"A STUDY OF EFFECTIVENESS OF TRAINING AND DEVELOPMENT PROGRAMMES FOR FUNCTIONAL HEADS IN HOSPITALS"

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(February, 2016)

CERTIFICATE

This is to certify that the work incorporated in the thesis entitled "**A Study of Effectiveness of Training and Development Programmes For Functional Heads in Hospitals"** for the degree of 'Doctor of Philosophy' in the subject of Management Studies under the faculty of Management Studies has been carried out by **Mr. Sachin Vishwasrao Ayarekar** in the Department of Management Studies at Bharati Vidyapeeth Deemed University, Institute of Management and Entrepreneurship Development , Pune during the period from November 2011 to November 2015 under the guidance of Dr. Ashok Ranade.

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Place: Pune

Date : (Dr.Ashok Ranade)

DECLARATION BY THE CANDIDATE

I hereby declare that the thesis entitled **"A Study of Effectiveness of Training and Development Programmes For Functional Heads in Hospitals"** submitted by me to the Bharati Vidyapeeth University, Pune for the degree of **Doctor of Philosophy (Ph.D.)** in subject of Management Studies under the **Faculty of Management Studies** is original piece of work carried out by me under the supervision of Dr.Ashok Ranade. I further declare that it has not been submitted to this or any other university or Institution for the award of any degree or Diploma.

I also confirm that all the material which I have borrowed from other sources and incorporated in this thesis is duly acknowledged. If any material is not duly acknowledged and found incorporated in this thesis, it is entirely my responsibility. I am fully aware of the implications of any such act which might have been committed by me advertently or inadvertently.

Place :
Date : (Mr.Sachin Vishwasrao Ayarekar)

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LIST of Abbreviations:

Abbreviations	Description
ACS	American College of Surgeons
JCAHO	Joint Commission on Accreditation of Health Care Organization
SOP	Standard Operative Procedure
MCI	Medical Council of India
ISHA	Indian Society of Health Administration
WHO	World Health Organization
FM	Functional Manager
OPD	Out Patient Department
ICU	Intensive Care Unit
CCL	Central Clinical Laboratory
OT	Operation Theater
ECG	Electro Cardio Gram
HCDS	Health Care Delivery System
PHCDS	Proficient Health Care Delivery System
FDI	Foreign Direct Investment
LPG	Libralisation, Privatisation, Globalisation
TP	Training Programme
HA	Hospital Administration

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CHAPTER I: INTRODUCTION

The ailment, disease and suffering on account of ill health are as old as the beginning of a human life. Human being has a social system of taking care of such ill persons either at his residence or at some other place. Such other place may be considered as hospital. As soon as the person who is ill is out from his residence for the treatment the role of doctors and helping staff who perform the different functions which are supporting to the treatment are primarily become functional personnel. The treatment to such an ill person is delivery of such hospital services. However, in recent times, the scope of these services are not limited to post illness but extended to preventive care also. A separate branch of medicine is evolved and expanding which is known as Preventive Medicine and majority Government Hospitals have a separate department for the same.

[FM is a term used in place of Functional Heads i.e. In Charge or Head of the departments like Radiology, Medical Records etc. The term is coined as the study pertains to the managerial and self development of these heads who need to more managerial in their approach and attitude rather than the calling them as heads as the word head has a typical tinge of bureaucratic nature. Thus reader should take the meaning of the word FM as Functional Manager. Preceding discussion would reveal the relevance of the word more and more]*

Thus the context of the study has four basic tenets or pillars as

(A) Organizational Glance of Hospitals

1. History of Hospital
2. Types of Hospital
3. Role of Hospitals

(B) Hospital Administration

1. Introduction to Hospital Administration
2. Hospital Administration and related issues

(C) Health Care Delivery System

1. Process
2. Review of role of Departments

(D) Role of Functional Managers. [FM]*

1. Functions of FMs
2. Career Path of FMs

(E) Rationale of the study

In order to understand and appreciate the changes taken place in the entire eco system of hospitals it is worthwhile to look into its evolution and Development.

1.1 Evolution of Hospital as an organization:

Hospital system had its origin in the Latin word i.e., *Hospice.* Meaning of the word *Hospice* is both a host and a guest. Greek word *xenodochia* refers to a building for the reception of strangers who need care. Roman word *Valetudinaria* refers to establishment started for sick people.

Savita Sharma (2004) defined the word hospital as an institution of housing for needy people and sometimes the word hospital is referred for a place for rest and was also referred as an institution for residence and education in past.

Now the word Hospital is commonly and universally used when it got linked with care and medical treatment.

At present times, a word hospital means an institution for care and medical treatment of sick or wounded people or patients.

(A) Organizational Glance of Hospitals

[A.1] History of Hospital:

The history of Hospitals has been evolved in seven phases and now a look at each phase is taken

Phase I	-	Early History
Phase II	-	Ancient Asia
Phase III	-	Modern Era
Phase IV	-	Period of Growth
Phase V	-	Consolidation era (1920 – 1950)
Phase VI	-	Hospitals after 1950 (Indian Scenario)
Phase VII	-	Changing concepts of Hospitals. (1990 onwards)

Following is the discussion about developments in each phase.

Phase I – Early History:-

In this phase generally temples were used as hospitals in Greek and Roman civilization. Sick and unfit people were brought to these temples for treatment. After getting cured these patients were discharged from hospitals.

As the Christianity started spreading, the hospitals became the important part of Church activity. Few good hospitals were started by Church in this early phase of hospitals. In Paris, at hotel Dien the eeliest hospital was started in 542 AD.

St. Bartholomew's hospital in London was started in 1123 AD and in the year 1654, Spanish opened a first hospital in Mexico. In 1751, the first general hospital was started in North America named as Pennsylvania hospital. Bellevue hospital was started in the year 1736 in New York City while in 1811 Massachusetts hospital was opened in Massachusetts.

Day by day these hospitals were started providing new facilities. This could be possible because of advancement in technology, equipments and machines like X-ray Machine.

Phase II- Ancient Asia:

It was Sri Lanka who contributed for introducing *"Dedicated Hospital Concept"* to the world. King Pandukabhaya built various hospitals in 5th century A.D. in Sri Lanka.

Mihintale Hospital is perhaps the oldest hospital in the world. King Ashok brought the concept of *"State Supported Hospitals.*" He started 18 hospitals in 230 B.C. The first teaching hospital was started in the Persian Empire.

All these hospitals with available resources were providing best treatment to needy and sick people.

Phase III – Modern Era:

By this time the concept of hospitals and its services had been well established .As a result, Europe and America had established a number of public and private hospitals as a social system before 1950. In European countries hospitals were built by using public funds to provide healthcare facilities to the civilization.

In Great Brittan the Government started the National Health Service for the needy and poor citizens. All these hospitals were non profit making hospitals.

Phase IV - Period of Growth :- (1860 – 1920)

This was the phase which is featured by slow commercialization of the hospitals.

During this period the approach of the hospital changed from non-profit making hospitals to profit making hospitals. This era was between 1860 and 1920.

The main reason for growth of hospitals was rapid advancement in the field of medicine in this era.

In 19th century, a significant development took place because of Florence Nightingale. She gave a touch of profession to the nursing. It was observed that Society's attitude towards hospital shaped the role of hospitals in healthcare delivery system for patients. Awareness about health issues and importance of healthy life were two major contributors for changed attitude of society. This attitude change of population occurred slowly.

Phase V - Era of Consolidation (1920 – 1950):

The impact of evolution was all rounded and the number of hospitals by the year 1924 reached to 7320. This era belongs to improved quality of health care services. The American College of Surgeons (ACS) was established in the year 1913.

The number of hospitals became very large world over. However, there was no approach to this field of services as a system. Health Care Delivery as a system to be looked at became the need of the time.

The American College of Surgeons (1918) developed a Hospital Standardization program in the year 1918. This was the milestone in the history of health care delivery system.

This program was taken over by Joint Commission on Accreditation of Health Care Organization (JCAHO) to improve standards of health care delivery system. The JCAHO has developed criteria related to structure, process and output of hospital. These criteria helped a lot for hospital organizations and to improve all hospital systems.

After the standardization and viewing Health Care as a system, the sea change took place. The introduction of insurance for the medical treatment was permitted in America.

This boosted the hospital services and their quality. The patients too were relaxed to avail the services.

Thus, during this phase, the combination of insurance, advancement in technology of treatment to patients and supporting services webbed them together which has a phenomenal impact on rapid growth of hospitals and its span of services.

The demand for Quality Service started rising due to conducive forces for the patients.

The output part of the system started tending towards the rendering quality medical treatment and other services developed as the purpose of hospital also. The hospital services were by then established as a commercial activity and started getting driven by business principles. Quality in Delivery Orientation along with System Orientation factors started seen in Hospital Services which had become by then as a product.

The demand and supply have both end and means relationship. The insurance support to the patients started demanding quality treatment and services. This was supported by rapid advancement in technology with rapid enlargement in scope of medical services. Thus the demand and supply or supply and demand became complementary for its whipping growth.

In addition, very strange factor i.e. beginning of World War II has created the demand for hospital services for wounded soldiers for acute care.

This era is having another feature of evolution that is tests for diagnosis. X-ray facilities and Laboratory Tests and such other services were brought under the services of the hospital.

The early nature of guest and host and care, extended to fully fledged treatment and health care services.

Phase VI- Hospitals after 1950 (Indian Scenario)

In India, there were 7400 hospitals and dispensaries available for patients. In these hospitals, beds available for patients were 1, 13,000 only. The bed population ratio was 0.2/1000 (means 1 bed for 5000 population) population. There were 19 medical colleges and 19 medical schools in India.

Government of India was realizing that demand of healthcare is increasing day by day. Rapid action was necessary in this regard. Government of India formed some committees to find the solution for the problem.

[The committees made number of recommendations. All these were related for the improvement in health care delivery system and norms for the hospitals etc. The

researcher has not gone in to the details of those recommendations as they were according to the then time. Now there are many changes which have revolutionized the scenario of Health Care Delivery System in India]

Some of these important committees established were,

i) Bhore committee, 1957

ii) Mudaliar committee, 1961

iii) Jain committee, 1978

iv) Siddhu committee, 1985

v) Rao committee, 1988

vi) Srivastava committee, 1999

vii) Bajaj committee, 2004

Since 1947, growth of healthcare sector in India slowed down. After 1980, the growth rate was increased but still much remained to be done in health care sector. Government with help of nongovernmental organizations is doing its best to achieve the goal of 1 bed/1000 population as recommended by Mudliyar Committee in 1961.

Phase VII -Changing Concepts of Hospitals (1990 onwards)

Government after 1991 adopted the policy of Liberalization, Privatization and Globalization (LPG). Government opened doors for all sectors for Foreign Direct Investment. Rapid growth took place in all sectors including healthcare because of L.P.G. policy. Some big changes were witnessed by Healthcare Sector in India.

The changing concepts are related to the structure, services, functions, treatment, nature of delivery, regulations etc.

The changes are:

(i) Increase in number of services (Multi Specialty)

(ii) Increase in depth of service (Super Specialty)

(iii) Focused Service (Single Specialty)

(iv) Corporate Structure: (FDI in Shares of as investors)

(v) Chain of Hospitals (Branching in different Cities)

(vi) Medical Tourism

(vii) Medical Transcriptions

(viii) Help of Robots in Treatment and other functions

(ix) Visibility of Services to patients

(x) Transporting the organs to other places

(xi) Test Tube Babies

(xii) Transplants of organ kind of services

(xiii) Tele medicine

(xiv) Very Heavy use of technology advancement in operations, treatment and replacements.

(xv) Advancement in Para- medical branches like Physiotherapy

(xvi) Concurrent Developments in other therapies like Homeopathy, Therapy of Natural Medicine, and Anesthesia Technology and the treatment is given in combination of them.

(xvii) Patient has been given a legal status of a Consumer by Consumer Protection Act, 1986, is another aspect to this environment.

(xviii) Dieticians, Cosmetologists, spa, massage centers etc. have also become the part of the Health Care Delivery System.

(xix) Medical Insurance Support System

The changes can be understood better by the change in terms of

(a) Complete Knee Replacement (b) Painless delivery (c) Use of stapling instead of stitches (d) Use of laser Ray for the treatment (e) cloning (f) Culture of Cells etc.

(xx) *From the above points it is clear that the reasons behind enlarging the scope of non medical staff or supporting services and it shall not be an exaggeration if it is considered that the role is at par with medicos in terms of its importance for health care delivery. More the application of advanced technology more become the role of supporting services like labs and technicians larger as the medicos need to depend more and more for the support and back up.*

Therefore, health care deliveries have been showing increase in its width and length.

It is integrating with so many services and factors which are calling for high level of professional attitude while delivering the services. All these changes, competition and increasing population are demanding it to be PHCDS i.e. Proficient Health Care Delivery System.

The major change is in functioning of hospitals from Administrative Pattern to Managerial Pattern.

WHO (2008-2014) [1] published the report on Health Care at Global level which clearly depicts these changes.

The demand for quality service, backed up by medical insurance, increasing heath awareness of the individuals and availability of technology has created a room for generating good amount of revenue and profits in the field of Healthcare.

WHO(2009) mentioned , health care sector provides a large scope for the competitive advantage as well as on economies of scale .In order to take benefits of both the factors the need of funds in terms of investment is essential .This created an opportunity of Foreign Direct Investments and Corporatization of Health Care Delivery System.

For all practical purposes in order to cater the needs of heavy population, the corporate structure is suitable and emerged not as a hospital in its traditional meaning but as a *big center of providing health care services in a systematized manner.*

However, the country like India, where nearly more than 40% of the population is below poverty line cannot afford to avail the services of such giant Corporate Hospitals. Government at State and Central level is contributing for the Health Care services offerings to the common men. But it is beyond the capacity of any Government to provide them to all in the same manner as giants can provide. The obvious reason is the former has no profit motive the latter has only profit motive.

In these circumstances, Private Public Partnership (PPP) Model is a golden via media. PPP model is also increasing the number of hospitals.

In nutshell, the number of hospitals is increasing day by day and competition is increasing and demand for various health care services.

[A.2] Classification of Hospitals:

The hospitals are increasing in numbers and its width and length. There are different bases on which the hospitals are classified as:

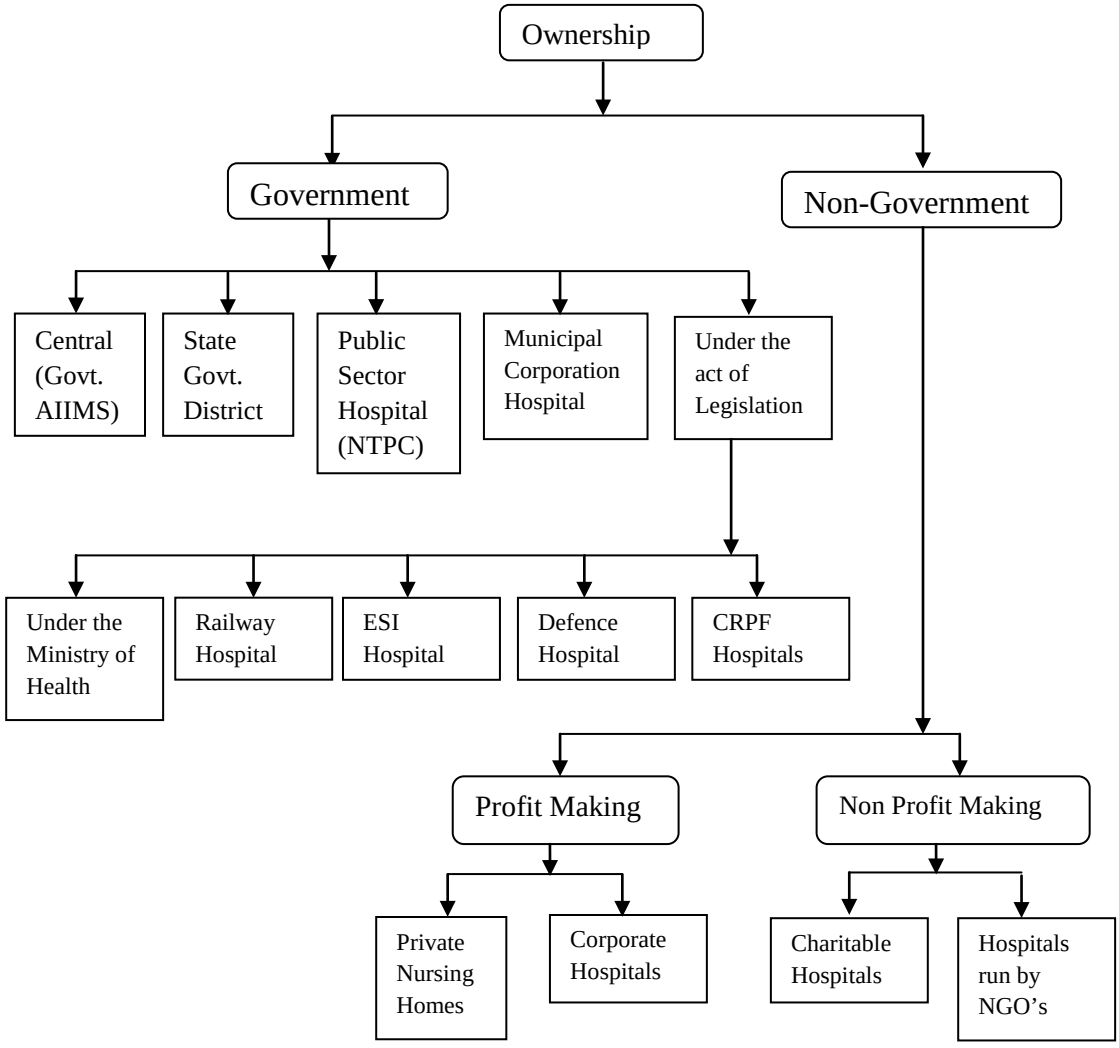
(a) Ownership (b) Hospital Directory (c) Therapy System (d) Size (e) Clinical Criteria (f) Level of Care (g) Teaching Facilities (h) Accreditation (i) Gender

(j) Length of Stay.

Following figures depict the sub types under each base which are easy to understand from their title itself [2]

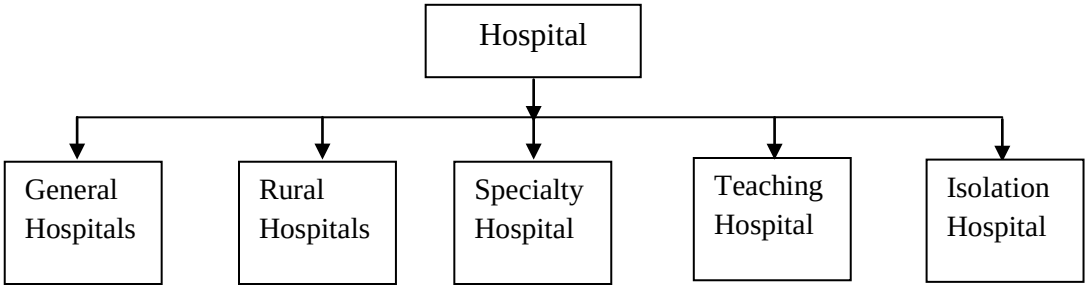
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 35)

Figure: 1.1 Ownership Based Classification



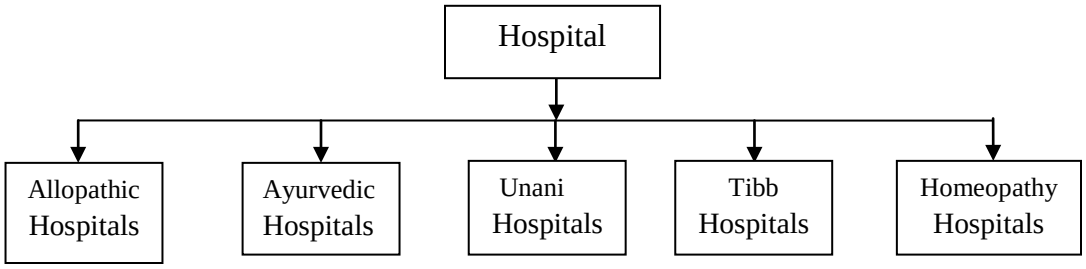
((Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 35)

Figure: 1.2 Hospital Directory Based Classification



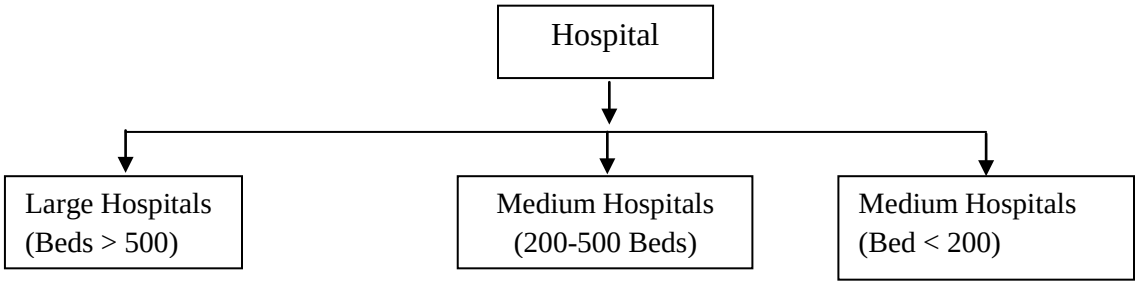
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 35)

Figure: 1.3 Therapy Based Classification



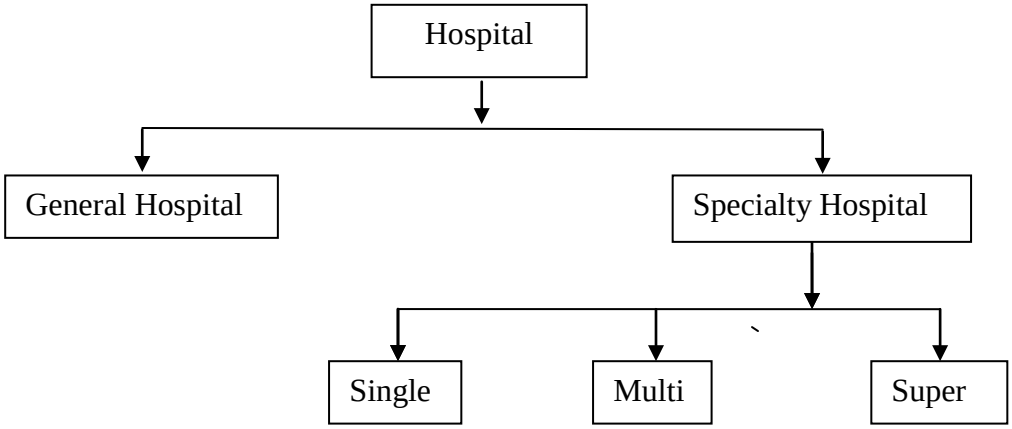
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 36)

Figure: 1.4 Size Based Classification



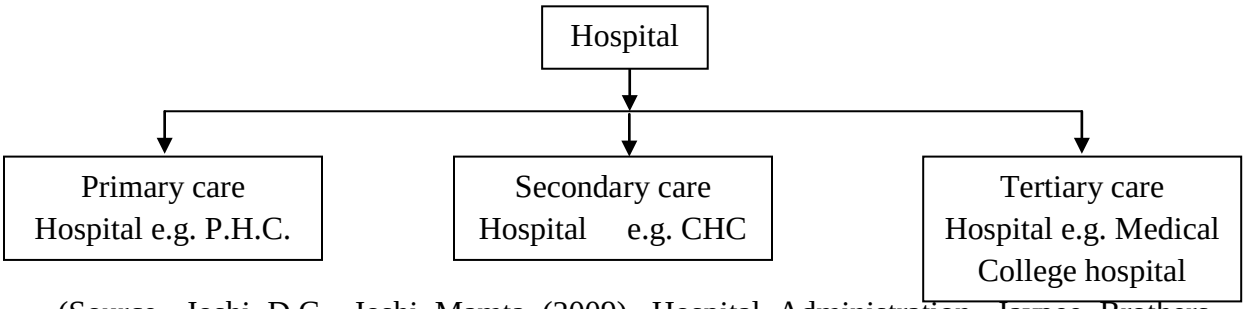
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 36)

Figure: 1.5 Clinical Based Classifications



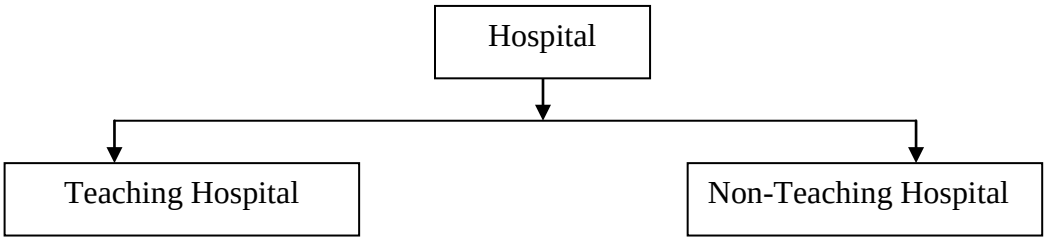
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 36)

Figure: 1.6 Level of Care Based Classification



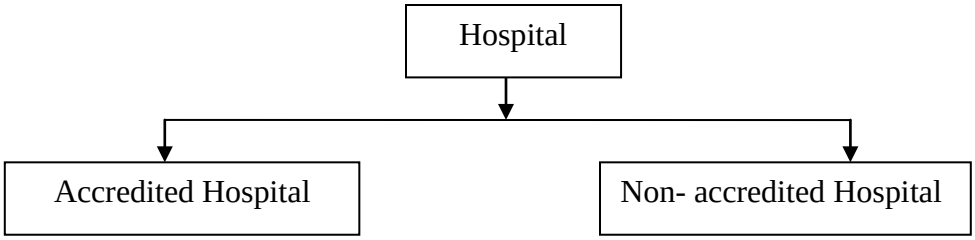
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 36)

Figure: 1.7 Teaching Faculties Based Classification



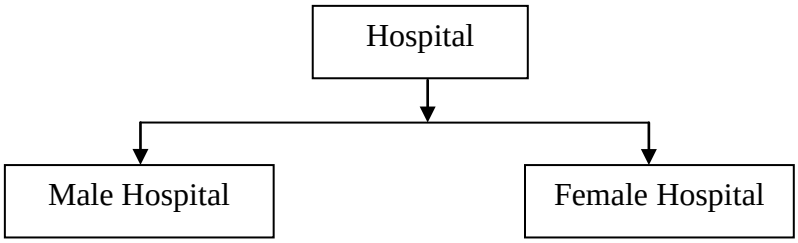
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 36)

Figure: 1.8 Accreditation Based Classification



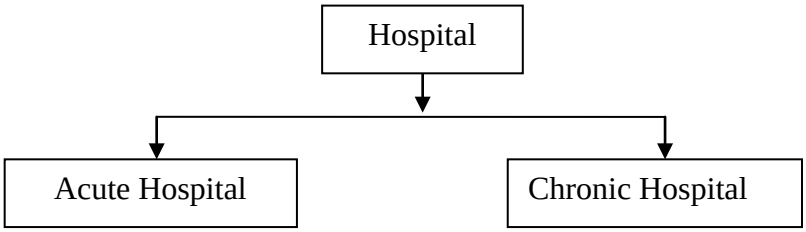
(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 37)

Figure: 1.9 Gender Based Classification



(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 37)

Figure: 1.10 Length of Stay Based Classification



(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 37)

Acute Hospitals are those where the stay ranges between one to seven days. Chronic where the stay is for a longer period e.g. Hospital treating patients of TB, HIV infected and Mental Illness.

[A.3] Role of Hospitals:

The functions of hospital are explained by different functions it has to perform. In recent times they are very wide and vast and hence cannot be covered very exhaustively but indicatively. They are in the areas of

(i) Early Detection and right type of medication

(ii) Follow the principle of prevention is better than cure and guard the society

(iii) Life Saving Efforts

(iv) Collection and Analysis of the data for the safeguard of the society

(v) Continuously enhancing the productivity in terms of quality and quantity of services and ultimately resulting enhancement of the satisfaction of the patients

(vi) Hospitals are research centers. Hospitals should motivate staff members and experts to carry out research on physical, psychological and social aspects of health and disease. Without support of hospitals it is not possible to conduct big clinical trials of drugs and methods of treatment (Johnson and Johnson Report 2007) [3]

(vii) To perform all above as a role, hospitals should have knowledgeable and skilled staff in adequate numbers. The hospitals should provide training facilities to all staff members. They should provide continuous medical education to all nursing, paramedical and medical staff.

(viii) The recently added role of hospital is to provide support for telemedicine. The role is bigger than imagination because of advancement in the sector of information technology and robotics.

In the last paragraph, the role of hospital is discussed and with effective administration only, hospitals can perform the said role for patients and society. Hospital is summation of different departments. These departments may be clinical or non clinical.

The performance of a hospital is a sum total of performance of different departments of the hospital. The hospital has to aim at enhancing the level of satisfaction of patients. Unless each department performs, its role in terms of efficient functioning resulting into the synergy effect, the goal of total satisfaction to patients shall not be reached. Therefore, the hospital should be seen holistically, where its entire department would function at independent level and at Hospital as whole level.

(B) Hospital Administration:

The functions only as an administrative level and taking them as managerial function are distinct from each other and such a change is the demand of the time.

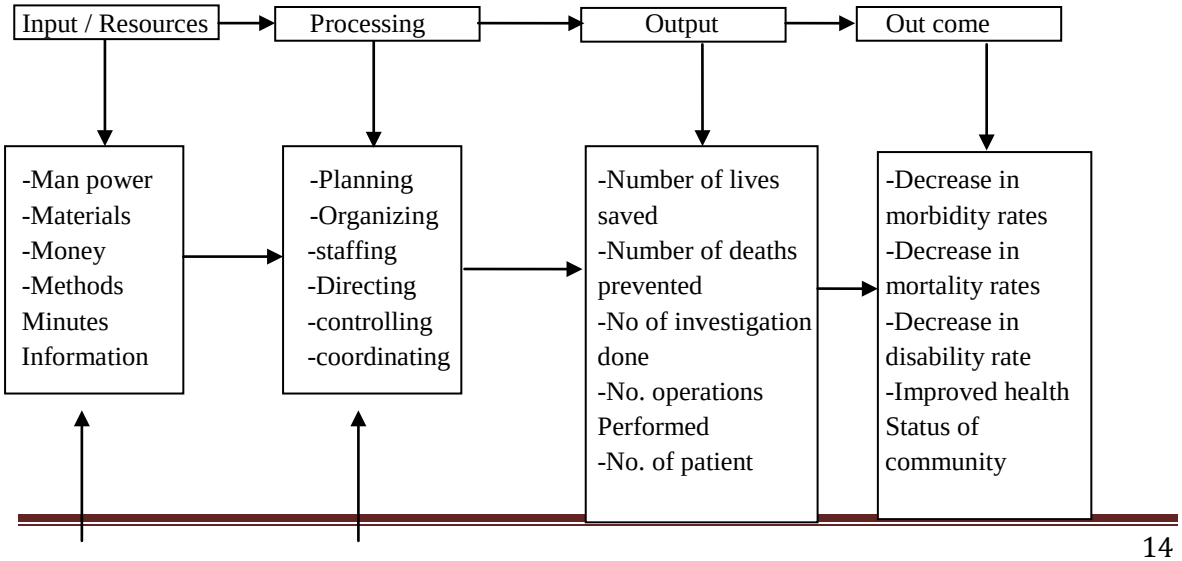
It is relevant to see the distinction between these two concepts

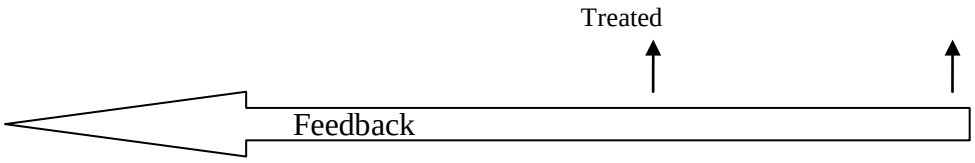
[B.1] Introduction to Hospital Administration

Savita Sharma in her book [**4**] Hospital Administration defines it as "Hospital administration is a process of planning, policy formulation, planning of activities and decision making to provide best health care for patients." Administration covers more part of planning activities as per need of patients and healthcare delivery system of the hospital

It is well depicted by Shankar [5] in his book on Hospital Management

Figure 1.11: Components of Functions of Hospital Administration





(Source- Joshi D.C., Joshi Mamta (2009), Hospital Administration, Jaypee Brothers Medical Publishers (p) Ltd. Page No. 04)

This a common work flow diagram for every hospital irrespective of its types. The above figure has to be seen from the view point of a system and following lines explain the input, process and output part of Hospital Administration as Health Care Delivery System.

(i) RESOURCE INPUTS:

The process begins with inputs provided as different resources. These inputs are in form of man power, materials, money, methods, time and information collected. It is the job of hospital administration to provide skilled manpower in a required number as well as best quality material like beds, laboratory material for various departments of the hospital. It is the job of administration to make necessary arrangements of funds for purchasing purpose as well as for salary purpose. Hospital administration should finalize systems for each process in the hospital e.g. attendance of employees. The attendance will be taken by using biometric machine.

It is the duty of hospital administration to finalize time for each activity in the various processes, carried out by departments. How much time should be given to prepare one x-ray report? Administration should finalize the time. Administration should collect and provide all necessary information required for different activities.

(ii) PROCESS

Inputs shall go to next step that is processing. With the help of planning, requirement of all resources will get finalized and resources as per need of the activities will get organized.

Requirement of human resources will get fulfilled as per the need of the activity or process. As the process will start, close supervision will be needed to observe how

employees are performing and completing the activity. If it is not as per standards, the performance will be controlled with proper checks. Diversions shall get controlled and output will be delivered.

(iii) OUTPUT

Output of hospital input-output process will be checked by getting data about how many patients saved? Number of surgical operations performed, Number of patients treated and Number of accurate investigations done will help to calculate output of the hospital process.

In case of effective administration, the output figures will be very satisfactory for hospitals as well as for society.

(iv) OUTCOME:

These outcomes are results of policies adopted by hospital administration. If hospital administration implements policies effectively then outcome will be decrease in deaths, decrease in disability rate and improved health status of community.

For each step from input to outcome hospital administration has a very important role to play. Outcome will depend upon how hospital administration implements effectively this input-output process.

[B.2] Hospital Administration and Related Issues:

Hospital Administration is the heart of the hospitals. The whole organization or structure of hospital is dependent on the hospital administration. If hospital administration is effectively done, hospital as an organization will grow and survive in this competitive world. If not, hospital organization for first two year will be under the swinging sword of heavy losses and then it will get collapsed. That is why to discuss functions of hospital administration are important. Functions of hospital administration are as follows.

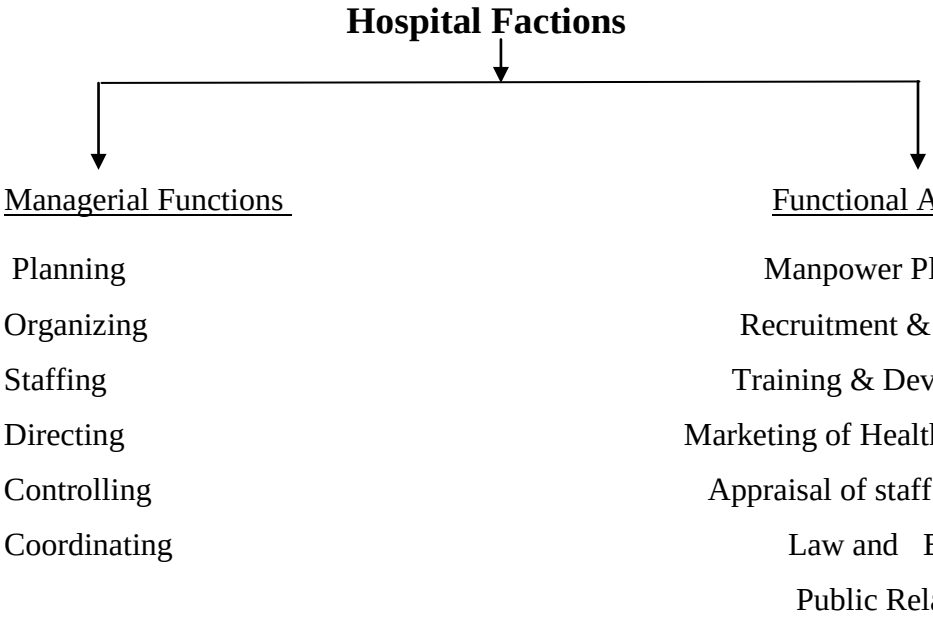
At present, the two terms Hospital Administration and Hospital Management have different connotations. In ordinary course the Hospital Administration is a separate

department in the hospital which functions for day to day running of hospital activities and execution of policies of the hospitals. In other words this department does not take as a core function of making policy decisions

Whereas Hospital management word has a connotation of the board of trustees or directors of the corporate who are the members are of Management and they are responsible for policy decision. Whether to open a new facility shall be decided by Hospital Management and not by Hospital Administration.

The following figures and explanation of the functions cover the aspects of hospital administration department seen along with the view of managerial functions from Planning to --- Control.

Figure No. 1.12: Functional Areas of Hospital Administration



(a)Managerial Functions:-

(i) Planning:-

Hospital management, in advance should finalize goals or objectives. To achieve goals and objective, hospital administration should design a course of action that is called as planning. Hospital sector is full of uncertainty. Because of big accident, 15-20 patients

will come in few minutes time for hospitalization. This is the reason why hospital should have short term, long term and back-up plans ready for execution as per the demand of the situation. Planning for material, manpower and financial resources are very vital.

(ii) Organizing:-

In this function, hospital administration should identity the activities, and preparing the group of activities. Next step in the process of organizing is delegation of authority to various positions in the hospital organization.

It is noticed that in hospital organization, staff members are working under multiple commands. There are no clear cut guidelines for line of authority and unity of command.

(iii) Staffing:

Staffing is the function responsible for filling up the vacant position in hospital organization. This will be done with recruitment and selection, training and development, retention and utilization of work force.

Still hospitals are using traditional system of senior and junior for staffing process. The range of work force in terms of skill level is very vast in hospital organization. It varies from highly skilled Surgeons to illiterate Attendants. Hospital hierarchy is a key element in staffing function.

(iv)Directing:

The function is a combination of four sub-processes. These are supervising, leading, communicating and motivating staff members. Performing these four functions needs that a hospital administrator to be a good leader

The directing function in hospital organization is carried out by head nurses and in charge of various departments. The concentration on motivation and training of employees is very less. On the job training is widely used method for employee training in hospital organization. Off the job methods are used very rarely.

(v) Controlling:

Controlling means measuring and correcting of performance of employees. This will help activities to move as per plan. Performance without much deviation will be witnessed at the end of the activity. Control are generally budgetary or non budgetary. Controlling is a very vital process because it will have impact on quality of services. If it is more of

situational in nature, role of hospital administration is to establish check post at various stages of a process becomes more important.

(vi) Coordinating:

In hospital as a system, many subsystems like clinical services, diagnostic services, therapeutic services, support and utility service and administration services are in place. These sub systems are sometimes working as independent units, while majority times these subsystems are dependent on each other. These subsystems have their own objectives.

Job of hospital administration is to link the objectives of these subsystems to hospital goals. Most of the controlling is exercised with the coordinating approach in the hospital.

(b) Operational Functions:

(i) Manpower planning:

Manpower planning is also called as human resource planning (H.R.P.). P.Jyothi and D.N.Venkalesh (2012) **[6]** defined human resource planning as calculation of finding requirement of human resources for various jobs and suggesting strategies to be adopted by hospital for HR requirement. HRP suggests strategies like requirement, retrenchment and lay off.

It is an assessment about future human resource recruitment by considering goals of the hospital. Decisions of recruitment, retrenchment and lay-offs depend upon results of human resource planning. It is the function of hospital administration to carry out the function and sub functions under Manpower Planning.

(ii) Recruitment and selection:-

Recruitment is a process of creating a pool of eligible candidates for selection purpose while selection is a process of differentiating candidate to find out best candidate as per need of an organization.

The job of hospital administration and HR department is to prepare a pool of eligible candidates and select best from the same pool. Skilled employee in adulate number will enable the hospital for delivering best healthcare services for patients.

(iii) Training and Development:-

The world is changing very fast. This statement is also true for hospital sector. Rapid developments are taking place in hospital sector. To cope with the changing environment, training for hospital staff is very important. Training related to technical skills, managerial skills and self development will help hospital to build human capital.

(iv) Performance Appraisal:-

In the process of performance appraisal, employee performance and behavior is evaluated. Employee whose performance is best should get reward and employee whose performance is not up to the expected mark should be helped by analyzing reasons for under performance.

Hospital Administration should design and conduct performance appraisal process for all employees with full transparency. Reward should be finalized for employees.

(v) Marketing of health services:-

Product, Price, place and promotion are the four important factors of marketing. These factors should be related to health care delivery system of hospital organization.

Product in case of hospital is variety of services patients are getting and place means where the services are offered to patients. Price is related to cost of services with profit. Promotion is a process of not only creating awareness about hospital services but also motivating individuals to come to hospital for availing services.

Hospital administration should take decisions about delivery of services, location, cost, profit and media to be used for creating awareness about hospital services.

(vi) Law & Ethics:

Hospital administration has to keep all details about latest happening in the field of laws related to medical practice. It is the duty of hospital administration to maintain ethical environment in hospital.

Hospital administration should draft rules and methods, standard operative procedures (SOP) for each member of organization. Hospital administration should be aware of

1 Indian penal code, 1860
2 MCI Act, 1956
3 Consumer protection Act, 1986
4 Transplantation of Human organ Act, 1994

5 Biomedical waste (Management and Handing) Rules, 1998

(vii) Quality management:

Hospital administration has to perform the key role in maintaining quality in health care delivery system. The principle of quality in the health care service has to be do it right the first time, do it right every time, do it right on time and above that superiority of performance and customer's delight.

Function of hospital administration covers vast area. There is no boundary limit for hospital administration in case of hospital sector. From every small activity like attending patients at reception counter to critical activity like after surgery care, hospital administration has a role to play.

(c) Major problems in hospital Administration:

Indian Society of Health Administration (ISHA) **[7]** (1978) has found following problems during their survey in hospital administration.

1 Leadership in the hospitals
2 High employee turnover
3 Ineffective allocation of work
4 Wastage of manpower
5 Absence of employee motivation policies.
6 Difficulty in adaption to external pressure.

(i) Leadership in the hospital:

Majority of the hospitals are having physician, surgeons and senior employees as administrators or managers. Unfortunately most of these administrators or managers don't have formal training in management practices. These administrators or managers are spending 60-70% time on their daily job activities.

(ii) High employee turnover:-

High employee turnover in hospital is because of ineffective manpower planning, recruitment and salary polices. Other reason for high turnover of employees is no scope for growth and development of employees.

In these conditions, if any employee gets a good offer from any other hospital, he/she will leave the present job.

(iii) Problems in allocation of work:

Hospital administration is not giving job description to all their employees. No proper plans for division of work, no plans for supervisory functions leading to ineffective hospital administration which is directly affecting the health care services provided to patients.

At the same time, good employees are getting more and more work and they became overburdened. As a result, these good and sincere employees are losing interest in their job.

(iv) Wastage of manpower:

Hospital administration is not effectively using methods like human resource planning to find out net human resource recruitment for different tasks. This is a reason why for some job, hospitals have too many staff but for job like nursing do not have enough staff.

Excess manpower is wastage because organizations have to spend on salaries of employees which shoot up the overall cost.

(v) Absence of employee motivation policies:

Hospital administrations do not have proper motivation policies for employees to give their best for hospitals. Salary is the only tool, hospital administration is using for employee motivation. Promotions and reward policies are not used fall short to motivate best performers. This leads to increase in dissatisfaction level of employees. Output and quality of health care services are affecting because of unsatisfied employees. Such employees pose a big challenge in front of hospital administration.

(vi) Difficulty in adaption to external pressures:-

Majority of the hospitals fails to cope with external factors like Government policies, trade unions and other political bodies. Hospital systems are somewhat rigid in nature. Bringing flexibility in this system is a very challenging task ahead of hospital administration

In this chapter, the Hospital Administration and related issues are covered .Hospital's input-output process with functions of hospital administration are discussed along with the challenges. The ultimate aim of the hospital is to provide best healthcare to patients. But how hospitals are going to provide best health care to patients is the question to be answered. The answer is hospital can do it by means of establishing Professional Health Care Delivery System which is a kind of a vehicle for the journey of best quality services to patients.

(C) Health Care Delivery System (HCDS):

[C.1] Process of HCDS

In this globalised world, where an awareness of customers, clients or patients is increasing day by day about products or services. In how much time a customer / patient gets a quality services matters a lot. It is directly related to satisfaction level of customers or patients.

In case of hospital, providing quality health care services to the patients is the core job. For this particular job, there is a system named as health care delivery system. Through this system patients are receiving quality services in hospitals. Hospitals reputation now a day's depends on quality of health care delivery systems.

[C.1.1] Scope of HCDS

WHO report on Health Care (2005) [8] explained the word HCDS. Health care delivery system is a process of delivering health care to patients. Different departments of hospital play important role in the process of health care delivery system.

Health care delivery system can be defined as; it is a process by which quality health care will be delivered to patients with a goal of to achieve highest level of his satisfaction.

In Health care delivery system from patient's entry in hospital till discharge of the patients he/she will visit various departments. These departments are clinical, paramedical and non clinical. The departmentalization based on functions or types of services they are rendering are as under:

[After each figure the flow chart is explained in terms of movement of a patient. The reason for explaining flow of steps is to understand what kind of services and in what manner of flow are received by the patients at each department]

(a) Clinical departments:-

i) Outdoor patients department.

ii) Nursing department

(b) Paramedical departments:-

i) Laboratory department

ii) Radiology department

iii) Blood bank department

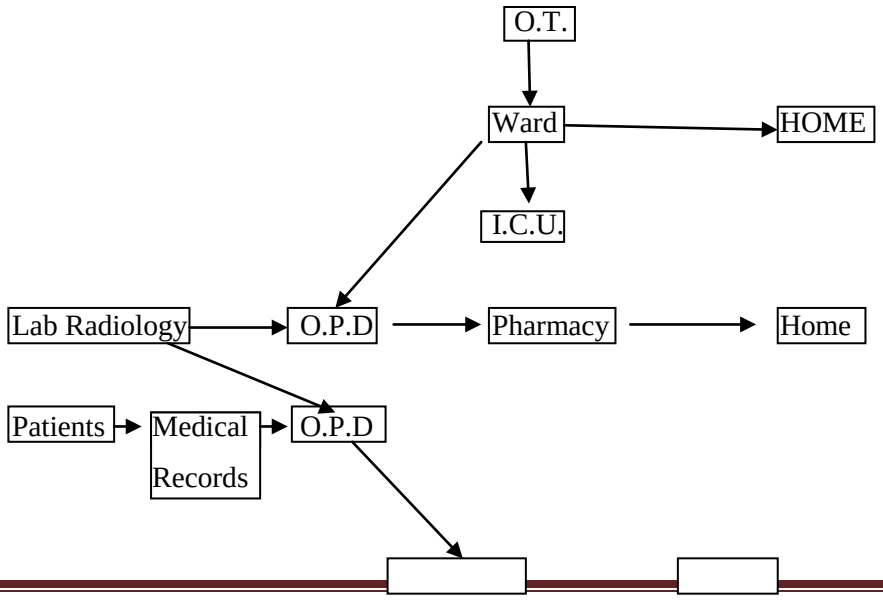
iv) Central sterilization department.

(c) General department:-

1) Medical records
2) Accounts
3) HR & administration
4) Maintenance departments
5) Sanitation department
6) Gardening department

Following are chain figures which show how these departments contribute in different HCDS in some parts of the service e. g. OPD and IP

Figure 1.13 Health care delivery system for O.P.D. patients:-



Pharmacy ⟶ Home

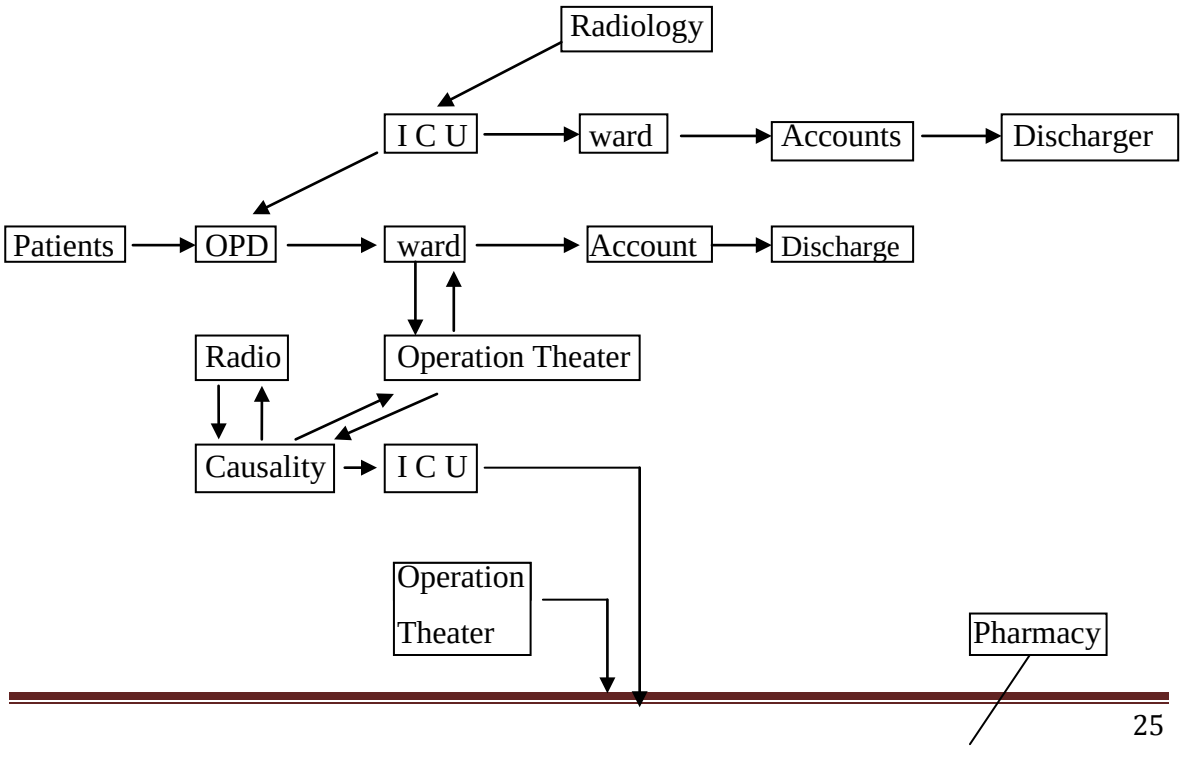
Health care delivery system for O.P.D. patients is little bit complex in nature. Patients will come to medical records department for registration first. The patient will then visit O.P.D. section, where doctor will check the patient. If not critical, doctor will give prescription of medicine to the patient and patient will visit pharmacy department. After purchasing the medicine, patient will leave the hospital campus.

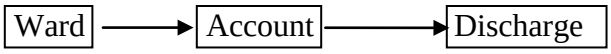
But, if doctor wants patients to go for diagnostic test, then the patient will visit C.C.L. or radiology department. After completing the diagnostic test, patient will come back to O.P.D. section. Doctor will see the diagnostic test reports and depending upon the health conditions of a patient and report he will suggest two actions.

a) If patient's reports are normal, doctor will give prescription of medicine and patient will go to pharmacy for purchasing medicine. From pharmacy department he /she will leave the hospital promises.

b) If patient reports are not normal, as per the need, doctor will admit the patient in word or I.C.U. for further treatment.

Figure 1.14: Health care delivery system for I.P.D. patients:





The distinction between OPD and IPD is the patient admitted and then he follows the same steps after his recovery like OPD department (Fig 1.13)

In this health care delivery system following departments are contributing for health care of patients.

a)O.P.D b) I.C.U. c) Central clinical laboratory. d) Radiology e) Blood Bank f) Operation Theater g) Ward or Private Rooms h) Accounts i) Pharmacy j) Sanitation k) Gardening and Landscaping l) Maintenance m) Water Harvesting

Each and every above mentioned department is delivering different types of services for patients directly or indirectly

Table No 1.1: Table of Contribution

Sr. no.	**Name of the Department**	**Services for patients**
1	Medical Records	Registration of patients , Case page preparation , Keeping medical records of patients over the years.
2	O.P.D.	Examination of patients
3	Central Clinical Laboratory (C.C.L.)	Blood, urine & stool investigation (Pathology, Microbiology and Biochemistry)
4	Radiology	X-ray, Ultra- Sonography , Scanning
5	Blood Bank	Providing blood and components of blood
6	Operation Theater	Surgical facilities
7	Ward / private room	Nursing care
8	Accounts & Insurance	Billing Insurance document
9	Pharmacy	Medicines
10	Sanitation	Cleanliness & hygiene
11	Gardening	Pleasant atmosphere

12	Maintenance	Maintenance of equipments, machines and building.
13	Water Harvesting	Water Conservation
14	Waste Disposal	Waste Management

Role of each department is very vital in health care delivery system directly or indirectly. If any department fails to contribute, it will affect the health care delivery system very badly, e.g. maintenance department fails to repair E.C.G. machine of I.C.U. department, and it will affect health care delivery system for patients.

Health care delivery system is the nucleus of health care facilities which hospitals are providing to patients. Its effectiveness and quality are depending upon the contribution of health care facilities delivered by different departments with medicos.

(d) Challenges before health care delivery system:

Health care delivery system is a crucial system related health care of patients. As time changes, different changes are taken place in to health care delivery system. Technological up gradation has changed the face of health care delivery system. New equipments and machines for e.g. endoscopy machines have contributed for sea change in health care delivery system.

(D) Role of Functional Managers in hospital:

Hospital administration and health care delivery system are two important organs of any hospital. Hospital administration and health care system depend upon each other. If one of them fails, the other organ will suffer a lot, e.g. if hospital administration fails to provide quality human resources it will increase pressure on health care delivery system.

If health care delivery system does not include the services of Ultra sonography , then patients would complain and that will create problems for hospital administration. Therefore, both should work in harmony.

[D.1] Role of FMs in Hospitals:

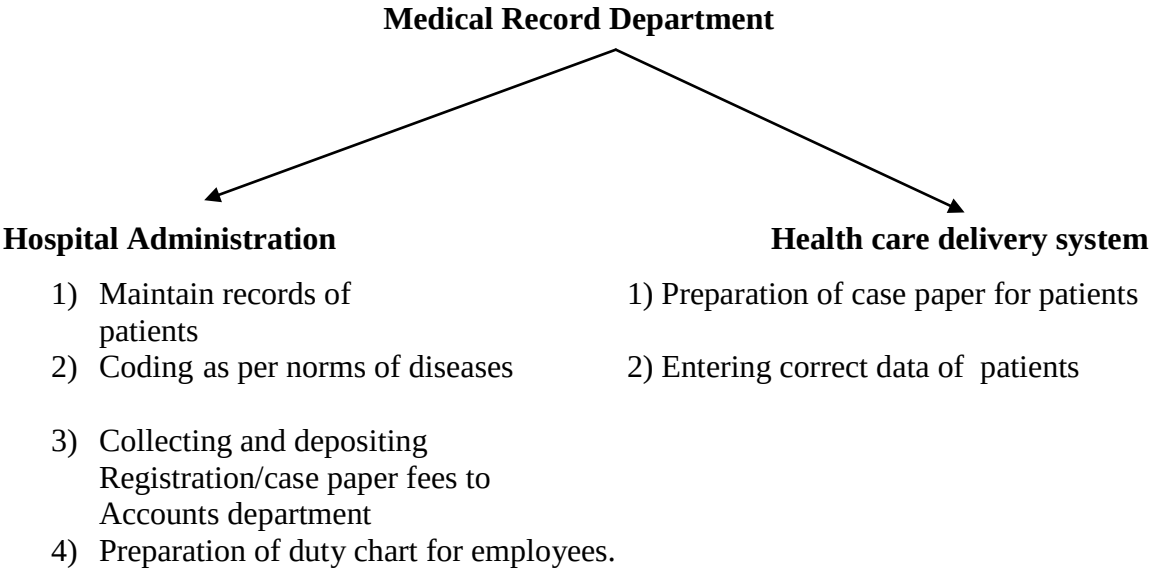
The roles pertain to the functions of each department and therefore they are with reference to the role of departments as well

Hospital administration and health care delivery system are getting operated in hospitals through different departments. Each and every department in hospital is contributing for

hospital administration by performing their duties as per rules and regulations. Different departments in hospital like Medical Records, Laboratory, Radiology, and Maintenance are contributing for administration as well as for health care delivery system.

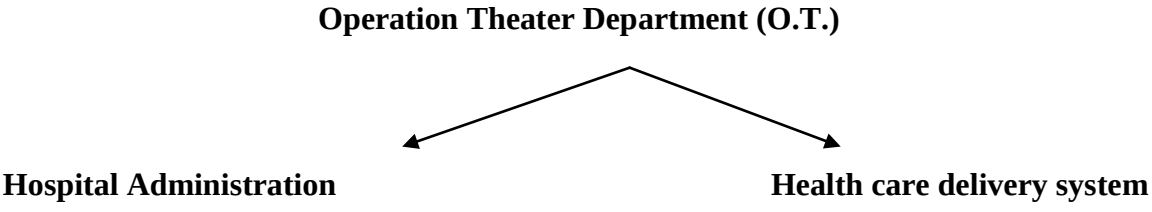
(a) Medical Record Department will maintain the records of all patients and coding will be done as per norms. This is the contribution of Medical Records Department for hospital administration. In case of health care delivery system, medical records department will enter the correct data of patients and will prepare file/case paper quickly so that patients can go to O.P.D. or causality department for further treatment.

Figure 1.15: Role in Medical Records Department:



(b) Operation Theater Department will follow their rules and regulation related to the process of cleaning and sterilization of their department. These rules and regulation framed by hospital administration. But the role of operation theatre department in case of health care delivery system is not only restricted to follow the rules but also to prepare patient for operation, operating the patient and recovery of the patient.

Figure 1.16: Role in Operation Theater Department:



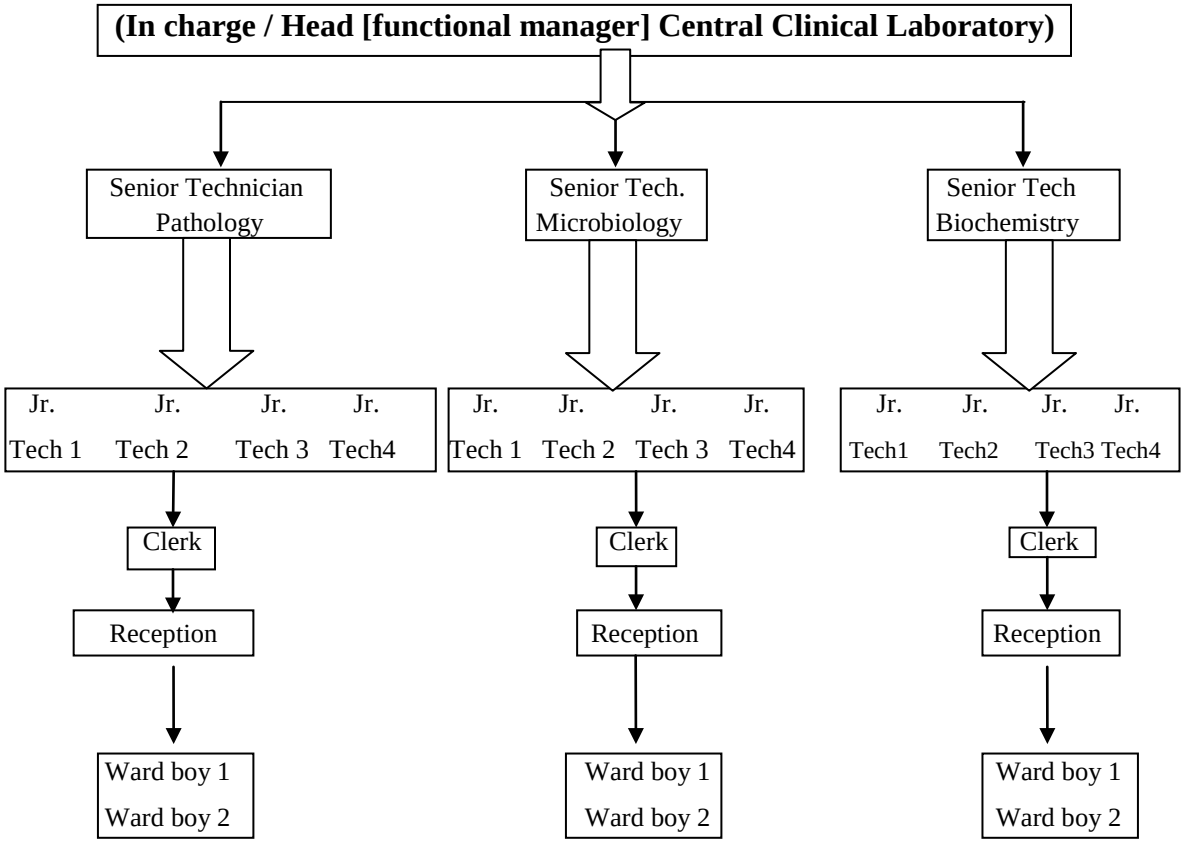
2 Maintaining records of patients
3 Preparation of duty chart of employees

2 Preparation of patient for operation
3.Operating patient.
4. Settling the patient for recovery

Above two examples clearly indicate that both important organs of any hospitals are in the hands of different departments in the hospital.

(c) The Departmental Structures are given hereunder to understand about how many assistants a Functional Manager needs to deal with and how teaming is essential for smooth functioning. The structures would reveal about the scope of his role as a manager.

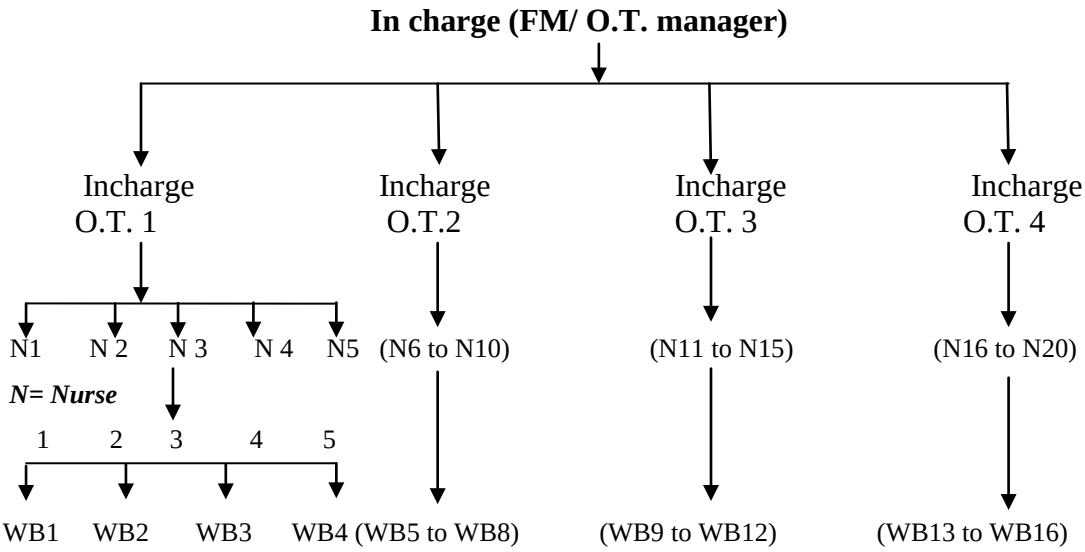
Figure 1.17: Laboratory Department Structure



This is a structure of department of C.C.L. Each C.C.L. will have an in charge or functional manager. Under functional manager there will be 3 senior technicians from pathology, microbiology and biochemistry sections. In each section of C.C.L. under senior technician there will be 4/5 junior technicians. Each section will have junior clerk and one receptionist and few ward boys.

From above structure of department of C.C.L. it is clear that functional manager (In charge) of C.C.L. is handing team of more than 25 employees.

Figure 1.18: Operation Theater Department Structure: Structure of operation theater department is as follows

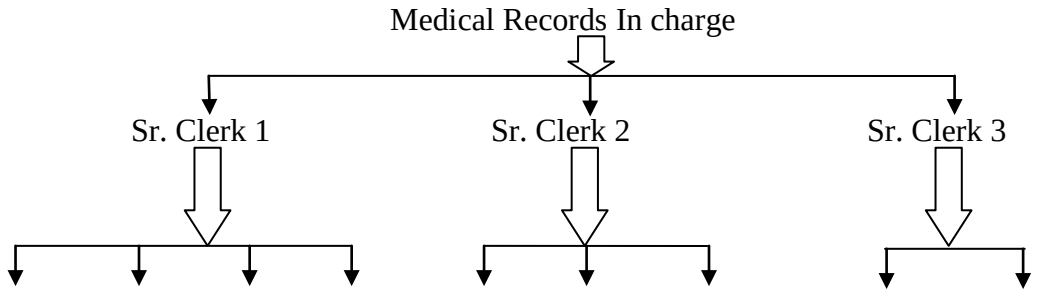


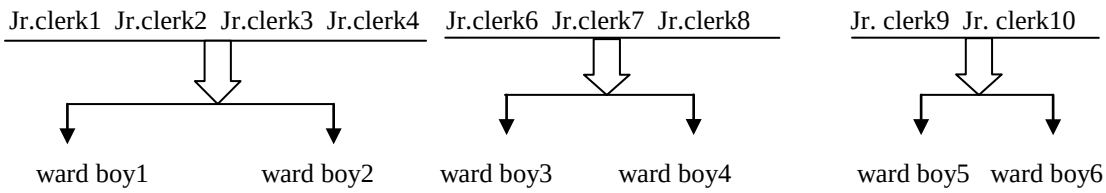
WB = Ward Boy

In charge of Operation Theater Complex will be supported by in charge of each operation theater. In each operation theater there will be one in charge and under one in charge there will minimum five nurses and five supporting staff like ward boys, ward ayas and sweepers. There will be 10 staff members with one in charge for each operation theater and for O.T. Complex of four operation theaters there will be more than 40 employees. From above structure, it is clear that Operation Theater in charge (Functional manager) from nursing department is handing more than 40 employees.

Structure of Medical Records is as follows:

Figure 1.19: Medical Records Department Structure:





The above structure clearly shows that the in charge/Functional manager of medical records department is having three senior clerks. Each senior clerk is having team of four junior clerks with two ward boys.

Two senior clerks taking care of maintaining records are having team of three junior clerks with two ward boys. Senior clerk is taking care codification of data with team of two clerks and two ward boys.

In summation In Charge/function manager of medical records is handling a team of 20 employees in multi specialty hospital in three shifts.

(d) Summary of Role of FMs

Contribution of each department of any hospital is very essential in case of effectiveness of hospital administration and quality of health care delivery system. Contribution of different department in hospital is as per standards mentioned in HCDS will ensure quality health care. Good results from each department will reduce the strain on hospital administration. It is very understandable from above discussion that department in hospital are crucial in case of health care delivery for patients.

In hospital each department will have an in charge or manager as a leader of that department. The in-charge with his/her team members will contribute in hospital administration system as well as in health care delivery system.

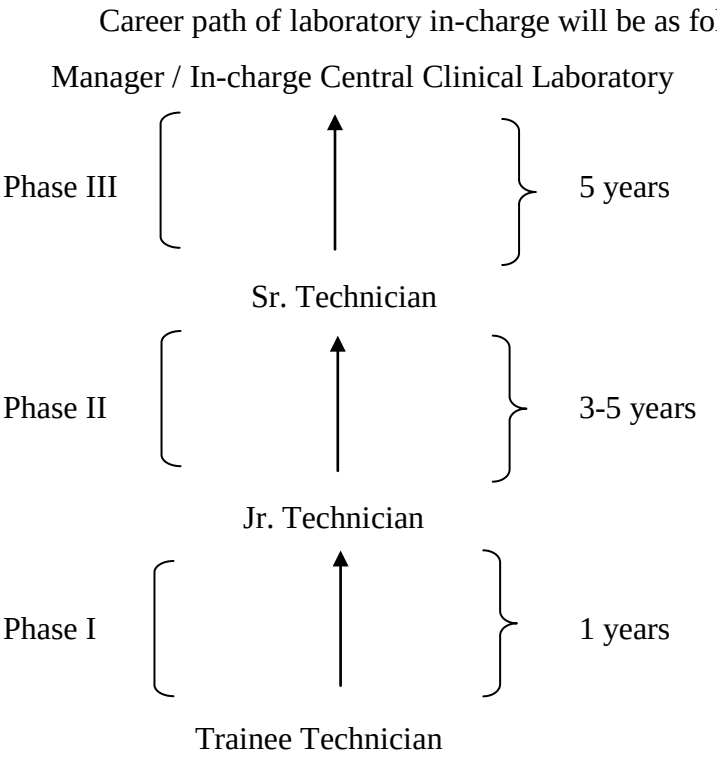
These in-charges are functional managers. They are doing planning for achieving the goals given by hospital management. Functional managers will organize resource to provide quality health care to patients. It is the responsibility of functional managers to direct and control the team members for giving best quality services to patients and their relatives.

[D.2] Career Path

Career path of in-charges of functional managers working in different departments are relatively similar in nature. These functional managers are working with their hospitals

for a long time. For example- career path of laboratory in charge, radiology in charge and Operation Theater in-charge will be as follows.

Figure 1.20: Elevation Map of Laboratory in Charge



Phase-I When an employee will join the hospital as a trainee technician, he/she will work for that designation for minimum one year.

Phase-II After evaluating the performance of a trainee technician will get promoted for junior technician's designation. He will work for three to five years as a junior technician. Junior technician will get promotion for senior technician position.

Phase-III As a senior technician the employee will work for more than five years. After evaluating the performance and considering the loyalty of the employee, he/she will get promoted to the position of in-charge/manager of central chemical laboratory.

In case of phase I and II, the job of the employee/technician will be of conducting tests and preparation of reports of patents. But when the employee enters in phase III means when employee becomes senior technician, his/her job becomes a supervisory job as senior technician. At this position, he will guide and supervise junior and trainee

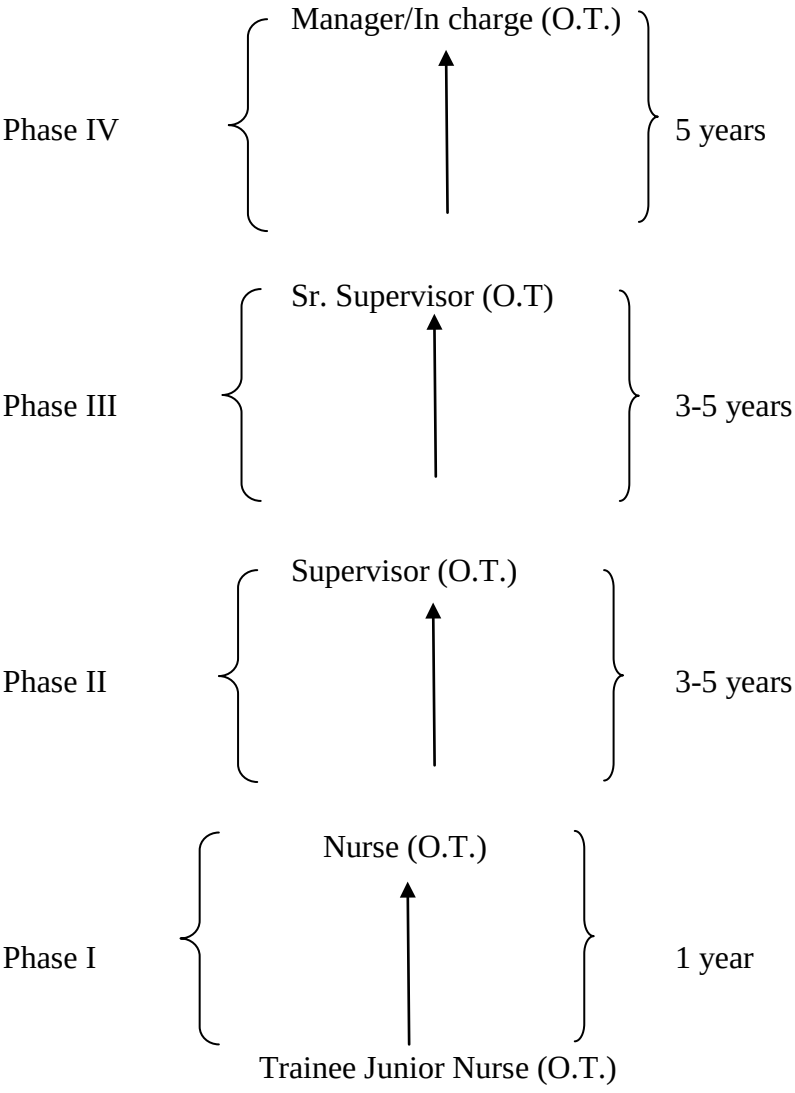
technicians. Senior technician will also conduct few important laboratory tests for patients.

When senor technician will become a manager or in-charge of C.C.L., his/her job will get changed from performing tests and supervising juniors to role of department planning, mobilization of resources, team building etc. This clearly indicates that job as a manager/in-charge becomes really a managerial job.

In case of first three phases of career path of a technician, can perform their duties with the help of technical skills. But when he will become Functional Manager, managerial skills shall be more pertinent for performing his duties more effectively.

Figure 1.21: Elevation Map of OT In Charge

Career path for operation theater manager will be as follows.



Phase-I

The entrant nurse is one who has just passed out from college will a get job as trainee nurse. His/her role will be to help the nurses working in O.T., who will work for one year as trainee nurse.

Phase-II

After one year of satisfactory performance by a trainee nurse, he/she will receive the letter of confirmation from hospital administration for the position of a nurse. He/she will work as a nurse in O.T. for next 3-5 years and will get promotion as supervisor of O.T.

Phase-III

The supervisor will work for 3-5 years as in charge of one O.T. who will get support of few nurses and trainee nurses to carry out day to day functioning of assigned O.T.

Phase-IV

The supervisor after evaluation his/her performance will be promoted to the position of senior supervisor O.T. In this phase, senior supervisor will be in-charge of 3-4 O.Ts. Senior supervisor's team consists of 3-4 O.T. supervisors, nurses and junior/trainee nurses, supporting staff like one clerk, few ward ayas and ward boys.

After five years, senior supervisor because of his/her performance will become O.T. in charge/manager O.T. where entire operation theater complex shall be under his/her charge

(a)Skills Requirements

Functional Managers of different departments of a hospital are selected on the basis of two important criteria.

1) Performance of employee
2) Loyalty of employee towards hospital

Star performers working for more than 10-12 years with hospital will be given the responsibility of in charge/manager.

(i) Skills required in phase I to III:

Any in charge as and when joined in hospital and will start his/her career from bottom level of department.

As shown in diagram of career path in first three phases, employee will be more engaged in carrying out day to day routine work like laboratory test, taking x-rays, preparation of reports. Supervising juniors' job activities in phase III will be additional responsibility.

(ii) Skills required after phase III of career path:

When the employee will become in charge of a department or functional manager of department his/her job will get totally changed. As a functional manager or in charge he/she supposed to perform duties related to planning, co-ordination, decision making innovation etc

It is the job of functional manager to do the planning for department so that department will easily complete the target.

It is the job of functional manager to collect resources for department so that smooth functioning of delivering health care will take place e.g. maintaining inventory in department.

Another important job of functional manager is to take correct decisions at correct time. Incorrect decisions as well as delay in decision making will affect the health care delivery system, e.g. medical record in charge unable to increase staff for registration counter during crowded hours of hospital may happen as he/she is in dilemma from which sub department he/she should withdraw the staff.

Functional manager should know how to motivate his/her team members. He/she should resolve the conflict, if any exists between his, her team members.

Thus this chapter covers all round stock of Hospital evolution to the FMs elevation and skill needs.

[E] Rationale of the study-

The earlier paragraphs and discussions sufficiently throw the light on following aspects which have come to the surface and becomes the backdrop of the rationale

Key Issues:

1. Health Care Services are increasing in its numbers
2. Quality Health Care awareness of availing individuals is increasing day by day
3. Heath Care Services have become affordable because of Medical Insurance back up
4. Heath Care Services are more dependent on support services in the hospitals

5. Role of other service departments is enlarging along with the advancement in technology

6. Process of LPG (which started before 25 years) has been well established which is taken to the level of international standards in every filed and HCS Sector is not exception to that

7. Health Care Service sector is becoming corporatized and free entry through FDI route is boosting corporatization which in turn demanding corporate culture in HCD sector.

8. HCD sector is within the scope of Consumer Protection Act, 1986.

All these factors are demanding Professional Management of Services.

There is shortage of well qualified staff particularly at the level of In charge or Head of the department who are called Functional Managers in the context of the study.

Therefore, the only source of quality human capital is TRAINING and DEVELOPMENT. Thus it is pertinent to study these aspects and more particularly in the areas which are turning from small towns to bigger urbanized towns.

The above facts and reasons have caught the eye of the researcher to undertake the inquiry and form the roots of the rationale of the study

Next chapter is related to issues in training and development

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CHAPTER II: LITERATUR REVIEW

PART (A)

TRAINING AND DEVELOPMENT (Theoretical Discussions)

Chapter of Literature Review is divided into two parts

Part A: Discussions regarding Conceptual Frame of Training and Development

Part B: It takes the account of what has been received from different pieces of literature with scrutiny of points and how it helped the researcher.

The points discussed in this chapter are of very common awareness as training and development concept has been well rooted in almost all fields including monetary education.

However, as a part of the context of the study it is not out of place to view them in brief. Training related terms and issues have been touched to explain in nut shell which would satisfy the coverage of the study the researcher needs to address theoretical frame also.

[The following discussions have been emerged from different books and no specific part has been reproduced here from these books. However, the books used for the purpose, are mentioned here as a part of following the protocol of references to be given in research work. The books which are read and the information about training and development has been extracted and summarized there from as the part of the theoretical frame of literature review ,are mentioned at the end of this chapter.

This part describes the concepts related to training such as, training concept, process, need, objectives, importance, advantages and limitations, types and methods.

Thus discussions more over describe the *CONCEPTUAL FRAME* of Training and Development

(I) Introduction:

This part is about the history and how training has established at corporate level.

Since the beginning of the twentieth century and especially after World War II, training programs have become widespread among organizations in the United States, involving more and more employees and also expanding in contents. In 1910, only a few large companies such as Wasting House, General Electric, and International Harvester had

factory schools that focused on training technical skills for entry-level workers. By the 1990, forty percent of the Fortune 500 firms have had a corporate university or learning center. In recent decades, as the U.S. companies are confronted with technological changes, domestic social problems and global economic competition, training programs in organizations have received even more attention, touted as almost a panacea for organizational problems.

The enormous expansion in the content of training programs over time has now largely been taken for granted. Now people would rarely question the necessity of training in conversational skills. However, back to the 1920, the idea that organizations should devote resources to training employees in such skills would have been regarded as absurd. Such skills clearly were not part of the exact knowledge and methods that the employee will use on his particular job or the job just ahead of him. Nevertheless, seventy years later, eleven percent of U.S. organizations deem communications skills as the most important on their priority lists of training, and many more regard it as highly important. More than three hundred training organizations specialize in communications training (Training and Development Organizations Directory, 1994). [1]

Previous studies on training have largely focused on the incidence of formal training and the total amount of training offered. The Director, however, draws attention to the enormous expansion in the content of training with an emphasis on the rise of personal development training (or popularly known as the "soft skills" training, such as leadership, teamwork, creativity, conversational skills and time management training). Personal development training can be defined as training programs that aim at improving ones cognitive and behavioral skills in dealing with one self and others. It is intended to develop ones personal potential and is not immediately related to the technical aspects of one's job tasks. Monahan, Meyer and Scott (1994) [2]describe the spread of personal development training programs based on their survey of and interviews with more than one hundred organizations in Northern California. "Training programs became more elaborate; they incorporated, in addition to technical training for workers and human relation training for supervisors and managers, a widening array of developmental, personal growth, and self-management courses. Courses of this nature include office professionalism, time management, individual contributor programs, entrepreneur,

transacting with people, and applying intelligence in the workplace, career management, and structured problem solving. Courses are also offered on health and personal well-being, including safe diets, exercise, mental health, injury prevention, holiday health, stress and nutrition."

(A) Concept of Training and Development:

In simple terms, training and development refers to imparting specific skills, abilities and knowledge to an employee. A formal definition of training and development is: - "It is an attempt to improve current or future employee performance by increasing an employee's ability to perform through learning, usually by changing the employee's attitude or increasing his skills and knowledge."

The need of training and development is determined by employee's performance deficiency, compute as follows:-

Training and development need = Standard Performance – Actual Performance

Training is defined by different authors in different ways. A look is necessary at them Training is an organized activity for increasing the knowledge and skills of people for a definite purpose. It involves systematic procedure for transferring technical know- how to employees so as to increase their knowledge and skills for doing specific jobs with proficiency.

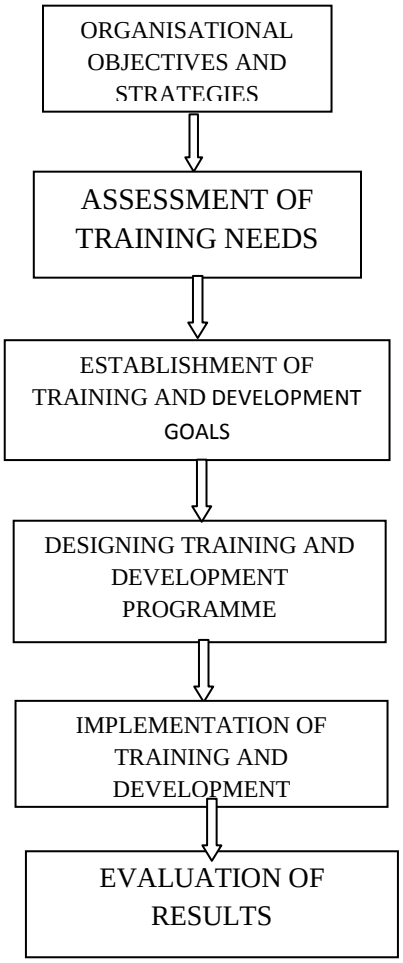
According to Edwin B. Flippo, "Training is the act of increasing the knowledge and skills of an employee for doing a particular job."

Training involves the development of skills that are usually necessary to perform a specific job. Its purpose is to achieve a change in the behavior of those trained and to enable them to do their jobs better. It makes newly appointed workers fully productive in the minimum of time. It is equally important for the old employees due to frequent changes in technology.

(B) Process of Training and Development:

The training process is not a simple one but has a series of steps and a specific sequence. It is a strategic and planned exercise which is represented by the figure below:

Figure 2.01: Process of Training and Development



The process is logical and by now also well established .At the end of the last chapter it is more elaborative given in the context of PHCDS in Frame I of the model.

(C) Need of Training and Development

Training is organized by the organization for skills development of its employees which are both technical and behavioral. After training even if the employee leaves the organization the skills so transferred cannot be taken away from him. If continues with the organization then it makes him more qualified for promotion and elevation. Thus it is equally important for employees also. Trainees are co producers of the benefits and therefore, training is something which makes it symbiotic benefits situation.

The training is needed in ample number of situations. The key situations are enumerated below with a very brief account.

(i) Change in Technology:

A change in technology has such a pace today, that one notices the change and another technology comes before one has understood the first change completely. Such a change is evident from the technology change in case of cellular phones. From this fact what it boils down is training is not a static concept but very dynamic one and therefore must be a continuous one

(ii) Quality Conscious Customers

Offerings of products and services for any sector are phenomenally increasing with a Jet Speed which has made it possible to ask for more and more quality of them . The customers have become more aware and demanding in case of a quality of service or a product. In order to cope with this forcing demand the employees need more and more training

(iii) Increasing Productivity:

The equation of profit was Sale less Cost = Profit, this has changed to permit only in costs and not in Sales. Thus competition needs very strict control over costs of inputs. Thus input to output ration which is considered as the productivity has to be higher and higher to enable to make profits, survive and grow. Thus keeping cost lower and lower is not possible without training the work force. It additionally renders the feeling of a job security amongst the employees. Such a stable work force indicates very low level of labor turnover and one can understand that all efficiencies have strong and deep roots in the continuous and right type of training

(D) Objectives of Training and Development:

The results are the outcome of what objectives are aimed at and prove the proverb you get what you sow thus, objectives of training have to essentially crystal clear and some of them are

1. Consistency with organizational goals
2. Jobs demand changing skills from entrants to senior employees. Skill development according to changing needs are necessary fulfillment

3. New entrants are ad hock in their performance. The training has to oriented them to exact performance and imbibe corresponding appropriate skills
4. Future of tomorrow becomes present of today. The work development comes in the process from present as well as future. Therefore, the training has to address all the issues related to current positions and future positions as regards technology, managerial functions, information management ---- to ethical issues at organizational level and to the extent of stress management and work life balance at individual level. Ultimately the objectives of training are to improve the effectiveness of employees in all functional areas of the organization.
5. The another important aspect of training objective is empowerment of employees (Enabling the employees to actualize their potential) which is facilitated by making them more analytical, strategic. Information expert and self controlled and self motivated employees

(E) Significance of Training and Development

It is needless to talk about the significance but as this part embraces the theoretical discussions about training related issues some points are touched in brief

(i) Optimization:

The optimization of Human Capital is essential for organizational development in terms of growth which is horizontal and vertical

(ii) Skill Development:

One can define the organization as a pool or stock of various skills and training and development is nothing but management of the skill inventory which is available in terms physical form of humane being which is tangible and talent in terms of intangible part. Training and Development is a strong tool of developing the skills of employees.

(iii) Personality Development:

The personality is driven by the intelligence of the individual. The intelligence means the ability of an individual to organize oneself in response to changes in his environment. Thus training makes the transformation in personality which increases the job knowledge and job satisfaction.

(iv) Productivity:

Long term goals of the organization is the sum total of short term goals achievements over a series of a short terms, Thus achieving short term goals create sustainable benefit of increase in different competencies which are considered as increase in productivity

(v) Team Work:-

Training and teaming is not only essential for completion of the job but an individual satisfaction is smaller than satisfaction achieved by a team. As a single individual a human being has unlimited constraints which is he has been overcoming because of social sense which is represented by the word team.

(vii) Quality:

For anywhere the quality is not only the output of physical inputs or a well qualified process but it essentially depends on the attitude of the human who do it. Training about quality matters train them about both relative and absolute bench marks. Training helps in achieving such bench marks which are the indicators of healthy work culture and work climate

(F) Advantages of Training:

The advantages of training are indicated by improvement in following which is as a whole termed as governance today

1. Profitability and positive attitudes toward profit orientation.
2. Job knowledge and skills from bottom to top levels
3. Morale (ability to work together) of the workforce.
4. Synchronization of individuals with organizational goals
5. Corporate Image: Predisposition about the organization by stake holders
6. Faith and trustworthiness of the organization
7. Interpersonal relationship at workplaces
8. Organizational Development (creation of opportunities for vertical and horizontal growth)
9. Feedback mechanism of trainees
10. Development of work logic for performance of a task
11. Higher adherence to organizational policies

12. Foresight in visualizing the needs of the future
13. Development of problem solving attitude amongst employs
14. Career Path Development and within promotions
15. Self motivated teams
16 Aids in developing leadership skill, motivation, loyalty, better attitudes, and o
17. Leadership and participative management style of working
18. Quality Delivery
19. Cost competitiveness in all functional areas at 360 degree magnitude
20. Development of self accountability bringing in rationality in decision making
21. Healthy Employer – Employee relationship
22. Minimum reliance on outside expertise sourcing

(G) Limitations of Training and Development

Training and development is undoubtedly a strong tool for the development of the organization but not an exception to the rule and has some limitations also.

1. Small firms are vulnerable to negative cost / benefit proportion and the results come after a long period of investment in training and development which sometimes puts a strain on financial resources.

2. Off the job training distances the employees from workplace and they suffer from work pressure

3. Well trained staff acts like a hopper which is evident from IT sector

4. The training demands more work and employees show negative attitude towards the training programmes

5. Sometimes if training is not properly planned then it creates over qualified employees and underutilized skill inventory, particularly in the period of recessionary economic conditions

(H) Types of Training:

The typology of training is on the basis of the purpose of training. The stock of types is as under:

(i) Induction training:

The new entrant is in strange conditions when he enters the organization as everything is new to him. It is necessary to absorb him in the origination as quick as possible and

make him comfortable. The purpose is to orient the new entrant to fellow employees, policies, rules and regulations and environment of the organization.

(ii) Job Training:

Performing a job needs multiple skills and knowledge about equipments and machines etc. The process knowledge is essential. Weakness in knowledge about such factors leads to wastages, rework and time lapse and so on. The purpose of Job training is to make him do a job and learn himself how to perform the work. Being it is practice part it develops him for using knowledge which acquires from schools and colleges. Thus Job training makes him fit for doing a job.

(iii) Apprenticeship Training:

Apprenticeship training programmes are meant for those youngsters who are raw in skills and they are given opportunities to learn and practice the jobs where it is assumed that they would make some mistakes. This offers then a good candidateship experience. State and Central Government have been boosting this type of training more and more.

(iv) Internship Training:

There is little vocation where the graduates have knowledge and very tangential work experience. Medicine and Engineering vocations belong to them. Intern is a student who completes his theory examination and needs to have practical experience. Industrial enterprises absorb such students as interns and generally they absorbed in the same enterprise as they acquire necessary technical and non technical skills.

(v) Refresher Training

Updating of knowledge and skills is essential part for even senior employees. Such employees would lag behind if they do not align their skill to advanced technology. Refresher training reinforces the earlier skills and trains them for new skills. This training is a kind of sharpening of the weapon.

(vi) Training for promotion:

Elevation in career for any employee in terms of promotion is a welcome factor. That is a part of an aspiration as he receives bigger emoluments and perquisites. But along with that change in width of responsibilities and skills are demanded. In order to make them fit for the job the training is conducted for promotes.

(I) Methods of training

After the types the categorization of method is listed below:

a. On-the-job training
b. Off-the-job training

(a) On the job training –

Learning by Doing is considered as the most effective method of training. The trainee is given the job to do by his immediate super ordinate or a supervisor. This method is very effective in case of turners, millers, and grinders etc who operate the machines for performing the jobs. Operators are given on the job training preferably

There are four methods of on-the-job training described below:-

(i) Coaching -

In this method, the supervisor imparts training by demonstrating the instructions about doing the job by doing it by himself. At the first instance the trainee observes him and then does the job which is supervised by the supervisor. For this type of training the supervisor has to spare a good amount of time

(ii) Under Study:

Superior makes the trainee to assume the responsibilities, observe and experience the doing of job. This method is intended to prepare the trainee to fill up the vacancy of the superior in case he leaves or is promoted.

(iii) Position Rotation:

Every position is a bundle of jobs which where the person in that position needs to have full knowledge of each such element of job to become competent to handle the position.

The method prescribes to put the trainee at each element of a job in that position where he works for the period till he learns all insights of the particular job and then shifted to another one till he completely gets the skills of performing the total job expected when

he assumes the said position which is viewed from a long term placement of an employee.

(iv) Job Rotation: Multi skilling and Zero absenteeism are popularized by Japanese Management Style of working. Job rotation is of short term duration and trains the employees to perform the job or activities related a particular task. Job rotated trainee can achieve the skills of milling, cutting, turning, welding and such other operations.
Job rotation training can minimize the effect of absenteeism as a worker is capable of doing the job of an absent worker

(b) Off the Job

Off the job implies that away from the job. This has a special benefit that the trainees are away from the work place and can concentrate more on training .The instructions and demonstrations can be given where the trainees can participate more freely and can have better interaction with the trainers. Thus unlike on the job where production expectation this method is more learning oriented

(i) Vestibule Training

Vestibule word has a connotation of an entrance or porch. This training is conducted in a hall or at a place where similar conditions where the actual job is performed are present.
At such places physical resources and conditions are so organized that the trainees would experience the same environment. This method is more effective for line supervisors and followed where the number of trainees is large and made applicable to computer operators, clerks and machine operators. The method saves the engagement of resources in training from the work place. It is used where the trainees are to be placed at different locations

(ii) Special Lecture cum Discussions

The lectures are delivered by experts from the organization itself like executives and heads or resource person in the field. The focus in on imparting knowledge rather than

skills. The trainees are benefitted by the experience of trainers and can be interactive about the doubts. The topics are related to health, safety, productivity, quality, etc.

(iii) Conference:

A gathering of experts is a place of experts who contribute to the stimulation for analysis and provoke thinking or some problems as the method includes giving some problem to trainees to work out the solution. The training is planned according to the need of the organization where it wants s the collective thought process

(iv) Case Study:

A case means a chunk of reality brought to the classroom for further analysis. Case renders some problem and demands alternative solutions for the same. The method is very effective when the trainees need to enhance their strategic and analytical skills. They also learn about group thinking and using multiple brains for arriving at the solution. The solution needs rational justification of a choice. This method is useful for enhancing ability to take quality decision which is an essential quality for a future manager

(v) Role Play:

It is said that if you want to sell a fish then you need to become a fish. This the guiding principle of a role plays. The player goes into the shoes of the concerned entity and that reveals the expectations and other parts. The method brings to the surface real factors which need to be addressed; this is effective for making future managers as observational learning is strongly facilitated by this method.

All above training methods are equally applicable to Hospitals and more details are available in frame II of the model at the end of the study

Thus this literature discusses the entire dimension related to Training and Development. Part B would be more specific scrutiny about the literature review.

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CHAPTER II: LITERATURE REVIEW
(PART B)
TRAINING AND DEVELOPMENT PRACTICES

In part A we have seen the basics of training and development which has cushioned the conceptual or theoretical framework of the study.

However, there is a need to examine them in the light of how do they prevail in practice and which are other subsidiary dimensions.

The literature review is necessary for developing conceptual understanding about the domain and topic of the study. It takes the researcher closer to the researcher problem; present state of work carried out in the past with relevant concepts grounded therein and ultimately boils down into shaping objectives of the study and formulation of hypotheses.

[During the review of literature the researcher experienced that a large amount of literature is available in respect of clinical part of Hospital Management but from the view point of specific non clinical staff, their training and development and other related administrative issues not available in plenty. The reason is the role expansion is the phenomenon which is taking place in last decade as a paradigm shift. However, the researcher has hunted for books which were very few and research papers form e resource like proquest and emerald etc. and could come across many papers and those which are relevant to the context of the study are taken stock of here.]

The review presented in this chapter is tabled in a format to facilitate the critical and creative reading of the literature. It contains going through all the sources of literature review as books, websites, research papers and reports like WHO report and so on.

This chapter flows along with the following concepts

(I) Health Care Scenario

(II) Proficient Health Care Delivery System

(III) Role of Functional Managers in Hospitals

(IV) Supply of FMs

(V) Training and Development

(a) Generic Level

(b) Hospital Level

(VI) Research Gap

(VII) Objectives of the study

(VIII) Hypothetical Statements

(I) Health Care Scenario:

The place of health care in a life of human being is needless to be talked about.

The source of literature for this purpose are two boos, WHO report and five research papers and the reference of them shall be made at the appropriate places .

The facts gathered from this source are as follows:

WHO report 2007 in its introduction part explicitly talks about changing health care delivery system and areas of changes mentioned are:

(a) Technological change in investigation field
(b) Increase in level of awareness about health care delivery and its importance for them for being healthy /
(c) Health Care Reforms suggested are
(i) Manpower Planning
(ii) Induction of Qualified Manpower
(iii) Leadership Reform at each department

The report of 137 pages and its focus is mainly on improving the efficiency and effectiveness of Health Care Delivery.

The books on hospital management Research papers rendered insights:

Kavya Sharma and Sanjay Zodpe (2011) **[1]** writes about the growth in Health Care Sector is growing by 10 % to 12 % per year in India.

Secondly they speak about administrative complexities need the frequency matching and fine tuning of all associated staff. Thus, well qualifications and trained staff are needed to deal with the hospital processes efficiently.

Chung –Kul Ryu (2012) **[2]** writes about the revenue part of the hospitals. His research finding is bigger the hospital then more would be the revenue and profits.

Bigness is considered in terms of number of specialties. According to Chung the big hospitals would survive and grow as they earn more profits which a new trend in competition.

[Health care is fundamentally a service. The service differentiation is indicated by People, Physical evidence and Place. The people part is significant and needs to match the frequency for which the training and development are key factors]

Ferlie E.B., Shortell S.M. (2001) **[3]** although not a recent literature but points which are mentioned before a decade which have emphasized are equally valid today and enhancing continuously in its relevance and importune in this coming competitive and technological advancement era . They are:

(a) Safety of Patients

(b) Quality of health care

(c) Cost of medication

The author demands to focus on these three aspects prominently. Major component of quality of service is dependent of Quality of People both Medical and Non Medical staff

Secondly the author refers to rapidly changing environment in health sector and the people part has to have excellent managerial skills and innovative minds.

Forth research paper is related to comparison between health care at private and public hospitals. Juliana Ayafegbeh (2011) **[4]** has compared and concluded that

(a) In response to changing environment in the field heath sector private hospital are showing changes in their quality and as a response and reaction, However, the natural corollary the cost are mounting .

(b) Public hospitals fall short in respect of cleanliness, equipments and time of delivery.

(c) Rapid changes about which Policy makers do not show sensitivity. Therefore in view of the rapid changes policy makers should give a boost to Private – Public Partnership

Hanna Admi (2012) **[5]** writes in her report about the stress factor in health care delivery system. She has published a paper in Journal of Nursing Economics .According to Hanna, the health care delivery system and working for health care delivery itself is having the characteristic of stress as inherent part of the job.

She explains that if quality service is not provided then it will lead to stress for legal complications which in turn would increase the burden of those who are working in the HCDS which is unnecessary and would form the vicious cycle. Therefore, if the quality of HCDS is kept good during the present time then no stress would be in future, In nutshell this piece of literature speaks about the need for high quality health care delivery

Madhavan in his book on hospital management **[6]**

Medical tourism is new sector which emerged on horizon is on account of two reasons

(a) Under LPG health care sector also boosted as investment in this sector is permitted by Government

(b) Insurance for medical expenses is one area where many products became available from insurance companies and in Insurance Sector also permitted to flow in FDI by government.

The book also informs us a new form of Health Care Delivery System,

Present hospitals are not enough for coping with rising demand of Quality Health Care.

This provided an opportunity for corporate field and attracted them to invest in this area.

This gave a birth to new form of hospitals which are called as Corporate Hospitals

Such Hospitals are Aditya Birla Hospital, Kokilaben Amabani Hospital in Mumbai, Forties Hospital, Appolo Group of Hospitals (Joint Venture in Madgaon, Goa), Wockhard Hospital, Mumbai and Nagpur.

So there is double edged boosting for the growth of Health Care Sector in India.

The author speaks about the telemedicine also. It means treatment and monitoring of patients with the help of remote controls.

A new trend of Public Private Partnership is increasing in other countries as the model is becoming popular for their environment

In summary the following points are received from the said literature

(a) Manpower in Health Care Sector is needed of the attributes of High Skills, well qualified and the field faces the shortage of such manpower

(b) Health Care Delivery system inherently carries high stress

(c) It is growing with phenomenal changes on one side and rapid changes in technology on the other hand.

(d) Quality of Service is the driving force for the growth of Health Care Sector

(e) Future form of Health Care delivery System is Corporate Hospitals and therefore all such hospitals would need nontraditional or professional way of operations backed up by corporate culture type of philosophy. PPP is also encouraged abroad countries.

The above features sufficiently explain the characteristics of health care scenario

(II) Proficient Health Care Delivery System (PHCDS)

In a book on Hospital Administration authored by Savita Sharma, titled Hospital Administration, **[7]** the researcher came across the following points

1. It is a process by which the patients would get a quality health care

2. The PHCDS is composed by Medical Staff, Nursing Staff, Clinical Staff, Non Clinical Staff and Paramedical staffs who works under the different departments under different names and their functions individually and collectively contribute to quality of health care delivery system

3. Medication largely depends on diagnostic test results for which other departments are involved for the purpose of conduct and reports of the tests. The role of other departments has enlarged and sometimes it becomes larger than role of medical personnel as the technology has expanded the scope and number of tests

4. The services under PHCDS the emergence of specifications and time bound report generation became the new norms .e, g; Blood bank is expected to conduct minimum six camps in year, private room is supposed to be cleaned at least three times in a day.

5. Optimum utilization of technology and optimum utilization of human capital together is a prerequisite of PHDCS as they need to be aimed at best quality medical and health care services to the patients which are a kingpin.

Another book **[8]** authored by Vikas Sharma titled hospital management renders the information about need of optimum utilization of resources in Hospital It significantly states the importance of stopping wastage of resources.

In the year [2012], Sunil D'souza and A.H. Sequiera**, [9]** commented on Organizational issues .The researcher came across the following features

(a) At organizational level, on the basis of parameters (Doctors, Nurses and Operating Quality Care) found that the realization of operating quality care needs strong support from other non medical departments as an propping element for the speedy recovery of the patients

(b) There is another realization about the span of operational or support departments is increasing the dependence of medical department not only from patients and satisfaction level but in additional sense of how it affects the hospital as an organization in its processes, structure and control mechanism

(c) As an organization the in charge or head (who are termed as Functional Mangers in the context of the study) is the manager of the department which is termed in management philosophy as Strategic Business Units.

Next paper is written by Frank Lew (2010) **[10]** and he specific about the delivery time.

He researched about Out Patients Department. He found that few patients who do not require any diagnostically test but take a very long time to leave the hospital. The standard time in his opinion should be 60 minutes.

Thus Frank is first author where the researcher came across who thought of time dimension and its bench mark although he stated for OPD patients only

Second significant proposition of Frank is about the reason for delay in time of disposal is due to inefficiency of staff and in charge or managers of support service departments and he strongly puts as his research finding is that such functional managers need attitudinal change and strong sense of delivery of service in time.

He does not address only the problem but prescribes the solution as these managers need to trained and made professional in their sense of service and delivery in bench make time as an integral part of their responsibility and duty.

The response time is dealt with by Hemant Kassean and M. Poordil (2011) **[11]** in their research paper. The frequency of visiting hospitals is higher in case of patients who are aged, asthmatic and cardiac ailments.

Another type of patients is those who come to hospitals after accidents. All these patients are if treated with minimum response time then their lives can be saved.

For immediate response time PHDCS is necessary but the pressure is mounting high because the occurrence number is increasing rapidly which makes the response and reaction time complex.

For avoidance of such pressure and meeting the demand of response and reaction time the FMs need time management training.

Jean Hartley and John Belington (2010) **[12]** is related to Hospital Structure.

He recommends after his research that departments to be flat rather than tall bureaucratic one.

The key element in PHDCS is rapid decision making and vesting of adequate authority in departmental heads or FMs. Flat structures facilitate these requirements.

The next one research paper is to the credit of Kyle Luthans (2008) **[13]**

In coming years the hospitals are vulnerable to competitive pressures and unprecedented challenges. The reasons are: rising cost of health care, escalating technology, diverse needs and care requirements of the globalized nature of society and new type of illnesses and diseases. AIDS is the best example of new type of an illness. PHCDS shall help them to face the competitiveness and continuity in unprecedented circumstances.

Hanna Admi (2010) **[1]** explains that the reports of each are linked with other departments.

In PHCDS which is rested on specification which is input part of the process of health care delivery and time bound as an output of the process part, Such input and output relationship results in to reduction in stress level as well as risk of the life of the patient is reduced.

In summary of characteristics received from the literature review can be stated as:

1. Environment of PHDCS is highly competitive and with unprecedented types of challenges
2. It needs specifications and time bound result orientation
3. The Quality of Service is the driving force
4. The role of non medical staff is wider and shall increase in its width future
5. It needs flat organization structure as fast decision making is an essential part it/
6. The minimum response time is key element
7. It is to be run by well qualified and well trained staff of supporting departments with competent FMs
8. Minimum Risk to the patient's life and speedy recovery is the output
9. Services are benchmarked for its quality

An attempt is made to outline the comparison between traditional health care system and PDCHS in the following table:

(III) Role of Functional Managers in Hospitals:

In charge of departments other than medical department are termed as Functional Managers.

In view of the above literature it is sufficiently explained about level of such in charge which is equal to managers only. Corporatization hospitals also indicate the same.

The discussion regarding their role is followed now.

R. Peter Heine and E. Nick Maddox [2013] **[14]** have touched the area techno –socio changes.

Hospital structures are now changing only techno model to Techno Social Model which is resting on technological change in field of medical treatment, competent supporting staff for the same and ultimate aim of this model is total satisfaction to patients.
The authors speak about the role of FMs in response to TSM.

1. FMs need to understand this change thoroughly and to prepare themselves to play the role of a change agent

2. In order to bring this change in his department; it is necessary to plan the change process in such a way that it can be absorbed by his subordinates in a gradual manner. Thus he needs to phase it out and plan according to coverage of change elements he intends to bring into the functioning of the department.

3. In order to bring this into reality the level of co ordination has to be high as the speedy change would be essential for right response to TSM. Even for planting the co ordination the separate planning is necessary

4. Change is one which has a general resistance as a natural reaction of human beings.

FMs would face them when he shall attempt to bring the change. The solution for preparing his subordinates and the staff of other departments the managerial device available to him is motivation. Thus financial and non financial rewards are available to him for the purpose of motivation to the staff which again he should use in planed manner.

5. Changes if to be absorbed smoothly, the individuals find limitations, therefore,

FMs need to build the teams and those teams should convert into Self Motivated Teams. Participative decision making, good deal of autonomy and cohesiveness of team members are essential ingredients which FMs has to consider and make the environment of his department conducive for the same.

The research paper by Anneke Fitzgerald and Gary Davison (2008), **[15]** also discusses about the team building and bring forth different aspects. The authors state that

1. Team Members are competent is not enough but they should be professional for the creation of PHDCS

2. They attach professionalism to ability to communicate and share the information and knowledge by them to each others.

3. For the purpose of giving professional attitude touch to the team members FMs need to motivate them by setting an example and he should have excellent communication skills and readiness to share the knowledge .Thus the authors point out that habit of sharing knowledge has to percolate from FM as a head to the subordinates

The new dimension about the role of FMs is extended by Sandra and

Richard Lebsac, (2008), **[16],** which addresses the points, related to training and attrition. The role is extended to

(a) FM should train the staff under him and which he should do himself on continuous basis (b) FM should be keen about the level of job satisfaction of his subordinates

(c) Job satisfaction is an important element of retention and attrition rate reflects on ability and functioning of FMs as authors take low attrition rate is the responsibility of FMs which is new role of FMs

Paibul (2010) **[17]** reveals in his paper about the training needs identification His finding is related to effectiveness of training programmes in multi specialty hospitals. Such programmes he found are not effective. The reason behind the same attributed to faulty and inadequate need identification.

Therefore, although other sources are available for identification like Performance Reviews and Appraisal form etc. the real needs are understood by FMs only. The author expects for effective training results, the needs be communicated by FMs. The route for the purpose is prescribed is to observe and counsel the subordinates on continuous basis and allocate separate time for noting down the needs and communicate them to appropriate places.

Reginald Revans, (1966), **[18],** is the paper which is written before almost 50 years. Although it is very old one but included in the literature review because it speaks about decision making.

The vision of the author is worth of appreciation. He links the decision making by FMs to the research.

(a) In his view the decisions need to have research as a base. The role is not restricted to good operational results but the quality of decisions made.

He prescribes that FMs should undertake some research for the department.

[Radiology department can undertake the research about the success rate of their output in using them as input of other departments. The results would help them to make the process in his department more effective by making suitable changes in his operations]

(b) He had also considered that all the problems cannot be solved by means of outcome of research approach and had suggested to collaborate with Expert Academicians in the field.

The approach suggested by Reginald Revans is of a great significance from establishment of PHDCS point of view.

Role of FMs at operational level is mainly driven by Management Functions which are

(a) Planning (b) Organizing and Coordination (c) Supervision (d) Motivation

(e) Leading and (f) Control

[However, above pieces of literature throw light on additional aspects and the researcher received a different kind of insight about the role and has immensely helped to formulate the objectives of the study and designing the questionnaire for collection of primary data.]

(IV) Supply of FMs

Till this part concept of PHCDS and role of FMs covered sufficiently.

The manpower required needs to be qualified and professional in attitude with managerial and self development skills is the prerequisite of PHCDS is an established fact received from the above literature.

The gap between traditional and professional health care delivery system is very wide.

Now a look at the supply of such type of manpower is in which state is to be seen relevant.

Repot Published in 2010, **[19]** by China Pharmaceuticals and Health Care Technology speaks about the state of supply of professional manpower in the field of Health Care Field.

Salient Features of the report are;

1. The report is about the hospitals in Asian Countries
2. The report categorically mentions that hospitals in the report do not have enough number of FMs in particularly in departments like nursing , laboratory and medical records
3. Present FMs leadership qualities are not up to the mark
4. The shortage is impacting the quality of health services in these hospitals is impacting adversely and on the way of slow deterioration of quality of service.

Rubino (2007) **[20],** talks about the constraint of grabbing growth opportunities.

In research findings he states that FMs do not have required Leadership Skills. The gap is causing in moving forward the hospitals. In turn they fail to cope with the speed of opportunities and this because of shortage in supply of FMs of required quality.

Hemnat Kasseal and M. Poordil (2011) [**11] deals** with another angle of supply. The authors insist on the acceptance of fact of short supply and look into how they can fill the gap from inside personnel.

They suggested resorting to transfers, promotions of staff after identifying their capabilities and subsequently training them sufficiently

From above literature the researcher received the following facts:

(a) FMs supply is short quantitatively for the hospitals i.e. in terms of numbers

(b) FMs supply is short qualitatively i.e. in terms of qualities and skills

(c) In these circumstances the internal source is more pragmatic

(d) The only source for filling the gap to some extent is extensive training for fitting them to the demands of PHDCS.

After recognizing the fact of shore supply, the researcher deals with training part . The researcher has attempted to comprehend basic concepts and related issues in training which is considered as generic level and then followed by training issues specifically for the hospitals.

(V) Training and Development

(a) Generic Level:

M. Molenda (2003) **[21]** has described the process in details in this paper. He referred to training process to one word ADI and referred it as ADDIE model.

He has taken the first letter of the word and coined the above name of the model. Accordingly the following are letter wise words

A = Analysis

D= Design

D= Development

I = Implementation

E = Evaluation

Thus these are the tenets of this model.

The truth propounded by the author is that there cannot be one unique model which would be universally accepted.

Thus the model would depend upon the circumstances of the training

The contribution by different authors about the points they have brought forward are mentioned and where ever needed the details of the points are covered

(A) Training Need Analysis:

J. Wircenski, and R.Sullivan and P. Moore (1989) **[22]**are the authors who spelt out about the need of techniques required. They suggested the techniques:

(a) Observation – to notice skill deficient

(b) Questionnaire – receipt in writing about different needs

(c) Interview – covers those which have not come to surface as some cannot better define them while writing and sometimes they need to express and phrase them correctly.

(d) Focus Groups – This is for the purpose identifying the needs on group level performance.

(e) Documentation Analysis – Verification with manuals and other literature of the needs

They are in practice and another method which is coming up is also counseling the subordinates.

The next author is K. Ellis (2004) **[23]** speaks about the new technique which he has coined as On line technology for identification of needs .The crux is to use the software and on the basis of results given by the software about the deviations in performance .
It is somewhat a different dimension about identification .In the process, the identifier comes to know the week areas of the employees. In this regard K. Mahler (2003) **[24]** points out one danger in on line evaluation and states that the feedback and its analysis

may be misused to punish the employees which would amount to harassment and further increase the turnover.

He has rightly considered the ethical part in need identification

Messner and Angelina M.M. (2009) **[25]** is concerned about the sequence to be followed in need identification. They are

(a) Task Analysis: The elements of task reveal the needs

(b) Job / Process Analysis: The elements of process show the needs

(c) Knowledge and Skill Assessment – as they differ from job to job

(d) Competency based Assessment – they also differ from task to task

(e) Performance Improvement Analysis – this would show the gap whether bridging up or not is possible.

From the job point view these steps are comprehensive in nature and fully job centric.

Arati Chahal (2013) **[26]** insists on questionnaire and also suggests to take help of consultant.

This suggestion of the author is important as the training need identification is the beginning of the process and well begun is half done is rationale of the author.

The researcher received thorough understanding about the steps, process and significance of training need identification from this part of the literature

(B) Training Design:

Identification of needs takes forwards the training and development process mainly towards the training objectives and compatible content development.

(I) Learning Theories:

However, the another side of the coin of training is leaning and therefore it not out of place to touch in brief some theories of learning because the they form the backdrop . For each one, crux is stated

(1) Reinforcement:

Past outcome are guiding part which may in the form or rewards which are positive outcome or punishment which is negative outcome . Thus behavior of learning depends on reoccurrence of positive past outcomes or avoidance of negative outcomes. This

shows that outcomes shape the behavior of learners and this principle is used as reinforcement factors.

This theory used in safety training to reinforce safety measures

(2) Social lemming theory –

Imitation is the natural instinct of a human behavior. Child learning is outcome of this instinct. Individuals learn from the behavior of others and assimilate it for one's own behavior. This principle is used heavily in on the job training

(3) Goal Theory: (Setting and Orientation)

The goals are the drivers of behavior and realistic goal setting receives desired results. Sales staff training is an example where the goals theory is applied.

(4) Need Theory:

The needs differ from individual to individual and the life and socio economic stage of an individual. Abraham Maslow and Alderfer have contributed to this part in a huge way in the past and their propositions are being fundamental in nature are very valid even to current times

(5) Expectancy: Vroom's propounded that the learner decides between pay off of the learning and efforts and sacrifice he needs to do for the leaning .This is called expectancy valance. This leads to that motivators today become maintenance factors tomorrow. Thus training for promotion is evaluated on the basis of incremental rewards after promotion and incremental responsibilities.

The theories influence the utility of the training with reference to motivation of learners.

Now the other elements of training design are discussed.

(II) Training Objectives

G. P. Lethan and K.N. Weley (1994) **[27]** speak about objectives of the training programme and also the objectives of the lesson.

The guide lines provided by authors is

(a) Initially the Broad Summary Statement is necessary with reference to the need analysis

(b) Break them into programme objective for more precision

(c) Further they are to be broken into session objectives

(d) Afterwards they should be narrowed down to the level of lesson objectives

(e) Preferred method is to encourage the participation of trainees in the process.

(III) Trainer Selection

Trainer may be from within the organization or from the outside. What is important in this regard is his expertise and abilities M. Welber (2002) **[28]** writes about the elements of the trainer .

The attributes prescribed by the author about the trainer are :

(a) Up dated Knowledge about the topic

(b) Expertise in terms of practicing the knowledge

(c) Skills of Delivery

(d) Excellent Communication Skill

(e) Institutional Personality

(f) Empathetic about trainees

P. Hinds, M. Patterson and J. Pfeffer (2001) **[29]** have enlightened the point that the delivery of the trainer consists of very advanced concepts which are not understood by the trainees and further confuse them. Therefore while selection of training the compatibility between the trainer and trainees is essential

(IV) Training Location:

The ambience and surrounding atmosphere are the functions of the location of the training.

The factor of location is recognized as an significant element which otherwise lose the sight of the organizers by Smith and Delahaye (2012) **[30]** who wrote their prescription in terms of,

(a) Easily accessible to trainees. (If the training is arranged at a far place then trainees get exhausted in reaching the place)

(b) The location has to be free from outside distractions or interruptions (Location should not be near a railway station or an air port)

(c) The congestion is the outcome of insufficient space to for trainees as it affects the concentration.

(d) The location has to be well equipped with sophisticated audio visual aids of delivery.

(V) Selection of a training method:

Method of training is a critical part of the training design as the most effective method is needed to be selected which has a backward linkage to objectives, trainer and the location.

Another important factor is the audience also.

Raymond Noe writes in his book titled Employee Training and Development (2008) **[31]** has exhaustively covered the elements of Training Design in chapter 07.

He has presented a table which is annexed as Annexure ***A.***

The crux of the table is the parameters prescribe by Noe are to be applied irrespective of the method whether the training is on the job or off the job. He prescribes

(a) Expected Learning Outcome:

The method needs to be chosen which would be the best fit for comprehensive fulfillment of the objectives in terms of learning outcome

(b) Learning Environment:

Learning Environment consist of the factors like practice space, scope for the observations. Scope for taking feedback, scope for interaction with others etc.

Thus method has to be complimentary to leaning environment

(**c) Transfer of Knowledge and Skills**:

The transfer depends on the ability of the method to facilitate the same. Therefore, the best facilitating method be selected.

(d) Cost Benefit Analysis:

The method should be examined from the angle of cost also. As far as possible the method should be least cost per trainee and maximum transfer of knowledge and skills be achieved.

(e) Effectiveness:

If the method selection is influenced by convenience then it would bring rigidity in selection.

The method be examined in the light of past results and effectiveness and the flexibility is essential to select the proper method

(C) Training Evaluation:

There are two parts of evaluation

(a) Developing evaluation of criteria

(b) Implementation

The another dimension is

(a) Formative (during the training evaluation)

(b) Summative (after the training or post training evaluation)

The present text is discussed the evaluation in whole some way

B. Sugrue and R. Rivera (2005) **[32]** speaks about the importance of evaluation. Their survey showed that on and average minimum investment is made by the companies is 3 % of their revenue. Secondly, they take your attention that training is taken as a strategy for success.

Through the discussions on these issues they have elaborated on the significance of evaluation of training.

K Brown (2002) **[33]** speaks about the formative evaluation. It puts forth the point that formative evaluation is very informative regarding collection of qualitative data about the programme as it collects data from trainees, managers, experts other employees Evaluation is about training objectives and training contents.

In the book by Raymod Noe **[30]** writes about pilot testing and summative evaluation.

'Pilot testing refers to the process of previewing the training programme with potential trainees and managers.**'**

Summative training refers to evaluation conducted to determine the extent to which the trainees have changed, as a result of participating in the training programme.'

The above literature sufficiently develops the basics for the researcher regarding the training design.

(V) Training and Development

The environment of hospitals is unique in nature like each sector and companies do vary in the nature of environment according to their products and services.

The research paper by Manimay Ghosh (2012) **[34]** speaks specifically about the training of FMs. The authors have used A3 process to solve the problems of X ray department (the concept is borrowed from Toyato Motor Corporation, Japan) and ultimately concluded the areas of training for FMs which are (a) Avoidance of Delay in service (b) Controlling Wastage

Manisha Agrawal and Abhishek Sharma (2011) **[35]** describe in their paper about the category of the job satisfaction and state that

(a) Structure Related Factors: Work Autonomy and Co ordination

(b) Process related – Work place factor, intra personal relationship and decision making

The findings of the authors show that Structure Related factors are responsible for job satisfaction and Process Related Factors are related to Psychological Well Being.

Such factors if not balanced properly then the staff members would be under higher stress and this may lead to attrition

When attrition is there the vacancies are no filled immediately and in turn this increase the work volume of present staff.

This makes the situation more messy.

As a result it is necessary to train FMs as heads about

(a) Awareness about Structural and Process Factors

(b) Job Satisfaction and well being of staff members

(c) Role as a counselor to combat the adverse effects of these factors

Thus above training needs are rendered by this paper at hospital level

Awareness training is prescribed by Chrisitann Derouel and Brian Kleiner (1994) [**36]** are in the areas of awareness about

(a) Competition (b) Globalization impact both on technology and hospital structures and

(c) Mergers and Acquisitions

However, these topics are to be dealt at central office level as they are very broad in nature.

Praveenlal Kuttichira and P.P, Rejani (2011) **[37]** have surveyed about the satisfaction and in the survey predominantly the factor of corruption came to lime light.

They prescribe that FMs need to be trained about arresting the corruption and also all the staff members need ethical training.

The next paper is by Puniya B.K. and Sourabh Kant (2013) **[38]** and significant since it speaks about the factors affecting training of FMs. The research of the authors found such factors which are enumerated here "

(a) Motivation

(b) Emotional Intelligence

(c) Trainers openness

(d) Basic abilities of trainees

(e) Support from management

(f) Job related factors

The above literature review has conceptualized the researcher and forwarded him towards

(a) Conceptual clarity about the frame and context of the study

(b) Formulation of objectives of the study

(c) Formulation of Hypothetical statements

(d) Developing the method of Research

(e) Development of the questionnaire

(f) Conduction of Interviews

Thus it assisted in developing the course of research study for the researcher

Now the objectives and Hypothetical statements are presented here which have sprang from the literature review support.

(VI) JOB PROFILES OF FUNCTIONAL MANAGERS:

The functional managers in the hospitals have different types responsibilities and duties . They vary from functional area to area.

Based on what has been received from Literature Review and Interactions and observations etc. an attempt is made to note few key responsibilities and duties and functions of different functional managers which have a forward linkage to the model of training programme. It is too wide to cover the full details of duties and responsibilities and therefore the key functions are considered here for describing the profile of a functional manager.

(I) Medical Records Functional Manager:

Table No. 2.1: Job Profile of Medical Records Head

Key Area of Functions	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Duty Charge Preparation of his team	Availability of staff at various work stations for three shifts	Scheduling of staff for various places like Registration Counter, Back office Activities	Planning and Prioritizing
2.Resouce Availability	Making Stationary hardware material Cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organising Supervision Control
3. Coding	Coding of Diseases Following international standards	Day to Day Recording and adherence to standards Training the subordinates and verification	Self Updating Supervision Coordination Training
4.Records availability	Making past record available to different departments	Information Service in Medico legal cases and other cases	Organising and information management
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
6. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7. Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(II) Accounts and Finance Functional Manager:

Table No. 2.2: Job Profile of Accounts and Finance Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Preparation of Master Budget	Preparation of Budget of the Department and integrating it in to Master Budget	Estimation Verification on the basis of Propriety and Proportions each departmental budget and integration	Planning and Foreseeing
2.Funds Management	Raising , Allocation and Surplus distribution	Smooth Availability of funds in terms of Working Capital and Capital Investment Controlling Returns Leveraging of funds	Planning , Organization Coordination and Control
3. Management of Receipts and Payments	Accounting of Receipts and Payments	Preparation of Cash Budgets and Disbursements Controlling Billing Accuracy	Planning Organizing and Control
4. Legal Compliances	Audit Preparation and Filing of Returns and taxes and compliances to various regulatory authorities	Tax Calculation and Payments and Preparation of accounting statements and other related statements	Planning Information Management
5. Updating about Regulatory Amendments	Changes in reports and statements according to regulatory amendments	As above with reference to Regulatory Amendments	As above
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
6. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7 Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(III) Laboratory Functional Manager:

Table No. 2.3: Job Profile of Laboratory Head:

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organization
2.Duty Charge Preparation of his team	Availability of technicians at Pathology , Microbiology and Biochemistry Labs	Scheduling of technicians and clerical assistants at Lab Work Stations	Planning and Prioritizing
3.Resouce Availability	Making Chemicals , Reagents , Test Kits and other material cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control
4.Spervision of Test Process and Output	Quality Control	Random Checking of testing process	Supervision
5. Reports Dispatch	Timely Report Preparation and Dispatch	Assurance of timely and accurate dispatch	Planning and coordination and Logistics
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
7. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7 Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(IV) Radiology

Table No. 2.4: Job Profile of Radiology Head:

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organization
2.Duty Charge Preparation of his team	Availability of technicians for X-ray Ultrasonography , Doppler etc.	Scheduling of technicians and clerical assistants at Test Work Stations	Planning and Prioritizing
3.Resouce Availability	Making X ray films , Chemicals , Reagents , Test Kits and other material cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control
4.Spervision of Tests Process and output	Quality Control	Random Checking of testing process	Supervision
5. Reports Dispatch	Timely Report Preparation and Dispatch	Assurance of timely and accurate dispatch	Planning and coordination and Logistics
6. BARC Audit	Supervision of BARC Norms	Control over process and disposal of radiation materials	Process Control Management
7. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
8. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7. Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(V) Nursing

Table No. 2.5: Job Profile of Nursing in Charge:

Key Functional Area	Key Responsibilities	Key Duties	Related Managerial Function
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organization
2.Duty Charge Preparation of his team	Availability of nurses and sanitation staff	Scheduling of nurses and sanitation staff	Planning and Prioritizing
3.Resouce Availability	Stationary , Treatment Related Material and Cleaning Material	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control
4.Spervision of treatments	Quality Control and Time Management Dose Accuracy	Random Checking of testing process	Supervision
5. Sample and Report Management	Timely Sample and Report Collection	Assurance of timely activities	Planning and coordination and Logistics
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
7. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
8Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(VI) Maintenance Head

Table No. 2.6: Job Profile of Maintenance Department Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Duty Charge Preparation of his team	Availability of workmen of different trades like electrician plumber etc.	Scheduling of workmen of different trades at different work satiations	Planning and Prioritizing
2.Resouce Availability	Stationary , tools and spares	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control
3. Maintenance and Repairs of Equipments	Equipment Related Up keep and in order conditions	Total Preventive Maintenance Minimal Responses time for Repairs	Planning and Organizing
4.Service Vendor Management	Liaoning with Service Vendors	AMC finalization Follow up with Service Vendors Warrantee Management	Planning Organizing Coordination Communication
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
6 Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7. Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(VII) Stores Department Head

Table No. 2.7: Job Profile of Stores Department Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Duty Charge Preparation of his team	Availability of stores staff in different stores	Scheduling of Stores Assistant Duties	Planning and Prioritizing
2.Resouce Availability	Material required by medical and other departments, stationary grouping into consumables and non consumable items.	Guarding of Materials and accounting of materials Availability of Materials	Planning Organizing Supervision Control
3Inventory Management	Inventory Classification and optimal balance of inventory	Up keep of stores Up keep of inventory Minimal level of salvage , waste	Planning , Supervision and Control Communication
Supply Management	Purchase Management of Stores Materials	Buying good of right quantity, right price , right time , right quality and from right supplier	Planning to Control
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
6 Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
7. Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

(VIII) Blood Bank Head

Table No. 2.8: Job Profile of Blood Bank Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**
1.Duty Charge Preparation of his team	Availability of technicians within departments	Scheduling of Duties technician and other staff Duties	Planning and Prioritizing
2.Resouce Availability	Blood Collection , Preservation and issue , stationary etc	Adequacy of Blood Volume level	Planning Organizing Communication
3 Blood Donor Networking and Inventory	Donor Classification and availability	Liaoning with donors and different NGOs	Planning Communication
4. Regulatory Compliances	Regulation Adherence	Complying with regulatory procedures Development of Rapport with Regulatory Authorities Information Compliance of regulatory authorities	Communication Coordination Information Management
5. Conduct of Blood Donation Camps	Collection and preservation of blood	Planning the camps Working with NGOs	Planning Communication Coordination
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control
7. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation
8. Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills

The above tables very precisely present the key areas of each functional manager which are varying according to the nature of job profile. The reader shall find that each functional manager needs to perform some HR functions at micro level i.e. at the department level as the size of the team is on an average of 10 staff members under him

These are mainly related to Performance Appraisal, Team Building and Training his subordinates. They are shown in each table because by nature they are same but particulars shall change as the tasks and jobs are not same. Tasks and activities do change in nature and different approach and skills are needed for the functional managers to train them. Job Profiles as a whole also shows how much interdependence management is needed and how much integration is also essential.

The reader would come across to this information again where the details are presented under the model of training and development with training elements in detail at the end of the study.

(VII) Research Gap:

The literature review has also assisted in about which issues the research literature is available and where the researcher needs to go for further inquiry

The research gap consists of following points

1. Need of matching corporate scale with growth rate of 10 % to 12 %
2. Holistic perspective development for comprehensive services umbrella
3. Skill enhancement for reducing shortage of FMs
4. Revisiting the training needs and adding the inputs more for managerial and self development skills and not to limit by only technical skills
5. Revision of training design for creation of value chain

Now the objectives and Hypothetical statements are presented here which have sprang from the literature review support.

(VIII) Objectives of the Study:

The objectives of the study are the necessary factors for enlightening the researcher as well as fulfillment of the +study:

1. To study the characteristics of Proficient Health Care Delivery System of Hospitals.
2. To compare and analyze the job description and job specifications of FMs.
3. To study the training needs of Managerial and Self Development proficiency of FMs in hospitals.
4. To assess the present training design of training programmes and its sufficiency in meeting the demand of PHCDS.
5. To evolve a framework (guide lines and principles) for Proficient Managerial and Self Development Training Programme for aligning the skills for FMs to PHCDS.

(IX) Hypothetical Statements

These statements are the outcome of distillation of what has been received from the literature review and other sources:

Null Hypothesis:

H0: Functional Managers in Hospitals do not possess sufficient managerial skills to the meet the demand of Proficient Health Care Delivery System.

Alternative Hypothesis

H01: Functional Managers in Hospitals do possess sufficient managerial skills to the meet the demand of Proficient Health Care Delivery System.

Null Hypothesis

H0 : : Present Training and Development Programmes for Functional Managers in Hospitals do not produce the result of Managerial Development and Self Development Skills necessary to meet the demand of Proficient Health Care Delivery System

Alternative Hypothesis

H02: Present Training and Development Programmers for Functional Managers in Hospitals do produce the result of Managerial Development and Self Development Skills necessary to meet the demand of Proficient Health Care Delivery System.

H3: There is a need for development of a framework for training design for Functional Managers

The researcher has made an attempt to fulfill the objectives and to verify hypothetical statements with value neutral stand about them

The next chapter explains the research methodology or method of research which is designed purposively in fitness of the context of the study.

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CHAPTER III: METHOD OF RESEACH

The objective of any research is to probe into inquiry in a systematic and scientific way. The way for the same is to follow strictly all the principles of Research Methodology which enables the researcher to weed out the chances of any bias in the inquiry.

Accordingly, the process is followed with sufficient literature review and formation of the objectives as well as hypothetical statements which are having adequate backward linkages as background of literature review and interactions and observation.

Research Methodology prescribes generically the method to follow for the social researchers. However, the necessary care needs in selection of the options and also finding out the suitability of steps which largely depends upon the context and frame of reference and scope of research work undertaken by the researcher and therefore the chapter head is method of research to make the description more apt to the process followed.

The context of the work rotates around three fundamental concepts:

(a) Professional Health Care Delivery System

(b) Functional Managers and their roles

(c) Training and Development process of functional managers in changing expectations

This due consideration has been given to these three fundamental elements and objectives and hypothetical statements and their nature for designing the method of research.

3. Research Design:

The research design describes the course of research to be carried out. The following part covers the course parts of the research design of the study in details.

3.1.1 Research Type:

The study type is descriptive in nature as it probes into the current positions about the issues related Training and Development of Functional Managers in the light of Professional level of Health Care Delivery System. Further it is considered as diagnostic as it infers evaluation of the state of issues of training and development of functional managers

This due consideration has been given to these three fundamental elements and objectives and hypothetical statements and their nature for designing the method of research.

3.1.2: Route of Inquiry:

(Refer the indicators of PHCDS and managerial skills as its demands on page no 57, chapter II B)

The reader should consider that the type of research is of descriptive and diagnostic in its nature and according the context is being developed.

In order to understand the gap there are two ways available to the researcher.

1. To conduct the probe into the gap felt by FMs through interviews or interactions

2. To check the appraisal forms and understand them which would give information which is very short and incomplete for the inquiry suitable to the context of the study.

3. To understand the decisions made by FMs this gave insufficient results.

All above probes have limitations of confidentiality.

Few facts are put here which are important in deciding the method of inquiry from the sufficiency point of view.

1.Present FMs do not have the formal degree in management which would educate them about theory and subsequently can be applied and develop their managerial skills.

2. In these circumstances then what is the source for them to develop these skills to meet the demands of PHCDS?

The answer to this question is the Training and Development programmes conducted by the Hospital Administration.

Thus probing into features of these programmes can throw light on the point of sufficiency if the responses regarding the following are received.

(a) How much training need identification and recognition has taken place?

(b) What are state of training contents and other aspects of the training design?

(c) What does formative evaluation shows about the training?

(d) What is the position as regards decision making?

Therefore, the researcher chose to use training and development related issues and their inquiry as a medium to understand the following points (and the title also suggests about the study of effectiveness)

(a) Sufficiency of Managerial Skills.

(b) Efficiency of training programmes for the development of managerial and self development skills.

(c) Whether there is a need for development of a framework for training design for FMs in hospitals.

In nut shell the conclusion of above discussions is that sufficiency is extracted on the basis of responses to the questions related to T & D process of the hospitals which is not in absolute quantitative terms but on the basis of percentage of responses for each sub question and inferences drawn for each one of them as well as collectively for the full question related to the particular element of the T & D process.

3.1.3 Population

The population of the research is determined by the scope of research and always having the influence of Temporal or Geographical area for which the research is undertaken.
The study pertains to the Hospitals in the area of Kolahpur Municipal Corporation and Sangli – Miraj – Kupwad Muncipal Corporation (which covers all the three parts) which are from Western Maharashtra State.

(Refer: Annexure B giving details of Names and Hospital)

The hospitals covered are of following types

1. Single Specialty
2. Multi Specialty
3. Super Specialty
4. Private Teaching Hospitals
5. Government District Hospitals

Table 3.1: Population Composition Hospitals

Type of Hospital	Kolhapur	Sangli – Miraj and Kupawad
Single Specialty	21	26
Multi Specialty	05	04
Super Specialty	03	03
Private and Teaching	01	02
Government District Hospitals	01	02
Total	31	37

The grand total of both the areas comes to 68.

The staff who is engaged in different functional areas other than doctors is another dimension to this population which could be considered as the core part of the study.

The different functional areas and the staff engaged are given below:

Table No 3.2: Composition of In- charge or Head of Functional Areas

(The figures correspond to the month of December 2014.)

SSH = Single Specialty Hospitals **MS** = Multi Spatiality Hospitals

SPS= Super Specialty Hospitals, **PT** = Private Teaching Hospitals

GD = Government District Hospitals

Functional Area	Kolhapur Municipal Corporation					Sangli- -Miraj Kupwad Municipal Corporation					
	SSH	**MS**	**SPS**	**PT**	**GD**	**SSH**	**MS**	**SPS**	**PT**	**GD**	**Total**
1.Medical Records	21	05	03	01	01	28	04	03	02	02	70
2. Accounts and Finance	21	05	03	01	01	28	04	03	02	02	70
3.Laboratory	12	05	03	01	01	15	04	03	02	02	48
4.Radiology	02	05	03	01	01	02	04	03	02	02	25
5.Nursing	40	77	35	23	26	60	69	34	46	30	440
6Maintenance	21	05	03	01	01	28	04	03	02	02	70
7.Stores	21	05	03	01	01	28	04	03	02	02	70
8 Blood Bank	00	05	03	01	01	00	04	03	02	02	21
TOTAL										**GRAND**	**814**

(The functional areas are the core areas where HR department or Personnel Department is not considered because the current positions are occupied by the staff who have already having a formal education in the field in terms of MBA or MMS or PGDBM or MHA and thus have sufficient level of management perspective and skills and majority of them look after administration also.)

3.1.4 Sample Size:

The another significant part after population is choice of size of the sample which is complementary to the scope of survey or administration of primary data

The sampling unit is a functional in charge or head or a manager of the respective functional area. In ordinary course the help of statistical method of deciding the number of sampling units to be selected.

Reference: Website –www.surveysystem.com

The web site provides the calculator which provides the number of units at different level of significance

The level of significance selected is 5 % which is normally considered as best fit for the purpose of such kind of researcher. Accordingly, the sample units recommended are 32.8 % which comes to 268.

The figure 268 is taken as the minimum number by the researcher. However, the number chosen are 450 which constitute the 55 % of the sampling units i.e. 814.

This is done deliberately in order to avoid any bias as well as sound data to be made available for the purpose of the study. The number is adequate to make the sample of representative nature.

(This number does not include the number 28 respondents which are not included in the figure of 450 taken as a sample)

3.1.5 Sampling Method:

The sampling method chosen is Simple Radom Sampling for selection of Functional Managers for the study.

3.1.6 Data Collection:

The data collection for any context depends upon the necessity of the context. Generally the reference points are considered as the objectives of the study and the Hypothetical Statements and deep insight development about the issues involved around the study frame.

a) Secondary Data:

The ordinary course the sources which are commonly used have been used for the purpose of collection of secondary data. .

The first data collection from the secondary source is used having following sources in order to determine the number of hospitals in the concern areas which are

(a) Register of Municipal Corporations which shows the list of registered hospitals under Shop Act, 1950. The further classification of types of hospitals is made from this data

(b) Hospitals Listed under Bombay Nursing Home Act, 1949, from the Municipal Corporation Records, under the authority of Chief Medical Officer of the respective Municipal Corporation

(c) Feedback forms of trainings attended by functional in charge / managers in last two years.

The numbers of such hospitals are 03 but which were covering the all the functional areas given in Table 3.2 above

(d) Performance Appraisal Reports from 02 Hospitals for understanding the training needs and training inputs given to functional managers

(e) Old and Current Issues of Health Management Journals, published by Sage Publication

The data required for the purpose is sufficiently undertaken and other information is being covered in the literature review which has been having a thin boundary line and thus put in literature review part.

b) Primary Data:

(Please note that the tables which are the part of the questionnaire are not given table numbers as given for the main frame of this chapter)

The primary data collection is an important step in any research as it verifies the reality and throws light on the sphere of hypothetical statements. Thus, the primary data collection has been made with due consideration to link the questions to the objectives of the study as well as the hypothetical statements.

The question has been framed accordingly which takes care of making the data collection utmost relevant and suitable for the purpose of data analysis.

The major source of the primary data collection is resorted to be administration of questionnaire to respondents who are functional managers of the different departments. Similarly, the group of respondents was interacted and then they were given the conceptual understanding about the significance of their participation. Thus, without resorting to the practice of use of internet for collection of data, personal interaction with respondents at their predetermined time was made for a particular group which made it convenient to collect the data but the researcher needed good amount of time for such an exercise. However, this ensured the authenticity of the data collection and increased the reliability also.

The following table clearly shows the linkage between questions and the hypothetical statement

3.2 Questionnaire Design:

Discussion regarding the design of questionnaire and the relevance of each question is being made hereunder. The entire questionnaire is designed on a principle to be consistent with the process of Training and Development is an attribute of the questionnaire worth of appreciation by the reader.

Table 3.3: Composition of Areas of Questionnaire:

Part	Coverage
I	General Information FMs
II	Comprehension of Role of FMs
III	Management Functions and Decision Making Elements
IV	Training Needs of FMs
V	Training Design of T&DPs of FMs
VI	Evaluation of T& DPs

The variables involved in the questionnaire are depicted by the following table with its types.

Table No 3.4: Typology of Variables:

Sr. No.	Name of the Variable	Variable Type
01	Ways of Conveying Training Needs	Nominal
02	Gender	Dichotomous
03	Availability of Job Description	Dichotomous
04	Job facilities provided (Each facility mentioned separately)	Dichotomous
05	Factors helped for decision making	Ordinal
06	Necessity of training needs	Ordinal
07	Effectiveness of training design	Ordinal
08	Feedback about trainer	Ordinal
09	Quality of training material	Ordinal
10	Usefulness of training material	Ordinal
11	Opinion about training programmes	Ordinal
12	Managerial Skill Development	Ordinal
13	Consideration in Designing of Training Programmes	Ordinal
14	Number of Beds in Hospital	Interval
15	Number of Subordinates	Interval
16	No of Training Programmes Attended	Interval

The types of variables which are of ordinal nature are considered for the validity test.

3.3 Pilot Survey:

In order to perfect the questionnaire the pilot survey has been conducted and another intention behind the pilot survey was to apply reliability and validity test for the questions.

The following table shows the composition of pilot survey:

Table 3.5: Composition of Pilot Survey Respondents

Name of Hospital	No of Functional Managers as respondents	Actual Respondents
Miraj Mission Hospital	10	08
Adhar Hospital , Kolhapur	07	03
Civil Hospital , Sangli	06	06
Chatrapati Pramila Raje Government Hospital , Kolhapur	05	05
Total	28	22

The filled responses ware made subjected to reliability and validity test Cronbach Alfa is calculated by using SPSS Version 15.0.

The results received are presented on the next page in a tabular format.

Table 3.6: Validity of Questionnaire Results:

Question No	Cronbach Alfa Value
09	0.817
14	0.810
15	0.751
17	0.750
19	0.710
21	0.714
23	0.751

Now the following lines describe the exercise made in respect of reliability test of the questionnaire.

Research requires dependable measurements. Measurements are reliable to the extent that they are repeatable and that any random influence which tends to make measurements different from occasion to occasion or circumstance to circumstance is a source of measurement error.

Reliability is the degree to which a test consistently measures whatever it measures. Errors of measurement that affect reliability are random errors and errors of measurement that affect validity are systematic or constant errors.

TEST—RETEST, equivalent forms and split – half reliability are all determined through correlation.

Researcher has used TEST- RETEST method for measuring the reliability of the questionnaire.

Test after respondents again responded which showed the result that shown consistency in their responses in 85 % of the responses. The responses which were not so consistent had extremely small impact on the response result of the questions.

With reference to the above test marginal changes were made in the questions and details of the same are as under:

Table No. 3.7: Post Validity and Reliability Revision

Question No	Reasons for Change	Revision Made
09	Value of Cronbach Alfa is largely differed from Standard Value (0.70 > 0.63)	Option of Senior's Guidance was deleted Revised Cronbach result (0.817)
15	Option of Coordination Activities and activity jamming are of like nature	Option of Activity of Jamming of was deleted
19	Feedback received from FMs	Options of CD and DVD were deleted and replaced by option of Soft Copy
21	Feedback received from Experts	Options were changed. The dichotomous response was change to three degree scale

Researcher has added separate question on support of Senior's Guidance.

Thus, the questions were perfected and the questionnaire became most reliable in nature to proceed for the survey.

3.4 Questions and Linkages to Enquiry:

A stock of the questions asked and the intension behind are discussed in brief in order to explain its spirit of research.

Part I is for the general information which is mandatory in nature

It contains the information regarding the information related to Profile of the respondent

a) Name b) Age c) Gender d) Qualifications e) Category: Technical / Other

f) Phone number g) Email ID h) Name of the hospital currently working in

i) Number of beds j) Name of the department k) Designation

The nature of the above fields of inquiry is very basic and necessary to understand the profile and other details of the respondents

Part (II) contains the information about the information related to Job Profile

a) Working Experience on different levels:

(i) Junior Technician / Junior Clerk -------- Number of Years --------

(ii) Senior Technician / Senior Clerk / Nurse (Sister) Number of Years ----------

(iii) In Charge --- Number of Years ----------

b) Understanding / Perception about the word ***Job Description*** Yes ☐ No ☐

c) Are you made aware of contents of Job Description? Yes ☐ No ☐

d) If yes mention the key responsibility areas as in Charge

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e) Team Size working under you 1—5 ☐ 6—10 ☐ 11 –15 ☐ above 15 ☐

f) Job Facilities given:

Sr.No	Name of facility	Please Tick if provided
01	Comfortable Seating Arrangement	
02	Changing / Rest Room Facility	
03	Washing Area	
04	Canteen	
05	If any other please specify	

For in Charge post it is significant to understand the perception about the job description. In majority of the organizations in India (irrespective of the type and nature of organization) as there is no keenness on formally establishing the Job Description the employees are informed about the job description informally which is a common practice.

However, from T & D point of view it is a basic prerequisite and essential to have job description in any organization. The job description is not so much in practice as the employees as well as the employer takes is as the boundaries of the work and in future the employees grumble about the work asked to perform which is in fact an inter alia part of their job but cannot understand the same. Thus Job Description needs to be very

precise as it also brings out the skill set required for the job and further it provides the guidelines for the training and development department to design the training programmes to bridge the skill gap.

Therefore, the question is posed and the respondent is provided with sufficient space to write about the key areas of their job responsibilities which have direct backward linkage to the Job Description. The question is consistent to the objective of study number 01.

Further the working condition is the part and parcel of the Job Performance which should be in tune with the Job Description. Therefore, it is essential to gather the information about them and mention has been made of the critical minimum requirements. The researcher has observed that facilities mentioned about although primary are not made available so much seriously.

Part II, questions are sufficient to meet the objective number 01 with collective responses

Part III, Question No 07 to 10 are related to the managerial functions and decision making and decision input. The responses are sought from the respondents and the framing of the questions is made with a care that the respondents should not be subjected to guided responses. Rather, the responses should be from their own thought process as well as experience. The study pertains to the Professional Health Care Delivery, it is essential to understand the understanding of the respondents about their duties as in charge which is equivalent to the post of managers.

The decision making elements are required to be with reference to managerial functions and also what has helped them to take the decision.

The questions are related to objective no 02 and the subject matter of the study whether how much decision making has been facilitated due to the training and where do they require training.

All these questions are to be seen individually and collectively as the questions are intended to understand the managerial functions and managerial skill with decision making with reference to specific function as a manager the respondent has been performing.

The contents of questions are given here for the ready reference of the reader

Q.07 Mention your duties (Key Functions) below as in Charge (Manager) of your department

The key areas: a) Planning b) Supervision c) Team Building d) Coordination
e) Services to Patients f) Training Subordinates

Q.08 As an In Charge in last two years which decisions you have taken in the following areas,

(The description of decision is very valuable response from the view point of evolving guide lines for the training development of functional managers which are intended to evolve and present at the end of the work which makes the question no 8 to 10 very significant). This question addresses the following functional areas from the management point of view.

The areas are similar to the above questions as the decisions are not independent of the duties and rather they should be in response to the situations and for the purpose of efficient discharge of duties and the responsibilities of the respective department of the functional manager.

a) Planning b) Supervision c) Team Building d) Coordination e) Services to Patients

The elements of the assistance which helped them to take decision are an important source for the in charge of training and development department and also it throws light on skills to some extent. The degree of assistance also informs about the level of assistance provided by each element of helping factors,

This question covers the options with scaling of degrees where the contents of the question are as under:

Part III Q.09

Sr. No	Particulars	Not at All	Some what	Helped	Moderately Helped	Highly Helped
01	Group Members Participation					
02	Past Experience					
03	Education					
04	Gut Feeling					
05	Training and Development Courses					
06	Training Manuals					
07	If any other Pease Specify					

Generally, the above factors help in decision making but the training and development how much attributed to the decision making is attempted to draw

Q.10. Does your seniors guide you at the time of decision making?

The decision making if helped by seniors is a kind of informal training only. This is also a part of duty of the functional manager as the decision are likely to be on the job and the purpose behind this question to be posed separately to understand whether the system exists of informal training in the hospital .

These questions from 08 to 10 are related to hypothetical statement no 01 which covers the information related to first part of the hypothesis i.e. managerial functional role with back up of decision making.

Part IV: covers the remainder part of hypothetical statement number 01 which is related to sufficiency of managerial skills and shade is available also from question no 08 to 10. The question no 11 to 15 deal with training aspects like number of training programmes, training needs communication , effect of training on decision make in open end manner .Further the different training needs are asked to be rated .

Q.11 and Q.12

The questions talk about the number of training programmes with their types in to technical, managerial and self development.

Q.13. Options are stated in order to understand how functional managers convey their training needs which are:

(a) Meeting with HR / Admin Personnel

(b) Performance Review

(Where the manager mentions about the needs which is considered as parental approach)

(c) Meeting with Senior Manager

(Which are on continuous basis generally quarterly or bimonthly?)

(d) Performance Appraisal Form

(Where the employee himself mentions the needs)

The description in the brackets is not the part of the questionnaire as such.

Q.14. The question is purposely and deliberately kept as open ended to seek the information from the respondents which would more relevant and matching to the realistic needs of the functional managers .The question tries to seek the impression from the respondents which indirectly they vent out their training gaps

The phrasing of the question is:

Q.14: Describe the situation in which you felt that training would have been improved your efficiency and quality of decision

The sufficient space has been provided for the respondents to write the responses

Q.15. Further the purpose of verification of the responses to question no 14 as well as to understand the degree of the need the rating is sought with following option on a scale of three.

The text of the question is:

Sr. No.	Type of the training need	Not Needed	Needed	Highly Needed
01	Planning Activities			
02	Coordination Activities			
03	Technical Knowledge			
04	Team Building			
05	Motivational Techniques			
06	Resource Mobilization			
07	If any other Please Specify			

Part V: The questions under this part are in relation to third objective of the study and second hypothetical statement number two.

It addresses the issues related training design and execution of training and delivery. The scope of the contents is variedly and sufficiently covered by question 16 to 21.Rating on a scale is applicable to question no 16, 18 and question no 20. The responses to this question are significant from the view point of training design, selection of a trainer/s and the contents of training material.

The questions touch the following key areas in its spirit:

1. Objectives , Schedule of trainees , coverage of training needs ,
2. Training Faculties

3. Trainers
4. Training Material
5. Training Method

All the aspects are covered related to training design with reference to the scale as they differ from hospital to hospital and even programme to programme where there should be consistency and uniformity in some common aspects of the programme irrespective of the type of the programme.

Part VI:

It is necessary here to clearly state about the type of evaluation covered for the purpose of understanding of the reader about the scope of evaluation of training.

Evaluation of training has two aspects and parts,

(a) Formative Evaluation:

This covers during the training aspects e.g. training contents, duration, material and characteristics of a trainer and so on. The researcher has a wider thrust on this aspect.

(b) Summative Evaluation:

This covers evaluation of training after the training by conducting test, observations, collection of data, Return on Investment i.e. extent of development. This is a long term process and therefore could not be covered by the context of the study Also the summative evaluation has a constraint of confidentiality

This part covers the aspects related to evaluation of the training. The evaluation part is considered as subjective in nature because the development of skills or other inputs given in the training programme (which are supposedly in line with the training needs revealed from different sources) are very difficult to measure in quantitative manner, In case of management skills they may be evident from the actions shown by the decision making or reduction in delay in services to patients or their keens.

Thus, evaluation by its own nature possesses a characteristic of subjectivity. However, prior to be evident in actions or otherwise the trainee has a feeling about the training delivery what he has actually received from the training which is important to understand from the trainees.

Thus, considering foresaid contents and with reference to hypothetical statement no 03, the questions are designed and phrases. These questions are from 22 to 24 which also have the reference of Objective number 04.

The key points covered are with a rating scale. They cover the aspects related to

1. Meeting of training objectives and time frame
2. Participation and interaction
3. Training as an experience
4. Scope of skill development
5. Considerations rendered as trainees for Design and Development of TPs

The verification of the evaluation is possible in other mode also. This mode is to conduct any type of a TP for development of managerial and self development. The actual results are to be seen from the actions in decision making or progress in individual skills can be done with the help of second round interactions and observations.

The research work is of descriptive nature. The objectives are of academic nature. Thus the output is development of a frame work in terms of guidelines for designing the TP at generic level. Thus the scope of research work is well described here. Therefore, although the researcher is aware of this mode for the more definite evaluation is not intended to follow with reference to context of the research work.

However, the primary data and secondary data is quite sufficient to evolve the guidelines which would be quite closer to the reality as the approach in development of context is supported by senior and well experienced functional managers as respondents which strengthens the research work very relevantly and meaningfully.

The primary data tool is used is the questionnaire presented above with the description of the contents.

In the ordinary course it is natural to understand about the managers who are responsible for the conduct of the training programmes and development of the employees. In corporate world the responsibility is entrusted with and a part and parcel of the HR Department. However, during the pilot survey it is noticed that in case of hospitals there is no institutionalization and establishment of HR department as such. This function is carried out by Administration Department of the Hospitals.

Therefore, as a part of the inquiry it is decided to take the interview of the senior managers in the Administration Department of the Hospital who is also an important Functional Manager.

3.5 Interview Design:

In all there are 68 Administrative Managers which can be considered as the population. Out of these 43 % numbering to 29 are interviewed .The method of interview intended to have a free interaction without any structured kind of questions because the managers are conducting the training programmes as one of the functions of their entire domain of duties and responsibilities.

It is essential to note here that they are not in a place like the head of training and development department but working on the same lines, therefore, the method of free interaction interview has the best fitness from the context point of view.

The points covered in the interview are:

1. Promotion Policies for FMs
2. Preparation of Job Description of Functional Managers
3. Communication of Job Description
4. Training Need Analysis Process
5. Selection of Trainers
6. Selection of Training Method
7. Training Evaluation Process
8. Frequency and types of Training Programmes
9. Demands of PHCDS
10. . Present Level of managerial skills of FMs with respect to PHCDS
11. Delivery efficacy of present training programmes for Managerial and Self Development Skills
12. Suggestions in areas about T & D

It is intended to present the Separate Analysis on a summarized basis of these responses. They are considered as the complimentary part in support of status of hypothetical statements.

Therefore, not analyzed by using any statistical tool but analysis is presented and inferences are shown at appropriate place.

The method of research covers comprehensively the research treatment of the study with reference to clear bounders of the study and its scope.

Analysis of responses with adequate inferences and interpretations are followed in the next chapter which deals with status of hypothetical statements as well.

3.6 Limitations of the Study:

Every research has some limitations:

The following are the limitations of the study:

1. The study pertains to Western Maharashtra Part where the hospitals are increasing and even Medical Tourism is increasing but this part may not be necessarily represent fully the total urban environment.
2. The study probes into formative part of the training evaluation and does not in great details covers the summative part.
3. Government Hospitals Information was available in limited way.
4. The matter of confidentiality was a hard nut to break to receive secondary data such as performance appraisal forms and training feedback.
5. By and large the Hospitals work in partially closed and partially open kind of work couture.

However, these limitations have not impacted very substantially this study and these limitations are a kind of inherent one.

(References: Various issues of Journal of Health Care Management and the details are given at one place at secondary data.)

CHAPTER IV: DATA ANALYSIS AND HYPOTHESES TESTING

The last chapter presented the method and its details. This chapter covers the analysis of primary data and secondary data.

This chapter has three parts

- **Analysis**

(Restricted to inferences and probable reasons for the results only)

- **Status of Hypotheses**

(Independent verification of hypothetical statement with statistics and in the light of inferences)

- **Findings and Conclusions**

(Summarized statements exclusive of suggestions)

The analysis follows the same sequence as mentioned in Method of Research part about the sequence of questions in questionnaire

The questionnaire is annexed as Annexure C for ready reference of the reader

The chapter takes stock of analysis of each question in the questionnaire and interviews of Administrative Managers of the hospital .The analysis is made with the help of a statistical software SPSS (Version 15.0) and necessary statistical results are considered which are presented in graphs and figures.

The Statistical Techniques mainly used are K-S one sample normal test and Non Parametric Chi Square test which are most apt for the purpose of data received and apt for the analysis .

The chapter also presents interpretation of analysis of each question in terms of inference and conclusion at some places for the responses to a single question and at some places together with relevant other questions. At some places the comments are stated as a part of perception about the analyzed response regarding the most probable reasons for receiving such interpretation or results etc.

The presentation of the analysis is attempted to make elaborative with a view to make the text more reader friendly as well as self explanatory.

The status of hypothesis is mentioned at the end of the chapter which is the conclusion of the research premises.

4.1 Secondary Data: Analysis

The analysis of secondary data figures is to provide the information as a backdrop to comprehend the primary data analysis more meaningfully. Secondary data is taken from Government Records and mainly it covers the categories of the hospitals and the type of the services in the area of Research.

1. Feed Back forms :

In all there were 36 forms were seen as they are confidential in nature the forms were given only for reading and making the notes by the researcher Overall inferences from these notes are as follows. Two hospitals from Kolhapur and one hospital from Sangli area permitted the researcher to go through the forms .The inferences drawn from the notes are as under:

(a) The training programmes had mainly meant for the technical training

(b) Trainees were satisfied about the technical training

(c) The training did included managerial part tangentially and not as the core part

(d) Trainees demanded the training related to managerial skills

Inference: The need is felt by trainees for the managerial skills as they are facing complexities of their functions as a functional manager.

Comment: The researcher attributes the reason for demand for managerial skill development training because of changing nature of functions of in charge and as the number of persons demanding the Health Care Delivery Services increasing and at the same time the high quality service expectations are also increasing . This is probably because of increasing awareness about the cases filed under Consumer Protection Act by the society at large as well as promotion campaigns by the hospitals themselves .In nut shell it is found that the pressure of efficient management is creeping in to the minds of functional manager from legal, service and interdependence and complexity and technical advancement and thus they need different kind of skill development to be a professional in charge ship.

2. Appraisal Forms:

The researcher was permitted to take notes from the appraisal forms by only two hospitals one from Sangli and another from Kolahpur. This small number of hospitals is on account of confidentiality only. From these hospitals 24 forms were made available which were covering all the functional areas.

The inference from the notes rendered the following observations

(a) The forms were of 180 degree of appraisal as there was no feedback from the functional manager himself and other stake holders like patients or relatives of the patients etc.

(b) The rating given by super ordinates was good or high in respect of technical items of the functional mangers and for managerial function the rating given was low.

(c) The scope of communication for need of training was marginal as the form itself had no sufficient provision.

Inference: The training and development part of functional manager needs more serious attention to do away such limitations.

Comment: The result so obtained is attributed by the researcher to

(a) The training and development part is entrusted to Administration Department only where there are no experts in this area.

(b) Functional Mangers are considered as staff function and all the discrimination seen in industrial manufacturing units in Indian Organizational Culture is prevailing in this service intensive vocation also.

Table No 4.1: Composition of In charge or Head of Functional Areas

(The figures correspond to the month of December 2014.)

SSH = Single Specialty Hospitals **MS** = Multi Spatiality Hospitals

SPS= Super Specialty Hospitals, **PT** = Private Teaching Hospitals

GD = Government District Hospitals

(See the table on next page)

Functional Area	Kolhapur Municipal Corporation					Sangli- -Miraj Kupwad Municipal Corporation					
	SSH	**MS**	**SPS**	**PT**	**GD**	**SSH**	**MS**	**SPS**	**PT**	**GD**	**Total**
1.Medical Records	21	05	03	01	01	28	04	03	02	02	70
2. Accounts and Finance	21	05	03	01	01	28	04	03	02	02	70
3.Laboratory	12	05	03	01	01	15	04	03	02	02	48
4.Radiology	02	05	03	01	01	02	04	03	02	02	25
5.Nursing	40	77	35	23	26	60	69	34	46	30	440
6Maintenance	21	05	03	01	01	28	04	03	02	02	70
7.Stores	21	05	03	01	01	28	04	03	02	02	70
8 Blood Bank	00	05	03	01	01	00	04	03	02	02	21
TOTAL										**GRAND**	**814**

The number of hospitals under each category of functional managers is in the same proportion and it is observed from that

(a) As the number of services increases i.e. the single specialty to multi specialty the number of functional managers increases which has consistent proportion in both the areas. This is evident from the number of hospitals in each category and the number of functional managers.

e.g. Radiology in charge for single specialty hospital in Kolhapur area are two in 21 hospitals as only two are providing the radiology tests as their in house facility and other 19 outsource the service . However in case of MS are 02 in Kolhapur and 05 in Sangli Kupwad and Miraj where the number of radiology functional in charge are 02 and 05 respectively

(b) The increase in number in functional areas with number of increase in number of hospitals is Nursing, Maintenance and Stores

Inference: Nursing, Maintenance and Stores are the major areas where operational management of hospital services are having ball bearing role in the entire ambit of health care delivery service. The proportion is 60 % to 65 % and although the decisions are apparently seemed like of routine nature they are very critical in case of emergency

situations and the emergency situation is most likely to take place if these functional managers do not perform efficiently.

They need more planning, organizing and logistic skills as compared to other functional areas.

4.2 Primary Data Analysis:

Part I	**General Information of FMs**

In this part the analysis of responses to each question are addressed and accordingly the inferences and likely reasons for the phenomenon so occurred are expressed.

The questionnaires administered to different functional areas as per sample mentioned in the chapter of method of research is -- 425

However, 47 were not returned

Thus the balance number were received are 378.

Out of these 378 there are 34 questionnaires are having inadequate information and therefore were not qualified to take them for the analysis purpose.

Finally, 344 questionnaires are qualified. Thus the reader should note that the percentages and other computations are related to 344 as the total number. Although there is reduction of 81 numbers are reduced as the sample calculator prescribes 278 as the appropriate number

(Refer: 4.3 for details) the number for study as boiled down number does not affect the size and representativeness of the sample. The number of questionnaires is more by 66 numbers as compared to prescribed sample of 278.

It starts with Name, Cell number and e- mail ID for general reference for the purpose of identification and coding with the name of the hospital.

II .1 Coding of Questionnaire

The questionnaires were coded as under

Region Code: Kolhapur = K1 and K 143

Sangli Kupwad and Miraj=S1 to S 201

For the functional areas of functional managers the coding was as under

Table 4.2: Functional Area Coding and Composition of Respondents

Functional Area	Kolhapur Municipal Corporation					Sangli- -Miraj Kupwad Municipal Corporation					
	SSH	**MS**	**SPS**	**PT**	**GD**	**SSH**	**MS**	**SPS**	**PT**	**GD**	**Total**
1.Medical Records (Code : MR)	09	04	01	01	01	16	03	02	01	01	39
2. Accounts and Finance (Code : AF)	08	03	01	01	01	15	03	02	01	01	36
3.Laboratory (Code : LBR)	06	03	02	01	01	11	03	03	01	01	32
4.Radiology (Code : RD)	01	03	02	01	01	01	03	03	01	02	18
5.Nursing (Code : NUR)	11	33	09	05	03	14	36	09	08	06	134
6Maintenance (Code : MNT)	12	02	02	01	01	16	03	02	01	01	41
7.Stores (Code : STRS)	09	02	02	01	00	11	02	01	00	01	29
8 Blood Bank	00	04	03	01	01	00	03	01	01	01	15
GRAND TOTAL											**344**

Table 4.3: Age Composition:

Gender	Male Functional Managers				Female Functional Managers				
Years	25-30	31-35	36-40	41-45	25-30	31-35	36-40	41-45	Total
	11	13	58	54	05	19	86	98	344
Percentage	03.20	03.78	16.86	15.69	01.46	05.53	25.00	28.48	100

1. There is a column in the questionnaire of above 45 However, there no such male or female functional manger in this category

Table 4.4: Gender Composition of FMs

No of Male FMs	No of Female FMs	Total
112 (32.6 %)	232 (67.4 %)	344 (100 %)

(a) The ratio of male to female is almost 1 : 2 and it is expected to be so because if we look at the table given in 5.1 the nursing heads occupy almost 65 to 70 percent of the

population of functional managers in any hospital . Thus the result found is quite normal in its occurrence.

(b) In respect of no of years of experience the response is not abide by class intervals and for the convenience of analysis and suitability of SPSS the class intervals are made and the responses are analyzed which are presented below :

(The following are the composition of Experience of the functional managers i.e. 344, who had worked in different position till they rise to the level of In charge or functional managers) **Job Experience Composition:**

(a) Junior Technician / Junior clerk

(Employees work in the departments like Laboratory, Radiology,
Medical Records, Blood Bank, Maintenance and Stores i.e. other than nursing department are covered here)

Qualifications: The researcher did not come across any functional manger that has a fully fledged management degree like MBA in Hospital Management or Masters in Hospital Management.

All the respondents have basic degree like GNM or B.Sc. (Nursing,), B.Sc. (DMLT), BE, Diploma in Satiation / X-ray / Medical Records, M.Com, etc.

Only B.Sc. in nursing course have some primary level information of management subjects related to basics of management and organizational behavior which do not inculcate managerial skills or self development skills. They are promoted to this position not because of their formal education back up but on the basis of their integrity and self learning attitude.

Alone formal degrees and diplomas stated above; however they may be advanced in nature cannot make them professional employees of the hospital services.

Thus this signifies the formal and right kind of training and development programmes for them to shoulder the responsibility efficiently and effectively as an in charge at present and in future as superintendent or like position to sustain with upcoming demands of Professional Health Care Delivery System. In nut shell it is necessary to make them more professional in approach, attitude, knowledge, work culture and ethics which are not possible without right kind of training and development programmes which should ongoing mode.

Table: 4.5: Experience composition of Junior Technician / Clerks

Gender	Male Functional Managers			Female Functional Managers			Total
Years	00-02	02-03	03-05	00-02	02-03	03-05	
	48	45	19	120	82	30	344

1. There is a column in the questionnaire of above 05 years. However, there is no such male or female functional manger in this category

(b) Senior Technician / Senior Clerk / Nurse

No of Technicians -- 91

Number of Clerks -- 45

Number of Nurses -- 208

Total 344

(C) In Charge / Functional Managers:

The question itself has no specific class interval but the presentation is made in terms of number of years as it is always rendered by SPSS in that fashion

Table: 4.6: Functional Managers Composition Experience

Number of Years of Experience	01	02	03	04	05	06	07	Total
No of Functional Managers	16	00	168	80	32	00	48	344

Inference: 2

(a) 80 respondents fall into the category of 03 to 05 years of experience. They have in a position where they need more experience from the future point of view and are the right segment that would be requiring training and development to enhance their managerial skills.

(b) Similarly, considering the range of years of experience they need self development training programmes as well with reference to the completion of the years of tenure in a position of as a functional manager.

II	**Comprehension of Role of FMs**

This part contains in all 09 questions from Q.2 to Q.10. Out of these, question no 4 and 5 directly related to work environment i.e. Number of teammates under them and facilities provided to them. However, they have impact on their operational or functional efficiency and thus indirectly having linkage to the role of FMs

(Question no 2 seeks to understand whether the respondents are aware of the word Job Description in formal way.

86 % of respondents are aware of the word and 14 % are not aware.

This is a favorable situation about further responses.

Question 3: The response seeking is towards whether they have received the details of the Job Description of their position as In Charge of their Functional Area.

The response percentage was as above i.e. 86 % have received and 14 % have not received which shows a good level of consistency.

Next Question was to understand the awareness about key responsibilities of them as an in charge of respective functional area.

Respondents were provided sufficient space to write them of 04 full lines However, the responses are of the nature that they have given in it only in one line which are nothing but just describing the position as the job description e.g. In charge of Blood Bank .

Inference:

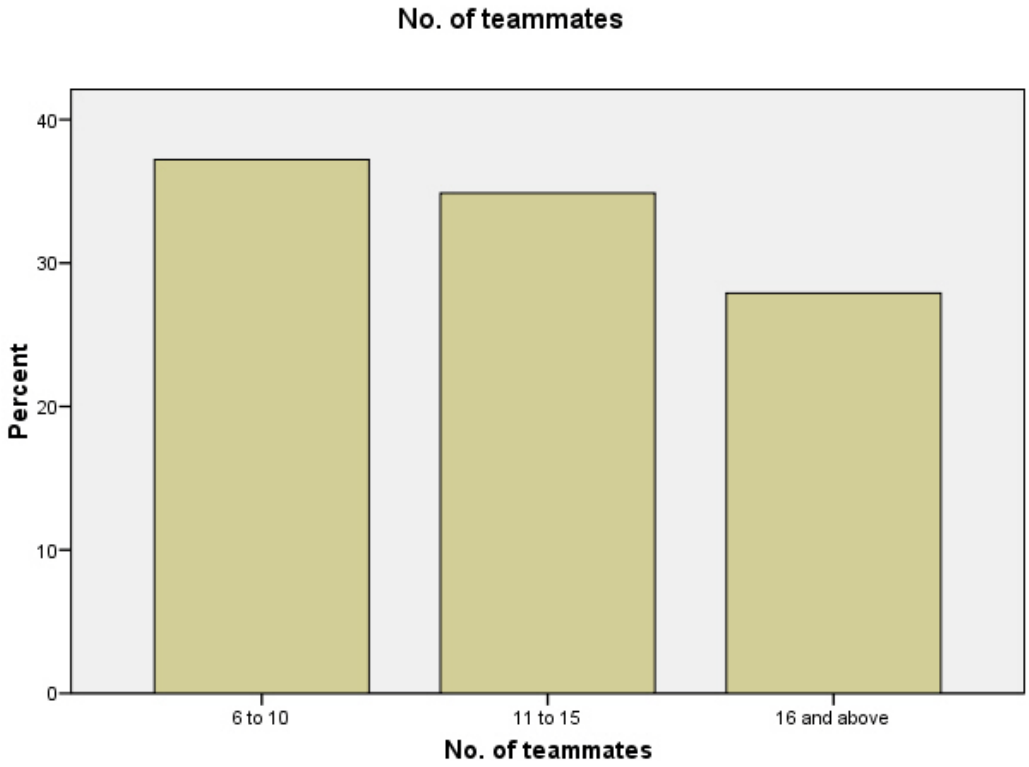
(a) The in charge does not possess the awareness where they can express it detailed manner. This may be because they do not know how to express it as a response. However the question asked for the key areas which should have been written not in full but at least minimum two or three key areas were expected.

(b) Thus they have received the job description but major areas are not so much internalized. This shows that the job description is taken on a gross level and somewhat in round about manner.

Q, No.4 seeks to understand the number of subordinates / teammates working under that FM.

The result is depicted by the graph on interval basis

Chart No. 4.1 Compositions of Teammates



The result shows that 37.2 % FMs have teammates between 06 to 10, 34,9% work with 11 to 15 teammates and rest are 27.9 % FMs leading a team of 16 or more subordinates .

Inference: The distribution is equal in respect of interval which can be attributed to the fact that the number of subordinates or teammates depends on thy type of hospital the size (bed strength) of the hospital.

The significance of number of subordinates is from delegation of authority which is a crucial point of pare of managerial skill.

The number of relationship between manager and number of teammates increases dramatically as the number of subordinates increases and it does not increase in arithmetic proportion which is evident from the formula propounded by V. A. Graicunas

From His formula for number of relationships is a show how they are incremental and throws light on span of control from managerial skill point of view.

No. of Relationships = $n [2^n/2 - 1]$ (n = number of subordinates)

According to his formula for 04 subordinates the relationships works out to 28.

Inference: The distribution is belonging to the following proportion which is normal

06- 10: Single Specialty

11 -15 – Multi Specialty, Super Specialty

15 and above – Multi Specialty, Private Teaching and Government Hospitals

Q.6 talks about facilities which cover the critical minimum facilities viz. Seating Arrangement, Changing Room, Washing Area and Canteen .The responses revealed that all the FMs have them and the situation is quite satisfactory. Thus there is no gap and it is not a constraint for them.

Q.7 The question addresses typically the duties exclusively from functions of management point of view. The respondents are asked about their duties under each managerial function.

The responses exhibit the following:

(a) Planning Function:

They perform planning in respect of

(i) Duty Charts which are on short term basis

(ii) Stores Indent Plans – Material required from the stores

(iii) Vacation Duties

(iv) Out bound events like camps and free check up

The planning has a wider range although they work on operational level.

Planning for Multi Skilling and Job Rotation and Prioritization in case of emergency is not mentioned.

Respondents have expressed their grievance about the Unity of Command

(b) Supervision Function:

They supervise the work of subordinates. However, the supervision is restricted to whether the work is done or not. Other aspects of time, use of physical resources and efficiency are given subsidiary importance. Reports are not made as a regular practice.

Inference: Supervision takes place but the boundaries are shorter than the scope of work

(c) Team Building:

The function is restricted to regular conduct of meeting and the main agenda is to solve the problems prevailing in current situation

Inference – Team Building efforts are restricted to operational problem solving and do not particularly covers team development.

(d) Co-ordination:

Here the spirit of question is how they manage interdependence with and amongst other departments. There is service supply is the main outlook and other aspects like time and promptness, proactive working and optimization angles do not have proper weight age. Thus it is restricted to delivery of service made or not. The coordination part is related to zero bottlenecking of other departments about which the respondents did not respond and it is possible because mentioning about bottlenecking situation shall be embarrassing for them as they thing that they themselves are making there in efficiency open.

(e) Services to Patients:

Under this text the respondents were expected to answer how they differentiate them in delivering services in terms of promptness, quality, seeking satisfaction etc.

They just mentioned about the main service of the department.

Quality Bench mark systems are present in the hospitals and the department comes under the authority of Medical Director and in its natural course the quality checks are limited to operation theater and other resources which belong to line management and staff functions and services which are becoming more and more significant (elaborated in chapter I) get a subsidiary significance.

Bench Mark of services are not touched as they have not built the bench mark factors of services and not they are trained for the same which as a part of the system belong to administration department of the hospital .

(f) Training Subordinates:

The training is given for solving the problems which are crystallized at the instance of a particular situation. However, within department there as within activity is not done in a planned manner.

Inference: On job situations are the source of training for juniors corresponding to the arose situations which are few in number and the focus at such instances is more on quick or prompt problem solving .

In Charge or head are supposed to make the decisions. That largely depends on the managerial ability. The decisions do reflect on them. Therefore question is regarding in different management function areas what type of decisions they have taken in last two years. The function is right from planning to Training Subordinates which are same as per question no 07. The responses were not given in explicit terms and rather as in case of question 07 the same function is mentioned and that too only 07 respondents in all.

The very poor response shows that they must have taken the decision but which were at primary level of functioning and not very specific. Such decisions are of stereo type of routine decisions. The responses were expected to be about some aspect of management functions and of the nature

(a) Bench marking meetings

(b) News letter of the department

(c) Job Rotations

(d) Introduction 05 S System

(e) Introduction Kiazan

(f) Satisfaction Survey of the department

(g) Conduct of games for Team Building

(h) Nominating the staff or self for development programme in functional area or seminars

(i) Promotion of research activities

(j) Simplification and Standardization attempts

(k) Automation and use of IT tools in the department

However, they are not much aware about the same

Inference: Functional Managers show the administrative attitude rather than managerial attitude to the key functions. This suggest the scope for training and development for inculcating above

(a) to (i) items. They have not mentioned the need of training for technology or sophisticated managerial tools in their appraisal forms which were made available by some of them for the taking notes by the researcher.

III	**Management Functions and Decision Making Elements**

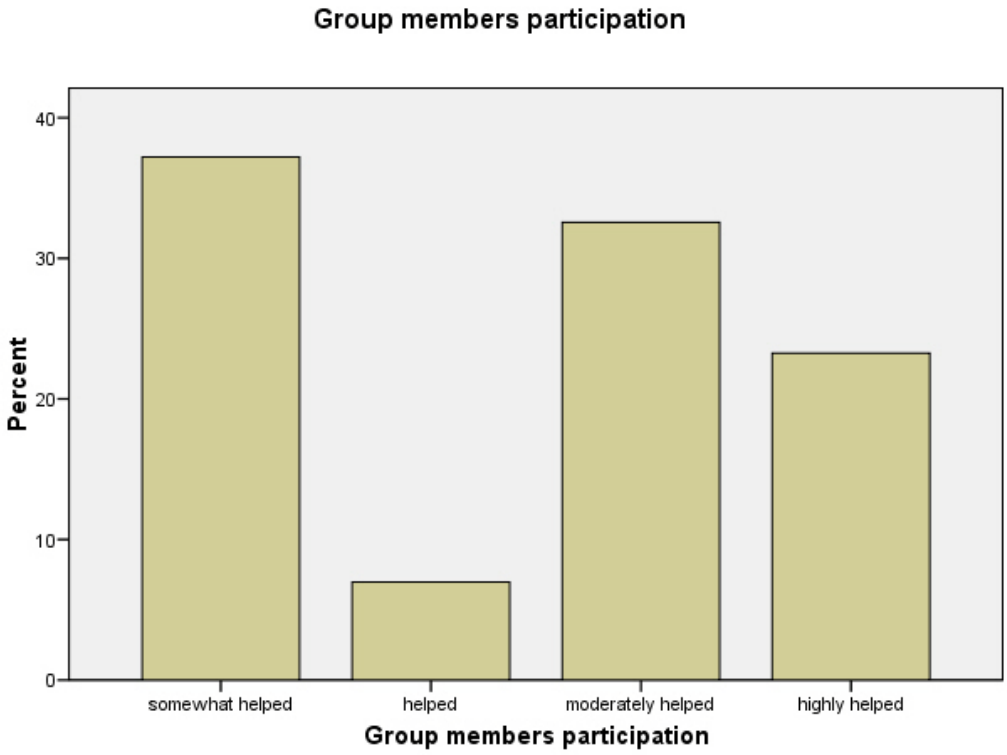
Q.9. Decision making needs the help from other sources wherein the training and development should have major contribution. In order to assess the same the 06 options are given to the respondents. However, although they have not mentioned about the major decisions taken it is relevant to look into the analysis of these options as that it shows the helping factors to them in whatever decision they are making .

The factors help analysis is as under:

III	**Management Functions and Decision Making Elements**

Decision Help Factor Analysis

Chart no 4.2: Group Members Participation Help Composition



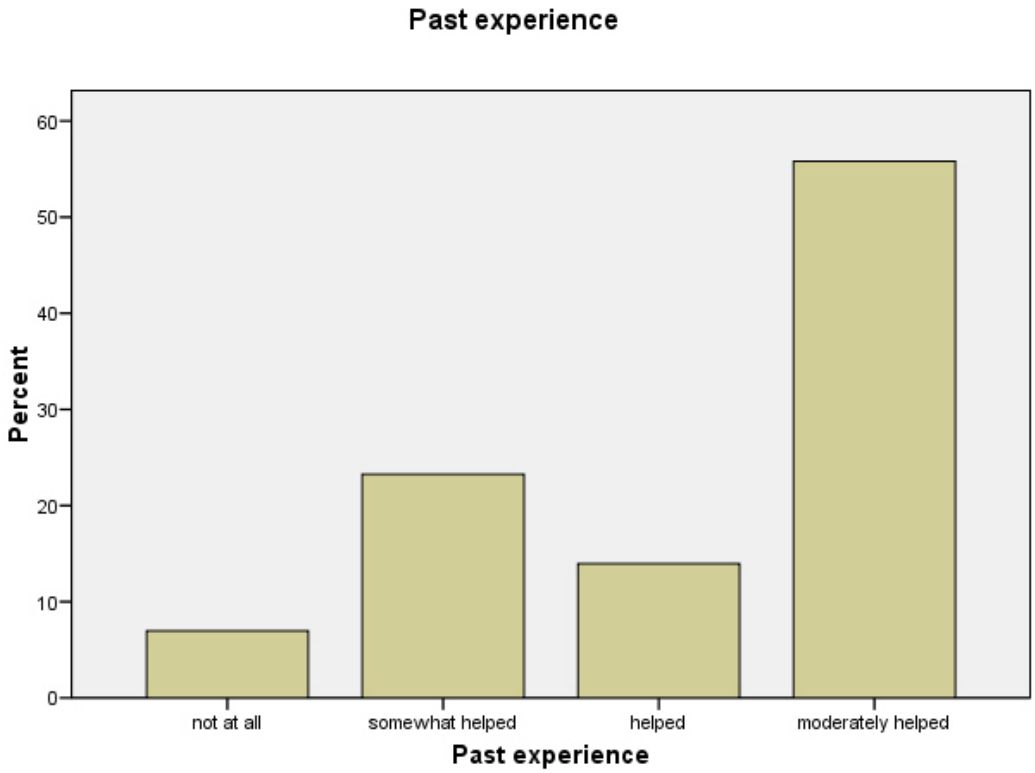
(a) Group Members Participation is negated by 37 % and favorably considered by 63 %)

[When there are five options for the respondent , the reader would expect that the chart should depict five bars in the chart but the chart shows only four bars because the response option which has zero percent response, logically for such a frequency the

bar shall not appear and so is the case in respect of all the charts shown hereafter which have five options but the bars are four only .Such an absence is on account of nil response to that option and the reader should read the charts with this fact bearing in mind which would not unnecessarily mislead him]

(Despite considering that no respondent has affirmed to the option Not At All helped, the positive acceptance of help at some degree is not very impressive and shows the gap in strong team building)

Chart No 4.3: Past Experience Help Composition

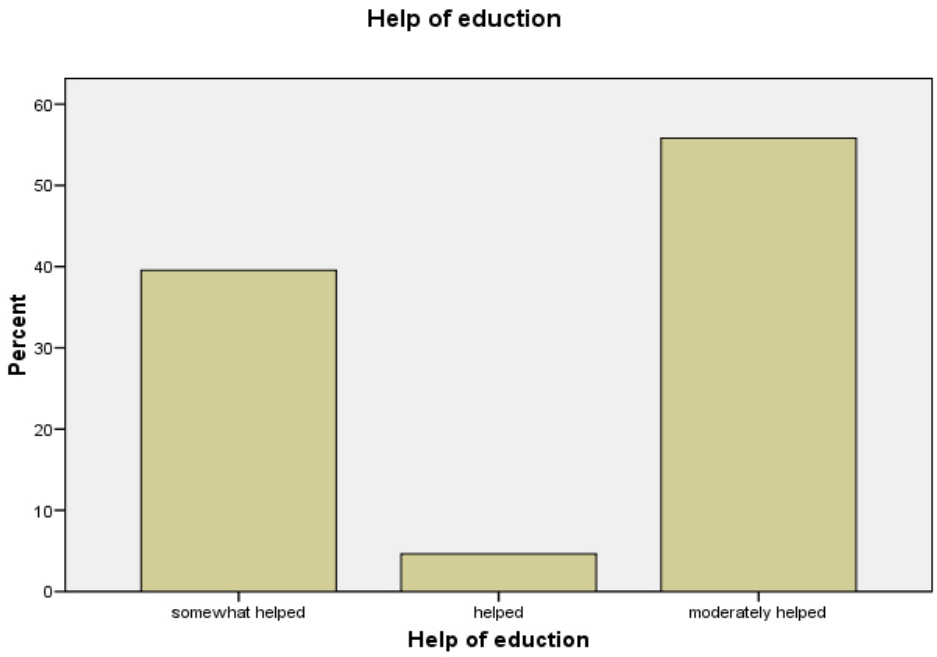


(b) Past Experience is very useful to seniors as the major self training comes out of experience

(No respondent agreed to highly helped category . 7 % supported not at all response which shows that their functional area and their profile have a mismatch which can be corrected while right considerations in placing them in particular position.

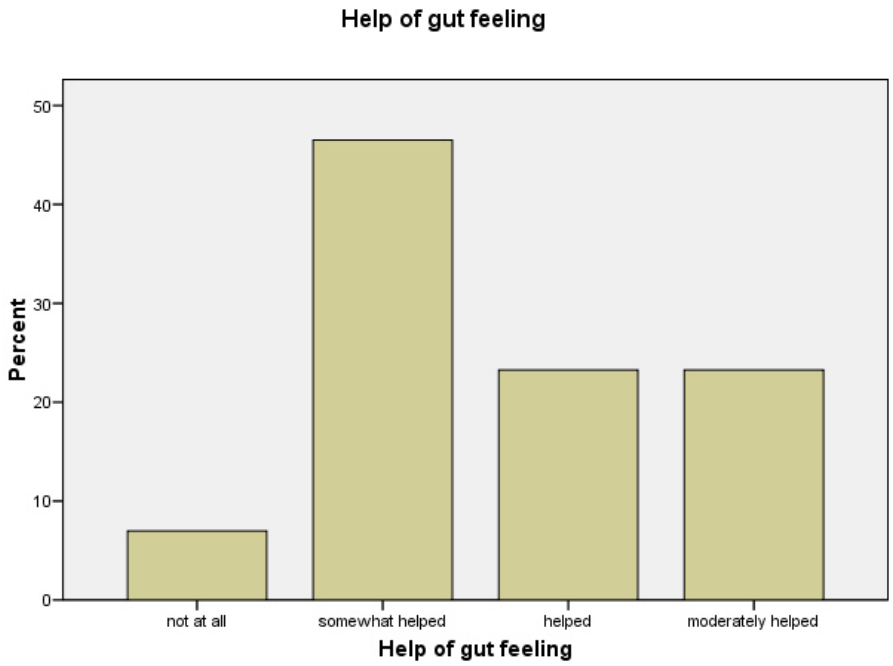
Helped response at different degrees (See last three bars of the graph) aggregate to 93 % which is a healthy sign and reflects on following the principle of right man in the right place of placement function)

Chart No 4.4: Formal Education Help Composition



(c) Formal Education is supposed to be of such delivery which would enable them to take rational decision and it exists so to some extent in reality also, Being this is practice and filed situation it is natural to find gap in non technical areas between empowerment by formal education and dealing the actual situation. The extent is significant and the analysis results show the following extent.

Chart No 4.5: Gut feeling Help Composition:



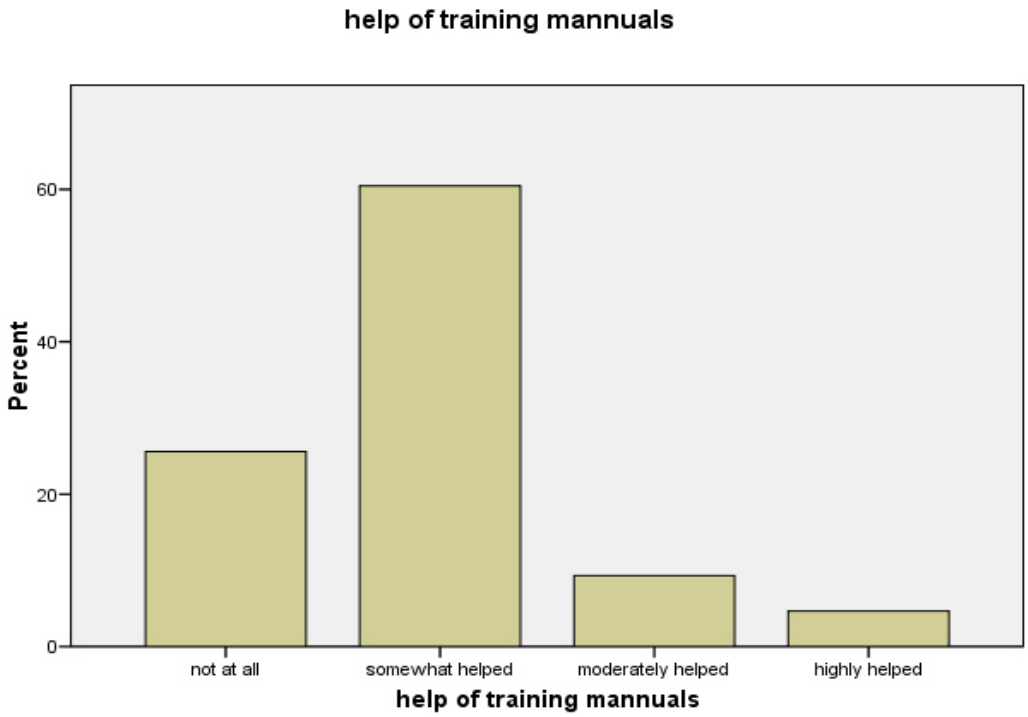
(d) Gut feeling is something which induces a person to take the decision with some risk. There is no much sound and rational support when a person uses the gut feeling and takes the decision. In fact gut feeling decisions are not so much preferred but are necessary some times and which do carry some risk along with that and in such cases the manager is ready to take the responsibility of the outcome

The analysis has shown that not at all are 07%, somewhat helped 46.5 % helped 23.3 % and moderately helped 23.2%.

Inference: In totality the responses are favorable. The factor has helped them a lot and this reflects the FMs have been given the freedom to take the decision on the basis of gut feeling.

Otherwise the decisions would have been clutched into the typical procedure oriented and bureaucratic framework and the decisions are strictly as per the rules and regulations.

Chart No 4.6: Training Manual Help Composition



Training Manual means the Post training the manual is given which is useful to refer and understand that in particular situation how to take the decision on the basis of relative importance of the factors and what would the best outcome. Such manuals are refereed by the managers as a guiding principle for the decision making. Thus the spirit of help in this regard is to reference to guidelines from such manuals.

For example if a blood bank manager faces the shortage of the blood and the emergency situation is arose then does it permissible by the policies of the hospital and generally accepted practices the field of the trade or vocation to borrow the blood from another blood bank on loan basis which shall be replaced later on .

(e) For helped option there is no support from a single respondent. 25.6 % selected the response of not at all helped, somewhat helped is supported by 60.5% and moderately helped count is 9.3 % and highly helped supported by 4.6 %.

Inference: The respondents are very favorably responded to training manual and the most probable reason is the shortage of information or very marginal volume of practice to the reference of manual.

Chart No 4.7: Training and Development Programme Help Composition

Only 14 % have very positive disposition about training programmes. The majority which comes to 46 % which are in favorable to take them as somewhat helped and the rest are in the category not at all helped.

Inference : The help from training programs has a status of equal disposition which shows that the training programmes have a gap in terms and aligning them with the needs and objective.

It is quite often possible that all the needs cannot realized by the trainees and some needs are at organizational level also. In nut shell this factor has very moderate influence on decision making of the Functional Managers.

Q.10 is regarding the help received from the senores for decision making. The 86 % affirmed that they received the help.

Inference: By and large the guidance from seniors is essential for furtherance of the work and such help reflects the healthy work climate of the organization, Otherwise the guidance is not received because of the ego and resistance to delegation of power.

Out of above 06 options the highest affirmation is to this factor. This option is traditional in nature but can limit the self learning and self reliance.

(Collectively when seen all above responses it is inferred that training and development programmes and training manuals have not helped them in decision making much)

IV	**Training Needs of FMs**

This part deals with the training needs of the Functional Managers and question no 11 to question no 15 covers the issues related to them which are analyzed and presented here.

Training Programmes details are covered by question no 11. It is regarding the number of training programmes organized by the hospital and they have attended.

The options with intervals in the range of 0 to 07 and above. The result shows that 0 – 02 have zero response.

Between 03 to 04 the respondents are 9.3 %. The respondents fall into category of 05 – 06 are 41.9 % and 07 and above 48.8 %.

Inference: Thus 90.7 % have attended more that 05 or more programmes which is quite satisfactory from Hospitals as well as FMs point of view.

Secondly, the average programme conducted per year by Hospitals and the respondents attendance works out to minimum three.

Next question probes into break up of training programmes with the time frame of last two years.

Table No 4.7: Training Programme Split

Type of Training Programme/ Number of Training Programmes in %	**00**	**01**	**02**	**03**	**04**	**05**	**06**
Technical	00	00	30.02	9.3	18.6	18.6	23.3
Managerial	55.8	9.3	11.6	23.3	00	00	00
Self Development	51.2	23.3	7.00	00	00	00	00

Inference:

(a) Technical Training has frequency in the range of 02 to 06 and % is above 98 %.

(b) Managerial Programmes only to the level of 45 % and range maximum number is 03

(c) Self Development Training Programmes are very marginal and only 30 % have attended them and they are not more than 02 which shows the average of number 01 only.

The inference from the result is that till date the major concern is about technical training as compared to managerial and self development training programmes.

The changing environment and proactive response demands more programmes in non technical areas.

Conveyance of training needs of FM are significant and the channels of conveyance in order to communicate them effectively. Four options as regards conveyance are covered by Question no 13.

The following chart speaks about the breakup of these routes:

Chart No 4.8: Need Conveyance Routes Composition

The first bar in the chart shows that 7 % communicate through the meeting with HR / Administration Personnel Second bar shows that 14 % do so through performance review reports. Third one exhibits that 41.9 % communicate in meeting with senior managers

Last bar shows 37. 2 % make it via feeling the details in Performance Appraisal forms.

Inference:

(a) The break up shows that most of them communicate it to their seniors who largely help them in making their decisions. Appraisal forms are more effective as the needs are placed on record and even when there is change in person, the next person can receive the information regarding training needs from such documents. Many a times there is a gap in follow up in the matters discussed verbally and which are recorded in black and white. The former get diluted with a passage of time.

(b) The needs ideally should go to Head Training and Development Department or with the present organization structure to Head, Administration Department

(c) Thus, the routs are not very formal and are more verbal in nature as regards the communication of training needs.

Open ended question is followed to inquire into the effect of training in terms of improvement in efficiency and quality of decision. The respondents have given two areas by majority.

(a) Vacation Schedule:

During the vacation period of the staff which is ordinarily in summer and mid winter, the planning and scheduling of duties of teammates who are not vacation but perform the duties of those who are on vacation is a very critical decision for any Functional Manager. Such replacement staff is vulnerable to be taxed in such arrangement which is a sure source of grievance amongst the teammates.

The FMs responded as an open response that they would have handled the situation with more efficiency in terms of quality and quantity also

(b) Conduct of different types of Camps is a common practice of almost all the hospitals. This is an outbound event and becomes complex in nature which demand very meticulous planning and implementation.

The respondents expressed that in this event management area had they been trained it would have been improved their performance.

This question is no 15 and possesses 06 variables and is on three point scale.

The training needs are recognized which is received from the literature review and enumerated below for the scaling as 01: Not Needed 02 Needed 03 Highly needed

Chart No 4.9: Planning Training need levels

(a) With reference to bar 02 and 03 together are positive in ascertaining the need of training in planning area are 79.1%. However, there are 20.9% opine as not needed

Inference: There is relatively high percentage of not needed group. This is possible in case of respondents who are very rich in experience. **Refer Table No 5.6 and 5.7**, which shows that there are only 13 % respondent who are having experience above five years, and 87 % are in the range of 01 to 05 years of experience.

Therefore, the possibility of having responded as on account of rich experience in this data could have been possibly come to from 13 % who are having more that 07 years experience.

The gap of 7 % is not very small when it is looked at the Planning which is the very core function for the Functional Managers in the hospitals.

The researcher attributes the result of not needed to either there is a gap in awareness about Job Profile or low level of gravity of understanding about the importance of planning as a CORE function.

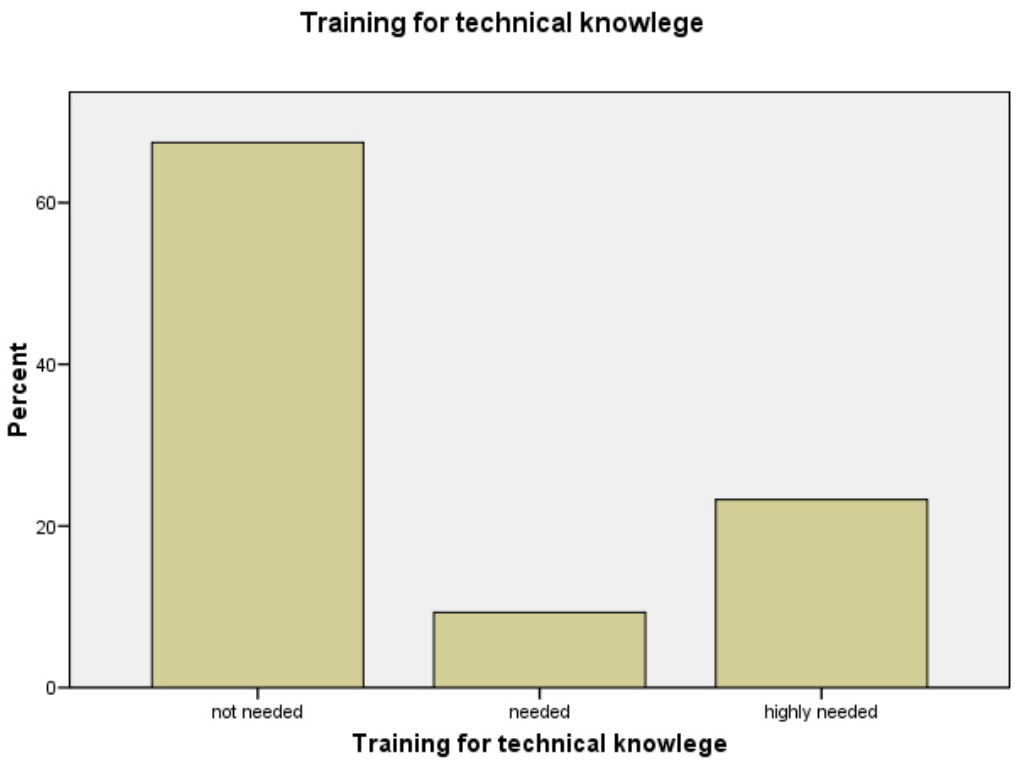
Chart No 4.10: Coordination Training need levels

(b) This variable measurement is related to need of training in respect of coordination.

The proportion of percentage and actual percentage are approximately closer to the response to (a) above.

Inference: The inference is similar to above and interdependence management needs more planning and proactive approach. The response shows the consistency in response to (a) and (b)

Chart No 4.11: Technical Skill Training need levels



(c) 67.4 % do not feel the need and remaining 32.6 % do need it.

Inference: Two third FMs are not engaged in such areas where they need to use very updated or advanced technology e.g. Stores. Maintenance etc. The percentages are consistent with the proportion of departments which are low key departments as far as technology usage is concerned.

However, the responses are contradictory to the development of technology which is very rapid and as a matter of fact there is a need for technical skill development which is evident from the example of cleaning of the ward floor. The employees who are illiterate and good for manual jobs are entrusted with this task, But in recent present the gazettes like vacuum cleaners and air fresheners and it becomes a technical task to some extent. Therefore the extent may be small but in the opinion of the researcher practically each department needs technical training.

Chart No 4.12: Team Building need levels

(d) There is a backdrop to the analysis of this item.

Refer question no 02 which asks the team size which ranges from 06 to 16 above

Similarly, the question no 9.1 which indicated that approx 50 % are recognizing the participation of group members as one of the help factors in decision making process.

The reader can better appreciate the analysis on this backdrop;

Team building has become the core part of any task as the tasks are becoming more and more complex socially, economically and even legally and voluminously as well.

The % of not needed is marginal i.e. 07 %. The rest 93 % agree to the need,

Inference:

(a) The respondents have realized the importance of team building at higher degree than planning and coordination. This reflects on group mechanism among select hospitals and denotes healthy sign of work climate.

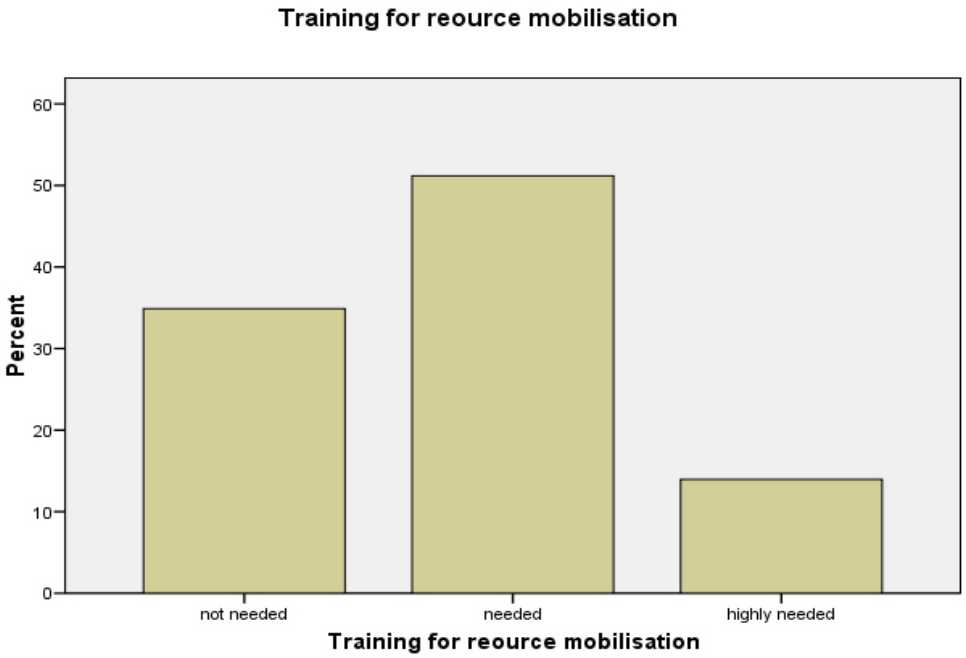
(b) The notable part of these responses has consistency when the analysis of question no 14 given which indicates the area of Camps and Vacation arrangements where they want training.

Chart No 4.13: Motivation Skill need levels

(e) 12 % negated and 82% constitute to positive disposition.

Inference: Motivation training is essential for team building and the responses are consistent with the responses to earlier question on team building as team building needs motivated participants as team members.

Chart No 4.14: Resource Mobilization Training need levels



(f) 34.9 % do not feel the need of such training and rest 65.1 % are show positive attitude. The response to this question is more applicable who need to mobilize the resources and it is seen there are few department who need to mobilize the resources in large quantities would be probable reason for the response result.

In the next part primary data is collected regarding training and design aspects as they decide the efficacy of training and development deliveries

(Collectively when seen these responses show that they are in bear need of training programmes in respect of Managerial Training Programme as they do not find them with sufficient management skills).

V	Training Design of T&DPs of FMs

The training design contents are:

Further to identification of need it includes objectives of training, time lime of training, assigning the right trainer and then availability of infrastructure of training and the material preparation before training and post training as guiding notes.

As FMs are trainees who are senior and not involved in training but well aware of above contents the inquiry is made about such contents and responses analyzed are as follow:

Q.16 .1 is to understand whether they were explained the objectives of training before training program.

Around 20 % have agreed very positively that they were explained the objectives and 80 % responded that it was not done at all.

Inference: Radiology and Lab FMs have affirmed on the basis interaction but not explained as an explicit step forming a part of the training programme.

This indicate that present training programmes do not explicitly and deliberately cover this step which has a strong bearing on evaluation of the training programme.

The above step is one of the most common one in any training programme but often it is not so taken seriously unless there is separate training and development department. Present practice of conducting training is performed by Administrative department and in charge of such department do not possess that much depth and also being it is coupled with other administrative duties the training does not occupy the place of primary function and treated as subsidiary one.

There is a very popular rule in communication that the speaker has no place if the listener is not there. Absence of a listener and giving a speech is in light humor considered as climbing a tree to catch the fish.

Therefore, the presence of trainee is necessary be assured by the head of the department who would permit him to attend the training programme. In this case of permission the responsibility of the head is to ensure that when the trainee is deputed for the training there should not be any bottlenecking of the departmental functioning.

The trainees also have the assurance that they can attend the training peacefully when such permission is given and sought by the trainees and accordingly conveyed to training and development department.

This is known as blocking of date in jargon terms of T & D. The response by 16.2 are sought about whether such blocking is done or not with five levels of agreement. Around 61 % and 39 % is the score of agreement and disagreement respectively.

Inference: The percentage is not so satisfactory but not very bad and this should be improved for effective training .If the blocking for a particular trainee is not made very explicitly then it does not affect in cancellation of the training programme but the trainee is deprived of having training with others which may result in a lag and sometimes the

trainee may suffer in case of evaluation of his performance and also it may affect his promotion etc.

In absence of such explicit blocking the general tendency of the heads is to send him in next round of training and postpone it for the cause of shortage of staff or otherwise .Sometimes it is repeated which is harmful to the trainee and the organization as well

The practical example of such case is from the field of education i.e. in case of undergraduate or post graduate assistant professor in case of Refresher Courses organized by UGC.

16.3 is about whether training needs of the functional managers supposed to be fulfilled by overall training programmes in respect of technical and non technical categories, at which level is important issue for which the agreement is sought which is parallel to the degree of coverage . Response Analysis of overall view shows around 80 % disagreed to fulfillment and only 20 % agreed to fulfillment.

Inference: The agreement starkly shows the gap of dissatisfaction which is attributed to weak.

Training Design which is very alarming situation, Whatever small % of agreement is received is because of more number of training programmes conducted for Radiology and Lab departments and analysis of question no 12 and question no 15 indicate clearly indicate that the technical training programmes are more than non technical programmes

The gap is on account of various elements of training design about which the information is sought thoroughly in coming question of this part.

The other issue is selection of method of training, whether the method of training is proper or not is responded to 16.4 and the result is as under:

Approximately 89 % do not agree about the proper selection of the method. Rest is satisfied with the same.

A disagreement by a large number is another indication of severe gap in training design

(The fact is noteworthy in case of question no 16 as a whole that there is a response category available which indicated by the words neutral which indicates the level as neither agree nor disagree. However, for all responses there is not a single frequency for any of this question from 16.1 to 16.4. The FMs are experienced persons and there is no

confusion about the response as otherwise the neutral would not have zero frequency. This has rendered a good degree of authenticity to the responses)

(Overall inference is that elements of training design are not much gravely considered and there is a gap in their requirement of training design)

Q.17 speaks about facilities for the training programme which is an essential prerequisite. The facilities provided are having following chart presentation:

Table No: 4.8 Facility Provision Satisfactions:

Type of Facility	Good	%	Poor	%	Total	%
1.Seating Arrangement	216	62.8	128	37.2	344	100
2.Refreshment	264	76.7	80	23.3	344	100
3.Ambience	200	58.8	144	41.9	344	100

Inference: The overall scenario about facilities is satisfactory. However, during the interaction the following grievances are expressed by FMs

1. There were chairs but not comfortable for seating for a long time and without good support for the writing the notes.
2. Refreshments are from hospital canteen so it is not of very good quality and also not served in time.
3. The trainings are majority of time conducted in wards or in the corner of the wards which is not very satisfactory ambience like corporate training.

Q.18 .1 deals with the opinion about the trainer. Trainer is one of the most significant stake holders of the training and development process

The opinion is sought on five point scale about the depth of knowledge which is the key part of training.

Aggregate unfavorable opinion reached the frequency of 74.5 % and favorable frequency is 21% and 4.7 % are neutral. Inference: Here majority are not very satisfied with the knowledge of the trainer. Basically training is a kind of performing art also. However, experienced persons can evaluate the trainer on the basis of knowledge better than the new comers or very junior.

Again here the reflection is on Design Gap only.

Q.18.2 inquires about the preparation level of the trainer where the response is on five level of agreement to level of preparation. The analysis shows that 18.6 % are indecisive whereas those who agreed about well preparedness of the trainer to the tune of 25.6 %. The disagreement is 55.8 %.

Inference: The agreement is and disagreement is almost equal and this is not very satisfactory scenario and reflects in a small way again the gap in training design.

Next question 18.3 talks about the level of presentation by the trainer which is the key component in delivery part of the trainer.

The analysis categorizes the response values are: Disagree and strongly disagree – 41.9% and 39.5 % agree and strongly agree and neutral count is 18.6 %.

Inference: Same as that of 18.2.

Non coverage of all topics is a very common lacuna is experienced at by and large level in respect of training programmes irrespective of the nature of them.

Coverage of all topics is covered by question no 19.4 and shows the results as:

Neutral level frequency is zero whereas coverage is supported by only 21 % respondents and rest does not feel that all the topics are covered.

Inference: This is common gap as stated earlier and reflects on monitoring the trainer delivery which is a part of training design which is found as weak factor .The reasons can be attributed to

a) Weak time management

b) External Distraction element e.g. Sometimes the chief of training department unnecessarily takes more time in introducing the trainer or he himself starts speaking on training topic.

c) Gap in conveying the training objectives explicitly to the trainer

d) Improper method of delivery

e) Round about expression by the trainer about the topic calls for more time for questions and answers

f) Non cooperation of trainees

The examples given during training sessions are many a times are other than the core filed of the trainees is again a common experience, irrespective of training.

Therefore Q.18.5 is about the citing the examples whether from the hospital field and environment is seen as felt at which level of relevance for the FMs.

The analysis count is: 41.9 % disagreed about the relevance of the examples and neutral count is 18.6 % and agreed to relevance 39.5 %.

Inference: Here again the distribution of agreement is almost in equal proportion

Trainees need relevant examples from the trainer which should show them the way to do the things and solve the problems and that assurance can be sought from precise training design.

Q.18.6 deals with the scope of participation given by the trainer. Respondents who agreed are 39.5 % and rest 60.5 % disagreed.

Inference: The participation level is not satisfactory which weakens the training delivery comprehension.

At the end of question no 18 the level of use of voice modulation by the trainer is dealt with. Many a times the trainers speak in very monotonous voice which makes the delivery very interest repelling. Thus in selection of a trainer which is again considered as part of training design process the session is commanded by the trainer with a good voice modulation and makes it more effective.

The results of question 18.7 show that:

55.9 % were not of the opinion that trainers have good voice modulation and rest agreed positively with a count of 44.1 %.

Inference: The majority of trainers have used better voice modulation which is having just above average level of agreement.

(Overall inference when collectively seen there is a gap about the trainer's performance)

Q.19 asks about the training material format and had two options of soft copy and hand outs. Soft copy scored 20.9 % and rest is hand outs scoring 79.1 %.

Inference: Hand out shows bit traditional way which is bit not in line with the present e trends.

Q.20 consists of five variables which probe into quality of training material. Apparently the details regarding training material is seemed as superficial but training material is the only source by which they can absorb the training contents effectively. Training being a kind of a service is seldom strongly tangible and therefore the material makes it tangible

effectively Reference to training material is most suitable as prescriptions for the expected results of behavior in post training, routine as well as unexpected situations.

The results of analysis are as under.

Table No: 4.9 Training Material Quality Measures

(The questions were affirmative about the following variables. Please, refer questionnaire (Annexure C Page 05)

Sr. No,	Training Material Attributes	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Total
20.1	Coverage of all Topics	176	96	00	48	24	344
	Percentage	51.20	27.90	00.00	14.00	07.00	100
20.2	Simple to understand	64.00	144	64.	00	72	344
	Percentage	18.60	41.90	18.60	00.00	20.90	100
20.3	Neat and Clear	128	64	00	80	72	344
	Percentage	37.20	18.60	00.00	23.30	20.90	100
20.4	Adequate Space for notes	112	16	00	192	24	344
	Percentage	32.60	04.70	00.00	55.80	07.00	100
20.5	Highlighting Important concepts and keywords	112	144	00	16	72	344
	Percentage	32.60	41.90	00.00	04.70	20.90	100

Inference: Except adequate space for notes by and large the respondent dispose it off on more negative note and therefore, the material design is not very satisfactory which a part and parcel of the training design is only.

Next question about using it as a reference point. The frequency of usage is in analysis shows that: Never stands as 60.5 %, sometimes stand as 27.9 % and frequently are 11.6 %.

Inference: The frequency of usage is not much and this throws light on application value of the training material which seems to be below average. This indicates also the gap between the training needs and the contents of the material.

VI	Evaluation of T&D Ps

The thrust in this part is on formative evaluation rather that summative about which a mention is made in the chapter of Method of Research

Evaluation is the terminal part of the training programmes and says a lot about the success and effective delivery of it. The another part of evaluation is related to the observation of development in skills on the basis of their application in the field , level of internalization in actions and thought process and adopted as a practice when the actions are repeated consistently in the similar manner.

This part covers the evaluation part which is from the completion of training programme and an inquiry about the skill development as post training part.

Q.22 summarizes about the impression of the trainees about training programmes they attended with reference to four variables and an analysis is as per the table below:

Table No: 4.10 Training Material Quality Measures

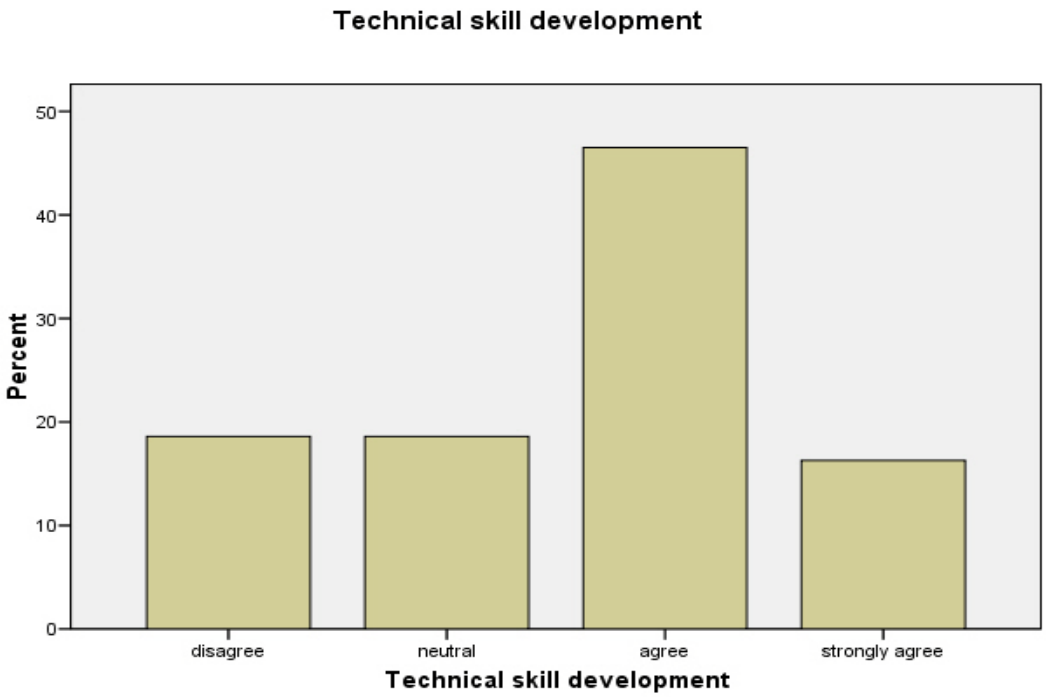
(The questions were affirmative about the following variables. Please, refer questionnaire (Annexure C Page 05)

Sr. No,	Training Programme Attributes	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Total
22.1	Meeting of Training Objectives	272	00	00	16	56	344
	Percentage	79.10	00.00	00.00	04.70	16.30	100
22.2	Time allotment adequacy	80	128	64	24	48	344
	Percentage	23.30	37.20	18.60	07.00	14.00	100
22.3	Encouragement for Interaction	96	112	64	48	24	344
	Percentage	27.90	32.60	18.60	14.00	07.00	100
22.4	Training Experience Utility Worth	144	128	00.00	56	16.00	344
	Percentage	41.90	37.20	00.00	16.30	04.70	100

Inference: All the factors are having down beating response and which reflects on gap from evaluation point of view .Analysis of question no 15 and present analysis are consistent which is moreover because of gap between non technical area needs and actual training programmes conducted were in technical areas only.

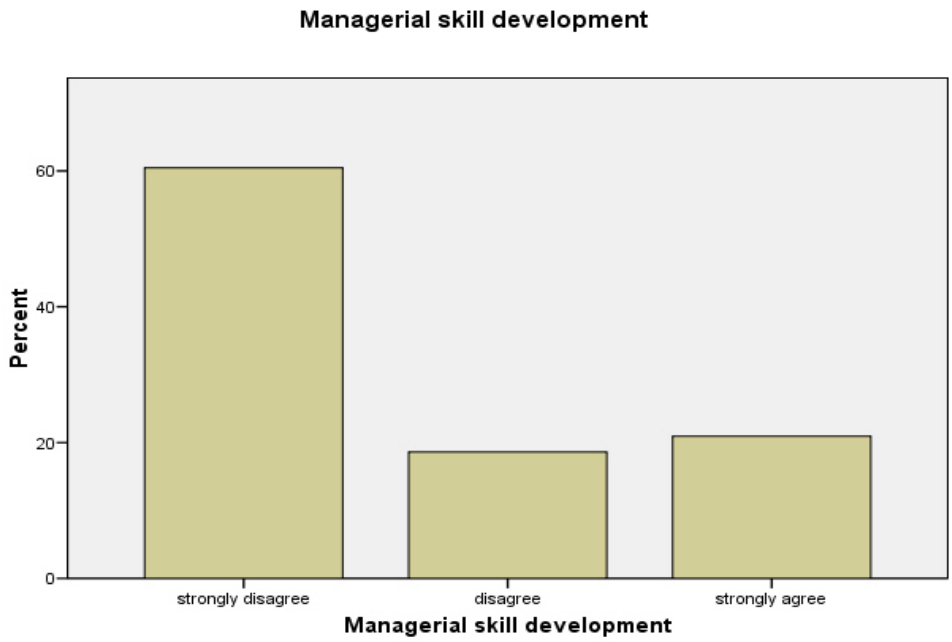
Q.23 Effect on skill development is expected from the training programmes. Thus the question asks about the level of skill development amongst trainees. The category wise responses are shown by the following charts.

Chart No 4.15: Technical Skill Development Level



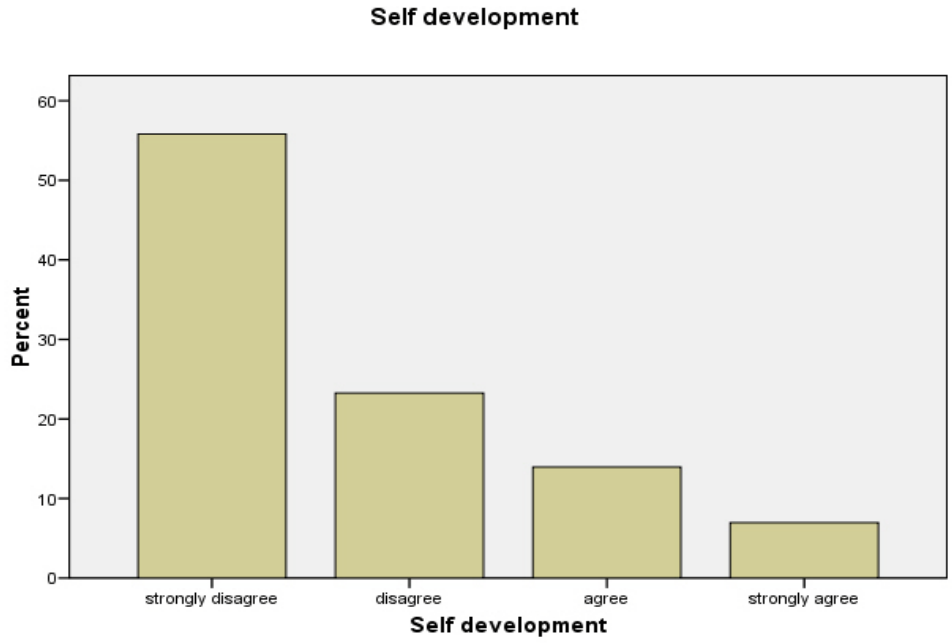
Inference: 62 % are agreeing that it rendered them skill development in technical area and rest do not respond so. The level is just above average.

Chart No 4.16: Managerial Skill Development Level



Inference: In case of Managerial Skill Development 79 % do not subscribe to skill development has taken place .Only 21 % agreed. The disagreement level is very high which is again consistent to the analysis of question no 15.

Chart No 4.17: Self Development Skill Development Level



Inference: The percentage is similar to above and for all the questions there are only four bars in the figures as the count for Neutral option is zero and thus the responses have sufficient clarity of thinking.

Q, 24 is related to grading of importance as a part of consideration while preparing the design of the training programme.

There are certain prescriptions which are available academically in case of considerations in training the design of the training programme. However, they are at generic level i.e. as general prescription for training programme and not very specific one. The environment and requirements of hospital are definitely unique in their own way as applicable to other field also.

But it is necessary to understand them from FMs point of view who are again in unique positions and what is the relative importance they attach to these factors of considerations which are the source of suggestion for administrative staff or HR staff to guard their interest and make the training design more effective and covers the evaluation part more effectively from the context of this research point of view.

Table No 4.11: Training Design Consideration Ranking:

Sr. No	Consideration Factor	No of respondents ***	Importance Rank
01	Collection and Analysis of training needs	320	I
02	Use of correct training methods	320	I
03	Training Duration	112	IV
04	Knowledge of the trainer	320	I
05	Quality of training Material	319	II
06	Training Infrastructure Facilities	192	III
07	Feedback system	319	II

(*** = The total of moderately important and very important and strongly important)

Inference: The ranking clearly shows that FMs are more concerned about needs, methods and knowledge with utmost priority. Quality of training material and feedback stands at second rank.

Relatively, they are not much sensitive about Facilities and Training Duration.

From evaluation point of view the priorities are well understood from the responses of this question

Thus the analysis of the entire questions along with inferences is presented and now the reader would be taken to fate of hypotheses about which the researcher presents the facts with absolute value neutrality possessed by the researcher to avoid slightest bias anywhere.

(Collectively when responses are seen the inference is the number of programmes for the managerial skill is very small in number and has not achieved the objectives of fulfilling the need of development of managerial skills.)

4.3 Interview Analysis:

The following lines present the summary of interviews of in charge of Administration department. This was another source of primary data information .The interviews were informal but there was a sequence of questions as regards areas which are mentioned in the Method of Research chapter. The average age of Administration Managers is not less than 45 years. Almost all are involved in the training process of medical as well as non medical staff of the hospitals. The respondents are well qualified for the interview .This ensures the reliability of the responses.

The summary of interview responses is based on majority which is not less than 85 % in respect of all the areas, which is sufficient to describe the situation rightly and therefore, the analysis in terms of percentage distribution as done in case of questionnaire is not resorted to and also the number of respondents is relatively small in number.

1. **Promotion Policy for FMs:**

(a) The tenure of the career path from the post of Junior Technician to FM is of about 12 years. The same is equally applicable to other department to elevate to the level of Functional Manger

(b) For the promotion of technical and other departments the factors considered are:

(i) Functional performance

(ii) Loyalty to the organization

(iii) Belonging to service to the patients

(iv) Characteristics of the person (as this filed is vulnerable to the mal practices as the patient is very needy person and worrying about his ailment and his well wishers are emotionally catchable. By and large these are common factors for all the departments

(v) Overall opinion of the superiors (which is always open for grievances to non promoted) [However, the promotion policy does not consider managerial and self development skills or quantity and quality of decisions or team working as direct evaluation factors in promotion policy]

2. Preparation of Job Description of FMs and 3. Communication of JD

They expressed very satisfactory state about the preparation and awareness of Job Descriptions. But these descriptions are moreover at gross level and very general in nature .They accepted that Job descriptions are moreover of very inclusive in nature and not very specific as task wise or MBO based etc.

4. Training Need Analysis:

Training Needs are understood from PAFs and suggestions from other Head of Departments and sometimes communicated by FMs and other employees, e.g. Majority have demanded training in MS office .including FMs. Further, the analysis is made but the factors like Managerial and Self Development needs and demand for the training for the same are not even 5 %.

5. Selection of Trainers:

The process of selection of trainers is a participative decision process and authorities in committee take the decision collectively. There is no rating system

(like vendor rating in corporate) but a panel is of trainers is referred and such system produce satisfactory results is the general perception of Admin Managers

6. Selection of Training Methods:

The selection needs the insight of evaluation and deciding which is the best. However selection has another element of risk. If the method is not liked by the trainees or could not render the results then the selector is vulnerable to criticism. Therefore, selection is left to the trainers only. But it comes with some advantages also as trainer has a benefit of experience and can match the method with the average profile and competence of the trainees.

7. Training Evaluation Process:

Evaluation is conducted after every programme via the route of feedback. The feedback is not in much details and not very specific but can serve the purpose of the training by the department. The in depth inquiry and analysis and further processing of it is certainly time consuming and they have a constraint of time. They suggested to decentralization of training activities.

8. Frequency and Types of Training Programme:

At least one programme is conducted for each department. But programmes for Managerial Skills and Self Development Skills or otherwise are not conducted specifically as that perspective is not grasped by them which was frankly accepted by them.

9. Demands of PHCDS:

Professional word is attached to anything nowadays, Therefore it has diluted in its meaning as it is talked a lot but practice is very disproportionate

Admin Managers are aware about growing demands for professionalism in hospital services.

The connotation is grossly limited to deficiency of service or defective service which is moreover from provision contained in Consumer Protection Act, 1986, point of view.

After 1990 the litigations are increasing related hospital services where the core part is medical treatment but other departments are also in the ambit of these provisions as they are responsible for support part of the total health care services of the hospital

They are aware about this in terms of increasing competition and therefore better management is necessary of HCD.

They have clearly mentioned that they often discuss about the changes taking place in the field. They sense the change is needed in their working which is termed as management today.

The gap is related to integration at thought process level and then action level for benchmarking of even at minute level activities and excellence which together leads to proficiency in service.

Thus they do not face the state of myopia but are not crystal clear about PHCDS and expected to have training for the same. They are of the opinion that it would take some

time to reach those standards are certain about the gap in present managerial and self development skills are at the bottom level are little bit above . They on their own agreed to the gap or insufficiency of management skills to meet the demand of PHCDS demands [Some argued that even they need this being their hospitals are single service and small in size they do not need them immediately but supported that for bigger and multiservice or specialty hospitals such gap in these skills shall affect such hospitals adversely in future]

10. Present Level of Managerial Skills of FMs with respect to PHCDS.

The interviewees commented that the management skills are available and self development skills are available and if they would not have been there then how they could have earned their revenue. But if the changing demands and rationale of PHCDS particularly if considered for the comparison then the level is at insufficiency and the magnitude of gap is to the tune of much below average point but if they do not act in time then it would become severe, They supported for vamping of training and development system i.e. input and process part of it.

[They did not use the specific terms from training but the description was related to Training Design Elements and confirmed the low level of ability (which is termed as efficacy in typical management terms) of present training programmes for the enhancement of managerial and self development skills]

11. Delivery efficacy of present training programmes in managerial and self development skills

(The replies are already described in the preceding paragraph)

The interviews were in open environment and all the managers were frank and open in their discussions and the researcher spent a good amount of time for the interview because they are extremely busy persons and always work under different pressures Because of this although the researcher had an intension to interview all 68 could obtain the chance for 29 heads of Admin or Deemed HR department)

4.4: HYPOTHESES TESTING:

The testing of hypotheses is seen in two parts. In the first part the stock of inferences is taken from the analysis and in the second part statistical test results are seen. On the basis of both the result of hypotheses is concluded.

4.4.1 Hypotheses No.1

Null Hypothesis:

H0: Functional Managers in Hospitals do not possess sufficient managerial skills to meet the demand of Proficient Health Care Delivery System.

Alternative Hypothesis:

H01: Functional Managers in Hospitals do possess sufficient managerial skills to meet the demand of Proficient Health Care Delivery System.

(Please refer the indicators of Proficient Health Care Delivery System given in Chapter II. Further it is followed by a table of examples about the functions and skills for each Functional Manager and the discussions about sufficiency level to meet the demands of Proficient Health Care Delivery System.)

The sufficiency of managerial skills is as per the above details mentioned in the above reference part.

Following results is backdrop in relation to this hypothesis which are summarized here for the ready reference of the reader

(A) Other than Statistical Test Results

(B) Statistical Test Results

A) Other than Statistical Test Results

(a)Primary Data Analysis

Table No: 4.12 Summarized Results about Managerial Skills

Q, No	Summarized Results	Remarks
10	86 % Functional Managers need guidance of seniors for decision making	This reflects lacuna a large gap regarding independent decision making which indicates insufficiency in managerial skills.
14	Efficiency increase in case of vacation, camps and emergency situations provided they has these good amount of managerial skills	Demand for Planning and Organizing Skills.

(b) Secondary Data linkage

Secondary Data refers to noting the comments from 36 Feedback forms also exhibit the demand for the managerial skill development training programmes.

Thus above is grounded support to null hypothesis.

(c) Administration in charge interview linkage

Refer chapter 4.3 from Data Analysis part

Summary of item no 9 and 10 support the insufficiency of managerial skills

(B) Statistical Test Results

(a) Additionally, the researcher does not want to only rely on these results, the statistical testing is also performed. Replies to Question no. 15.1 to 15.6 are subjected to the test.

Refer Question no. 15 which is in relation of need of Managerial Skill Training Demand which reflects on insufficiency of managerial skill.

Secondly, in this context if Descriptive Statistical tools like percentage method would show clearly about the need but the researcher as per the context selected want to know the probability of training requirement which would lead to the inference whether the managers possess managerial skills sufficiently or not.

For these responses to Question no. 15 are subjected to test. Kolmogorov–Smirnov test (K–S test or KS test) is a nonparametric test known as K- S test. The question contains 06 sub questions. Out of which technical training is not significant as the hypothetical statement relates to Managerial Training. The respondents rated the training level which has the linkage to the sufficiency. Thus the probability regarding needing focuses on sufficiency. Strongly needed category signifies high probability of insufficiency.

As per the context the test used is K-S one sample normal test. The reason for selection of this particular test is because there are 06 independent and one dependent variable and best suits to effective size of respondents which tunes to 344.

The other reason is to check the effect of each independent variable on dependent variable separately which this test facilitates effectively.

(b) Test Results:

1. The test is applied to Null Hypothesis
2. The significance level is 0.05
3. The distribution is normal

Table: 4.13: K-S Test Results

		training for planning activities	Training for coordination skills	training for team building skills	Training for motivational skills	Training for resource mobilization
N		344	344	344	344	344
Normal Parameters(a,b)	**Mean**	2.3953	2.3023	2.3488	2.2558	1.7907
	Std. Deviation	.81214	.85127	.60643	.65128	.66773
Most Extreme Differences	**Absolute**	.376	.259	.299	.281	.274
	Positive	.228	.174	.299	.281	.237
	Negative	-.376	-.259	-.277	-.246	-.274
Kolmogorov-Smirnov Z		6.981	4.802	5.542	5.206	5.086
α value At 5%(level of significance)		0.05	0.05	0.05	0.05	0.05
Asymp. Sig. (2-tailed) P value		.000	.000	.000	.000	.000

Observations:

1. The distribution is normal
2. Mean ranges from 1.79 to 2.39
3. Standard Deviation ranges from 0.61 to 0.85

[The values of mean and SD values are observed and thereafter it is decided to apply Normal distribution test and Exponential Test was discarded]

The process followed is as under:

The alternative hypothesis is sum of total of different skills possessed by Functional Managers. These skills are related to Planning to Resource Mobilization except technical Skills.

Then the possessions of skills are indicated by the response of training not needed. For each area of managerial skill the response of not needed is tested and all the sub

hypotheses showed the result as 0.000 as a result of testing by K-S one sample normal test.

P value is 0.000 with Alpha value which is 0.05 at significance level of 5 %.All the sub-hypotheses were rejected and thus it takes forward to acceptance of Null Hypothesis)

In ordinary course the comparison between the table value and calculated is made. According to nature of these values, greater or smaller the hypothesis is accepted or rejected

Here row number 06 indicates as 0.000 as the table P value. The tendency of this table value is to tend towards 0 as the number of sample elements increases.

This is true in case of increase in level of confidence , if the confidence level would have been 1 % then the value would have appeared as greater than 0 but in a small fraction above 0

Here as the level of confidence is being selected as 5 % the value as P table value is resulted into 0.000 for all the variables.

(4) α value is 0.05 and at all variables shows the result of 0.000 as P value.

As alpha value is greater than P value, the null hypothesis is accepted on its merit of values

Inference: The null hypothesis is accepted.

4.4.2 Hypothesis No.2

Null Hypothesis:

H0: Present Training and Development Programmes for Functional Managers in Hospitals do not produce the result of Managerial Development and Self Development Skills necessary to meet the demand of Proficient Health Care Delivery System.

Alternative Hypothesis:

H02: Present Training and Development Programmes for Functional Managers in Hospitals produce the result of Managerial Development and Self Development Skills necessary to meet the demand of Proficient Health Care Delivery System.

The adequacy of the training programmed is dependent on:

Recognition of training needs, training contents and training design and accordingly the questions are selected from the questionnaire.

Following results is backdrop in relation to this hypothesis which are summarized here for the ready reference of the reader

(A) Other than Statistical Test Results

(B) Statistical Test Results

A) Other than Statistical Test Results

(a)Primary Data Analysis:

Following results and their analysis reflects on inadequacy of training programmes to deliver enhancement in managerial and self development programmes.

Table No: 4.14 Summarized Results of T& D inadequacies

(Inadequacy is reflected by the gap in certain elements of training design.)

Q, No	Summarized Results	Remarks
9.5 9.6 12	Gap in training and its application for the decision making	56 % have not at all attended the specific programmes for the Managerial skills and further those who attended have responded that those programmes did not help them in making the decisions
15	Gap in need recognition	There is a need for all management functions explicitly demanded by the respondents are evident from the analysis of question no. 15. Feeling strongly this need reflects on the inadequacy of delivery in developing managerial skills
16.3	Gap in coverage of topics	The inadequacy is supported by the respondents.
18	Gap about the trainer	Trainers profile and delivery lacuna are supported by the respondents.
19	Gap in training Materials	Training Material is not very useful for enhancement of Managerial and Self Development Skill.

Q.23 speaks about self development where 80 % respondents rejected the utility of training programme for self development. Rather through interactions it is noticed that self development training is having lowest awareness in Functional Managers.

(b) Secondary Data Linkage:

In secondary data in terms of Performance Appraisal the Functional Managers secured lower rating.

In view of above facts the inference favors the null hypothesis part clearly.

In addition the test is applied for verification for which it is applied to the responses of question no. 23 and 24.

(c) Administrative in charge interview linkage:

Admin officers support the shortness of training programmes to enhance managerial and self development skills

(B) Statistical Test Results

There are in all four independent variables. They are as follows.

(i) Training Objectives

(ii) Time allotted for training

(iii) Participation and interaction encouragement

(iv) Utility of training in work situations

There are two Dependent variables. They are as follows.

(i) Managerial Skill Development

(ii) Self Development

Non Parametric Chi-square test is applied with reference to each dependent and independent variable relationship.

The comparison is made between Alpha Value i.e. level of significance which stand as 0.05 as against for all four cases. P value which again works out to be 0.000 as the number of sample elements are larger to test the association between the variable a and b. Chi-square test of association has been used.

[The consideration in case of this hypothesis is same in case of first one and instead of K-S the test used is non parametric chi-square test.]

(Refer the test result details and other working results as Annexure A which is the output reports generated by SPSS. 15)

As per the comparison all the relationships (which were calculated as on the basis of sub hypotheses) are smaller than alpha value (0.05) against 0.000 (which comes as a tendency to tend to zero because of higher level of significance i.e. 5 %), the null hypothesis is accepted.

Conclusion: The null hypothesis is accepted.

4.4.3 Hypothesis No.03

As an extension of the scenario the third hypothesis is formulated and now verified.

H3: There is a need for development of a framework for training design for Functional Managers.

The need is something where someone is deprived of something.

The following results show the deprivation of trainees for development of managerial and self development skills. The responses are indicative about the need for a framework (i.e. guideline framing for the training design.)

Overall and average in round about sense of analysis of question is tabled below for which the backward linkage is to the analysis part of data analysis chapter. Drawing the inference is relevant for the verification of the hypothesis.

While rating the Need reflection level few sub question have moderately high level but the level mentioned here is taken as overall count of the question (and for the purpose of verification it was sufficient to do so.) The questions which do not have any connection to the level are excluded and not considered.

Other than Statistical Test Results:

(a)Primary Data Analysis:

Table No: 4.15 Need Recognition Indication

Q. No	Particulars	Need reflection Level
02	Job Description Word Awareness	Very Low
03	Job Description awareness as Functional Manager.	Very Low
07	Awareness about duties as Functional Manager.	Very Low
08	Particulars of Decisions	Very High
09.5	Training Manual as a help factor in Decision	Very High
09.6	T & D as a help factor in Decisions	Very High
12	Type of training programme for Managerial and Self Development	Very High
14	Situations where training was needed	Very High
15	Rating to training needs	Very High
16	Training Design	Very High
18	Evaluation of the trainer	Very High
20	Quality of Training Material	High
21	Usage of Training Material	High
22	Feedback about training programme	Very High
23	Training leading to managerial and self development	Very High

In above table no. 4.15 there are 10 items indicating very high need and 02 items show high degree. The following observations are considered for the verification of the need for a framework.

(b) Secondary data source:

Feedback of Training and Performance Appraisal Forms though small in number are entirely expressed for more scientific and professional way of training which necessitates the need of the framework.

(c)Interview of Administrators:

Interviews clearly indicated gaps in following areas:

I	Training Need Identification and recognition	iii	Training Methods
ii	Training Contents	iv	Training Evaluation

In above table no. 4.15 there are 10 items indicating very high need and 02 items show high degree. As a result the need for developing a framework of guidelines for more scientific training design is accepted.

Conclusion: Hypothesis no.03 is accepted.

Table 4.16: A Snap shot of status of hypotheses

H no	Statement	Test	P (Calculated) Value	α (Table Value)	Remarks
H0	Functional Managers in Hospitals do not possess sufficient managerial skills to meet the demand of Proficient Health Care Delivery System.	K-S One Sample Normal	0.000	0.05	Accepted
H1	Functional Managers in Hospitals possess sufficient managerial skills to meet the demand of Proficient Health Care Delivery System.	All sub hypotheses are rejected at 5 % of level of significance indicate rejection of Alternative Hypothesis			Rejected
H0	Present Training and Development programmes for Functional Managers in Hospitals do not produce the result of managerial development and self development skills.	Chi Square Non Parame tic	0.000	0.05	Accepted
H2	Present Training and Development programme for Functional Managers in Hospitals produce the result of managerial development and self development skills.	All sub hypotheses are rejected at 5 % of level of significance indicate rejection of Alternative Hypothesis			Rejected
H 3	There is a need for development of frame work for training design for Functional Managers.	Degree of 14 variables out of 20 are in favor of acceptance			Accepted

The result of the hypotheses verification has boiled down the need of a framework and the next chapter deals with the framework.

CHAPTER NO: V

FINDINGS, CONCLUSIONS, SUGGESTIONS AND MODEL:

(A) Findings:

The KEY finding and conclusions are the presented as summarized outcome, extracted from the literature review, pilot survey data analysis with inferences; and interview analysis. They shade light on PROFICIENT HEALTH CARE DELIVERY SYSTEM, Training and Development issues of Functional Managers and evaluation of T& D from the view point of their effectiveness to meet the challenges posed by PROFICIENT HEALTH CARE DELIVERY SYSTEM.

[The backward references//linkage to these findings and conclusions are available at appropriate places in the preceding chapters]

Following findings have been rendered by the Literature Review

1. The hospitals are facing the demand for super quality delivery of health care because of competition and globalized environment.
2. The patients and their care takers have possessed the status of a consumer and hence the delivery is essential to be systematized to meet the demands of Regulatory Framework of Consumer Protection Act, 1986.
3. In the past the domain of Health Care Delivery was exclusively limited to Medical Treatment. In last two decades it has been slowly changing its paradigm. The advancement of technology in equipments and tests for the deciding the course of treatment has accelerated by the research and knowledge fronts.

   This has brought a sea change in role of other departments which function as supporting departments like Lab and Radiology have also widened enormously.

   Every now and then Medical Teams largely depend on the support of these departments and for all practical purposes they cannot decide the treatment without the output of the services of these departments.

   Thus particularly, corporatized hospitals and hospitals which are expanding their span of services as multi and super specialty are in a state that such functional departments have become larger that medical treatment part of the health care delivery.

This has necessitated that head of such departments have to possess the role of Managers instead of mere in charge.

4. Present Functional Managers are not backed up by Formal Management Education and major source to acquire necessary skills is Training and Development programme; the responsibility entrusted with Administration Department of the hospitals.
5. There is a shortage of well qualified Functional Managers. The number of Schools conducting Hospital Administration courses is 387.The growth rate of Health Care Services is 12 % per year. This explains the reason for the shortage.
6. The work of supporting services is a work of teams within and with others. Thus the Functional Managers need to be dynamic leaders.
7. Functional Managers need to supervise the unethical practices as the field is very vulnerable to corruption due to very needy and helpless position of patients and his care takers
8. WHO report mentions that health care system reforms are inadequate without effective management of services provided by hospitals. There is a need of enhancing the management capacities and applying scientific management principles with emphases on effectiveness and efficiency.

The following is a summary of findings from secondary and primary data analysis:

1. The proportion of training programmes is very larger for technical training as compared to managerial or self development.
2. The proportion of training programmers is very larger for technical training as compared to managerial or self development training
3. The role and position of Functional Managers has become a high pressure job as it is surrounded by the factors like – Task complexities, nagging Consumer Protection Act bells , demand for high quality service and need for high level of integrated or coordinated efforts , handling team mechanics
4. Performance Appraisal Forms do not specifically cover areas of management and self development performance in explicit way and despite Functional Managers are rated below or at average

5. Department of Nursing , Stores and Maintenance Functional Managers require relatively more skills in managerial functional areas – Planning , Organizing, Logistics
6. The ratio of Functional Managers of Females to Males is 2: 1 which affects the work climate in feminine way and except Administration Functional Managers of other department are between 32 to 40 years. This indicates the scope for investment in training and obtaining higher Return on Investment.
7. The elevation to Functional Manger level, the role widens in a very large way and becomes more managerial in nature to which they are not gradually exposed but suddenly assumes the responsibilities.
8. Functional Managers largely depend on guidance from seniors. Training and Development programmes do not empower them sufficient to take decisions independently.
9. Training needs are not hindered by communication barriers. Functional Managers concede that they need training mainly for functional areas like Planning, Team Building and Coordination
10. Training design lacks in giving due importance to explaining training objectives, blocking dates for trainees availability and training method corresponding to needs
11. Faculties level is quite satisfactory for trainees
12. Delivery of trainers fall short in citing practical examples and comprehensive coverage and encouragement to participation
13. Assistance from Training Material is trivial and there exist a very wide expectation gap.
14. Training Evaluation shows that it is good for technical application but does not provide wisdom in discharge of managerial functions and self development
15. Functional Managers insist on revamping of Training and Development design and make it more scientific and relevant to improve their managerial and self development skills.

(B) Conclusions:

1. Proficient Health Care Delivery System is showing the presence of its demands for bench marked super quality service.
2. Functional Managers have realized the demands of Proficient Health Care Delivery System and their job has become high pressure which would scale up if they do not possess necessary skills
3. For Functional Managers it is crystallized that there exists a gap in their present managerial skills level and need to align them to the level of Proficient Health Care Delivery System skills level
4. Current Training and Development process and programmes being more ad-hock in nature fall short in delivery of sufficient enhancement of Managerial and Self Development and Functional Managers expect to revise them to align with changing paradigm
5. The revision is expected in terms more clear guidelines for Training and Development which shall form the framework which needs to be holistic and comprehensive corresponding to Profile of the department and that of Functional Managers.

CHAPTER V: SUGGESTION S AND MODEL

The chapter contains the suggestions in general in the context of the study and beyond the context is given as other suggestions.

Model is another word in the title of this chapter which is followed after other suggestion. The connotation of this word in this context is comprehensive and holistic approach for training of Functional Managers with respect to their department.

The suggestions have well lined backward connection to literature review, analysis of data and an attempt is made to make them prescriptive to the best of their feasibility.

The suggestions have underlying thread of process of training and therefore they flow in a process driven way and follow the same sequence. The angle of its flow is they are made to different stake holders. ***The suggestions are the outcome of the research conducted.***

[Reference of question and the analysis to which it pertains are given in bracket which should be taken as reference to the analysis of a particular question or the part of the text. Hence only that part indicator is given instead of putting it as reference. Similarly to which stakeholder the suggestion is made, indicated by the abbreviations in italic. The abbreviations are:

HM = Hospital Management

HA= Hospital Administration/HR

FMs=Functional Managers (Trainees)

(I) CONTEXTUAL SUGGESTIONS:

(A) Training needs recognition

{13, HA} Performance Appraisal form Inclusion

(1) The inclusion in Performance Appraisal Forms regarding what the needs are in relation to the managerial skills needed be put in explicit way and should be provided with sufficient space to receive even minute details .The question should be as under: State the areas and your training needs for development of your managerial skills.

Area	Details
Planning	Network Analysis
(And so on)	

{15, HA} Regulatory Framework issues

(2) (a) Training needs are generally related to managerial part for the Functioning of the activities belonging to the particular department. However, these activities or tasks are needed to be done with diligence in the frame work of certain laws. Very few are aware about the provisions of these laws and impact of non adherence.

Therefore, training programmes related to following Acts are essential

1. Consumer Protection Act , 1986
2. Environmental Laws
3. Disaster Management
4. Innovation Management

(b) The other consideration is increasing mal practices in the hospitals which are evident from the news in different media. In case of Ethics there are vast deviations in almost all fields.

Thus it is necessary to conduct the exclusive training programmes related to ethical issues exclusively. This has direct impact on reputation of the hospital. Regularity of such training programmes is essential for the purpose of indoctrination.

(B) Training Need Analysis

(06, HA) Grouping

(1) Need analysis for Managerial Development of Functional Managers be viewed to group them into skill categories.

(a) Planning and organizing skills

(b) Job Rotation and Multi skilling

(c) Crisis and Emergency Management

(d) Supervision and Coordination

(e) Resource allocation Estimation

(f) Cost benefit analysis of Resource Applications

(g) Variance Reporting and Analysis

(9.1 FM) Job Enrichment

(2) Job Enrichment is a device which enlarges the span of duties which are in built process of training the subordinates by Functional Managers which relives his pressure also.

This is a route to develop the skills of self development. Additionally the subordinates tend to be more cohesive as a group and leads to the benefits of participative and collective decision making.

(10, FM) Management by Exception

(3) Heavy reliance on seniors for decision making shades on the elements:

(a) Risk aversion

(b) Lack of confidence

(c) Lack of soundness or rationality in analysis

Thus, if Functional Managers have to emphasize on Management of Exception which would be another route of decision making skill development need fulfillment

(14, FM) Outbound Programmes

(4) Functional Managers need training for the programmes on educating themselves in the situations of vacation scheduling and camps and outbound programmes but have not conveyed them to Hospital Administration explicitly. Functional Managers are to convey these needs strongly to Hospital Administrator and also participate in content development of such programmes.

(15.4, 15.5, HA) Teaming

(5) The revelation indicated the need for training related to team building and motivation.

Functional Managers need to train about inbound and outbound team building games , rewarding team performance , building healthy inter personal relationship , assuming the role of mentor and for motivation they need to explain the importance of self development to subordinates and set the example for achievements.

(C) Training Design

(i) Objective determination

{16.1, HA} Communication Training Objective

(1) (a) The objectives of training programme are determined with precision.

(b) The objectives of Training Programmes are to be explained to the trainees

(c) A rapid test or any such other device to be evolved to understand how much Functional Managers have received it.

(d) In order to bring precision in determination of objectives they are to be discussed in a group which would be working exclusively for such purpose.

(16.1 HA) Training Objectives Alignment to needs

(2) It has brought forth the gap in need analysis and determination of training objectives. It is suggested to align them and reduce the gap by

(a) Encouraging the participation of Functional Managers in determination of objectives

(b) Seek opinion of experts

(c) Review of earlier programmes to identify factors which create the gap.

(d) Revise them from time to time as needs may be same but its updated form should be understood adequately.

(ii) Designing Contents

(V III. HA) Progressive Training Contents

(1) The interviews revealed that the training does not take in to consideration about career planning part of Functional Managers who have more than 25 years of career in terms of years.

The subsequent positions for working for a good number of years as an Functional Manager is to be in the group of Superintendent and then to policy and strategy making teams of the hospital. In order to prepare for them for these positions the training related to the issues needs to given at the level Functional Manager position.

It is not out of place to put here about the absence of such progressive leaning by Functional Managers.

If such programmes are not designed well in advance then the situation may call for the stagnancy of tasks which would result into:

(a) Stereo Type Work Routine

(b) Gradual Fall in Job Satisfaction

(c) Creeping of in differentness to job

(d) Raising Grievances

(e) Time for politicization and Groupism

(f) Finally it may lead to lack of vibrancy and reducing creativeness which will make the job boring and this may call for problem of high turnover

The training contents for this gradual development are given in following table prescriptively

Table 5.1: Experience progress wise managerial and self development contents for Training Programmes

Completion of year/s as in charge	Managerial Skills	Contents	Self Development Skills	Contents
One year	Time Management	Time allocation Insights Time snatchers awareness	Stress Management	Sources of Stress
Two Years	Planning and Control	Proactive thinking skills	Interdependence Sequencing Skills	Integration of responsibilities
Three Years	Team Building and Team Driving Skills	Team and related human factor awareness	Self Organizing Skills	Counseling Attitude Development
Four Years	Leadership Skills	Combination of Leadership Styles suiting to the organizational Climate	Knowledge about grievance handling	Arbitrative Attitude Development Seeking Institutional Authority
Five Years	Establishing Operational Architecture and Controls Setting of Standards	Integration of Operational Management , Control and System	Sense of Operational Simplification and Standardization	Experimenting and Innovation Skills

(03. HA) Job Description Clarity

(2) The Job Description clarity forms the basis of training needs and it is essential for Functional Managers to have clarity about the same. During the last three decades of the twentieth century the axiom was very popular and believed that *strategy decides the structure* of the organization.

On the same lines one can state that *training needs are the function of the job profile.*

Another aspect is to decide verification of matching with job profile and priority of the need satisfaction at job profile as well at hospital in need recognition as it has direct impact on efficiency.

The following are the attributes for Job Description Clarity

2.1 i) Assurance of awareness of complete details of Job Description.

ii) Separate induction training programme for reinforcement

iii) Key Result Areas emphasis as in follow up sessions

2.2 Evaluation about absorption of Key Result Areas through

i) Multiple option objective tests.

ii) Presentation by the in charge after the training programme

iii) Interview method / Oral kind of test

(iii) Trainer Selection

(18, HA): Trainer Attributes

(1).The gap factors revealed by the study about the trainer are:

(a) Preparedness (b) Coverage of topics (c) citing of practical examples (d) encouragement to participate (e) voice modulation

It is suggested to bridge the gap by following ways.

(a) The trainer be informed about these expectations

(b) Trainer rating system be formalized and the feedback to trainer be given

(c) Assurance about trainers experience and orientation about functions of hospitals. (It is observed that majority of hospitals invite the trainers who are faculty from nearby management schools who do not have any idea about hospital work environment, work culture and wok climate which is to be avoided)

(iv) Method Selection

(16.4 HA) Principle of selection

(1) Functional Managers experienced gap in training method .The gap to bridged by

(a) Using case study method (for deficiency in service and defects in service)

(b) Assignment with research component (average complaints per day in a ward)

(c) Role plays (Role of a patient. relative, legal advisor etc.)

(7.6 HA) Combined training

(2) The combined training programmes are one of the methods which increase the effectiveness of the training and particularly to improve the management of interdependence.

In case of hospitals the output of Radiology Department becomes the input of ICU department, Casualty Department and Operation Theater Department. Such cross dependence needs a combined training programme. This improves the time schedule management and logistics amongst these departments with deep understanding of these input and output situations.

(v) Training Material

(7.6, HA) Departmental training Manual

(1) Training in hospital has two levels

1. (a) Macro level: Where the training is related to issues which are of very broad nature and higher level of functioning.

1. (b) Micro level: Where the training issues are of the department

One of the key functions of Functional Managers is to train the subordinates and with this view the following suggestion is in place:

On the job training manual for Functional Managers to train the team members which would be according to their own department requirements and which would be the part of the department belongings.

[For example in Universities there are refresher courses which are like training for teachers which is arranged by the University which is Macro Level but apart from this each department under the faculty has its own refresher or training programmes which is micro level.]

Thus each department should have a training manual which would contain the details of contents according to training needs of the teammates and which shall be used for the training on the job in the department.

This is to be prepared under consultation and guidance from the Head Training and Development at Head Quarters or Central Office.

(9 .6, HA) Utility of Training Material

(2.) Frequency of reference to training material is an evaluative indicator about the utility value of the training material. It is suggest to

(a) Take the count of reference regularly through the formal reports

(b) Respond to report in terms of change in the contents to align with technological advances in impacting the new skills for usage of advanced facilities e.g. LAN, SAP etc

(20. HA and trainers): Enriching Training Material

(3) The gap shown by the analysis is about the gap in

(a) Coverage of topic

(b) Language

(c) Space for notes

(d) Highlighting important concepts

In order to reduce the gap the suggestions for preparation of training material are:

(i) Comprehensive matter with reference to objectives

(ii) Illustrative and self explanatory language

(iii) Self Assessment exercises in the form of multiple choice or quiz etc.

(iv) Contents should value as a reference literature by putting in utility for problem solving with well explained situations

(The best example can be cited of the books " When there is not a doctor" authored by Dr.Gerard Doyle and another book authored by Murray Dickson)

(D) Training Execution

(16.2 HA) Trainee Availability

Presupposition of any training progamme is trainees' availability. Hospital Administration is suggested to ensure the presence of trainee for the programmes .

The general tendency of head of department is to make the staff available for smooth functioning of the department and training is given the lower priority.

Hospital Administration needs to make the schedule of replacement of other staff to make the trainees to be free to attend training.

Thus planning proactively and multi skilling be the policy of Hospital Administration to facilitate the availability of trainees.

(E) Training Evaluation

(09.1 HA) Output Bench Marking

(1)The training and development department or Administrative department has to evolve the *bench marks of the output of training* which shall enable to decide about the repeat programmes till the skills are reached to the level of bench mark .The another aspect is about the need to change the method if the output is not achieved

(16.2 HA) Measures

(2) Evaluation parameters are divided into two parts

(a) Quantitative measurement about achieving the level of skill

(e. g. Average of no of patients handled by a nurse for management of drip bottles)

(b) Qualitative measurement:

(e.g. Quality of report prepared by a nurse for daily drip management report and time management report for the same)

Such parameters are necessary to evaluation for formative and summative evaluation

(23, HA) Components

(3) The evaluation be made with reference to three components as many times these three components are integrated into one training programme can not be compartmented because of nature of training programme.

Thus the evaluation be made component wise and skill wise as the skill development may differ from component to component.

The components are

(a) Technical

(b) Managerial

(c) Self Development

(II) OTHER SUGGESTIONS

1. ***{V.III, HM} Budget Adequacy***

The budget for training and development is a constraint for Functional Managers. The budget of minimum 5 % of total revenue be given to human capital development as this sector is growing and human capital is the key of revenue model for hospitals. Functional Managers expressed that the present system does not based on Return on Investment and ad-hock in nature. Scientific approach is necessary.

2. ***(12, HM) Exclusive Department***

Considerations to changing work environment of Health Care Sector and demand of Functional Managers, Training and Development has also become multi specialty and super specialty in its nature. Administration in-charge is burdened with other works and therefore cannot give full justice to Training and Development. Hence it is suggested that Training and Development Department be established and entrusted to HR.

3. ***(14. HA) Coordinator***

This suggestion is more applicable to the hospitals having medical colleges or research institutes i.e. where the teaching takes place. For coordination between teaching staff and the hospital wards and other department a separate coordinator be appointed for smooth working of training in terms of teaching.

4. ***(4. HM) Team Structure***

For some Functional Managers the numbers of subordinates are more than 11 which makes the researcher skeptical about the management of relationships (which increases geometrically with number of subordinates) and diffusion of authority imbalance. The management needs to create one more level as deputy Functional Manager and authority and responsibility balancing are to be striked.

5. ***(8.HM) Aligning with Proficient Health Care Delivery System***

The management of hospitals to meet the demands of Proficient Health Care Delivery System needs to undertake by following ways.

(a) Brainstorming meeting for evolution of Benchmarks about different services offered by the hospital

(b) Kiazen and 5S and Six hats programmes

(c) Periodic Satisfaction Survey of not of the hospital alone but of each department

(d) Team Building Games.

(e) E news letter of the department.

(f) Certification and accreditation from National and International Authorities for quality of delivery, infrastructure facilities which would evidence the level of Proficient Health Care Delivery System components.

(g) Running Trophy for the Department of the Year and such awards be institutionalized Pharmaceutical companies can come forward to sponsor the items and events of like nature.

6. Literature Review: Response Time Management Training

Recent example of delay in response time is of Pune Mumbai High Way after the land slide.

The rate of agitation and response time rage is seen from the news how increasing in current period .The rage builds disappointment due to delay and it results into beating the staff of the hospital . In order to avoid the same special training is needed for handling such situations as well as managing response and reaction time particularly when the patients are brought after the accidents and when the situation is of emergency

The irony is that hospital staff works to the best of their ability but the relatives of the patients build some misconception that had the response time been shorter then the life of the patient would have been saved. Sometimes there are legal sides to such delay.

What is important is the efforts should be well manifested about response time to relatives and a special training is needed to face such situation to avoid tampering of reputation of the hospital

7. Counseling and Observation for training need identification

The suggestion is based on general awareness about the context of the researcher.

Counseling and Observation of employees on the job reflects on the following points

(a) Sense of responsibility

(b) Level of socialization

(c) Team Work

(d) Sense of Co operation

(e) Inter personal relationships

(f) Group Behavior

(g) Self Motivation

(h) Work Ethics and Values

(i) Inefficiencies

(j) Amicability

(k) Attitude

(l) Sense of Support

(m) Ability to work together

The details would prove to be an excellent route for training need identification of the employee and HA needs is using this route also along with other formal routes.

8. Literature Review: Total Quality Management Drive

Philip Crosby explains in his book Quality is Free that Quality is an attitude. Thus Quality of Services of Health Care Delivery is to be internalized by conducting training programmes on Total Quality Management. The monitoring of quality is essential on continuous basis. The quality management is not sufficient but it should be manifested well.

The best source of quality manifestation is accreditation from agencies which provide endorsement to all stakeholders about the quality sense of the organization. Hospital is a service organization and thus process certification is important for the endorsement.

The hospital needs to go for ISO certification as well as accreditation from Joint Commission on Accreditation of Health Care Organization (JCAHCO) and like agencies. This shall provide brand equity and trust amongst the patients about the quality of services of the hospital.

9. Literature Review: Private Public Partnership

What has been observed and researched by Juliana Ayafegbeh (2011),there are similar conditions prevail in Private Sector and Public Sector in the areas under this study.

The Private Public Partnership Model be considered by Policy Makers for improved Health Care Delivery to the patients and health care awareness level of citizen who are residents of Kolhapur and Sangli Miraj Kupwad area.

The above suggestions being very prescriptive in nature and have sprang from research output are having application value in addition to contribution to analytical academic value.

10. Literature Review: Corporaterization and SBUs

The literature shows the trend in investments and scale of operations and increases in circumference of an umbrella of services under one roof (multi and super specialty). There has to be departmentalization on the basis of services and Functional Manager has to be positioned as head of Strategic Business Unit (as in done in Ford Motors in USA or Kirloskar Pneumatics in Pune, India) and its scope can be extended to treat the department as Profit Centre to achieve the organizational balance with right of degree of decentralization. Such Strategic Business Units needs be supported by flat structures.

11. Literature Review: Online applications for strong Training and Development process

Recently different software's are available for performance evaluation which be used extensively for the purpose of automation of overall training process. The small hospitals may not be in a position to use them because they are costly. But Corporate Hospitals can

use them for all the stages involved in entire training and development process right from need identification to evaluation.

12. Literature Review: Assessment Center:

While going through the literature it is noticed that corporate culture brings in Assessment Center and is useful for the Talent Hunt and Human Capital Development

It is very expensive for even small corporate entities, however, considering the growth in hospitals it is suggested that Hospitals should attempt to build Assessment Centers which may not be fully fledged but certain activities should be started under this center which would help the hospitals to search the talent for future functional managers and human capital at above that level.

The activities expected in the center are of the following nature:

(a) Cattell's 16 P F Test

(b) Loco Inventory test

(c) Myer's Briggs Type Indicator (MBTI) Test

(d) Transactional Analysis

In order to make it feasible it is necessary to plan it in phased manner for which it is suggested to establish a separate Human Resource Management Department

The study evolved a model containing two frames. The model is titled as

Hospital Functional Managers' Training and Development Model

(III)Hospital Functional Managers' Training and Development Model

(A) FRAME – I: Key Components for Proficient Health Care Delivery System Training and Development Process

Diagrammatic Presentation of Key Parts of Training and Development with reference to Proficient Health Care Delivery System.

There are Step I to Step VIII which discuss this frame in details.

(B) FRAME – II: Key Components of Job Profile and Training and development Programmes:

Prescriptive details of each functional manager's Job Profile and details about the

(a) Managerial Functional Skills needed as a part Training Need Identification

(b) Training Method

(c) Contents of Training

(d) Evaluation Indicators of the training effectiveness

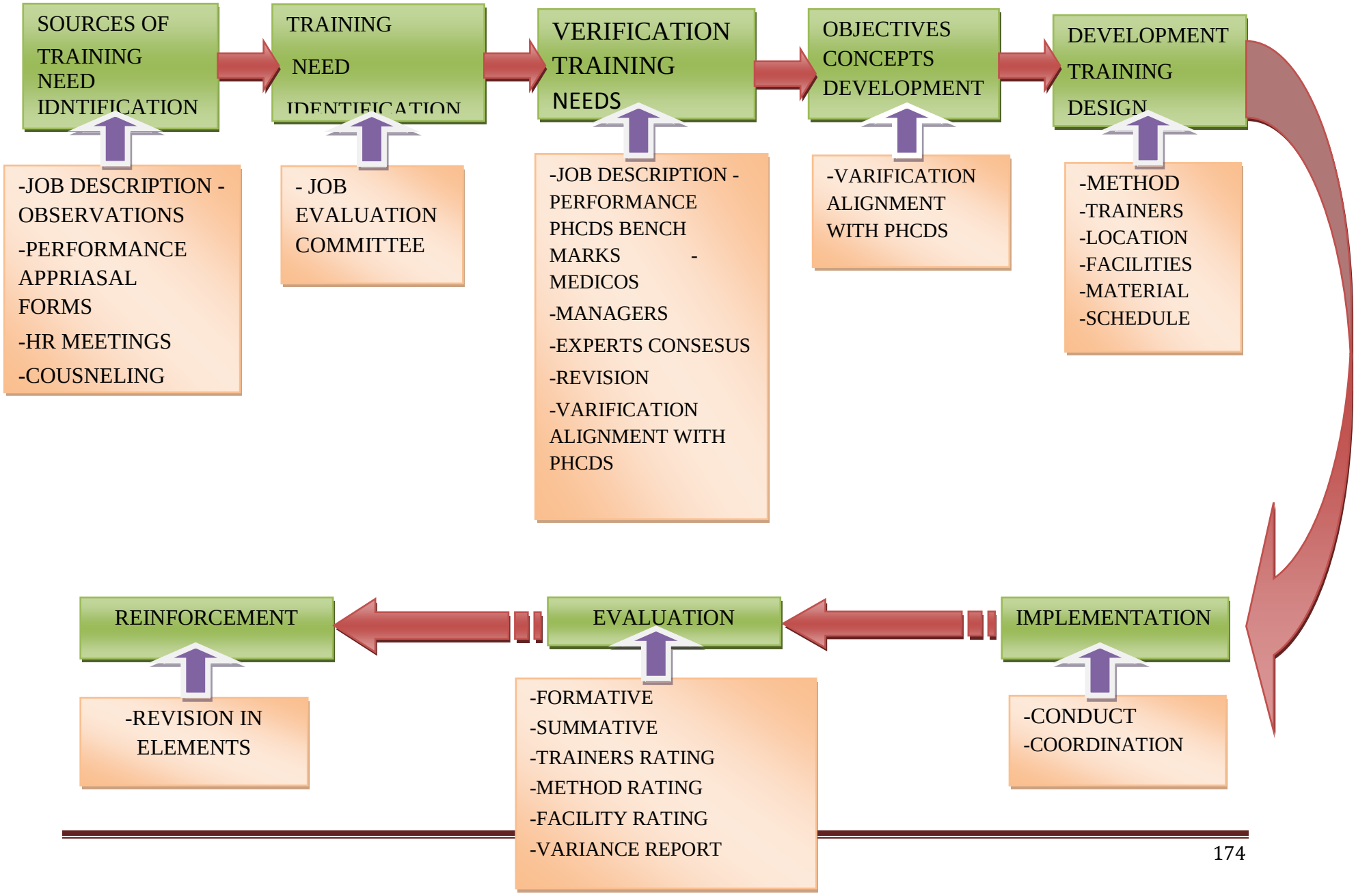
As a part of Model the component is presented as FRAME II which contains guidelines about the conduct of Training and Development Programmes which would make them more effective and turn functional managers in to competent managers which shall meet the demand of PROFICIENT HEALTH CARE DELIVERY SYSTEM.

(A) FRAME – I: Key Components for Proficient Health Care Delivery System Training and Development Process:

The Model offers more detailed training need analysis and suggested to link them to performance bench marks with reference to Proficient Health Care Delivery System.

The framework is shown in figure of steps to be followed in particular training of hospital functional managers which would empower them to meet the demand of Proficient Health Care Delivery System. There are in all 07 major steps involved in the training and development process. Each major step has certain sub parts and they are shown below the major steps generic. The model includes following suggestions as specific to the training and development of functional managers working in Hospital Environment which is unique in its nature. In a figure format it is presented as follows: (Please see the next page)

5.2 MODEL OF TRAINING AND DEVLOPMENT OF FUNCTIONAL MANAGERS AT PHDCS LEVEL



In this frame it is suggested to take the opinion of Functional Managers, experts and corresponding medical experts who would develop the consensus with *Prerequisite of this frame work is to prepare bench mark of performance with reference to Proficient Health Care Delivery System for which a separate committee has to be constituted and Functional Managers as well as experts shall the members including few members from accrediting bodies*

This committee would work on revaluation of jobs and also determine the Proficient Health Care delivery System bench marks and accordingly revise the job profiles.

Step I: Source of training need identification

The sources are well exhibited. The key factors suggest is more reliance on counseling of Functional Mangers and matching with JOB PROFILE which is at present not so explicit.

Step II Training Need Identification

The process should participative and for the precise need recognition Functional Managers should be included in the team of committee who would finalize them

Step III: Verification of Training Needs

reference to Proficient Health care delivery system bench marks

Step IV: Objective and Content Development:

Objectives and Contents should be well divided into specific sessions whereby the trainees would develop their skills progressively and in phased wise steps The training programmes can be designed as level 01 to level n basis and to be given after satisfactory completion of the level say T1 then T2.

Step V: Training Design

Training Method should not be of stereo type nature. It should include project based or activity based training and creative ways should be stuffed. The trainees should be involved in actions and working assignments which are more empowering for skill development as skill development is the function of practice and practice makes the trainee perfect.

Step VI: Implementation

The level of coordination between heads of Functional Managers, Department of Training and Development and Functional Managers needs to assured for which a separate coordinator is essential whom this task is entrusted exclusively

Step VII Training Evaluation

The suggestion is related to

(a) Trainer Rating

(b) Variance Report

(c) Method Rating

The another important point is being it is related to skills the summative evaluation be followed on continuous basis and if the gap is found then trainees need to repeat the programme till they achieve the level as desired by the objective of training .

After achieving the desired level (which would be revealed by summative training evaluation score card) then only the trainee be permitted to participate in higher level training programmes.

Step VIII: Reinforcement

With reference to Variance Report of Effectiveness, the revision in Trainer, Training Method and Training Material is essential and should be made more compatible for higher and higher effectiveness achievement

(B) FRAME – II: KEY COMPONENTS OF JOB PROFILE AND T & D Programmes

There are eight functional managers and with reference in key functions of each one in a tabular form the prescriptive details are given here which are self explanatory and indicate the very nature of requirement. The other details shall vary according to environment of the hospital and its human capital.

The following points be taken as the part of Frame B

1. The items related to Performance Appraisal Function , Team Building Function and Training of Departmental staff do seem to be common for all but stated separately for each one in the table because their nature for each department is not largely but somewhat different

2. The training programmes for these functions can be common for all them for which even suitable groups may be made from them.
3. There is a need which is not specifically taken in following tables but part of their profile of Jobs as well as specifications :
   (a) Training about Ethics and Ethical Practices
   (b) Stress Management
   (c) Work Life Balance
   (d) Total Quality Management

(Please, see tables which are in landscape format)

Table No 5.2 : Training Programme Particulars of Medical Records Head :

Key Area of Functions	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Duty Chart Sheet Preparation of his team	Availability of staff at various work stations for three shifts	Scheduling of staff for various places like Registration Counter, Back office Activities	Planning and Prioritizing	Analytical Foresight Strategic Logistic	**Off the Job** Case Studies Situation Analysis	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
2.Resource Availability	Making Stationary hardware material Cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control	Estimation Coordination Control	Off the Job As Above	As Above Inventory Management	Number of lags in availability in a year
3. Coding	Coding of Diseases Following international standards	Day to Day Recording and adherence to standards Training the subordinates and verification	Self Updating Supervision Coordination Training	Auditing Updating of Knowledge about coding procedures	Off the Job On line Tests Seminars and Conferences	Multiple Choice Tests Coding related issues	Score of Tests
4.Records availability	Making past record available to different departments	Information Service in Medico legal cases and other cases	Organizing and information management	Organizing Classification Information Inventory Management	Off the Job Computer Based	Software Usage	Level of hunting time and accuracy of information

Key Area of Functions	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation**
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances
6. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Test	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment
7. Training Department Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.3: Training Programme Particulars of Accounts and Finance Head:

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Preparation of Master Budget	Preparation of Budget of the Department and integrating it in to Master Budget	Estimation Verification on the basis of Propriety and Proportions each departmental budget and integration	Planning and Foreseeing	Planning Sense of Proportion and Propriety Sense of Rationalization Analytical Computer Allocation	**Off the Job** Case Study Situation Analyses Computer Based Lectures Workshops	Budget Proportions Rationale Development Format Development Usage of Software	Budget Variance Analysis Ratio Analysis
2.Funds Management	Raising , Allocation and Surplus distribution	Smooth Availability of funds in terms of Working Capital and Capital Investment Controlling Returns Leveraging of funds	Planning , Organization Coordination and Control	Analytical Proportion Alternative Development Permutation and Combination Sense of Risk Management	**Off the Job** Cast Study Computer Based Choice Lectures Work Shops	Net Present Value Analysis Risk Management Exercises Information about sources of Finance	Variance Analysis of Financial Performance
3. Management of Receipts and Payments	Accounting of Receipts and Payments	Preparation of Cash Budgets and Disbursements Controlling Billing Accuracy	Planning Organizing and Control	Liquidity Management	As Above	Guidelines about current assets and current liabilities	Ratio Analysis Variance Report

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
4. Legal Compliances	Audit Preparation and Filing of Returns and taxes and compliances to various regulatory authorities	Tax Calculation and Payments and Preparation of accounting statements and other related statements	Planning Information Management	Legal Interpretation Skills	As Above	Legal Provisions and effects of non adherence	Amount of interest and Penalties paid and number of instances of procedural irregularities
5. Updating about Regulatory Amendments	Changes in reports and statements according to regulatory amendments	As above with reference to Regulatory Amendments	As above and Self Development	Information Vigilance Skills	As Above Provision of Journals and other publications Seminars by Association and Chambers	Up dated contents Information about procedures and implications	As above
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	**Off the Job** Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications , Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
6. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment
7 Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.4: Training Programme Particulars of Laboratory Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organising	Communication and Organization Local Language Skills Public Relation Skills	Off the Job Lectures Case Studies Role Play Games	Communication related concepts How to make communication Effective Working Knowledge of Local Language P.R Techniques	No of complaints of Patients and Relatives
2.Duty Chart Preparation of his team	Availability of technicians at Pathology , Microbiology and Biochemistry Labs	Scheduling of technicians and clerical assistants at Lab Work Stations	Planning and Prioritizing	Analytical Foresight Strategic Logistic	As Above	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
3.Resource Availability	Making Chemicals , Reagents , Test Kits and other material cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control	Estimation Coordination Control Software Management	Off the Job As Above	As Above Inventory Management	Number of lags in availability in a year

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
4.Supervision of Tests	Quality Control Time Management of Tests	Random Checking of testing process	Supervision Time Management	Judgmental Randomization Usage of Statistics Software Management Six Sigma Time Management	Off the Job Lecture Case Study Computer Based	Statistical Methods and Analysis Six Sigma Process Control Techniques Time Management	Deviation Analysis Control Variation in Test Time
5. Reports Dispatch	Timely Report Preparation and Dispatch	Assurance of timely and accurate dispatch	Planning and coordination and Logistics	Logistics Planning Coordination	Off the Job Lectures Case Studies	Time Management Scheduling Methods Net Work Analysis	Number of delay of Reports
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances
7.. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job, Lectures Role Play, Case Study, Projects and Assignment, Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
8.Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.5: Training Programme Particulars of Radiology Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organization	Communication and Organization Local Language Skills Public Relation Skills	Off the Job Lectures Case Studies Role Play Games	Communication related concepts How to make communication Effective Working Knowledge of Local Language P.R Technique	No of complaints of Patients and Relatives
2.Duty Chart Preparation of his team	Availability of technicians for Xray, Ultra - sonography Doppler etc	Scheduling of technicians and clerical assistants at Test Work Stations	Planning and Prioritizing	Analytical Foresight Strategic Logistic	As Above	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
3.Resource Availability	Making X ray films , Chemicals , Reagents , Test Kits and other material cleaning material for his department	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control	Estimation Coordination Control Software Management	Off the Job As Above	As Above Inventory Management	Number of lags in availability in a year
4.Supervision of Tests Process and output	Quality Control	Random Checking of testing process	Supervision	Judgmental Randomization Usage of Statistics Software Management Six Sigma Time Management	Off the Job Lecture Case Study Computer Based	Statistical Methods and Analysis Six Sigma Process Control Techniques Time Management	Deviation Analysis Control Variation in Test Time
5. Reports Dispatch	Timely Report Preparation and Dispatch	Assurance of timely and accurate dispatch	Planning and coordination and Logistics	Logistics Planning Coordination	Off the Job Lectures Case Studies	Time Management Scheduling Methods Net Work Analysis	Number of delay of Reports

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
6. BARC Audit	Supervision of BARC Norms	Control over process and disposal of radiation materials	Process Control Management	Knowledge about norms of safety	Lectures Demonstrations Seminars Discussions Videos and Films	Safety Related Information and practices Usage of Safety Tools and Equipments	Number of irregularities and Instances of Penalties Harmful Effects on Individuals
7. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skils	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances
8. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
7 Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.6 : Training Programme Particulars of Nursing in Charge

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Patient Instruction Management	Patient and Relatives Communication	Instructions to Patients	Communication and Organization	Communication and Organization Local Language Skills Public Relation Skills	Off the Job Lectures Case Studies Role Play Games	Communication related concepts How to make communication Effective Working Knowledge of Local Language P.R Techniques	No of complaints of Patients and Relatives
2.Duty Chart Preparation of his team	Availability of Nurses and Sanitation Staff	Scheduling of Nurse Duties	Planning and Prioritizing	Analytical Foresight Strategic Logistic	As Above	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
3.Resource Availability	Stationary , Treatment Related Material and Cleaning Material	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control	Estimation Coordination Control Software Management	Off the Job As Above	As Above Inventory Management	Number of lags in availability in a year
4.Supervision of treatments	Quality Control and Time Management Dose Accuracy	Random Checking of treatment and medication Process	Supervision	Judgmental Randomization Usage of Statistics Software Management Six Sigma Time Management	Off the Job Lecture Case Study Computer Based	Statistical Methods and Analysis Six Sigma Process Control Techniques Time Management	Deviation Analysis Control Variation in Test Time
5. Sample and Report Management	Timely Sample and Report Collection	Assurance of timely activities	Planning and coordination and Logistics	Logistics Planning	Off the job Role Play Discussions Lectures	Audio and Video Plays containing flow of Reports Significance from service to patients point of view	No of grievances and complaints from patients and relatives

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances
7. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment
8Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.7: Training Programme Particulars of Maintenance Department Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Duty Chart Preparation of his team	Availability of workmen for different trades like electricians, plumber etc.	Scheduling of Workmen duties at different work stations	Planning and Prioritizing	Analytical Foresight Strategic Logistic	Off the Job Lectures Case Study	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
2.Resource Availability	Stationary , Treatment Related Material and Cleaning Material	Estimating the quantities required for the year and for the short term Assurance of stock and accounting of stock and stock control	Planning Organizing Supervision Control	Analytical Foresight Strategic Logistic	Off the Job Lecture Case Study Computer Based	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
3. Maintenance and Repairs of Equipments	Equipment Related Up keep and in order conditions	Total Preventive Maintenance Minimal Responses time for Repairs	Planning and Organizing	Technological Skills Communication P.R Skills	On the Job Job Instructions Method Off the Job Seminars Deputation to Vendor Centers	5 S system Canban Communi cation related s exercises	Attitude Tests Score Number of complaints resolved and unresolved

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
4.Service Vendor Management	Liaoning with Service Vendors	AMC finalization of scope of work Follow up with Service Vendors Warrantee Management	Planning Organizing Coordination Communication	Communication Planning Coordination Visioning	Off the Job Lecture Seminars Conferences	Relationship and time management	Delay in AMCs
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances
6 Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment

Key Functional Area	Key Responsibilities	Key Duties	Related Managerial Function	Skills Required Training Needs	Training Method	Contents	Evaluation Effectiveness Indicators
7.Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.8 : Training Programme Particulars of Stores Head

Key Functional Area	Key Responsibilities	Key Duties	Related Managerial Function	Skills Required Training Needs	Training Method	Contents	Evaluation Effectiveness Indicators
1.Duty Chart Preparation of his team	Availability of stores staff in different stores	Scheduling of Stores Assistant Duties	Planning and Prioritizing	Analytical Foresight Strategic Logistic	Off the Job Lectures Case Study	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
2.Resource Availability	Material required by medical and other departments, stationary grouping into consumables and non consumable items.	Guarding of Materials and accounting of materials Availability of Materials	Planning Organizing Supervision Control	Estimation Coordination Control Software Management	Off the Job As Above	As Above	Number of lags in availability in a year

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
3.Inventory Management	Inventory Classification and optimal balance of inventory	Up keep of stores Up keep of inventory Minimal level of salvage , waste	Planning , Supervision and Control Communication	Inventory Management	Case study Lectures Seminars	Inventory Calculations ABC Analysis and other inventory management techniques	Percentage of wastage , salvage and instances of forced disposal
4 Supply Management	Purchase Management of Stores Materials	Buying good of right quantity, right price , right time , right quality and from right supplier	Planning to Control	Purchase Management Skills	Case Study Lectures Software	Software Demos and training Guidelines of right purchase procedures	Variance Reports
5. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skills	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
6. Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment
7.Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

Table No 5.9: Training Programme Particulars of Blood Bank Head

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
1.Duty Chart Preparation of his team	Availability of technicians within departments	Scheduling of Duties technician and other staff Duties	Planning and Prioritizing	Analytical Foresight Strategic Logistic	Off the Job Lectures Case Study	Case Solving Quantities Techniques Software Operations	Solutions to case study Expertise in using Software
2.Resouce Availability	Blood Collection , Preservation and issue , stationary etc	Adequacy of Blood Volume level	Planning Organizing Communication	Estimation Coordination Control Software Management	Off the Job As Above	As Above	Number of lags in availability in a year
3 Blood Donor Networking and Inventory	Donor Classification and availability and management of databases	Liaoning with donors and different NGOs	Planning Communication	Communication Coordination	As Above Computer training for database management software demonstration	Communication exercises Networking Relationship Methods Data base management software demos	No of instances of shortage of contacts a

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
4. Regulatory Compliances	Regulation Adherence	Complying with regulatory procedures Development of Rapport with Regulatory Authorities Information Compliance of regulatory authorities	Communication Coordination Information Management	Planning and Formatting of information skills	Lectures and case studies	Legal provisions of regulatory authorities and information management	Amount of penalties and instances of procedural irregularities
5. Conduct of Blood Donation Camps	Collection and preservation of blood	Planning the camps Working with NGOs	Planning Communication Coordination	Planning Organizing Communication	Lectures Case Studies	Details of activities of conduct of a blood camp and methods of conducting them effectively	Success rate of Blood Donation Camps
6. Performance Management	Performance Monitoring of individuals working in his department	Determination of performance bench marks Monitoring of performance	Planning to Control	Job Profiling and Job Specifications Determination Evaluation Skils	Off the Job Lectures Case Study Computer Based Training	Guidelines for Job Profile and Job Specifications and Benchmarks Software operations of PMS	Precision about Job Profile and Job Specification and Nature and Number of Grievances

Key Functional Area	**Key Responsibilities**	**Key Duties**	**Related Managerial Function**	**Skills Required Training Needs**	**Training Method**	**Contents**	**Evaluation Effectiveness Indicators**
7 Team Building	Team Culture Development	Attaining Cohesiveness of a team	Leadership and Motivation	Communication Motivation Problem solving attitude Personality and Psycho Analysis Leadership	Off the Job Lectures Role Play Case Studies Projects and Assignment Management Games Movies and Videos Discussions	Team formation Process Psychological contents for teaming 16 PF Tests	Group Output Number and Nature of Conflicts Complaints about the department Work Climate Assessment
8.Training Departmental Staff	Training and Mentoring	On the job train the departmental assistants	Training Skills	Communication Training	Lectures Role Play Discussions	Audio and Video Films containing how to become a good trainer	Feed Back from Trainees

The suggested model shall make the training programmes very effective; the model provides concrete, sound and very prescriptive details about how to make them more effective. At every major point presented in this research work is with the backdrop of Proficient Health Care Delivery System as that is the demand of today and shall appear in wider and wider form in future.

The outcome of thesis is discussed with few functional managers who have not only appreciated the work but expressed that it is very much touched the concerns of their awareness and functionality and role.

They further found the conclusions and the Model very need based and very relevant for their effective working where they agreed to the upcoming waves of Proficient Health Care Delivery System. Thus Proficient Health Care Delivery System is agreed by them as essential part of Hospital Functioning and for that the demands are certainly changing for which they need training.

They found the model very pragmatic and feasible. In their opinion it is a kind of work which should be entrusted to Special Department like HR and if implemented then they would be professional in their approach, attitude and effectiveness and shall be aligned to times

See Annexure E The researcher has received two letters

Dr. R. B. Kulkani , reputed Diabetiologist, from Sangli, expert in the field of Hospital Administration, having 15 years of experience, Head Casualty, Bharati Hospital opines on the model that :

The study is extremely is relevant and having high pragmatic value. Further, the model of training prgramme is to be followed by the hospitals which would be very beneficial to them. Managerial and Self Development Programmes are affirmed by him.

Medical Record in charge of Mary Wanless Hospital , Kolhapur, having experience of more that 25 years in the field of Hospital Administration, has remarked about the study as :

PHDCS well described and confirms that it is the need of the time and putting his staff and himself under lot of pressure. He finds the suggestions very practical and useful.

He has welcomed the researcher to conduct such programmes for their Hospital in Kolhapur.

Both the above letters are evidence about the relevance as well as application value of the study

Further Scope of Research:

Every research cannot cover all the dimensions of the study in stroke but every study reveals what additionally in terms of dimension and area can be the subject matter of the research. This study too has revealed such area and dimension which are mentioned below:

1. It can be extended to the areas where Medical Tourism is rapidly increasing
2. It can be undertaken for Summative part of the training but needs good amount of time
3. It can be extended to fully urban area hospitals
4. The study can be undertaken by focusing on a particular segment of type of hospitals like

(a) Corporate Chain Hospitals

(b) Super Specialty

(c) Single Specialty

5. The study can be undertaken related to a particular type or method of training for its objective for all types of hospitals.

This chapter is followed by Bibliography and Annexure A to E.

Annexure B

List of Hospitals in Kolhapur and Sangli - Miraj – Kupwad Muncipal Coorporation of India.

Sr. No	Name of Hospital	City
1	Lokmanya Hospital Pvt. Ltd.	Kolhapur
2	City Hospital	Kolhapur
3	Kolhapur Institute of Orthopaedics and Trauma	Kolhapur
4	Janaki Nursing Home	Kolhapur
5	Joshi Hospital and Dialysis Centre	Kolhapur
6	Aster Aadhar Hospital	Kolhapur
7	Anand Nursing Home	Kolhapur
8	Aastha Hospital	Kolhapur
9	Mudhale Nursing Home	Kolhapur
10	Shri LaxmiNarayan Hospital	Kolhapur
11	Jain Hospital	Kolhapur
12	Shri Dutta Hospital	Kolhapur
13	Tamberi Hospital	Kolhapur
14	Balawadhut Charitable Trust	Kolhapur
15	Shanti Maternity Hospital	Kolhapur
16	Shri Hospital	Kolhapur
17	Dabholkar Memorial Hospital	Kolhapur
18	Dhanvantri Hospital	Kolhapur
19	Dr. Kudalkar Hospital	Kolhapur
20	Bhagwat Hospital	Kolhapur
21	Raghunath Rao Nimbalkar Memorial Hospital	Kolhapur
22	Virat Hospital	Kolhapur
23	Shri Kamakshi Hospital	Kolhapur
24	Apples Hospitals and Research Institute	Kolhapur
25	Lotus Hospital and research Center	Kolhapur
26	Mauli Hospital	Kolhapur
27	Siddhi Hospital	Kolhapur
28	Amate Hospital	Kolhapur
29	Service Hospital	Kolhapur
30	Babar Hospital	Kolhapur
31	Pishawikar Hospital	Kolhapur
32	Apurva Hospital	Kolhapur
33	Medicity Hospital	Kolhapur

Sr. No	Name of Hospital	City
34	Keelledar Hospital	Kolhapur
35	Shri Shankar Parvati Hospital	Kolhapur
36	Adhar Hospital	Kolhapur
37	Birnale Hospital	Kolhapur
38	Ingavale Hospital	Kolhapur
39	Gayatri Hospital	Kolhapur
40	Saraswati Hospital	Kolhapur
41	Shradha Hospital	Kolhapur
42	Aaditya Hospital	Sangli
43	Balvantrao Birnale Memorial Hospital	Sangli
44	Dr. Ashok Patil Clinic	Sangli
45	Kothari Accident and Orthopaedic Hospital	Sangli
46	Mhaishalkar Shinde Othopaedic Research Centre, Accident and Multispecialty Hospital	Sangli
47	Palkar Eye Hospital	Sangli
48	Sanjeen Hospital	Sangli
49	Shintre Hospital	Sangli
50	Shri Sai Surgical and Maternity Hospital	Sangli
51	Ushahkal Nursing Home	Sangli
52	Om Hospital	Sangli
53	Dr. P.R. Patil Hospital	Sangli
54	Bharti Hospital	Sangli
55	Kullolli Hospital	Sangli
56	Shah Hospital	Sangli
57	Pragati Hospital	Sangli
58	Apex Speciality Hospital	Sangli
59	Sanjeevani Hospital	Sangli
60	Ghatge Hospital	Sangli
61	Nayantara Nursing Home	Sangli
62	Shanti Saroj Netralay	Sangli
63	Anuradha Eye Hospital	Sangli
64	Gurukrupa Arogyadham	Sangli
65	Mehta Hospital	Sangli
66	Shaikh Hospital	Sangli
67	Sortur Hospital	Sangli
68	Sushrata Plastic Surgery Burns Hospital	Sangli
69	Dr. Anil Kulkarni Eye Hospital	Miraj
70	Dr. Somshekhar Hospital	Miraj
71	Wanless Mission Hospital	Miraj

Sr. No	**Name of Hospital**	**City**
72	Navjivan Hospital	Miraj
73	Krupamayee Hospital	Miraj
74	Miraj ENT Hospital	Miraj
75	Dr. Param Shetty Hospital	Miraj
76	Kumbhar Accident and Orthopaedic Hospital	Miraj
77	Swathiyog Prathisthan	Miraj
78	Gurukrupa Hospital	Miraj
79	Lokur Hospital	Miraj
80	Richardson Leprosy Hospital	Miraj
81	Venlesa Hospital	Miraj
82	Government Hospital	Miraj

Annexure C

A STUDY OF EFFECTIVENESS OFTRAINING AND DEVELOPMENT PROGRAMMES CONDUCTED FOR FUNCTIONAL MANAGERES

***(The replies shall be used for only* academic purpose *and shall be kept strictly confidential*)**

Dear Respondent!

The questionnaire is aimed at collection of information for my doctoral work on above topic. You are requested to fill up the same and extend your cooperation for furtherance of my studies.

With warm regards,

Mr.Sachin Ayarekar

967399643 email-sachin2576@rediffmail.com

PART A: GENERAL INFORAMATION

Name: _____

Age: _____ Gender- Male/Female

Qualification: - A) Technical:_____

B) Other:_____

Phone No._____ Email ID _____

Name of Hospital:_____

No of beds:_____ Name of your Department_____

PART B: TRAINING NEEDS

1 You have working experience of

Jr. Technician / Jr. Clerk	Sr. Technical / Sr. Clerk /Nurse	In charge

2 Do you know the word "Job Description"? Yes No

3 Have you received or made aware of Job description of "In-charge" position?

Yes No

4 If "Yes" you're key responsibility areas

_____

_____

_____

_____

5. How many subordinates you have?

☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ Above 15

6. Job facilities given

Sr. No	Job facilities	Please tick if given
3.1	Seating arrangements	
3.2	Changing/Rest rooms	
3.3	Washing area	
3.4	Canteen	
3.5	If any other, please specify	

7 Mention your duties bellow as in-charge of your department?

Sr. No	Area	Key Function
6.1	Planning	
6.2	Supervision	
6.3	Team building	
6.4	Co-ordination	
6.5	Services to patients	
6.6	Training subordinates	

8 As an In charge in last two years which decisions you have taken in following areas?

Sr. No	Area	Describe what type of decision
8.1	Planning	
8.2	Supervision	
8.3	Team building	
8.4	Co-ordination	
8.5	Services to patients	
8.6	If any other, please specify	

9 For above decisions what has helped you? (Rank on 1 to 5)
1=not at all, 2= somewhat, 3=helped, 4=moderately helped, 5= highly helped

Sr. No	Particulars	1	2	3	4	5
9.1	Group members participation					
9.2	Past experience					
9.3	Education					
9.4	Gut feeling					
9.5	Manuals					
9.6	Training & Development					
9.7	If any other, please specify					

10. Does your supervisor guide you at times of decision making?

Yes No

11. How many training programs in last 2 years arranged by hospital you have undergone?

☐ 0-2 ☐ 3-4 ☐ 5-6 ☐ Above 7

12 Training programs attended by you in last 2 years

Area	Nos.
Technical skills	
Managerial skills	
Self development	

13 How do you convey your training needs to HR/Admin office?

☐ Meetings with Hr/Admin Personnel ☐ Performance Reviews

☐ Meeting with senior manager ☐ Performance appraisal form

14 Describe the situation in which you felt that training would have been improved your efficiency and quality of decision.

_____
_____
_____
_____
_____
_____

15 Rate the following training needs as per given scale for yourself

1= Not Needed, 2 = Needed, 3= Highly Needed

Sr. No	Particulars	1	2	3
15.1	Planning Activities			
15.2	Coordination Activities			
15.3	Technical Knowledge			
15.4	Team Building			
15.5	Motivational Techniques			
15.6	Resources Mobilisation (Subordinates)			
15.7	If Any Other (Please Specify)			

PARAT C: TRAINING DESIGN

16 About training design

Please tick one choice for each of the following statement

1=Strongly disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly agree

Sr. No	HR/Admin. department ……..	1	2	3	4	5
16.1	…..has explained objectives of training programme .					
16.2	….has blocked the dates for training					
16.3	….has covered all the training needs					
16.4	….has selected correct training method for training					

17 Just tick factors which provided comfort or discomfort to you during training programmes

Sr. No	Particulars	Comfort 1	Discomfort 2
17.1	Seating arrangement		
17.2	Refreshments		
17.3	Ambiance		
17.4	If any other, please specify		

18 Your opinion about trainers

Please tick one choice for each of the following statement

(1=strongly disagree, 2= disagree, 3=neutral , 4=agree, 5= strongly agree)

Sr. No	Trainer/s……	1	2	3	4	5
18.1	…..was/were having in depth knowledge of topic					
18.2	…..was/were well prepared					
18.3	…...has prepared best presentation					
18.4	…...has covered all topics					
18.5	…..was/were using real examples					
18.6	…..was/were allowing trainees to participate					
18.7	…..was/were using voice modulation effectively.					

19 In what format are you received the training material?

☐ Softcopy ☐ Handouts

20 About training material

Please tick one choice for each of the following statement

(1=strongly disagree, 2= disagree, 3=neither disagree nor agree, 4=agree, 5= strongly agree)

Sr. No	Training material……..	1	2	3	4	5
20.1	…..covered all topics					
20.2	….was easy to understand					
20.3	….was net and clear					
20.4	….was providing space for notes					
20.5	….was highlighting important concepts and key words					

21 Are you using the training material when needed?

☐ Never ☐ Some Times ☐ Frequently

D Training Evaluation

22Your opinion about training progarammes attended by you

Please tick one choice for each of the following statement

(1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Sr. No	Particulars	1	2	3	4	5
22.1	Training objectives were met.					
22.2	Time allotted for training was sufficient.					
22.3	Participation and interaction were encouraged.					
22.4	The training experience is useful in my work					

23 About your skill development

Please tick one choice for each of the following statement

(1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Sr. No	Training programmes attended by you developed your	1	2	3	4	5
23.1	Technical skills					
23.2	Managerial skills					
23.3	Self development					

24 Following factors while designing training progaramme, HR manager should consider. Rate the importance of following factors.

(1=not so important, 2= somewhat important, 3=important, 4=moderately important, 5= very important)

Sr. No	Particulars	1	2	3	4	5
24.1	Collection and analysis of training needs					
24.2	Use of correct training methods					
24.3	Training period					
24.4	Knowledge of trainer					
24.5	Quality training material					
24.6	Training facilities like seminar hall					
24.7	Feedback from trainees					

Suggestions if any_____

_____

_____

_____

_____

_____

_____

Thank you very much.

Annexure D

Chi-Square Non parametric Test Result

Training objectives all covered * Managerial skill development

Crosstab

			Managerial skill development			Total
			strongly disagree	disagree	strongly agree	strongly disagree
Training objectives all covered	strongly disagree	Count	208	64	0	272
		Expected Count	164.5	50.6	56.9	272.0
	agree	Count	0	0	16	16
		Expected Count	9.7	3.0	3.3	16.0
	strongly agree	Count	0	0	56	56
		Expected Count	33.9	10.4	11.7	56.0
Total		Count	208	64	72	344
		Expected Count	208.0	64.0	72.0	344.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	344.000(a)	4	.000
Likelihood Ratio	352.965	4	.000
Linear-by-Linear Association	318.507	1	.000
N of Valid Cases	344		

a 2 cells (22.2%) have expected count less than 5. The minimum expected count is 2.98.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.964	.004	66.688	.000(c)
Ordinal by Ordinal	Spearman Correlation	.803	.024	24.887	.000(c)
N of Valid Cases		344			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Usefulness of training for work * Managerial skill development

Crosstab

			Managerial skill development			Total
			strongly disagree	disagree	strongly agree	strongly disagree
Usefulness of training for work	strongly disagree	Count	80	64	0	144
		Expected Count	87.1	26.8	30.1	144.0
	disagree	Count	128	0	0	128
		Expected Count	77.4	23.8	26.8	128.0
	agree	Count	0	0	56	56
		Expected Count	33.9	10.4	11.7	56.0
	strongly agree	Count	0	0	16	16
		Expected Count	9.7	3.0	3.3	16.0
Total		Count	208	64	72	344
		Expected Count	208.0	64.0	72.0	344.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	438.085(a)	6	.000
Likelihood Ratio	451.924	6	.000
Linear-by-Linear Association	245.513	1	.000
N of Valid Cases	344		

a 2 cells (16.7%) have expected count less than 5. The minimum expected count is 2.98.

Symmetric Measures

		Value	Asymp. Std. Error(a)	Approx. T(b)	Approx. Sig.
Interval by Interval	Pearson's R	.846	.015	29.348	.000(c)
Ordinal by Ordinal	Spearman Correlation	.408	.062	8.254	.000(c)
N of Valid Cases		344			

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

c Based on normal approximation.

Annexure E

Endorsement Letters

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