

## AN ASSESSMENT OF HUMAN RESOURCE DEVELOPMENT CLIMATE (HRDC) - IN MULTISPECIALTY HEALTH CARE HOSPITALS

**D.Raja Jebasingh**

*St. Joseph's College of Commerce, Bangalore, India.*

### ABSTRACT

*The HRD climate of an organization plays a pivotal role in ensuring the competency, motivation and development of its employees. The term "climate" is used to designate the quality of the internal environment which conditions in turn the quality for the extent of member's dedication to organizational purpose, and the efficiency with which that purpose becomes translated into results. Today, the total value of the sector is more than \$34 billion. This translates to \$ 34 per capita, or roughly 6% of GDP. By 2012, revenues are expected to reach 6.5% to 7.2% of GDP and direct and indirect employment can double. The present study assesses the Human Resource Development Climate (HRDC) in superspeciality hospitals located in Coimbatore, Tamilnadu, India were selected by using purposive sampling. The present study comprises both primary and secondary data. For the primary data well structured questionnaire developed by the researcher on the basis of 10 dimensions was prepared and used. Primary data is collected from 450 respondents like doctors (150), Nurses (150), Paramedical staff (150). The present study discovered that the HRD climate for doctors is conducive and favourable delineating the nurses and paramedical.*

**Keywords:** *Climate, Health care, HRD, HRDC.*

### INTRODUCTION

Human resources development is the precondition for attaining progress in developing a knowledge based society, reducing skills mismatches in the labour market, and promoting a country's international competitiveness thereby supporting social and economic development and well-being of the people. In an integrated sense, it also encompasses health care, nutrition, population welfare, employment and poverty. The experience of majority of countries suggests that the focus of human resource development policies has been promoting knowledge and skills through education and training and enhancing the employability, improving access and quality of opportunity to all to live and work in knowledge and information based society (ILO, 2001).

The most important outcome of an effective HRD system is that it opens up good employment opportunities by enhancing worker's ability to secure and retain job, progress at work and to cope with the change. A knowledgeable workforce, one that is both highly skilled in a particular occupation and also exhibits flexibility, is seen as the most important human capital resources for the development of a county. Human resource is the emerging issue across the globe.

In the emerging global market place, human capital will matter more to enterprises than physical capital, and human capabilities will determine the value of enterprise (ILO, 2000). In today's modern era, the quantity of employment cannot be divorced from its quality. HRD issues are directly linked to the quality rather than quantity. It could be related to different forms of work and also to different conditions of work, as well as feelings of value and satisfaction. Human Resource Development (HRD) is thus, a continuous process to ensure the development of employee competencies, dynamism, motivation and effectiveness in a systematic and planned way. Therefore, HRD is concerned with the development of human resource and optimum utilization of existing human capabilities - intellectual, technological, entrepreneurial and creation of new ones, in an enterprise/organization.

### **HRD Climate (HRDC)**

The HRD climate of an organization plays a pivotal role in ensuring the competency, motivation and development of its employees. The term "climate" is used to designate the quality of the internal environment which conditions in turn the quality for the extent of member's dedication to organizational purpose, and the efficiency with which that purpose becomes translated into results. Climate is the atmosphere in which individuals help, reward, constrain and find out about one another. It highly influences morale and the attitude of the individuals towards his/her present job and his/her environment. The HRD climate is a very vital and integral part of the prevailing organizational climate. A positive developmental climate is necessary for success and efficiency of an organization and for leading a better quality of work life. Existence of a better HRD climate in an organization is instrumental in building competencies and capabilities among the employees and in bringing about efficiency, growth and productivity. In a conducive developmental climate, the existing HRD system and process will be more effective for organizational growth. This development climate has the following twelve tendencies.

1. A tendency at all levels, starting from the top management to the lowest level, to treat people as the most important resources.
2. A perception that developing the competencies in the employees in the job of every manager/superior.
3. Faith in the capability of the employee to change and acquire new competencies at any shape of life.
4. A tendency to be open in communication and discussions rather than being secretive.
5. Encouraging risk-taking and experimentation.
6. Making efforts to help employees recognize their strength and weakness through feedback.
7. A general climate of trust
8. A tendency on the part of the employees to be generally helpful to each other and collaborate with each other.
9. Team spirit
10. Tendency to discourage stereotypes and favouritism
11. Supportive personal practice.
12. Supportive HRD practices including appraisal, training, record management, job rotation, career planning etc.

## **Global Health Care Industry**

The World Health Organization (WHO) views health as the state of complete physical, mental, and social well-being and not just be absence of disease or infirmity. Health is more of a feeling or an internal experience that persons either enjoy or lack, individually. Implicit in the term, “healthcare is the idea that there is also a state of health or condition in need of care, either extent or in prospect. The act of offering and having accepted assistance or precaution is usually viewed as an exchange situation in which there are suppliers or providers and users or consumers. Health care can also be thought of as our ability to treat or forestall disruptions in the individual’s experience of good health. The main aspect of health care is the distribution or delivery of the knowledge that has been generated. To be useful, knowledge must be embodied in some agent so that it can be dispensed. Broadly interpreted, the embodiment is in human resources such as physicians, nurses, medical researchers, and in physical resources-hospitals, clinics, technical capabilities.

## **Health Care Delivery**

The delivery of goods and services is part of the overall supply process in health-related matters as well as in the economy as a whole. It is a very significant part, for the existence of a stock or a supply alone is not sufficient to ensure that they will be used most effectively, or at all. It is also evident a limited range of acceptable delivery alternatives that are “best” from the two competing standpoints of cost efficiency and technical efficiency. (I.e. Sheet capability to utilize the health care knowledge).Crudely, a health care delivery offers a service and receives a payment for it. Consumers of health care offer payment and in return receive the services of the providers. The service offered and received in health care, and characteristics of the link between provider and consumers are the delivery system.

## **Health Care Industry an Overview**

### **Global Level**

The health care sector is among the most rapidly growing sectors in the world economy. It is estimated to generate US \$3 Trillion per year in countries in the organization for Economic Co-operation and development alone and is expected to rise to US \$ 4 Trillion by 2005.

The globalization of health sector reflected in the growing cross-border delivering of health services, through movement of personal and consumers (by electronic and other means), and in an increasing number of joint ventures and collaborative arrangements using the General Agreement of Trade in Services (GATS) definitions, trade in health sector occurs via four modes of supply.

### **Growth of Health Care Industries in India**

The Indian health care industry has grown manifold during the last few years. Health care, which is a US \$ 35 billion industry in India, is expected to reach over US \$ 75 billion by 2012 and US \$ 150 billion by 2017. The health care industry is interestingly poised as it strives to emerge as a global hub due to the distinct advantage it enjoys in clinical excellence

and low costs. Health care is one of India's largest sectors, in terms of revenue and employment and the sector is expanding rapidly year by year. Today, the total value of the sector is more than \$34 billion. This translates to \$ 34 per capita, or roughly 6% of GDP. By 2012, revenues are expected to reach 6.5% to 7.2% of GDP and direct and indirect employment can double.

### **Private Sector in Health Care Industry- Current Status**

The private health care industry in India is very complex and highly heterogeneous. Health care spending in India accounts for over 5 percent of the country's GDP. Out of this, the public spending in percentage is not only weak but also underutilized and inefficient. Meanwhile, private sector is quite dominant in the health care industry. Around 80 percent of total spending on health care in India comes from the private sector. The private sector health care industry in India accounts for over 75% of total health care expenditure in the country and is one of the largest in the world. An estimated 60% of hospitals, 75% of dispensaries, and 80% of all qualified doctors are in the private sector. The recent report by the Central Bureau of Health Intelligence (CBHI) has shown that a majority of Indian trust private health care agencies. Only 23.5% of urban residents and 30.6 % rural residents choose government facilities, reflecting the widespread lack of confidence in the public health care system.

### **LITERATURE REVIEW**

Mishra, Prashant, Dhar and Upinder; Dhar, Santosh (1999) in their study on "Job satisfaction as correlate of HRD climate – an empirical study" made an attempt to explore the HRD climate level in Manufacturing (Pharmaceutical industry) and Service (banking industry) industries and its relationship with job satisfaction. It was found that there were industries emphasized more on a wholesale development, which means a more integrated approach towards HRD. This has led to the introduction of organized activities designed to foster increased knowledge, skills, competencies and better behaviors. It is said that the factors of satisfaction are the real contributors in the motivation of employees and, in turn, may contribute in reducing employee turnover. Biswajeet Pattanayak (2003) in his study on "Towards building a better HRD climate: a study on organizational role stress and quality of work life" states that the HRD climate is a matter of serious concern in Indian public sector organizations for their survival and excellence in the new economy. The present study followed a 2x2 factorial design of research. The two factors considered were types of organization (Old/New) and role positions in the organizational hierarchy (executive/non-executive). It also aimed to ascertain the relative importance of QWL variables in explaining ORS. The findings revealed that there are significant differences between the executives of the old and new public sector organizations on a number of ORS as well as QWL dimensions. Based on the findings, HR solutions have been suggested.

Rodrigues and Lewlyn (2004) in their study on "Correlates of Human Resource Development Climate Dimensions: An Empirical Study in Engineering Institutes in India," The research indicated that a majority of the teaching faculties are highly satisfied with the overall HRDC in the engineering institutions under study. The study observed that the presence of high level satisfaction in each model studied. Of the ten dimensions studied,

Safety and Security received the highest rating followed by Interpersonal Relationship and then Training and Development.

Vijaya Banu (2007), in her study analysed the HRD Climate of Public Sector Cement Corporation. To survive and excel in the new economy, the HRD climate is of crucial importance to the Indian public sector organizations. The human resource of an organization must be best managed for its development and success. The economic development of a country can be achieved through exploration of natural resources, availability of physical and financial resources, and international aid. However, none of these factors is more significant than the efficient and committed manpower of the country. The study ascertained the relative importance of HRD climate for the success of the public sector undertakings. Purang (2008), examined the HRD Climate in terms of various dimensions like Participation, Succession Planning, Training, Performance Appraisal and Job Enrichment and its relationship with the Organizational Commitment of managers. The study hypothesized a positive relationship between the ten dimensions of HRD Climate (HRDC) and Organizational of Commitment. Correlation analysis was performed to see the relationship and step-wise regression analysis was performed to study the predictor effects of the ten dimensions of HRD Climate. The study revealed the direct relationship between HRDC and Organizational of Commitment. Pillai (2008), in his article 'Influence of HRD climate on the learning orientation of bank employees analysed the influence of the HRD climate existing in banks on the learning orientation of the employees. It is clear from the data that a good number of the employees who experienced favourable and positive HRD climate were in the higher learning orientation group. Also, most of those who perceived the HRD climate as poor or average belonged to the lower learning orientations. He concluded that in order to maintain and develop their competencies, the employees should have an open mind for learning and change. Patel (2003), had made a sincere attempt to cover "HRD climate and its effectiveness: a study of Gujarat Electricity Board". In his study, he has concluded that HRD has not given due weightage and importance and climate was not up to the satisfactory level. He suggested that the management should take care of important sources like Development of subordinates, organisations' personnel policies, team spirit and employees should be able to discuss feelings freely with subordinates. Saxena (2006), in her study titled, "HRD climate in Indian IT companies" had observed that the top management has made efforts to identify and utilize the potential of the employees and development marketing personnel was seen as an important part of the job by the managers and officers. She concluded that the performance indications of various categories of IT professionals with a view to evaluate a performance appraisal system need to be properly taken care by policy makers of the organization. Rodrigues (2005), made a study on "Industry-institute correlates of HRD climate: empirical study based implications". This study was undertaken to compare the Human Resource Development Climate (HRDC) in the engineering institute with that in a public sector based on seven dimensions reflecting the nature of HRDC, and thereby, making suggestions to improve the HRDC in the institute. A sample size of 100 each from the public sector and the institute was selected on proportionate representative random sampling basis. Through the empirical study results, suggestions are made to enhance the HRD mechanisms of the engineering institutes.

Hassan, Hashim and Ismail (2006), in their study on "Human resource development practices as determinant of HRD climate and quality orientation", Results indicated that there are large inter-organizational differences in HRD practices. In general, however, employees' ratings were moderate. ISO certified companies, compared to others, obtained higher means on some HRD variables. Organizations with better learning, training and

development systems, reward and recognition, and information systems promoted human resource development climate. Quality orientation was predicted by career planning, performance guidance and development, role efficacy, reward and recognition systems. Srimannarayana (2007), has conducted a study to investigate the Human Resource Development Climate in a Dubai Bank Based on the responses of 212 employees working in a local bank in Dubai. This study made an attempt to assess the human resource development (HRD) climate in the bank. The study revealed that a good HRD climate was prevalent in the organization. The areas of difference were identified in this study among the various categories of HRD climate. An attempt was made to find out the differences in the perception of HRD climate among the employees, based on position, nationality, gender and age.

### **OBJECTIVES OF THE STUDY**

The present study is designed to examine the human resource development climate (HRDC) in health care industry at Coimbatore in Tamilnadu, India. The specific objectives are:

1. To assess the nature of state of HRD climate (HRDC) in health care industry.
2. To evaluate and compare the employees perception towards the various dimensions of HRD climate (HRDC).
3. To measure the level of the relationship between the various dimensions of HRD climate (HRDC) as applicable to health care industry.
4. To determine the factors influencing the HRDC and contributing to the rating of hospitals.

### **RESEARCH APPROACH**

The research approach selected for the study was an exploratory descriptive survey as per the nature of the study. The present study was concerned with the collection of information on prevailing HRDC in the hospitals of Coimbatore. For this purpose, an exploratory descriptive survey approach was considered most appropriate. The hospitals located in Coimbatore, Tamilnadu, India were selected for the study by using purposive sampling. They are largest corporate health care providers in multispecialty hospitals. The hospitals are in the form Trust, Corporate and Sole proprietorship. The sample used in this study comprises of doctors, nurse and paramedical staff working in different levels of management at five multispecialty hospitals. Simple random sampling method was adopted for selecting the respondents from all specialized areas available in each hospital. The study was based on both primary and secondary data. For the primary data well structured questionnaire developed by the researcher on the basis of 10 dimensions was prepared and used. Secondary data required for the study was collected from various sources like, text books, reference books, collections of clippings of research articles, news items, and statistical data base, official records of hospitals, statistical gazettes published by Government and non-Government departments of repute.

## RESULTS AND DISCUSSION

**Table 1: Comparison of Top Management Commitment to HRD among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 15                         | 28      | 24.88  | 2.724          | 10.948 |
| Nurses        | 11                         | 25      | 22.207 | 3.218          | 14.489 |
| Para-medicals | 13                         | 25      | 21.765 | 3.332          | 15.308 |

*Source: Computed from Primary data*

The above table presents the comparative position of responses of doctors, nurses and paramedical in terms of minimum value, maximum value, mean score, standard deviation and co-efficient of variations regarding the dimension of top management commitment to HRD. The overall mean score of top management commitment for doctors, nurses and paramedical has been computed at 24.88, 22.207 and 21.765 respectively which indicates that the top management commitment to HRD climate is better good in case of doctors than nurses and paramedical.

The S.D. of the top management commitment to HRD has been estimated at 2.724, 3.218 and 3.332 for the doctors, nurses and paramedical respectively, which shows that the variability of overall satisfactory score is more in case of nurses and paramedical than doctors as the SD is less. The overall score in terms of the CV of doctors, nurses and paramedical in relation to the HR dimension of top management commitment to HRD shown by the above table are 10.948%, 14.489 and 15.308% respectively.

**Table 2: Comparison of Superior-Subordinate Relationship among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 30                         | 55      | 48.02  | 4.581          | 9.541  |
| Nurses        | 22                         | 55      | 47.007 | 6.459          | 13.742 |
| Para-medicals | 27                         | 55      | 47.140 | 6.526          | 13.845 |

*Source: Computed from Primary data*

The overall mean score of superior-subordinate relationships for doctors, nurses and paramedical has been computed at 48.02, 47.007 and 47.140 respectively, which shows that the superior-subordinate relationships is fairly better in case of doctors than nurses and paramedicals. The S.D. of the superior-subordinate relationships in the hospitals has been found at 4.581, 6.459 and 6.526 namely for the doctors, nurses and paramedicals respectively, which shows that the variability of overall satisfactory score is more in case of nurses and paramedicals than doctors as the SD is very less.

The overall score in terms of the CV of doctors, nurses and paramedicals with regard to the superior-subordinate relationship evidence that 9.541%, 13.742%, and 13.845% respectively. The overall satisfaction is comparatively higher and consistent in case of doctors than the other categories of respondents namely nurses and paramedicals.

**Table 3: Comparison of Personnel Policies among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 13                         | 25      | 22.61  | 2.502          | 11.066 |
| Nurses        | 10                         | 25      | 22.107 | 3.122          | 14.122 |
| Para-medicals | 14                         | 25      | 21.529 | 3.181          | 14.77  |

*Source: Computed from Primary data*

The overall mean score of personnel policies of the hospitals (health care industry) for doctors, nurses and paramedical staff has been computed at 22.61, 22.107 and 21.529 respectively. The S.D. of the personnel policies in the hospitals has been estimated at 2.502, 3.122 and 3.181 respectively for doctors, nurses and paramedical staff respectively. It clearly shows that the overall satisfaction score is higher in case of doctors and paramedical staff than doctors as SD is less. The overall score in terms of the CV of doctors, nurses and paramedicals in relation to personnel policies shown by the above table are 11.066%, 14.122% and 14.77% respectively.

**Table 4: Comparison of Team Work among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 20                         | 45      | 39.71  | 3.807          | 9.586  |
| Nurses        | 20                         | 45      | 39.340 | 5.429          | 13.800 |
| Para-medicals | 24                         | 45      | 39.154 | 5.185          | 13.24  |

*Source: Computed from Primary data*

The overall mean score of team work of doctors, nurses and paramedical staff has been computed at 39.34, 39.40 and 39.154 respectively, which reveals that the team work in the selected hospitals is fairly better in case of doctors than nurses and paramedical staff. The S.D. of the personnel policies in the hospitals has been estimated at 3.807, 5.409 and 5.185 for the doctors, nurses and paramedical staff respectively, which indicates that the overall variability of overall satisfaction score is less in case of doctors than nurses and paramedical staff as SD is less. The overall score in terms of the CV of doctors, nurses and paramedicals in connection with team work shown by the above table are 9.586%, 13.800% and 13.24% respectively. The level of satisfaction is more in case of doctors than the other two categories of respondents viz., nurses and paramedical staff.

**Table 5: Comparison of Employee Developmental Activities among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 17                         | 35      | 31.54  | 3.500          | 11.097 |
| Nurses        | 17                         | 35      | 30.600 | 4.544          | 14.848 |
| Para-medicals | 17                         | 35      | 30.588 | 4.785          | 15.64  |

*Source: Computed from Primary data*

The S.D. of the employee development activities in the hospitals has been estimated at 3.500, 4.544 and 4.785 respectively for doctors, nurses and paramedical staff respectively. It clearly shows that the overall satisfaction score is higher in case of doctors than nurses and paramedical staff as SD is very less. The overall score in terms of the CV of doctors, nurses and paramedicals in relation to employees development activities of hospitals shown by the above table are 11.097%, 14.848% and 15.64% respectively. The level of satisfaction is higher in case of doctors than the nurses and paramedical staff.

**Table 6: Comparison of Training and Development among the Respondents**

| Category      | Overall Satisfaction Score |          |        |                |        |
|---------------|----------------------------|----------|--------|----------------|--------|
|               | Min. Val                   | Max. Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 10                         | 35       | 30.46  | 3.729          | 12.243 |
| Nurses        | 21                         | 35       | 30.993 | 3.581          | 11.555 |
| Para-medicals | 17                         | 35       | 30.265 | 4.464          | 14.75  |

*Source: Computed from Primary data*

The overall mean score of training and development of the hospitals for doctors, nurses and paramedicals has been computed at 30.46, 30.993 and 30.265 respectively. The S.D. of the training and development of the hospitals has been found at 3.729, 3.581 and 4.464 namely for the doctors, nurses and paramedicals respectively, which shows that the variability of overall satisfactory score is more in case of doctors and paramedicals than nurses as the SD is very less.

The overall score in terms of the CV of doctors, nurses and paramedicals with regard to the training and development of the hospitals evidence that 12.243%, 11.555%, 14.75% respectively.

**Table 7: Comparison of Encouragement-Initiative among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 12                         | 25      | 22.58  | 2.579          | 11.421 |
| Nurses        | 11                         | 20      | 17.873 | 2.547          | 14.250 |
| Para-medicals | 9                          | 25      | 21.875 | 3.433          | 15.69  |

*Source: Computed from Primary data*

The S.D. of the encouragement-initiative in the hospitals has been estimated at 2.579, 2.547 and 3.433 for the doctors, nurses and paramedical staff respectively, which indicates that the overall variability of overall satisfaction score is more in case of nurses than doctors and paramedical staff as SD is less. The overall score in terms of the CV of doctors, nurses and paramedicals in connection with encouragement –initiative shown by the above table are 11.421%, 14.250% and 15.69% respectively. The level of satisfaction is more in case of nurses than the other two categories of respondents viz, doctors and paramedical staff.

**Table 8: Comparison of Performance Appraisal among the Respondents**

| Category     | Overall Satisfaction Score |          |        |                |         |
|--------------|----------------------------|----------|--------|----------------|---------|
|              | Min. Val                   | Max. Val | Mean   | Std. Deviation | C.V (%) |
| Doctors      | 15                         | 25       | 22.28  | 2.437          | 10.940  |
| Nurses       | 15                         | 25       | 22.227 | 2.873          | 12.928  |
| Para-medical | 14                         | 25       | 21.949 | 2.955          | 13.46   |

*Source: Computed from Primary data*

The overall mean score of the performance appraisal of doctors, nurses and paramedicals has been computed at 22.28, 22.227 and 21.949, which indicates that the performance appraisal is fairly better in case of doctors than nurses and paramedicals. The S.D. of the performance appraisal has been estimated at 2.437, 2.873 and 2.955 for the doctors, nurses and paramedicals respectively, which shows that the variability of overall satisfactory score is more in case of nurses and paramedicals than doctors as the SD is less. The overall score in terms of the CV of doctors, nurses and paramedicals in relating to the performance appraisal shown by the above are 10.940%, 12.928 and 13.46% respectively. The level of satisfaction is more in case of doctors than the other two categories of respondents, nurses and paramedicals.

**Table 9: Comparison of Reward and Benefits among the Respondents**

| Category      | Overall Satisfaction Score |          |        |                |        |
|---------------|----------------------------|----------|--------|----------------|--------|
|               | Min. Val                   | Max. Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 9                          | 25       | 22.21  | 2.626          | 11.823 |
| Nurses        | 39                         | 75       | 65.607 | 8.291          | 12.637 |
| Para-medicals | 5                          | 25       | 21.103 | 4.293          | 20.35  |

*Source: Computed from Primary data*

The overall mean score of rewards and benefits in the hospitals for doctors, nurses and paramedicals has been computed at 22.21, 65.607 and 21.103 respectively, which shows that the rewards and benefits in the hospitals is fairly better in case of doctors than nurses and paramedicals. The S.D. of the rewards and benefits in the hospitals has been found at 2.626, 8.291 and 4.293 for the doctors, nurses and paramedicals respectively, which shows that the variability of overall satisfactory score is more in case of nurses and paramedicals than doctors as the SD is very less. The overall score in terms of the CV of doctors, nurses and paramedicals with regard to the rewards and benefits in the hospitals evidence that 11.823%, 12.637%, 20.35% respectively. The overall satisfaction is comparatively higher in case of doctors than the other categories of respondents namely nurses and paramedicals.

**Table 10: Comparison of Work Environment among the Respondents**

| Category      | Overall Satisfaction Score |         |        |                |        |
|---------------|----------------------------|---------|--------|----------------|--------|
|               | Min.Val                    | Max.Val | Mean   | Std. Deviation | C.V(%) |
| Doctors       | 14                         | 25      | 22.29  | 2.735          | 12.270 |
| Nurses        | 12                         | 25      | 21.567 | 3.210          | 14.882 |
| Para-medicals | 13                         | 25      | 21.610 | 3.158          | 14.61  |

*Source: Computed from Primary data*

The S.D. of the work environment of the hospitals has been estimated at 2.735, 3.210 and 3.158 for the doctors, nurses and paramedicals respectively, which shows that the variability of overall satisfactory score is more in case of nurses and paramedicals than doctors as the SD is less. The overall score in terms of the CV of doctors, nurses and paramedicals in relation to work environment of the hospitals shown by the above table are 12.270%, 14.882% and 14.61% respectively.

## **FINDINGS**

The following findings study was revealed revealed in the study. The top management commitment to HRD is fairly better for doctors than nurses and paramedicals. The doctors have satisfied superior subordinate relationship than the other respondents. Personnel policies of the hospitals are comparatively better in case of doctors than nurses and paramedical staff. Team work is more satisfactory for the doctors than the other two. The employee developmental activities were more favorable in case of doctors. Nurses have got better training and development opportunities than the other two types of respondents. Nurses have received better encouragement than doctors and paramedical staff. Performance appraisal is more satisfactory for doctors than the other two respondents. The rewards and benefits are more favourable to doctors than nurses and paramedical staff. The work environment is comparatively better for doctors than nurses and paramedical staff.

## **CONCLUSION**

Human beings are living in the era of changes that require the organization and individuals to be more dynamic and responsive to the emerging forces and changes. These changes resulted in complexities at work place, development of people related issues etc., which require timely, innovative and practical solutions. HRD aims at helping people become more competent in order to be able to cope with their functions well and thus leading to a more effective organization.

The HRD climate of an organization plays a very important role in ensuring the competency, motivation and development of its employees. The HRD climate can be created using appropriate dimensions. HRD climate contributes to the development of the capabilities of individuals, team and the entire organizations. It has a major influence on human performance through its impact on individual motivation and job satisfaction. The chosen hospitals discriminated the services of doctors and nurses and paramedicals. This

discrimination in the provision of HRD climate may affect the coordination and supporting role and team spirit of these two categories of respondents.

To summarize, the present study revealed that HRD climate for doctors is conducive and favourable delineating the nurses and paramedicals. Without their wholehearted support and team spirit doctors cannot fulfill their roles. So the management of the hospitals may assess the exact climate, identify the role played by nurses and paramedical staff and provide expected HRD climate conditions.

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