level. In particular if an analysis is made seperatively for each of these personal factors, the female employees, below 30 years working group, single persons, Employees belongs to Educational qualification up to school level, Head and supervisors cadre employees, employees under the physiotherapist , those below 5 years of Experience in this field and with a monthly income below Rs.5,000 are comparatively facing lower issues when

compared to other cadres. The employees with school level education are satisfied with what they obtained. On the other hand the females, below 30 years of age group are in experienced they do not have much interest to either upgrade themselves.

Table 3. Clustering of Statements Into Factors in Maintenance and Retention Measures

Components	Rotated factor loadings	Eigen value	Variance
FACTOR I		5.38	13.13
Continuing service in the organisation in the future	.618		
Team spirit is high	.628		
Desired level of duty roaster	.785		
Adequate physical facilities and equipment	.660		
Flexibility in duty roaster	.543		
Consideration for permitting leave	.818		
Adequate holidays	.875		
Payment of salary made on time	.702		
FACTOR II			
Proper performance appraisal system	.776		
Recreational facilities	.910	4.38	10.69
Ample opportunity to mingle with all other staff	.671		
Continuation of the next shift	.618		
Attractive incentives	.724		
Salary paid is par with the organization	.712		
Ample opportunity to mingle with all other staff	.748		
FACTOR III			
Difference of opinion among peer group is resolved amicably.	.748	3.86	9.41
No discrimination showned among staff members regarding assignment of job	.782		
Desired level of promotion policy	.565		
Satisfactory level of retirement benefits	.782		
Great extent of incentive system	.638		
Disparity in allotment of work	.641		
FACTOR IV			
Payment for overtime work is reasonable	.702	3.85	9.40
No discrimination among wage discrimination	.786		
Deductions in salary are as per norms and reasonable	.818		
FACTOR V			
Never feel bad of working in the organisation	.445	2.80	6.84
Smooth relationship among the staff members	.861		
Suitable leave policy	.741		
FACTOR VI			
Adequate Medical benefits	.488	2.25	5.49
Use all my eligible leave even if it is not necessary	.795		
FACTOR VII			
Adequate safety measures Adequate safety measures	.739	2.22	5.41
Motivated to do work	.670		
FACTOR VIII			
Availing unnecessary leave and Permission of Encashment of leave	.537	2.183	5.325
Wish to be one of the leading hospital in Tamilnadu	-.581		
Delivering quality care	.884		
FACTOR IX			
Sufficient rest hours	.594	2.152	5.249
Ready to work extra work	.656		
Contribution of work to build up the good will	-.796		
FACTOR X			
Consideration about the family of employees	.824	2.074	5.058
Welfare of the employees	.797		
FACTOR XI			
Steps for retaining skilled and talented people	.876	1.908	4.654
FACTOR XII			
If better opportunity availed, joining in that organisation	.531	1.727	4.211
Feel of secured in the organization	.848		

Source: Primary data

C Analysis Based on Chi-Square

Chi square analysis identifies the difference between any two of the sub-groups of the sample.

Ho: There is no significant difference in opinion regarding Maintenance and Retention measures among various groups of respondents classified according to personal variables.

As far as the classification of respondents based on personal variables is concerned the significant difference in opinion at 5percentage level is found between the Department and Experience with the factors influencing HR issues in Maintenance and Retention measures. The all other personal variables and factors influencing HR issues in Maintenance and Retention measures are insignificant. Hence it is clear that there is association between the Department and the factors influencing Maintenance and Retention measures and between the Experience and the factors influencing Maintenance and Retention measures.

D Factor Analysis

As far as the factors in the maintenance and retention measures are concerned, Out of the 41 statements, 12 factors have been extracted and these twelve factors put together explain the total variance of these variable to the extent of 84.857 percentage. In order to reduce the number of factors and enhance the interpretability, the factors are rotated. The rotation increases the quality of interpretation of the factors. There are several methods of the initial factor matrix to attain simple structure of the data. The varimax rotation is one such method to obtain better result for interpretation is employed.

From the factor analysis, twelve factors were identified as being maximum percentage variance accounted. The 8 statements namely Continuing service in the organisation in the future, Team spirit is high, Desired level of duty roaster, Adequate physical facilities and equipment, Flexibility in duty roaster, Consideration for permitting leave, Adequate holidays, Payment of salary made on time were grouped together as factor I and accounts 13.13 percentage of the total variance. The 6 statements Proper performance appraisal system, Recreational facilities, Ample opportunity to mingle with all other staff, Continuation of the next shift, Attractive incentives, Salary paid is par with the organisation and ample opportunity to mingle with all other staff constituted the factor II and accounts 10.69 percentage of the total variance. The 6 statements Difference of opinion among peer group is resolved amicably, No discrimination showed among staff members regarding assignment of job, Desired level of promotion policy, Satisfactory level of retirement benefits, Great extent of incentive system and Disparity in allotment of work constituted the factor III and accounts 9.41 percentage of the total variance. The 3 statements Payment for overtime work is reasonable, No discrimination among wage discrimination and Deductions in salary are as per norms and reasonable constituted the factor IV and accounts 9.40 percentage of the total variance. The 3 statements Never feel bad of working in the organisation, Smooth relationship among the staff members and Suitable leave policy constituted the factor V and accounts 6.84 percentage of the total variance. The 2 statements Adequate Medical benefits and Use all my eligible leave even if it is not necessary constituted the factor VI and accounts 5.49 percentage of the total variance. The 2 statements Adequate safety measures and Motivated to do work constituted the factor VII and accounts 5.41 percentage of the total variance. The 3 statements Availing unnecessary leave and Permission of Encashment of leave, Wish to be one of the leading hospital in Tamilnadu and Delivering quality care constituted the factor VIII and accounts 5.33 percentage of the total variance. The 3 statements Sufficient rest hours, Ready to work extra work and Contribution of work to build up the good will constituted the factor IX and accounts 5.25 percentage of the total variance. The 2 statements Consideration about the family of employees and Welfare of the employees constituted the factor X and accounts 5.06 percentage of the total variance. The one statement Steps for retaining skilled and talented people constituted the factor XI and accounts 4.65 percentage of the total variance. The 2 statements If better opportunity availed, joining in that organisation and Feel of secured in the organisation constituted the factor XII and accounts 4.21 percentage of the total variance Thus the

Table 4. Anova Table : Factors Influencing Hr Issues in Maintenance and Retention Measures According to Personal Variables of the Respondents

GENDER				
SOURCE	**DF**	**SS**	**M S**	**F**
Between groups	1	3807.772	3807.77	4.73 sig at 1percentage level
Within groups	798	642161.6	804.714	
DEPARTMENT				
SOURCE	DF	S S	M S	F
Between groups	2	6988.358	3494.178	4.358 sig at 1percentage level
Within groups	797	638981.0	801.733	

Source: Primary data

factor analysis condensed and simplified the 41 statements and grouped into 12 factors explaining 84.857 percentage of the variability of all the 20 statements.

E Analysis based on ANOVA

Ho: There is no significant difference in the mean score among different groups of respondents with respect to personal variables.

Since the F is significant with respect to Gender and Department the null hypothesis of no difference in mean score among different groups of respondents is accepted and there is no significant difference in the mean score among different groups of respondents.

F Discriminant Analysis-Findings

Discriminant Analysis on factors influencing maintenance and retention measures score of employee's and Predictor variables considered for the analysis includes Age group, Gender, Marital status , Education Designation, Department, Experience, Monthly income, Family size and Residence are made. It reveals that Among the variables under study, two statements namely family size, and educational status are substantially important variables in discriminating between groups namely lower agreeability score on Maintenance and Retention measures and higher agreeability score on Maintenance and Retention among the respondents.

ANALYSIS OF MAINTENANCE AND RETENTION OF THE PARAMEDICAL EMPLOYEES IN EMPLOYER'S VIEW

A. Analysis based on Likert scores:

The Likert score are high in respect of the statement 7(4.119), 3(4.069), 5(4.025), 8(4.025) and 11(4.000) which indicates that the Employee's performance is appraised regularly and rewarded accordingly, Workload is given to the employees at reasonable level, Valuable benefits and amenities are provided to them, Employee's suggestion are readily accepted by the management and the hospital provides opportunity for the enrichment or employees. However the scores are comparatively lower in the case of statement 12(2.875) which indicates that there seems to be the management is not providing any financial loan facilities to the employees due to the risk of high employees turnover.

B. Factor analysis

Out of the 13 statements, 3 factors have been extracted and these three factors put together explain the total variance of these variable to the extent of 83.339 percentage. In order to reduce the number of factors and enhance the interpretability, the factors are rotated. The rotation increases the quality of interpretation of the factors. There are several methods of the initial factor matrix to attain simple structure of the data. The varimax rotation is one such method to obtain better result for interpretation is employed and the results are given in

From the factor analysis, it is found that as far as the HR issues in Maintenance Retention measures in employer's view point is concerned three factors were identified as being maximum percentage variance accounted.

The 6 statements pertaining to Recognizing employees suggestion, Efficiency in handling employees grievances, Concerning workers safety in hospital, Opportunity for job enrichment in organization, Financial loan supporting facility as a tool of retention and Employment commitment towards quality care were grouped together as factor I and accounts 35.683 percentage of the total variance. The 4 statements Employee comfort in their duty roaster, Consideration of number of employee and their convenience while planning duty roaster, Reasonable workload to employees and Rewards and recognition in hospital are satisfactory constituted the factor II and accounts 26.675 percentage of the total variance. The 3 statements Availability of benefits and amenities in hospital, Loyal employees in hospital, and Recognizing and rewarding employees performance constituted the factor III and accounts 20.981 percentage of the total variance. Thus the factor analysis condensed and simplified the 13 statements and grouped into 3 factors explaining 83.339 percentage of the variability of all the 13 statements.

C. Discriminant analysis-Findings

Discriminant Analysis on overall agreeability score of employer's and Predictor variables considered for the analysis includes Age , Education, Designation , Experience, No of beds No of doctors , No of paramedical staff , No of non paramedical staff, Availability of HR department and Person managing HR issues are made. It reveals that Among the variables under study, three variables among the employers namely Person managing HR issues, No of beds and Designation are substantially important variables in discriminating between groups namely lower and higher agreeability score among the employers.

Table 5. Clustering of Statements Into Factors of Maintenance and Retention Measures (Employer's View Point)

COMPONENTS	Rotated factor loadings	Eigen value	Variance
FACTOR I			
Recognizing employees suggestion	.778	4.639	35.683
Efficiency in handling employees grievances	.840		
Concerning workers safety in hospital	.940		
Opportunity for job enrichment in organization	.919		
Financial loan supporting facility as a tool of retention	.878		
Employment commitment towards quality care	.736		
FACTOR II			
Employee comfort in their duty roaster	.908	3.468	26.675
Consideration of number of employee and their convenience while planning duty roaster	.898		
Reasonable workload to employees	.937		
Rewards and recognition in hospital are satisfactory	.707		
FACTOR III			
Availability of benefits and amenities in hospital	.760	2.728	20.981
Loyal employees in hospital	.829		
Recognizing and rewarding employees performance	.854		

Source: Primary data

D. ANOVA and Overall mean score Findings

As far as the Number of beds, nature of the organisation and the presence of the HR department is concerned, there is no significant difference in the overall mean scores among employers group and the number of beds, nature of the organisation. But there is significant difference in the overall mean scores among employers group and the presence of HR department.

SUGGESTIONS

Based on the various findings of the study, the researcher offers the following suggestions which may help to reduce the HR issues of Paramedical employees in private hospitals.

(i)Organising separate HR department

It is found from the various analysis the Paramedical employees are facing problems. And from the analysis of hospitals/employer's it is understandable that most of the hospitals are managed and the HR activities are carried out by the owner or Administrator who professionally ignorant about the HR activities. Hence it is suggested that the administrators of all the private hospitals may take appropriate steps to organise a separate HR department with professionals and it will enhance the hospital HR activities and reduce the issues much better.

(ii)Transparency and Equitable Treatment

There is a wide spread opinion among the paramedics that the administrators of the hospitals do not treat all the employees alike and there is a feeling that there is no transparency in hospitals. The concern of the paramedical employees are quite understandable and hence the administrators may make sure that there is equitable treatment to all the employees and there is scheduling duty and allotment of work related matters.

(iii) Motivation and retention of Employees

A significant number of paramedical employees are of the opinion that the serving to the patient as a duty only, few are not ready to accept the additional responsibility. And they agreed that if they got a better opportunity from outside, they are ready to join there. This indicates the lack of motivation among the paramedical employees. The administrators of hospitals may take steps to address this issue by motivating and retaining the paramedical employees. By introducing more housing facilities, financial support , Paying salary on time, Adequate number of holidays may be provided atleast rotation basis, providing job enrichment, Redressing their grievances, Adequate physical facilities and equipment may be provided or smooth working condition, provided retirement benefits will motivate them at very high level, sufficient rest facilities and recreational facilities It will reduce their fatigue and frustration and motivate them to work in the same organisation.

(iv)Encashment of leave

It is found that the paramedical employees have the tendency to avail all eligible leave even if it is not necessary. It is quite natural for the people to avail the privileges offered by the administrators. This is very much so in the case of leave facility of teachers. From the responses of Paramedics it is understood that many of them may not avail leave if encashment is permitted. The administrators may think of the option of permitting the paramedics to encash the unavailed leave. This may help to decrease the absenteeism.

CONCLUSION

The various findings of the study help us to conclude that by and large the Paramedical employees of private hospitals of Coimbatore district are facing few problems. And most of the hospitals are maintaining the HR activities with the absence of HR department that is the main reason for the HR issues in private hospitals. The Administrators of the private hospitals may look into the grey areas and weak links pointed out in this study to reinforce the issues of Maintenance and retention of paramedical employees. The researcher deems this effort a small step which would pave the way for a better insight into the most intriguing and interesting concept, "**HR issues of Paramedical Employees**".

REFERENCES

Ann.E.Rogers, Wei Ting Hwang, Linda. D. Scott, Linda.H.Aiken and David F. Dinges , "The Working Hours of Hospital Staff Nurses and Patient Safety", People to People Health Foundation, Inc. 2004

Bamford David, Hall Castherine, "A case study in labour turn over", Health Services Management Research, Feb 2007, Vol.20 – Issue .

Barbara L.Brush, Julie Sochalski and Anne.M.Berger, "Imported care : Recruiting Foreign Nurses to U.S. Health Care Facilities". People to People Health Foundation, Inc – 2004.

Desai.V.B, "Principles of Management as applicable to Hospitals", Hospital Administration, Vol 21(1 and 2) March – June, 1984 pp 10 – 18.

Donoghue, Christopher, Castle, Nicholas . G., "Organizational and environmental effects on Voluntary and involuntary turnover", Health Care Management Review , Vol. 32 , 2007.

Eisendrath.S.J. Link N Matt Hay, M ICU – How stressful for physician?, Journal of Critical Care Medicine, Vol 14 (2), Feb 1986 pp 95 – 98.

Garg.S.M, N.K.Parmar, Rajivia Bhalwar, Kalpana Srivastava, "How to Measure Doctors Motivational needs? Issues in Human Resource Management", Journal of the Academy of Hospital Administration, 2001.

Gouri S Gupta, " Effective communication in hospitals", Hospital Administration Vol 18 (3 and 4) Sep – Dec 1981, pp 149 – 152.

Goyal R.C, Hospital Management, Prentice Hall of India pvt. Ltd., New Delhi, 1993.

IDS-Health Information and Development Team, Human Resources Management - Its Importance in global content, 2006.

Inke Mathauer and Ingo Imhoff, "Health worker motivation in Africa – The role of non financial incentives and human resource management tools" Human resources for health – 2007.

Kara Hanson and William Jack, "Health Worker Preferences for Job Attributes in Ethiopia", submitted to London School of Hygiene and Tropical Medicine and George Town University, 2007.

Katharina Kober and Wim Van Damme, "Public Sector nurses in Swaziland : Can the down turn be reversed?", Human resources for Health, 2006.

Linda.H.Aiken, Sean.P.ke and Douglas.M.Sloane, Hospital staffing, organization and quality of care: cross national findings for the International Hospital Outcomes Research Consortium , 2002.

Lisa Nguyem, Steven Ropers, Esther Nderitu Anneke Zuyerdwin, Sam Luboga and Amy Hagopian, "Intent to migrate among nursing students in Uganda: Measures of brain drain in the next generation of health professions", Human resources for health, 2008.

LixStubbings and Janet M. Scott , "Workforce issues: Implications for future practice", submitted to University of Greenwich, London UK – 2004.

Marjolein Dieleman, Jurrien Toonen, Hamadassalia Toure and Tim Martineace, "The match between and performance management of health sector workers in Mali", Human resources for health, 2006.

Mckenna and Beech, " Essentials of HRM", Hospital Administration, sep 1997

Michelle Cunich and Stephen Whelan, Registered Nurse Employment Behaviour, University of Sydney, 2008.

Nalini V Dave, Hospital Management with reference to Gujarat District Hospital, New Delhi Deep and Deep Publication, 1991.

New man, William, H and E Kirby Wareen, the Process of Management – concepts, Behaviour and practice, Prentice hall of India pvt ltd., New Delhi, 1977.

Oomen T.K., Doctors and Nurses, A study in occupational role structures, New Delhi, Mac millan Co., 1977.

Oomen T.K., Doctors and Nurses, A study in occupational role structures, New Delhi, Mac millan Co., 1978.

Rachel N Manongi, Tanya C Marchant and Ib Christian Bygbjerg, "Improving motivation among primary health care workers in Tanzania – A health worker perspective", Human resources for health , 2006.

Ray D.B. " Nursing Behavior and Patient Satisfaction", Hospital Administration, 1981.

Sara De Gieter, Rein De Cooman, Roland Papermans Ralf Caers, Cindy Du Bois and Marc Jegers, "Identifying nurses rewards a qualitative categorization study in Belgium", Human resources for health, 2006.

Simons Kelsey, Jankowski Thomas, "Factors Influencing Nursing Home Social Workers' Intentions to Quit Employment", Administration in Social Work , Vol. 32 , 2008

Unni Krogstad, Dag Hofoss, Marijke Veenstra and Per Hjortdahl, "Predictors of job satisfaction among doctors, nurses and auxiliaries in Norwegian hospitals – relevance for micro unit culture" Human resources for health, 2006.