A STUDY ON CHALLENGES FACED BY HUMAN RESOURCE MANAGEMENT INPRIVATE MULTISPECIALTY HOSPITALS DURING COVID – 19 WITH SPECIAL REFERENCE TO CHENNAI CITY

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ABSTRACT

COVID -19 pandemic has impacted the global economy. It has been predicted that the global GDP will be contracted by 5.2 % in 2020(Th e World Bank, 2020b). One of the economic areas this pandemic has affected the most in developing countries like India is the hospitality and tourism sector. Many hospitality businesses have been temporarily closed due to strategies to minimize the infection rate. The measures such as lockdowns, social distances, home orders, travel bans, and travel restrictions have been imposed. One of the main forthcoming challenges of healthcare systems against preparedness and management of the pandemic is the challenge of procurement and recruitment of the human resources. This study is aimed to explore the health human resources challenges during COVID-19 pandemic in Chennai city. Data was collected from the human resources managers affiliated in Universities of Medical Sciences, hospitals and health centers and the health networks all over the city. 100 participants were included via purposeful sampling considering the inclusion criteria and were interviewed individually. After 100 semi-structured interviews, data were saturated. Organizational challenges include restricted financial resources, compensation discrimination, staffing distinction points, imbalance in the workload, weak organizational coordination, inefficient inter-sectoral relationships, parallel decisions, inefficient distribution of the human resources, lack of applied education, lack of integrated health protocols, lack of appropriate evaluation of performance, employee turnover, lack of clear approaches for staffing, and shortage of specialized manpower, and on the other hand, the personal challenges include insufficient knowledge of the employees, psychological disorders, reduction of self-confidence, burnout, workload increase, reduced level of job satisfaction, effects of colleague and patients bereavement and unsafety sense against the work place are studied.

Keywords

COVID - 19, Chennai city, Human Resource Management, Medical industry

INTRODUCTION

The issues and prospects of Personnel Management as one may comprehend ithave been in presence for a significant long time. It has just been brought about bycertain components like absence of sufficient factors of motivation. The study forthe above statement has been that the staff doesn't deal with the HR viably and ithas been unfortunate in light of the fact that the Personnel management division of any major cities like Chennai is the rock stone among any otherdepartments or work resources. The healthcare workers of such city should be sustain and sufficient yet in addition ought to be propriately encouraged, and should provide good development programs with respect to their service during COVID – 19 hiatus. From the previously mentioned reasons this study will respect their work in attempting to recognize them whose responsibility is to utilize and deal with the workers and get them and their familyget developed. Likewise this study will recognize the current issues and their prospects during the Pandemic. At last a few ideas and proposals will be made onhow best to limited the issues of them and approaches to improve them.

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoingpandemic of coronavirus disease 2019 (COVID-19) caused by severe acuterespiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified inDecember 2019 in Wuhan, China. The World Health Organization declared theoutbreak a Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020.As of 4 March 2021, more than 115 million cases have been confirmed, with morethan 2.55 million deaths attributed to COVID-19, making it one of the deadliestpandemics in history. Symptoms of COVID-19 are highly variable, ranging from none to life-threatening illness. The virus spreads mainly through the air whenpeople are near each other. It leaves an infected person as they breathe, cough, sneeze, or speak and entersanother person via their mouth, nose, or eyes. It may also spread via contaminated surfaces. People remain infectious for up to two weeks, and can spread the viruseven if they do not show symptoms.COVID-19 patients in Chennai city are treated in four categories of facilities —severe cases require hospitalisation, moderate cases are admitted to 'health centres' and mild cases are accommodated at care centres. The remaining asymptomaticcases are required to remain in home quarantine. According to a health official, about ten percent of the total active patients in the state need hospitalisation, about20% need health centres, another 50% need care centres and the rest can go underhome quarantine. He also added, "On an average, a patient with severe symptomsrequires a bed for about 10 days. This means that a bed will be occupied for 10days".

BACKGROUND OF THE STUDY

The city health department had to overcome several challenges, including lack of adequate human resources for public health activities, large slum population, lack of awareness about the disease symptoms, and fear of being isolated/quarantined among the public. Closure of most private clinics and hospitals made passive surveillance difficult and led to overcrowding of patients at Government tertiary care hospitals for medical care and COVID-19 testing. Laboratories were overloaded, increasing the turnaround time and movement of people after the relaxation of restrictions posed challenges in contact tracing. Similar to Chennai, cities across the globe have been facing challenges in combating the COVID-19 pandemic. The challenges include, but not limited to, high population density, high connectivity with other cities and urban areas, and unconventional interactions and communication leading to the rapid spread of false information. Understanding these challenges, several health organisations had given additional attention and issued separate guidelines for mitigating COVID-19 transmission in urban settlements. Besides policy level changes, the guidelines recommended mobilisation and capacity building of additional health workforce from different sources, community mobilisation and engagement, protecting and monitoring the vulnerable population, intensification of risk communication, establishing a call centre for coordination of public health response, setting up community-based testing sites, and data-driven decision making. Different strategies were adopted by several cities, according to their context, to control the pandemic. Describing such public health strategies, challenges in their implementation and the impact of these interventions would help policymakers make informed decisions during similar future situations in an urban setting. In this paper, we described the public health strategies and their effect in controlling the COVID-19 pandemic from March to October 2020 in Chennai, India.

RESEARCH METHODOLOGY

This was a qualitative study conducted in 2020 applying a content analysis approach. The aim of the qualitative study was to achieve the deep understanding of the challenges in the area of human resources management of private multispecialty hospitals during COVID-19 in Chennai city. This methodology was applied for its best compatibility for a systematic deep description of the experiences and viewpoints as well as concept understanding among social organizations. At the same time, we applied content analysis approach for

better information management, identification of the challenges and optimal decision making via a mechanism of categorizing, analyzing and determining the concepts for answering the scientific social issues.

The present study population includes the experts in the area of health human resources management the same as managers of Medical Universities ', hospitals and the health centers and health networks. More than the aforementioned official position, at least 2 years of experiences in the area of health human resources management. Snowball sampling was used to include the most experienced and knowledgeable informants. The aim of this purposeful sampling is to include the participants according to the aim of the study rather than accidental methods. These participants were selected from different Medical Universities in north, south, east and the center of the city.

| DESCRIPTION | NO. OF RESPONDENTS | PERCENT | | | |
|----------------------------|--------------------|---------|--|--|--|
| Medical Universities | | | | | |
| Sri Ramachandra Medical | | | | | |
| College and Research | 10 | 10 | | | |
| Institute | | | | | |
| Saveetha Institute of | | | | | |
| Technical and Medical | 10 | 10 | | | |
| Sciences | | | | | |
| Apollo Institute of Health | 10 | 10 | | | |
| Sciences | 10 | 10 | | | |
| SRM Medical College | | | | | |
| Hospital and Research | 10 | 10 | | | |
| Centre | | | | | |
| Hospitals | | | | | |
| SIMS Hospital | 10 | 10 | | | |
| Rakki Hospital | 10 | 10 | | | |
| Lifeline Hospitals | 10 | 10 | | | |
| Health Centres | | | | | |

 Table 1: Distribution of Sample by the respondents

| Techmed Health Centre and Diagnostic Private Limited | 5 | 5 | | |
|---|-----|-----|--|--|
| IBL Healthcare Private Limited | 5 | 5 | | |
| Health Networks | | | | |
| AGS Health Corp | 5 | 5 | | |
| Niva Bupa | 10 | 10 | | |
| Klinikals Health Network Private Limited | 5 | 5 | | |
| TOTAL | 100 | 100 | | |

Source: Primary Data

DATA ANALYSIS

After conducting the semi- structured interviews through the medium of online with an app called 'Google Forms' due to outbreak of COVID - 19, the collected information are processed in order to achieve a deep understanding of the challenges faced by HR professionals during pandemic.

Socio – Economic Profile

The below table 2 exhibits the socio – economic characteristics of the respondents of the study.

| Variables | Category | Frequency | Percent |
|-----------------------|------------------------|-----------|---------|
| | Less than 40 | 72 | 72 |
| | 40 - 50 | 17 | 17 |
| Age | Above 50 | 11 | 11 |
| | Total | 100 | 100 |
| | Male | 69 | 69 |
| Gender | Female | 31 | 31 |
| | Total | 100 | 100 |
| | Single | 13 | 13 |
| Marital Status | Married | 87 | 87 |
| | Total | 100 | 100 |
| | Below 10 yrs | 47 | 47 |
| Work Experience | 10-20 yrs | 43 | 43 |
| | Above 20 yrs | 10 | 10 |
| | Total | 100 | 100 |
| | UG | 9 | 9 |
| Level of Education | PG | 70 | 70 |
| | Above PG | 21 | 21 |
| | Total | 100 | 100 |
| | Recruiter | 18 | 18 |
| | Employee Relations | 29 | 29 |
| Position | Compensation Executive | 19 | 19 |
| Position | Trainer | 10 | 10 |
| | Compliance | 24 | 24 |
| | Total | 100 | 100 |

Table 2Demographic Profile of the respondents

Source: Primary Data

CHALLENGES IN HRM PRACTICES

As mentioned above, the challenges are divides into two criteria as organizational and personal which are sub-divided into various themes are described based on the responses of the semi-structured interview.

Organisational challenges

The respondents are asked to select one from the below mentioned themes of organizational challenges faced by them during the period of COVID -19 pandemic. The results of the responses are tabulated in table 3.

| Description | Frequency | Percent |
|--------------------------------|-----------|---------|
| Restricted Financial resource | 2 | 2 |
| Compensation discrimination | 9 | 9 |
| Staffing discrimination | 13 | 13 |
| Workload Imbalance | 12 | 12 |
| Weak coordination | 7 | 7 |
| Conflict in decision making | 5 | 5 |
| Inefficient usage of resources | 1 | 1 |
| Lack of education | 4 | 4 |
| Lack of performance evaluation | 14 | 14 |
| Lack of health consideration | 20 | 20 |
| Manpower Shortage | 12 | 12 |
| High employee turnover | 1 | 1 |

Table 3Responses for Organisational Challenges

Source: Primary Data



Figure 1 Chart Diagram representing organizational challenges

The above chart and table show that the lack of integrated health protocols and lack of giving much importance to the health of the employees was the main challenge faced by them with high percent of 20%. Then, the lack of appropriate evaluation of impeccable performance was the biggest drawback with 14% of respondents agree it. The presence of discrimination in staffing distinction points and privileges seems inappropriate to the employees. As such, 14% of them justifies the statement. 12% of respondents choose for both manpower shortage and workload imbalance. Eventually, imbalance in the workload and inefficient distribution of human resources are dependent of each other. 9% of respondents felt discrimination in compensation, followed by 7% agrees that the organizational coordination was weak.

Conflict and parallel decisions make trouble in the time of pandemic for which 5% of respondents stand in this point. 4% of employees mentioned that there was lack of applied, planned and integrated education. Restricted Financial Resource (2%), High employee

turnover (1%) and inefficient usage of resources (1%) also acts as organizational challenges faced by the employees of human resource management of health organisations in Chennai.

Personal Challenges

The respondents are asked to select one from the below mentioned themes of personal challenges faced by them during the period of COVID -19 pandemic. The results of the responses are tabulated in table 4.

| Description | Frequency | Percent |
|--|-----------|---------|
| Insufficient Knowledge | 14 | 14 |
| Psychological disorders | 12 | 12 |
| Reduction of self-confidence and self - esteem | 10 | 10 |
| Personnel's burnout | 6 | 6 |
| Fatigue | 27 | 27 |
| No job satisfaction | 20 | 20 |
| Bereavement of Patients | 9 | 9 |
| Lack of sense of security | 2 | 2 |

Table 4Responses for Personal Challenges

Source: Primary Data



Figure 2 Chart representing Personal Challenges

From the table 4 and figure 2, it could be understood that fatigue is the primary challenge the HR department officials faced during COVID – 19 pandemics owing to the hype created at the hiatus period. 27% of respondents faced fatigue and problems related to that. During such period, job satisfaction is absent for nearly 20% of respondents. The primary requirement of increased level of job satisfaction, incentives and moral sense are reduced. 14% of respondents answered that there was insufficient knowledge of the employees among personnel management. There was psychological disorders among employees where 12% of them justified it. 10% of them argued that the reduction of self-confidence and self-esteem were present at that period. However, the effects of colleagues and patients' bereavement was too challenging for them (9%). 6% of respondents mentioned there were also personnel burnout was also a challenging factor. 2% of female respondents chose that they felt unsafety sense against the work place.

Considering all discussed above, it would be significant for the policymakers to formulate related applied policies and practises according to the identified challenges and the similar findings of the other studies. Results of this qualitative study can pave the way for better

managing of the health human resources during the pandemic after seeking the applied interventions for overcoming and decreasing the above challenges.

CONCLUSION

In India, revenues in the aviation sector have temporarily stopped and now resumed. Although we confirmed the airline sectors' loss estimates. The author could not obtain detailed loss estimates for the hotel sector. However, it can also be said that it will be difficult to revive the hospitality sector for a while. The Indian government, the tourism sector stakeholders also have challenges toward the economic revival aft er the pandemic. It is thought that a plan that can adequately respond to those issues will be necessary. Finally, the author's proposal, along with the FICCI report to India's Government, could be critical for revivingthe hospitality and tourism industry. This strategy could be equally applicable to countries with shared economies and social values.

Serious attention to these challenges should be considered by health policymakers in order to be prepared for facing new probable outbreaks and managing the present condition. The integrated comprehensive planning of human resources management for COVID-19 along with supportive packages for the personnel can be helpful. It is recommended to the health human resources policymakers to plan a comprehensive roadmap for staffing, educating, developing and improving the healthcare workers for near future.

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