Human Resources In The Public Health Sector : Issues And Concerns In The State Of Arunachal Pradesh

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BACKGROUND

Man is by far, the most important of all factors of production. The importance of the human factor in any type of co-operative endeavor cannot be overemphasized. It is a matter of common knowledge that every business organization depends for its effective functioning, not so much on its material or financial resources, as on its pool of able and willing human resources. The human resources become even more important in the service industry, whose value is delivered through information, personal interaction or group work (Tripathi, 2009). It is apparent that the human element in an organization is the most important element in achieving the organizational goal. Focus on the management of human affairs within the organization is the responsibility of the HR Department in an organization. Traditionally, the management of this system has gained more attention from service organizations than from manufacturing organizations (Radcliffe, 2005). As the public health sector is purely a service sector, the human element is a critical element for its success and the achievement of its organizational goals. Human resources are the most important assets of any health system (Homedes and Ugalde, 2005), and it is labour intensive (Mutizwa, 1998). In the health sector, a strong human infrastructure is fundamental to closing today's gap between health promises and health reality and anticipating the health challenges of the 21st century (WHO, 2006). In adopting the Millennium Declaration in the year 2000, the international community pledged to *"spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty."*

We are now more than halfway towards the target date – 2015 – by which the Millennium Development Goals are to be achieved (MDG, Report 2008, UN). The eight Millennium Development Goals have been adopted by the international community as a framework for the development activities of over 190 countries in ten regions; they have been articulated into over 20 targets and over 60 indicators. Accomplishing the Millennium Development Goals no. 4, 5 and 6, which are related to reduce child mortality, improve maternal health and combat HIV/AIDS, malaria & other diseases respectively, calls for the strengthening of the health care delivery system and improved health care services. World Health Report, 2000 states that human resources are the most important input of a health system. The success of the initiatives for reaching the Millennium Development Goals for health depends on the Human Resources for Health (HRH). The people employed within the health care system carry the knowledge and skills that are the important determinants of sustainable health in the society (Lexomboon, 2003). Human resources play a critical role in delivering health services to the population. Health planners and decision makers have to ensure that the right number of people, with the right skills, at the right place, and at the right time deliver health services for the population needs, at an affordable cost (Dreesch et al., 2005). The public health sector in India is facing a critical challenge on several fronts, despite significant achievements after 64 years of Independence. Many of the issues facing India's health sector today can be traced to distortions in the area of human resources in health. India faces a shortage of qualified health workers, with large geographic variations in the health workforce across states and rural and urban areas, and these are the important challenges in reforming India's health sector. So, to provide the services to the citizens in the public health sector, human resources are the most important input to the health system and play a critical role in delivering health services to the population. It is one of the three principal health system inputs, with the other two major inputs being physical capital and consumables (Diallo et al., 2003).

METHODS

Along with the global phenomenon, the state of Arunachal Pradesh is also on its way to accomplish and achieve the development goals. For this, there is a need to respond and address the HR issues & concerns and to mobilize a

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motivated human resource towards the accomplishment of targets, particularly the technical workforce within organizations.

In view of the above, this research focused on studying the human resource issues that are confronting the Public Health Sector in Arunachal Pradesh, pertaining to professional occupations of physicians and nurses in the system and steadily focuses on providing primary health care services in rural and semi-urban areas in the state. The researcher adopted the qualitative research design for this study, with flexibility in selecting Key Informants (KIs). In-depth interviews, questionnaires with close ended & open-ended questions and observations were used for reaching the study findings. The study continued with in-depth interviews with key officials of the state level and the district level with pre-designed interview questions and questionnaires from the period of August 2010 to July 2011. The other methods utilized were self-in-depth observation, review of official literature, and document analysis.

FINDINGS OF THE STUDY

❁Key HR Issues And Concerns In The Health Sector In The State Of Arunachal Pradesh: In general, the critical shortage of human resources is one of the biggest concerns in the health sector. The World Health Organization (WHO) estimates the current HRH workforce at 59 million, and its global shortage at 4.3 million. The researcher could establish 18 nos. of HR issues in this study that confront the health sector in Arunachal Pradesh. The critical shortage of the human resources in the health sector is the most important among the confronting issues.

1) Health Care Worker Shortages (Particularly Nurses And Physicians) : The availability of human resources is one of the important components for the efficient functioning of the public health care delivery system. A major reason for Arunachal Pradesh's weak health sector performance is due to the crisis in the health workforce. There is a critical shortage of skilled manpower like doctors, nurses and midwives. According to Rural Health Statistics (2010), there is an acute shortage of doctors and nurses in the state. 56 SCs are functioning without ANMs, 10 nos. of PHCs are without doctors, 47 nos. of CHCs are without pediatricians, 48 nos. of CHCs are without Obs. & Gynecologists. There is a shortfall of 108 nos. of General Duty Medical Officers at CHCs and 140 nos. of nurses at PHCs/CHCs. The health systems of the region were characterized by an insufficient number of medical specialists, MBBS doctors, and other professionals such as nurses, pharmacists, public health specialists, epidemiologists, health economists, communication experts, etc. The most concerning groups are the physicians and nurses. As on 1.1.08, the state had 405 allopathic doctors in position, serving 2923 people per doctor, 131 dental surgeons, serving 29500 people per dental surgeon as per the Indian Health Profile, 2007.

However, as per the State Programme Implementation-NRHM, 2010, Govt. of Arunachal Pradesh, there are 405 Medical Officers in the state, including 82 AYUSH Physicians. There 459 nos. of Medical Officers, including Specialists. There are 100 Lab. Technicians, including 30 contractual Lab Technicians, 214 Staff Nurses, including 194 contractual, 405 ANMs including 152 contractual, and only 2 nos. of Lady Health Visitors.

2) Misdistribution/Unequal Distribution: Adding to the acute shortage of manpower in the health sector in Arunachal Pradesh, the issues and options for deploying health workforce seems to be a big deal of concern. Maldistribution is characterized by urban concentration and rural deficits, but these imbalances are perhaps most disturbing from a district perspective. Urban/rural imbalance in the distribution of health workers is a problem in the past and present also, and it may be worsening. One of the reasons of deficit in rural and remote areas are poor communication with the rest of the mainland and few amenities for health professionals and their families, lack of material resources for them, poor working and living conditions, isolation from professional colleagues and possibly, less opportunities for professional development and poor educational opportunities for their children.

3) Skill Mix Imbalance: Skill-mix imbalance is yet another issue, which is often inadequate to meet the needs of the communities, and to some extent, a less-trained provider is providing the health services in rural areas in the absence of qualified staff. The qualified staff in health institutes lack proper in-service training and professional development opportunities, which result in an imbalanced skill mix in the existing workforce.

4) Poor Working Conditions: Poor working conditions and lack of corresponding inputs also contribute to the disillusionment of the health workforce. In the absence of proper facilities at the posting place, ill-equipment, lack of proper communication, and lack of infrastructure results in lack of proper working environment in the state. There exists a poor working environment and security at the workplace. As the health sector is the top-most sector to

employee women in its workforce, it results in the inability to fulfill responsibilities towards the women employees by the government. Nurses posted in remote locations face security threats in the absence of proper residential quarters, proper health infrastructure, etc. According to Rural Health Statistics (2010), in the State, out of 286 SCs, only 114 (39.9%) were with quarter facilities, 12 (4.2%) were without regular water supply, 63 (22%) were without electricity and 95 (33.2%) were without all-weather motorable approach road. Out of 97 functioning PHCs, 31 (32%) were without electricity, 29 (29.9%) were without water supply, 11 (11.3%) were without all-weather motorable approach road. Out of 48 CHCs, 3 were having residential facility for specialist physicians. Added to the ill health infrastructure, there is an absence of proper equipment and proper office infrastructure. Often, poor working conditions result in frustration, low motivation, less effectiveness, and less sustainability among the workforce; especially among the women in the workforce.

5) Retention In Rural Areas: The doctors and nurses are disinclined to serve in the state, primarily due to the absence of accessibility of communication and basic amenities in the rural and remote areas. Living standards are characterized by poor basic facilities and amenities in the areas where the health institutes are situated, for which there is reluctance in the workforce. Low and stagnant salaries and poor working conditions are often associated with government service. The issue of low remuneration or salary is consistent for the health workforce, especially for the contractual employees. The recent pay enhancement corresponding to the Pay Commission Recommendation in the state has been implemented for the regular staff, and it has created a wide gap in the pay parity of the contractual and regular staff, but the working conditions, nature of job are same. Overall, there is no financial incentive for working in rural, remote areas.

6) Inadequate Professional Training And Production Issues: Production of health workers is another issue in the state. It has not kept pace with the need, especially with the physicians and GNMs nurses. Absence of adequate training institutes for medical and nursing courses results in low numbers of medics and paramedics produced for the state. There is no medical college in the public sector or in the private sector for Allopathic disciplines, besides a Homeopathy Medical College in the private sector. Yearly, a fixed number of students (according to the Govt. Of India's quota seats) are placed in various medical colleges all over India. 32 seats in the first nomination in 2010 and 34 seats in the first nomination in 2011 had been allotted to the students for the MBBS course in various Medical Colleges in India (DHTE, 2010 & DHTE, 2011). For the training of nursing personnel, the state runs a lone Nursing School for ANMs at General Hospital, Pasighat, East Siang District of Arunachal Pradesh. The Institute runs training programs on midwifery (ANM) nursing courses. There were no fixed numbers of ANM admission seats per year in this ANM School, in the year 2009-10, the number was 70, a year before in 2008-09, it was 47. The variation depends on the Government of Arunachal Pradesh's continuing changing policy. In the state, there is a chronic and serious shortage of GNMs, as there is no GNM training school in the Govt. sector in Arunachal Pradesh. A few number of GNMs are produced in the GNM School at Ramakrishna Mission Hospital, Itanagar. With this inadequacy in teaching schools, insufficient number of professionally trained personnel are present to compensate the situation.

7) Inadequate Training At Various Levels Or Inadequate Capacity Building, Limited Opportunities For Professional Development: The in service-training of health workforce is also inadequate. The prevalence of inadequate training at various levels results in limited opportunities for professional development, which adversely affects the professional life of the professional workforce in the health sector.

8) Rewards Not Linked To Performance/Incentives: As it has been mentioned earlier, the health workforce is deficit in the rural and remote areas in the state, possibly because of little support in these areas. Lack of material resources for them, poor working and living conditions, isolation from professional colleagues and possibly, fewer opportunities for professional development are the contributing factors. To minimize these problems and to keep the workforce serving in these areas motivated, there are no financial and non-financial incentives. The compensation package is the same, irrespective of the place of posting. Other non-financial incentives such as residential quarters with electricity, water facilities, etc. are also not present in the system to retain the workforce in maximum of those underserved areas.

9) Lack Of Motivation : Many health workers are ill-motivated because they are poorly equipped, infrequently supervised and informed, and have limited career opportunities within the health system in the state. Health workers,

especially in the underserved areas, usually have motivational problems at work, which is reflected and results in a variety of circumstances like poor compensation packages, unsatisfactory working conditions, etc.

10) Job Security: There is no provision of job security and career path for the contractual post under various health programmes, for which the motivational factor is low.

11) Lack Of Availability At Duty, Accountability Of Staff And Weak Supervision At All Levels : Poor working conditions and weak supervision at all levels result in lack of availability and accountability of the staff at the working place. The supervision is placed in the system, but it is weak as the supervisors only monitor the work of their subordinates through the reports (they submit) of the numerical achievements of targets at the end of the month. Many of the staff prefer to and are allowed to stay in a nearby town, from where they commute to their place of work; which is obviously in the absence of basic amenities in the posting place. This means that the health services are not available 24 hours at the health centers as planned. At lower level health institutions, there is no one available to provide care at the time of need after duty hours, or when the staff is on leave. To add to this, many workers do not go to their place of work regularly. There are also many other interruptions in the regular work such as review meetings, various camps, and trainings. Moreover, the staff that stay at their place of posting and provide 24 hour service get the same salary as the staff that are absent, or are available for only three to four hours a day. Other unavoidable situation of staff absenteeism is due to illness of themselves or their family members, some are chasing their salaries, allowances, and other routine tasks at the HQ, etc.

12) Performance Of The Workforce: First of all, the staff performance is based on how motivated the workforce is. In these study findings, the motivation and moral of the employees is low due to the afore - mentioned reasons like poor working conditions etc. are severely limiting the capacity of health care professionals to meet the needs of their populations. These are complex issues that, if neglected further, can contribute directly to further lowering of the performance standards and constraints on health service delivery and thus, result in poor health outcomes.

13) Duality Of Roles, Overburdened Work Load And Ill-equipped: Many medical, technical, and managerial positions in health programs and facilities are needed in the health sector reform environment and scarce medical personnel are misused for management tasks at various levels. They are entangled between the clinical and programme management work in the present environment. Shortage of human resources for health with ill-equipped (technical and managerial) workforce at various levels often results in duality of roles, and overburdens the existing health workforce with workload. The formal as well as informal discussion with the staff for this study revealed that the staff was frustrated due to the duality of roles, was overburdened with workload, and to top all this, worked with inadequate equipment to discharge their duties.

14) Public Health Human Resource Policy/Health Sector Policies And The Regulations: Integrated HR Policies in the health sector are not yet established in the written form in the state. Absence of appropriate human resource policies results in hindrance in managing people at work at various levels. Effective recruitment and selection practices cohesively depend on the HR policies and in the absence of the same, a number of difficulties arise. Weak policies for decentralization, poor distribution of the workforce, weak management of the workforce, and other links like poor recruitment requirements and training outputs are results of the absence of an HR Policy in the system.

15) Personnel Decisions (Recruitment, Hiring & Placements): In the absence of human resource policies, personnel decisions like recruitment, hiring, placements and retention are the major problems that arise in the state. That in the absence of an HR Policy, the personnel decisions are too often guided by favoritism, dictates, and nepotism.

16) Health Human Resource Planning: Planning is most important in every sector, including the health sector, especially in manpower recruitment and placing. Accurate information systems on staffing trends and conditions are not in place, also, there is no tradition of research on workforce issues in the state. HR planning is theoretically based on a decentralized system, however, the absence of proper information and trends of staffing makes HR planning more exhaustive and difficult.

17) Absence Of Electronic Database On HRH/ Accurate Information On Staffing: Human resource planning can be difficult in the absence of computerized database on present human resources in the sector. In the absence of computerized Human Resource Information system in the state, a very limited accessible HR information is

available.

18) Weak Human Resource Management System: As there are no dedicated human-resource experts present in the system, this generally makes human resource management systems weak . Moreover, the performance appraisal system in the sector is very weak. Appraisal systems in use basically and practically tend to be based on an assessment of personal characteristics, rather than on achievements against agreed-upon work objectives or targets. The public health sector in the state is characterized by the old way of personnel management, rather than strategic human resource management.

THE WAY FORWARD

There are three areas and options to mitigate the shortage of health workforce and other HR issues in the health sector in Arunachal Pradesh. First is to increase the production of health workforce, second is to attract and deploy the health workforce, and the third is to retain the health workforce.

1) Increasing The Production Of The Health Workforce: To increase the number of health workers is linked with increasing training centers which serve as a long-term solution, with the intent of enhancing their productivity and ability to achieve greater coverage through proper deployment. (CBHI,2006). It is the robust need in the state for the rapid development of training institutes for health workforce- doctors, nurses and other paramedics. It is important here to consider that a study by Hall (1998) showed that a 10% rise in the number of students registering with medical schools will produce only a 2% increase in the supply of doctors after 10 years. A substantial lapse of time is ,therefore, required to bring about major quantitative and qualitative changes in the health workforce or to rectify the adverse effects of poor decisions (Siddiqui & Kleiner, 1998). There should be a joint effort of the Government of Arunachal Pradesh, and the Government of India to set up medical and nursing colleges in the state because in comparison, Assam has got a good number of new medical colleges in different district HQs. While interpreting the shortage of human resources for the health care sector in Arunachal Pradesh, besides the production of the skilled trained health professional, task shifting can be better managed within the system. Task system may be materialized as a chain reaction from lower level workers to higher level workers, by taking an example of acute shortage of Staff Nurse/ GNM, this may be mitigated in the course of years by shifting the task of an educated village health worker to ANMs and experienced, senior ANMs can upgrade to GNMs after receiving adequate training at the state-level nursing schools. While increasing the workforce, a good HR planning is the need of the hour, and the planning should be backed up with a good and reliable HR database. It is suggestive that for the creation of a database for existing HR in the health sector, not only the numbers, but every relevant information that could be used for determination and HR mapping in the state needs to be acquired and stored in a database. In Samoa and Fiji, the World Bank suggested that a human resource plan was needed to provide incentives to improve staff performance, including attractive salaries, in-service training programs linked to salary increments, well-structured career development paths and performance-based rewards (WHO, 2004).

2) Attracting And Deploying Health Workforce : *"Better distribution of HR for health is still a challenge in our state, maximum number of health workforce is concentrated in urban and easily accessible areas, with their counterparts in the rural and remote areas-KI".* Interpreting this issue, the suggestion is to formulate a human resource policy to the deployment and incentives for attracting the human resources to the needy and remote places. A compulsory service policy is required for health workers (e.g. all doctors or all nurses) who are educated in or outside the state from Govt. of Arunachal quota to work for a period of time in an underserved area in the state. Such programmes have been established in many countries worldwide (Barnighausen and Bloom, 2009), including some of the states in India. However, compulsion implies a *"loss of autonomy"* and can create an *"aversion"*, which may lead to a number of negative consequences (Chicago: CGME; 2007; adapted from Barnighausen and Bloom, 2009). The introduction of compulsory service may be difficult politically. For instance, in 2008, a strike of medical students and doctors forced the Government of Kerala to reduce the planned compulsory rural service for doctors from three years to one year. (www.thaindian.com, adapted from -Barnighausen and Bloom, 2009).

In reverse, for instance in some countries, practice in an underserved area is not compulsory, but necessary or desirable for acceptance into specialist training programmes.

In Thailand, doctors are required to fulfill three years of compulsory public service after finishing their training and

must pay a fine if they breach the contract (Wibulpolprasert S., Pengpaiboon P., 2003). Another restrictive measure used in Thailand is a prerequisite of at least one year of public service in a rural area before specialist training can be undertaken (Wibulpolprasert S., Pengpaiboon P., 2003).

Costa Rica attracted the world's attention with the Open Walls Hospital, a program that required the specialists of a regional hospital to schedule – when needed – weekly visits to dispersed rural populations. The program also intended to convey the message to specialists that they were not different from other health workers and had an obligation to serve poor rural dwellers, even when doing so would involve personal inconvenience (Ugalde A., 1988).

Financial-incentive programmes may be an attractive intervention to place health workers in underserved areas for a number of additional reasons (Barnighausen and Bloom, 2009). However, financial-incentive programmes are not easy to implement (Mason, 1971; Dovlo & Nyonator, 1999; Navin & Nichols, 1977; Pathman & Konrad , 2000; adapted from (Barnighausen and Bloom, 2009).

Financial-incentive programmes have a number of advantages and disadvantages in comparison with other interventions to increase the supply of health workers to medically underserved areas. Unlike non-financial incentives, they establish legally enforceable commitments to work in underserved areas. However, they may not improve the working or living conditions in underserved areas, which are important determinants of health workers' long-term retention in those areas (Barnighausen and Bloom, 2009). The salary top-up scheme should also be designed to improve the working conditions for the existing staff, and aims to increase retention of health workers in public service (Manafa et al., 2009) in the remote areas. Several studies have shown that financial incentives alone are not sufficient for retaining workers in the health sector (WHO-2004, Stilwell et al., 2004, Vujicic et al., 2004, adapted from-Henderson and Tulloch, 2008).

To address the remote posting problems, the government can propose the compulsory scheduled rotation of the employees in the system. Many research finding also suggest that health workers in rural areas should receive scheduled rotations to prevent extended professional isolation. This was found to be particularly important in preventing burnout, as well as in increasing their development and sharing of skills. To improve working and better living conditions at the remote workplace, it is suggested to improve the condition of the workplace and giving them good living quarters with electricity facility and water supply. Living conditions are likely to be important in determining health workers' decisions to move to and remain in underserved areas.

3) Retaining Health Workforce: Why do we need motivated employees? The answer is survival (Smith, 2000). Motivated employees are needed in our rapidly changing workplaces. For example, research suggests that as employees' income increases, money becomes less of a motivator. Furthermore, as employees get older, interesting work becomes more of a motivator (Lindner, 1998). Along with the intervention for retention of the health workforce in the system, a good supervision and management must be there, including adequate technical support and feedback, recognition of achievements, good communication, clear roles and responsibilities, norms and codes of conduct. Staff motivation has been worsened by lack of complementary inputs and increasing workload, and it could be minimized by review and by giving feedback to the staff on their conduct and performance in order to encourage improvement in performance, personal development and motivation. To retain the workforce, there is a need of need-based training and development for the workforce. A regular skill-upgradation based training should be focused upon to address the problem of skill-imbalance; the training strategies should emphasize on multi skill training for the health workforce and this minimizes the skill-imbalance in the health workforce. Performance-based incentives are the needs of hour and are receiving increasing interest from health systems worldwide. Remote area allowances and performance-based incentives must be incorporated to motivate and retain employees with performance. In addition to salary incentives, other strategies such as housing, infrastructure and opportunities for job rotation must be used to recruit and retain health professionals. With the financial and non-financial incentives, the study would suggest for the minimum job security of the job of the employees in the organization.

CONCLUSION

As we have seen, human resources demand is high and at the same time, the supply is inadequate in the state. The employee shortage problem will continue to be a major challenge for the health sector in Arunachal Pradesh, which should be addressed adequately and timely to achieve the health goals.

This paper has attempted to document the gravity and complexity of the HR issues and concern in the health sector in

Arunachal Pradesh. Factors that contribute to the shortage of skilled health workers include a lack of effective planning, limited health budgets, inadequate number of students entering and/or completing professional training, limited employment opportunities, low salaries, poor working conditions, weak support and supervision, and limited opportunities for professional development. The shortage of workers often results in inappropriate skill mixes in the health sector as well as gaps in the distribution of health workers (Henderson and Tulloch, 2008). Adequate Human Resources for Health (HRH) are a key requirement for reaching health goals. Quality data and accurate projection of future HRH requirements are needed to inform the health policy planning process. There is much more that needs to be done to improve the training and management of human resources for health, and very often, the solutions depend on the collaboration of a wide range of stakeholders such as those who produce health workers, those who employ them, those who pay for their services, those who negotiate working conditions and those who define the standards of professional practice. It is no easy task and can be successfully accomplished only if there is strong political will, if there is openness and trust among all stakeholders, and if sufficient resources and time are allocated to this effort. Most countries of the region have the capacity to find appropriate solutions to the problems they are facing (Homedes et al., 2005).

In conclusion, efforts to strengthen the health sector must address the HR issues and a good Human Resource Management and a foresight in HR requirements is needed.

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GUIDELINES FOR AUTHORS

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