
Chapter - 9

Human resources utilisation and job satisfaction in health care institutions

Health care is a human resource intensive service industry. Assignment of adequate human resources appropriate for various health care and related tasks is considered as an indicator of quality of care. In this study we collected descriptive information about availability of staff. Since clear-cut standards and norms of staffing do not exist, assessing sufficiency of human resource was not feasible. Our aim here is to describe current staffing levels and document staffing practices in the private health sector. We also sought feed back from owner managers about human resource problems faced by them. Health care professionals (HCPs) like doctors and nurses are the mainstay of health service production and delivery. An understanding of HCPs' job related expectation and their job satisfaction would provide us with some insights about the dynamics of the private and public health sector. Hence, we measured job satisfaction among health care professionals like doctors and nurses working in both private and public HCIs. We first describe information about staffing and human resource utilisation pattern by private health care institutions. We then present results about job satisfaction among health care professionals in private and public HCIs. We conclude the chapter with a summary of our findings about staffing of private HCIs and job satisfaction in health care institutions.

Table-9.1 shows staffing pattern of the private HCIs. About 20% of private clinics operate without any staff. These are strictly solo clinics operated by the concerned doctor without any assistance. Another 40% of all private HCIs operate with full time staff. The rest 40 to 60% of private HCIs use both full and part time staff. Distribution of private HCIs by number of staff category is on expected lines. Most of the clinics operate with less than 10 personnel. Most hospitals have more than 5 full time personnel. Absolute number of staff gives us an idea of the size of operations in these institution's but does not carry much meaning about the quality of care. Human resource (doctors, nurses, paramedicals) is a key and defining input for production of medical and health care. Hence, density of human resource allocation does give some idea about the scope for standards and quality of care. Staff per bed figures were computed for each category of personnel. There is wide, rather wild, variation in density of human resource use by the private health care institutions. If these HCIs were following some standards of staffing norms, then the range of human resource density would

have been narrow. Part of the variation could also be due to errors in data, since the data is based on recall by the owner manager respondents.

I. Staffing and human resource utilisation by private health care institutions in AP

Table-9.1: Staffing pattern of private clinics and hospitals (H) in AP, 2000

	Clinics	Small H	Big H
HClIs providing staff data (numbers)	70	68	8
Number of HClIs without any staff	21.43%	0.00%	0.00%
Using part time staff	40.00%	52.94%	62.50%
HClIs with only full time staff	38.57%	47.06%	37.50%
Classification of HClIs by total number of full time staff			
1 full time person	18.57%	2.94%	0.00%
2-5 full time persons	30.00%	5.88%	0.00%
6-10 full time persons	5.71%	29.41%	0.00%
11-100 full time persons	2.86%	57.35%	50.00%
101-458 full time persons	0.00%	0.00%	50.00%
Staff per bed - ranges			
Total enlisted staff per bed-range	0.00 - 2.00	0.00 - 2.75	0.31 - 3.56
Enlisted doctors per bed	0.00 - 1.00	0.00 - 1.23	0.02 - 0.52
Enlisted specialists per bed	0.00 - 1.00	0.00 - 1.10	0.01 - 0.52
Enlisted genl duty MO per bed	0.00 - 1.00	0.00 - 0.60	0.00 - 0.14
Nurses per bed	0.00 - 0.57	0.00 - 1.10	0.04 - 0.80
Paramedical persons per bed	0.00 - 1.33	0.00 - 1.00	0.00 - 1.12
Supporting staff per bed	0.00 - 1.00	0.00 - 1.00	0.02 - 0.80
Managerial staff per bed	0.00 - 0.50	0.00 - 0.60	0.01 - 0.32

We have just seen that private health care institutions make good use of part time staffing arrangements. About 40 to 60% of private HCIs use part time staff. If we discount the clinics, some of which operate without any staff at all, then we see that more than half of all private hospitals use part time staff. Usage of part time staff can help improve efficiency of human resource use by enabling sharing of scarce human resource between more than one institution. Table-9.2 shows that the part time staff are predominantly specialists, some general duty medical officers and a few nurses. If we restrict our view to the specialists, who would be relatively more scarce than other type of personnel, the prevalence of part time staff usage increases to more than 60%. If we restrict our view to general duty medical officers and nurses, then the prevalence of part time staff use reduces remarkably. About 10% of general duty medical officers in big hospitals are part time. Prevalence of part time GDMO is higher at 20% in case of small hospitals and clinics. Big hospitals do not use any part time nurses. About 10% of nurses in clinics and small hospitals are part time.

Table-9.2: Prevalence of part time staff in private clinics and hospitals in AP, 2000

	Clinics	Small HI	Big HI
Prevalence of part time staff (percentage)			
General duty MO	21.00%	23.00%	12.00%
Specialists	61.00%	62.00%	64.00%
Nurses	10.00%	8.00%	0.00%
Prevalence of part time staff who are employed by govt.			
General duty MO	0.00%	4.00%	0.00%
Specialists	19.00%	19.00%	36.00%
Nurses	0.00%	0.00%	0.00%
Visiting consultants offer services			
Private	7.00%	28.00%	10.00%
Government	0.00%	25.00%	10.00%

Government employees doing part time work in private institutions are mostly specialists and occasionally some general duty doctors. About 25% of small private hospitals and only 10% of big private hospitals reported that specialists working in government institutions offer consultation in their hospital. It is surprising to note that only 10% of big private hospitals reported to offer services by government specialist through their institutions. This is quite contrary to common knowledge that almost all big hospitals in the private sector claim

availability of consultants who have regular positions in government hospitals. The list of big private hospitals which did not report any consultants from government sector include some hospitals known to have given privileges to specialists working in government hospitals. Hence, it would appear that the concerned owner managers might have chosen to take strategic position of denying association with any government sector specialists while responding to our questionnaire. Our study design and resources did not allow for gathering of more detailed information to validate information provided by the concerned owner managers.

None of the public sector HCIs reported services by private consultants. This is consistent with the public sector HCIs policy that does not allow for consultation by private specialists. The question in the basic information is "Which visiting consultants offer services at this facility?" Very few Govt consultants come for visits to PHCs or Small Hospitals. In the case of small and big public hospitals the consultants are on the roll of the hospital, hence they are counted as part of the staff and not as visiting consultants. Hence, the number of Govt. consultants offering services under public HCIs is few.

Table-9.3: Human resource related (HR) problems faced by private HCIs. Percentage HCI owner-managers reporting that they face the respective problem often or very often.

No. of respondents	HR probu m statement posed to			% HCI facing HR problem					
	CI	SH	BH	owner managers of private HCIs	CI	SH	BH	All	Diag
39	64	6	175	Low productivity of labourers	10	41	33	29	29
39	65	6	171	High cost of skilled labour	13	28	50	24	28
40	64	6	170	Non availability of skilled labour	18	41	33	32	29
39	65	6	173	Missed work due to illness or death	5	17	50	15	12
39	66	6	175	Absenteeism	15	33	33	27	19
40	64	6	170	Lack of skilled personnel	8	23	33	18	13
39	60	6	168	Restrictions on laying off workers	5	12	17	10	7
38	58	6	166	Regulations on working conditions	5	14	33	12	8
36	55	6	170	Trade union activities or restrictions	0	5	17	4	5
37	60	6	168	Seasonal shortages of unskilled labour	0	8	0	5	8
38	57	6	166	High turnover of staff	0	12	33	9	10

CI = clinics, SH = Small hospitals, BH = Big hospitals, Diag = Diagnostic facilities

Owner-managers of private HCIs and diagnostic facilities were asked how often they faced various human resource related problems. Table-9.3 shows the number of owner-managers who responded to these questions as well as the percentage among them who reported that they face the problem often or very often. Majority (>70%) of private HCIs did not face too much of human resource related problems. In other words less than 1/3rd of the respondents reported that they face various kinds of human resource related problems. Among the HR problems often encountered by private HCIs, non availability of skilled manpower, absenteeism and low productivity were reported more often. Non availability of skilled manpower points to possible imbalances in proportion of medical and health manpower. Low productivity of skilled personnel could be due to poor quality of education and problems in pre placement training. On the whole these perceptions by owner-managers private HCIs suggest the need for a review of health manpower development plans. Suitable remedial measures to meet the human resource needs of the health care industry will be helpful.

II. Job satisfaction of health care professionals in private and public sector

Health care professionals (HCPs) like doctors and nurses are the mainstay of health service production and delivery. An understanding of HCPs' job related expectation and their job satisfaction would provide us with some insights about the dynamics of the private and public health sector.

A. Job satisfaction and related concepts

Many theories have been propounded to explain and measure job satisfaction. See for example, McCormick and Ilgen (1984, Chapter-14) for an overview of different theories of job satisfaction and Gruneberg (1979) for a more detailed treatment. Broadly, there are two theoretical lines, namely (a) content theories of job satisfaction and (b) process theories of job satisfaction (Gruneberg, 1979).

Content theories of job satisfaction focus attention on the job content and how it compares to human needs. The two well known content theories of job satisfaction, namely Maslow's theory of hierarchy of need satisfaction, and Herzberg's two factor theory of job hygiene and job motivators are described very briefly as follows. Maslow suggested that human beings have a hierarchy of needs starting with physiological needs, proceeding on to need for security and finally leading up to self actualisation. People first look for satisfaction of lower order needs in their job. Once these are met, people look for satisfaction of higher order needs. Herzberg, visualised the job situation to consist of hygiene factor and motivators. Hygiene or context factors include things like physical

work environment, salary etc. Absence of hygiene factors give rise to job dissatisfaction but mere presence of these factors may not provide job satisfaction. Motivators like achievement, recognition, responsibility etc. are the ones that contribute to satisfaction. Thus, context or hygiene factors like the physical work environment are necessary but not sufficient to job satisfaction.

Process theories of job satisfaction focus on the interactions of the individual's expectation, values and needs with characteristics of the job. According to McCormic and Ilgen (1984) the most widely accepted view of job satisfaction is the extent to which individuals are able to realise their expectations from a job situation. The degree of job satisfaction results from some comparison between the individual's standard and that individual's perception of the extent to which the standard is met. The personal standard is usually determined to different degree by the individual's values (Locke, 1976), the cognitive state of the individual's frame of reference (Smith, Kendall and Hulin, 1969), and his / her needs (Morse 1953; Porter_1962,1963). The expectation - realisation gap determines the size of dissatisfaction. McCormic and Ilgen call this the "comparison process" theory of job satisfaction. Vroom (1964) labeled this view as the "subtractive" or "multiplicative" theory of job satisfaction depending on how the expectation - realisation gaps are aggregated across different aspects of the job. In the subtractive model the realisation from a job as perceived by the individual is simply subtracted from the same individual's expectation from an ideal job of that item. The differences are then added up across all items. In practice however, the individual may expect a certain level of job content and physical work environment but attach greater importance to say the job content rather than the physical work environment. Such a person may not attach much importance to shortcomings in physical work environment if the job content realised by him / her exceeds the expectation. The multiplicative model allows for differences in importance attached to various aspects of the job. Job characteristics considered more important by the individual are given a higher weightage compared to other aspects. The expectation - realisation gap in each area of the job is then multiplied by the respective weights and the results are added to arrive at the overall job satisfaction of an individual. In this study, our purpose is to understand dynamics of health care institutions. Hence, we examine the job satisfaction measurement items as such without aggregation.

B. Conceptual basis of the health care professional (HCP) questionnaire

The Job descriptive index (JDI) developed by Smith, Kendall and Hulin (1969) is a widely used standardised scale for measurement of job satisfaction (McCormic, and Ingell, 1984). The scale measures employee attitudes in five areas, namely; (a) work, (b) supervision, (c) pay, (d) promotions, and (e) co-workers.

Figure-9.1: Examples of job related questions for health care professionals.

What factors are important to you in an ideal job?

Statement	Extremely Important	Very Important	Of some Importance	Of little Importance	Not important at all
Having good physical working conditions					
Being respected and trusted by your clients					
...					

To what extent are these same factors present in your current job?

Statement	Fully present	To a large extent	To some extent	A little	Not at all
Having good physical working conditions					
Being respected and trusted by your clients					
...					

Job satisfaction measurement strategies based on the comparison process theory allow us to look at the dynamics of the health care institution and its interaction with the health care professionals working there in. The health care professional questionnaire included 17 job related items. These items were designed to probe different aspects of the job situation. Items about each of the five areas covered by the Job Descriptive Index were included. We interpret the "Pay" aspect of the JDI to include other personal benefits as well. Note however, that the questionnaire used here is not the JDI. Rather, we have taken the broad areas covered by the JDI and the process theory of job satisfaction as a guide to design the items for this study. The items reflect the health care context. Two items were included to explore corruption and political influence as they affect the job situation. Each of the 17 items were presented to the health care professional respondents twice. First, the HCPs were asked to give their opinion as to what factors are important for an ideal job. The five point rating scale consisted of: (a) extremely important, (b) very important, (c) of: some importance, (d) of little importance, and (e) Not important at all. The same items were repeated again, by asking the HCPs to rate to what extent the same factors were present in their job. This time they were asked to respond on the basis of their experience. The five point rating scale consisted of; (a) fully present, (b) present to a large extent, (c) present to a small extent, (d) present a little, and (e) not there at all. Figure-9.1 shows an example of job related questions posed to the HCPs once to estimate their expectations and then to ascertain the extent to which they realised their own notion of ideal job characteristics. Exact details of the HCP questionnaire are given in Appendix-1.

C. Job satisfaction in private and public HCIs in AP

Table-9.4: Ideal job expectation of health care professionals in private and public sector. % HCPs who view the job characteristic as very important or extremely important.

Job characteristic	Private				Public			
	CI	SH	BH	All	CI	SH	BH	All
Work								
Good physical working conditions	89%	91%	92%	91%	91%	94%	86%	91%
Tools and materials to use your skills	88%	85%	75%	84%	86%	82%	83%	83%
Doing challenging work	86%	85%	74%	83%	91%	88%	86%	89%
Being respected and trusted by clients	81%	76%	59%	74%	72%	65%	81%	71%
Supervision								
A superior who recognises good work	55%	61%	56%	59%	75%	75%	75%	75%
Less interference by superiors	60%	44%	48%	48%	54%	58%	68%	58%
Knowing what you are expected to do.	75%	71%	67%	71%	79%	79%	95%	82%
Salary								
Good income	78%	61%	66%	66%	72%	70%	90%	74%
Benefits like pension, housing, etc.	63%	42%	67%	51%	75%	76%	81%	77%
Job security	53%	51%	46%	51%	54%	58%	59%	57%
Being based in a desirable location	74%	69%	79%	72%	81%	83%	86%	83%
Sufficient time for personal & family life	71%	76%	79%	76%	78%	73%	88%	78%
Promotion								
Opportunities to advance to a better job	63%	61%	69%	63%	65%	76%	76%	72%
Training opportunities	88%	78%	82%	81%	94%	89%	88%	91%
Co-worker								
Good relationship with colleagues	90%	88%	97%	90%	92%	94%	97%	94%
Other								
Having your work influenced by political decisions	18%	9%	16%	12%	11%	9%	12%	10%
Being able to get what you want within_ the org. by paying favours / bribes	8%	14%	18%	14%	9%	19%	15%	15%

CI = clinics, SH = Small hospitals, BH = Big hospitals

Since employment in the private or public sector is not compulsory, there is an element of self selection by HCPs working in various health care institutions. Choice by HCPs to work in a certain type of HCI may to some extent be determined by their expectation of an ideal job situation. Table-9.4 shows percent of HCPs who view the concerned job characteristic as very important or extremely important. The job characteristic related statements have been organised into six categories consisting of the five JDI categories referred earlier and the additional category labeled as "other". This other category includes the two questions about political interference and expectations about the role of bribery in career advancement of HCPs. Expectations about the work content is quite similar among HCPs working in private and public sector. HCPs in the public sector are little more likely to expect challenge in their work. 89% of HCPs in public sector perceived that doing a challenging work is an extremely important or very important characteristic of an ideal job. Slightly less number of (83%) HCPs in the private sector said so. Except for this slight difference, HCPs in private and public sector had very similar expectations of work content. But there is clear difference in expectations of HCPs working private and public sector about other aspects of the job, namely supervision, salary or perks, promotion etc. HCPs in public sector had clearly much higher expectation in these areas compared to those working in private sector. 75% of HCPs in public sector expect a superior who recognises good work. Only 59% of HCPs in private sector expect a superior who appreciates good work. 58% of HCPs in public sector expect less interfering superior compared to only 48% in case of private sector HCPs. 82% of public sector HCPs perceived that ideal job would expect them to perform and achieve at work, compared to 71% in case of private sector. More HCPs in public sector expected salary or perks as very important or extremely important characteristic of an ideal job. Public sector HCPs had higher expectations of salary and perks compared to private sector. Similar difference in expectations with respect to promotion and coworker behaviour is also apparent. There is no difference in expectations regarding political influence or bribing as a means of career advancement. One saving grace is that only small number of HCPs (around 10-15%) regarded political influence or corruption as important characteristic of an ideal job. There is also no difference in expectations about these two areas between HCPs working in private and public sector.

In Table-9.5 we present data on the extent to which HCPs were able to realise their expectations from the current job. For each HCP we compared his/her perception about the extent to which a characteristic was present in the current job with his/her expectation about the same characteristic. For each job characteristic, all HCPs whose experience in current job either met or exceeded their expectation were counted. This count of satisfied HCPs is presented in Table-9.5 as a percentage of the total HCPs in the respective category. We find that HCPs working in the private sector are more likely to realise their expectation of work content than those in the public sector. For example 56% of HCPs in the private sector found the physical working conditions to meet or exceed their expectations, compared to 48% in the public sector. The difference is more in case of tools and materials required by HCPs for their practice. 53% of HCPs in private sector had tools and materials according to their expectation, compared to only 36% in the public sector. We noted earlier that the HCPs in both private and public sector had similar expectations about the work content. Thus the difference in job satisfaction in private and public sector cannot be explained away on the ground that the private sector HCPs had low expectations to start with. This is an important message for managers of public health facilities. The level of satisfaction with respect to physical working conditions, tools and materials for practices of HCP skills is particularly low in big public hospitals and PHCs.

Table-9.5: Level of job satisfaction of health care professionals in private and public HCIs. %HCPs who perceived that concerned job characteristic met or exceeded their ideal job expectation.

Job characteristic	Private				Public			
	CI	SH	BH	All	CI	SH	BH	All
Work								
Good physical working conditions	56%	58%	49%	56%	39%	61%	39%	48%
Tools and materials to use your skills	51%	56%	48%	53%	26%	46%	32%	36%
Doing challenging work	60%	61%	57%	60%	54%	55%	51%	54%
Being respected and trusted clients	71%	73%	72%	73%	65%	68%	73%	68%
Supervision								
A superior who recognises good work	48%	60%	59%	57%	55%	61%	56%	58%
Less interference by superiors	59%	64%	62%	63%	56%	60%	47%	56%
Knowing what you are expected to do.	78%	63%	62%	66%	51%	59%	47%	54%
Salary								
Good income	51%	57%	43%	53%	33%	54%	37%	43%
Benefits like pension, housing, etc.	41%	48%	28%	43%	44%	63%	44%	52%
Job security	77%	68%	67%	69%	60%	62%	69%	63%
Being based in a desirable location	74%	66%	57%	76%	46%	52%	68%	53%
Sufficient time for personal & family life	55%	42%	44%	45%	28%	46%	47%	40%
Promotion								
Opportunities to advance to a better job	53%	49%	33%	47%	38%	49%	36%	42%
Training opportunities	40%	46%	49%	45%	31%	47%	32%	38%
Coworker								
Good relationship with colleagues	64%	71%	57%	67%	66%	69%	68%	68%
Other								
Having your work influenced by political decisions	74%	78%	85%	78%	83%	82%	83%	82%
Being able to get what you want within the org. by paying favours / bribes	88%	79%	79%	81%	92%	74%	78%	81%

CI = clinics, SH = Small hospitals, BH = Big hospitals

Satisfaction about the supervisory environment was generally better in private sector, compared to public sector. Equal percentage of HCPs from both sectors reported to have a superior who recognised good work according to their expectation. Looking at the issue of interference by superiors, we found a 7% gap between private and public sector. We see from Table-9.4 that 10% more HCPs in public sector expected less interference by supervisors and other managers, in other words the public sector generally attracted more independent type of personalities, although the expectation is not actually being fully met. The private sector got a 7% lead in less interfering superiors, the expectation of HCPs among the private sector was low to start with. Clear definition of work (knowing what you are expected to do) is an important aspect of job satisfaction. Private sector HCIs are doing much better than public sector in this aspect. About 66% of HCPs in private sector found their job to have met or exceeded their expectations of clear job definition. Only 54% of HCPs in public sector found their expectation of clear job definition to have been met or exceeded. Overall public sector HCIs need to improve the supervisory and managerial skills. Here again the problem of inadequate managerial skills appear to be more in big hospitals and PHCs. HCPs in public sector are less satisfied with respect to salary, perks and promotion opportunities. In all these areas HCPs in private sector had a comparatively more modest expectation, which could account for the difference to a large extent. HCPs in both sectors were equally satisfied about their working relationships with colleagues. However, private big hospitals lagged behind others, in the matter of relationships between colleagues, probably due to more competition between professionals or lack of institutional measures to promote fellow feelings. Overall the private sector HCIs appear to provide a more satisfying work environment, have better supervision, and are better able to meet their HCPs expectation regarding promotion, career opportunities, salary and perks. Interestingly, expectations about political interference and personnel administration was similar among HCPs in private and public sector.

In Table-9.6, we look at the HCPs' expectation - realisation gap slightly differently. For Table-9.5, the expectation - realisation comparison was done at the individual HCP level. In Table-9.6, the comparison is done at the aggregate level. Health care professionals who rated a characteristic as important or very important were counted and aggregated to give a measure of the expectation of that job attribute among health care professionals. For the same characteristic

Table-9.6: Gap between expectation and realisation of job characteristics reported by health care professionals in private and public sectors.

Job characteristic	Private				Public			
	CI	SH	BH	All	CI	SH	BH	All
Work								
Good physical working conditions	-28	-29	-36	-30	-49	-24	-43	-37
Tools and materials to use your skills	-26	-29	-34	-29	-45	-38	-60	-48
Doing challenging work	-19	-24	-18	-22	-27	-27	-25	-28
Being respected and trusted by clients	-3	0	-2	-5	-6	-13	-23	-14
Supervision								
A superior who recognises good work	-23	-16	-17	-17	-28	-21	-26	-25
Less interference by superiors	-9	-6	-13	-8	-19	-18	-33	-22
Knowing what you are expected to do.	-9	-11	-8	-10	-19	-16	-36	-22
Salary								
Good income	-33	-22	-33	-26	-38	-27	-64	-39
Benefits like pension, housing, etc.	-32	-24	-51	-51	-37	-20	-49	-33
Job security	10	-7	0	-3	-3	-16	-13	-11
Being based in a desirable location	-10	-16	-22	-15	-13	-37	-46	-35
Sufficient time for personal & family life	-27	-41	-36	-37	-35	-39	-62	-45
Promotion								
Opportunities to advance to a better job	-22	-27	-44	-29	-30	-33	-53	-38
Training opportunities	-40	-27	-24	-29	-54	-40	-53	-49
Co-worker								
Good relationship with colleagues	-10	-10	-18	-12	-4	-8	-20	-11
Other								
Having your work influenced by political decisions	-7	-5	-4	-5	4	7	4	5
Being able to get what you want within the org. by paying favours / bribes	-5	-3	-2	-3	1	-1	0	0

CI = clinics, SH = Small hospitals, BH = Big hospitals

those who responded with “present” or “fully present” in the current job were counted to get a measure of realisation of said job related aspirations of health care professionals. The percentage of professionals voting that a characteristic was important or very important was subtracted from the percentage of professionals reporting that the same characteristic is present or fully present in their job. The difference is shown in Table-9.6. A negative figure shows that there is a gap between expectations and actual fulfillment. Comparison of these figures between private and public sector would give some idea about differences in job satisfaction levels in the two sectors. A positive figure means that actual experience exceeded expectation of the professionals.

In both private and public HCIs, the actual experience of employees fell short of their expectations, in all aspects except for two areas. These two exceptions were about political influence and corruption. Health care professionals in the public sector regarded that the extent of political influence experienced by them exceeded their expectations. In case of private sectors the political influence actually experienced by HCPs was slightly less than what they expected. Looking at bribes, as a means of getting things done within their respective organisations, there appears to be no gap in expectation and experience, for both private and public HCIs.

III. Summary of findings about human resource utilisation and job satisfaction in private and public health care institutions

There is wide variation in density of human resource use by private health care institutions. Part of this variation could be due to errors in data. But lack of any staffing norms for private health care institution could be responsible for the wide variation. About 20% of private clinics operate without any staff. Another 40% operate with full time staff. The rest use both full and part time staff. Most clinics operate with less than 10 full or part time personnel. Most hospitals employ more than five full time personnel. About 40-60% all private HCIs use part time staff, mostly specialists. About 25% of small private hospitals and 10% of big private hospitals reported that specialists working in government institutions offer consultation in their hospital. This may be an underestimate of government doctors practicing in private hospitals.

About 70% or more owner managers of private HCIs informed that they did not face various human resource related problems. Among the HR problems often encountered by private HCIs, non availability of skilled manpower, absenteeism and low productivity were reported more often.

Job satisfaction related questions to health care professionals like doctors and nurses revealed that expectations about the work content is quite similar among HCPs working in private and public sector. HCPs in the public sector are a little more likely to expect challenge in their work. But in other job aspects, namely supervision, salary, and promotion HCPs in public sector had clearly much higher expectation compared to those working in private sector. About 10-15% HCPs regarded political influence or corruption as important characteristic of an ideal job. No difference in expectations of HCPs, in private and public sector, regarding political influence or bribing as a means of career advancement.

The private sector appears to be better in job aspects like (a) tools and plants to practice their skills, (b) good income, (c) training opportunities, (d) good physical facilities, (e) better supervisor, (f) desirable location and (g) time for family life. The level of professional satisfaction with respect to physical working conditions tools and materials for practice, was found to be particularly low in big public hospitals and PHCs.

