To Assess the Motivation Level of employees in Rajasthan Healthcare System

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Abstract

As we know very well in any Indian Govt. Healthcare System that no one wish to take the accountability of anything. The health situation in Rajasthan is far from encouraging despite an extensive physical infrastructure and large health manpower engaged in the delivery of health services. The MMR and IMR are also higher than the National Average. In the view of the above, the Government has launched on 24th August 2004, the World Bank assisted ambitious five-year Project to streamline and strengthen its health sector by providing a high quality, responsiveness, affordable, and accountable healthcare system. In this study the researcher will try to explore the motivation level towards the government healthcare staff from Class-1 to Class-4th.

Keywords: Motivation, Rajasthan, Healthcare etc.

Introduction

According to the Project aims at:

1. Improving performance of health care through improvement in quality, effectiveness and coverage.
2. Narrowing the current coverage gap by facilitating access to health care particularly by women.
3. Achieving better efficiency in the allocation & utilization of health care resources through policy and institutional development.

The Project is assisting the state the Rajasthan's Health Vision -2025:

- Reducing IMR to less than 30 per 1,000 live births by 2025 (65 per 1,000 live births in 2005-06)
- Reducing MMR to less than 100 per 100,000 live births by 2025 (445 per 100,000 live births in 2006)
- Increasing assistance at delivery by qualified attendants to 85% by 2010 (21% in 1999 and 32% in 2006)

The Project consists of three components:

Component-1: Policy Development and Project Management

In this component mainly the management structure of the project is established. The investment cost for this component is 56.41 crores, recurrent cost is 31.15 crores thus the baseline cost is 87.56 crores. It has following sub components:

- Improving Institutional framework for policy development
- Establishment of the project management structure
- Training and capacity building
- Strengthening HMIS

Component-2: Improving Quality of Public Health Care Services at the Primary & Secondary Levels

Improvement of referral mechanisms and BMWM are the main tasks under this component. The investment cost for this component is 216.63 crores, recurrent cost is 27.50 crores thus the baseline cost is 244.13 crores. It includes the following sub components:

- Physical renovation and up-gradation of facilities
- Improving Health care waste management system
- Upgrading Quality of Clinical management and support services
- Improving Referral mechanisms

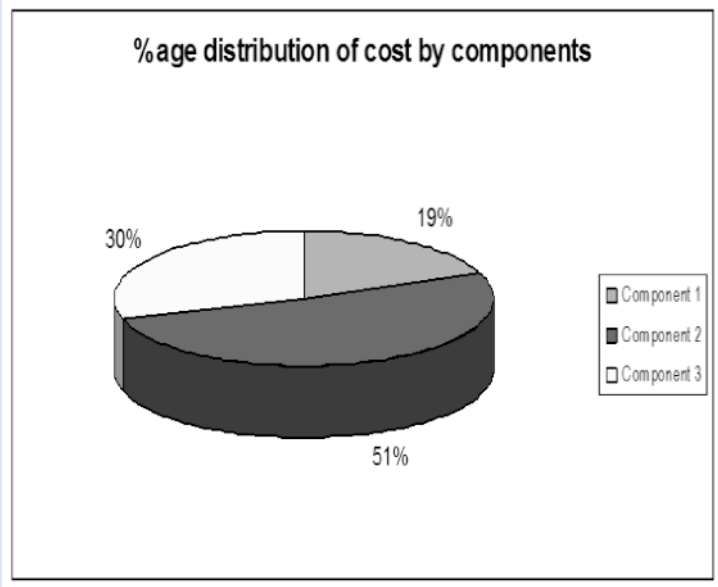
Component 3: Improving Access to Health Care Services for the Poor Population

The investment cost for this component is 124.89 crores, recurrent cost is 15.99 crores thus the baseline cost is 140.88 crores. Following components are:

- Improving Health Seeking Behavior – Behaviour Change Communication, Information, Education and Communication
- Enhancing Access to Care- Community based health initiatives
- Public Private Partnership

Overall distribution of the cost mentioned above:

Three Main Components of RHSDP



Facilities included in the project

RHSDP has identified 238 health care facilities (one in each block) in the project; these facilities will be strengthened through various measures. These include 28 District Hospitals, 23 Sub-Divisional Hospitals, 113 Community Health Centers, 72 CHCs and 2 Block Primary Health Centers. Selected facilities in Table 1:

Table 1: Distribution of the selected facilities under RHSDP by the selected indicators

S.No.	Category	No. of Beds	No. of Facilities in State With such No. of Beds	No. of Facilities under project With such No. of Beds
1	I.	300-300+	08	08
2	II.	150-299	20	20
3	III.	100-149	12	10
4	IV.	50-99	81	62
5	V.	30-49	222	138
	Total		343	238

Findings

Based on the discussions held with the RHSDP officials and review of various reports, the researcher could understand the following:

State level

Component-1:

1. Management under RHSDP is as follows:

RHSDP Management Structure

STATE LEVEL

State Empowered Committee

Headed by Chief Secretary, Govt. of Rajasthan

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Project Steering Committee

Headed by Principal Secretary, Medical, Health and FW, Govt. of Rajasthan

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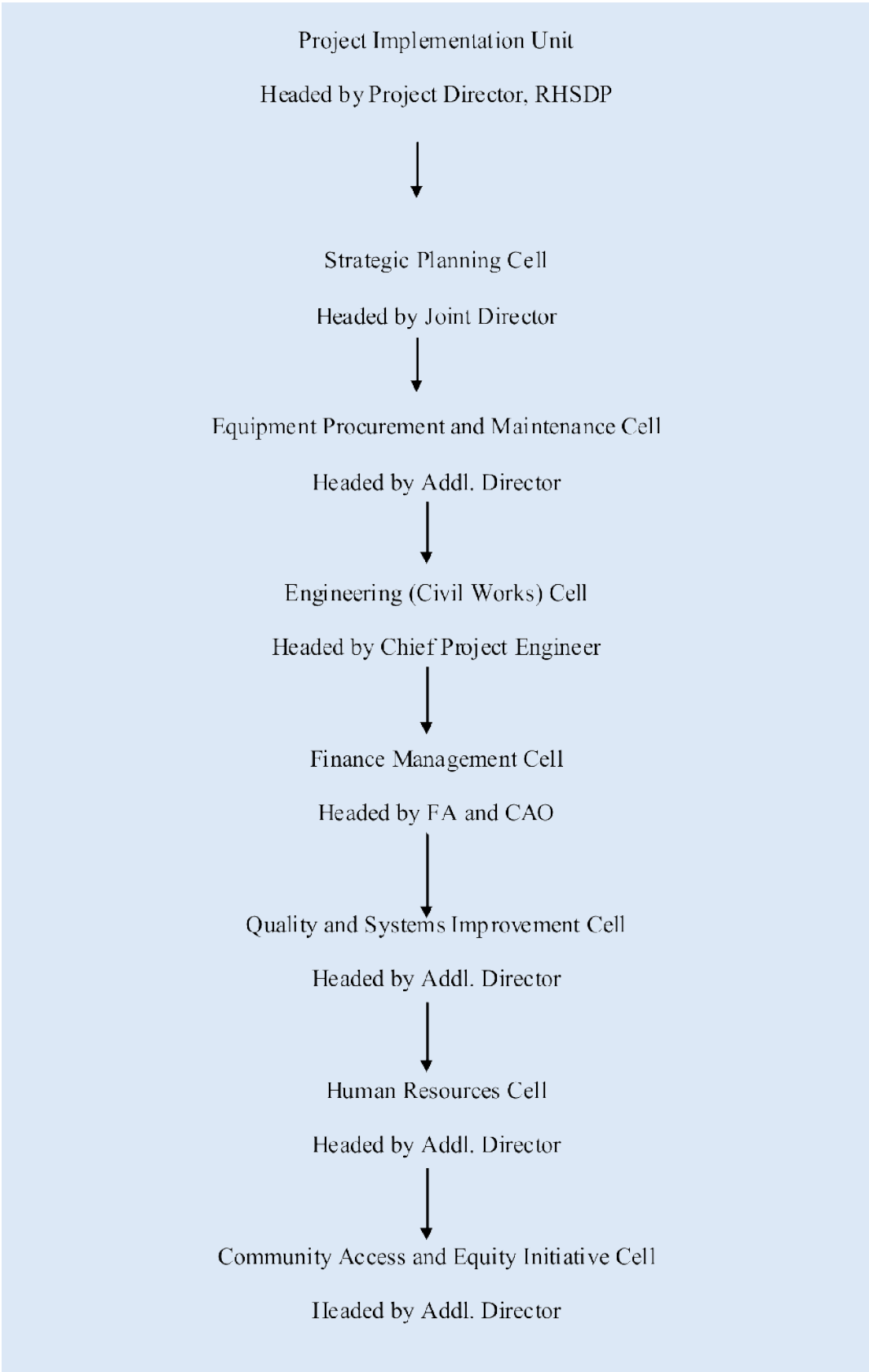
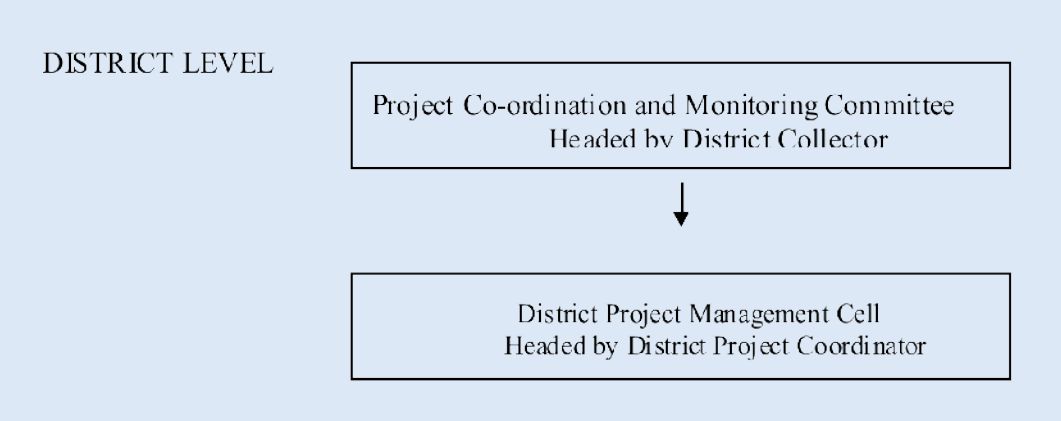

Project Implementation Unit
Headed by Project Director, RHSDP
Strategic Planning Cell
Headed by Joint Director
Equipment Procurement and Maintenance Cell
Headed by Addl. Director
Engineering (Civil Works) Cell
Headed by Chief Project Engineer
Finance Management Cell
Headed by FA and CAO
Quality and Systems Improvement Cell
Headed by Addl. Director
Human Resources Cell
Headed by Addl. Director
Community Access and Equity Initiative Cell
Headed by Addl. Director



2. The Project was supposed to make necessary arrangements for providing training to the staff. Training included: managerial, clinical, technical, quality improvement, referral mechanism, rational use of drugs, BCC, and health care waste management. It was reported that 75% of the proposed training finished. Capacity building of a total of 50% nursing/ paramedical staff followed by 25% doctors, and 24% support staff was done.
3. In order to improve the quality and effectiveness of the hospital services, and medical personnel, regular in-service trainings of medical personnel are designed to upgrade their clinical, professional and managerial skills. Approximately 2072 trainings are under procedure.
4. HMIS is done manually at the district hospitals.

Component-2

1. Civil work is completed at all 343 facilities, and additional works planned to facilitate CTF operations. A total of 74 health facilities were updated. PHC were upgraded as BPHCs and 72 BPHCs were upgraded as CHCs.
2. Sensitization workshops have been conducted for improving health care waste management system at every level. Besides sensitization, guidelines, protocols and formats have been developed and supply to various facilities.
3. To lower down the heavy pressure and overcrowding, the Referral protocols are developed and disseminated, for this workshops and trainings completed at state and district level.

Component-3

1. To improve health seeking behavior the Information Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as television campaigns, walls painting, slogan writings, posters with slogans and pictures etc. are used.
2. To improve the access to health care to the poor the government interventions are strengthened through
   - Chief Minister's *Jeevan Raksha Kosh* (Life Saving Fund)
   - BPL Card Scheme
   - Rajasthan Medicare Relief Society
   - Reproductive and Child Health Camps
3. Public Private Partnership

It was observed in the hospital visits that Laundry and Security services are outsourced.

District Level

To know the component wise findings at district level, a meeting with District Project Coordinator (DPC) was arranged and after the meeting a permission letter to visit the district hospital was issued.

Introduction

In any healthcare services organization, it is health workers—Doctors, professionals, technicians, and auxiliaries who in the concluding analysis decide what kind of services will be offered; when, where, and to what degree they will be utilized; and as a result, what impact the services will have on the healthcare position of individuals. We should always focus on motivation aspects also of healthcare employees. The success of health activities depends largely on the effectiveness and quality with which these resources are managed. At the same time, problems can be observed in the performance of the healthcare

systems due to lack of policies and technical definitions in the field of manpower, which limits the option of meeting the objectives.

It was decided that the study would include the following major area of HR:

- Motivation

Study objectives

The study aims at understanding HR issues in public health system in Rajasthan are to

I. Study the staffing pattern against the IPHS norms at various facility levels.

II. Assess the Motivation level provided in the Govt. of Rajasthan, healthcare department.

Methodology

For having feasibility of above mentioned issues Additional Director (HR, training) suggested to visit the facilities under project in the state. For the study purpose the study team divided the state into three zones: Desert, Tribal and Plain. In each zone, one district was selected.

Study Respondents

A total of 30 respondents / health care functionaries have been interviewed in each district and therefore 90 respondents were included in the study. The respondents included all kind of staff. In each the study team could interview the following:

Methods of data collection

The following methods were used for data collection:

- Interview
- Review of records and reports/ documents etc.
- **Informal discussion**
- Observation.

Data collection tools

- Interview schedule
- Data sheet
- Web Sites

Methods/ process

The data were collected during May 4th, 2011- May 20th, 2011. The following steps were taken:

- Permission letter from Project Director of RHSDP for field visit.
- Developing Interview schedule.
- Information collection

1. Interviews
    i. Discussion with staff
    ii. Observations and self assessment
    iii. Literature review
2. Documentation
    i. Description of departmental study
    ii. Critical Analysis
    iii. Conclusion

Findings

The study reveals the following findings:

1) Motivation-

a. Due to multiple responsibilities, staff feels burdened.

b. A person trained in clinical skills asked to do managerial things for which s/he is not trained also demotivate them.

c. Since staff was not getting appropriate feedback from the Government so there is lack of motivation, which affects the performance of public health care delivery system

d. The staff perceived that the community/ public do not behave properly.

Findings of Staffing:

DISTT.	Staff Sanctioned at DH/ SDH	Staff Positioned at DH/ SDH	Staff Sanctioned at CHC	Staff Positioned at CHC	Staff Sanctioned at PHC	Staff Positioned at PHC	Staff Sanctioned at SC	Staff Positioned at SC
Jodhpur	58 (50 bedded)	46	46 (50 bedded)	32	33 (30 bedded)	24	2/3	1
Ajmer	250 (305 bedded)	183	94 (100 bedded)	76	15	9	2/3	1
Udaipur	94 (100 bedded)	83	33 (30 bedded)	28	15	10	2/3	1

The major findings from the pilot study:

Area of study	Issues related to concerned area	Feasibility of Issues	Conditions applicable acc to norms	Conditions acc to field visit	Remarks
Motivation	Carrier advancement. Revolutionizing the human resource system. (Identify, maintain, develop and utilize talents.)	According to our field study 56.67% health workers have said that there is no motivational criteria in public health care sector There is no motivational factors Departmental politics in appraisals Govt. policies for reimbursement take too much time. The worker, who really works, does not get any credit and 30% have said that this motivation is also affected by departmental politics	Performance appraisals (prashasti patra, monument), Promotions, Award system, Reimbursement, Disbursement, Supervision, Knowledge management. Self management	There is no motivational factors Departmental politics in appraisals Govt. policies for reimbursement take too much time. The worker, who really works, does not get any credit.	Bias free selection for performance appraisal .

Conclusion

- Human resource management ensures effectiveness and quality in staff performance to meet the health related objectives. It can be concluded that Human resources for health is a significant resource to run the system, moreover we would like to add that human resource of health must get the good facilities & working conditions so that they can perform their duty properly & can provide the better quality services. The issues like working condition are the basic one.

Recommendations

1. There should be a HR policy.
2. Number of staff must be appropriate in the every facility.

3. Nominations to the Training must be on the basis of training needs assessment, proper selection.
4. Reallocation of staff must be there according to their skills.
5. Infrastructure of Hospital with a good manager.

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