

EFFECTIVE MANAGEMENT OF HUMAN RESOURCE IN HOSPITALS: A COMPARATIVE STUDY OF PAKISTANI AND CHINESE HEALTHCARE SECTOR

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Abstract

This study seeks to understand the infrastructure and role of human resource in hospital management in Pakistani and Chinese Hospitals. Drawing upon secondary data gathered from different secondary sources, study identified that hospitals either private or public absolutely rely on competent human resource to provide patients with best healthcare facilities. Nevertheless, the private hospitals in both countries e.g. Pakistan and China seem independent in generating profits and deciding about reinvestment. Also, the key decisions on recruitment, selection, training, retention, promotions, annual increments and bonuses are prerogative of hospital administration. Consequently, private hospitals employ and retain best human resource available in the market.

Key words: Human resource management, public private hospitals, secondary data, China, Pakistan

Introduction

This study attempts to explore the significance of HRM in Pakistani and Chinese hospitals with special reference to utilization of HRM and infrastructure. The rapid socioeconomic and scientific and technological development has affected every sector of human activity which seeks 'best human resource' at work and this is more obvious in health sector. Healthcare centers require human factor with positive attitudes, skills and state of the art knowledge for

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efficient customer service. Since 1980s, Chinese governments initiated hospital reforms to reduce the financial burden on both hospitals and government budgets. Consequently, Ministry of Health in 1992, approved financial autonomy to hospitals, allowing them to charge for their services and to sell drugs at a profit. Hospitals found themselves capable of providing best healthcare service and keep the surpluses that they generate. Hospitals were made responsible for their debts and operating losses. Hospitals are able to reinvest the surpluses to buy modern technology, employ best human resource or to finance salary enhancement systems. These reforms encouraged growth in the number of hospitals and the volume of their activity and promoted their human resource on training and education abroad. As a result, by 2008 there were 19,712 hospitals nationwide with an average of 2.2 hospital beds per 1,000 population and 1.2 township health center beds per 1,000 rural population. About 20 percent of hospitals are private and for-profit (handling about 5 percent of total outpatient and inpatient services, though only about 1.5 percent of emergency cases). On the contrary, health sector in Pakistan has not been managed properly and so it has failed to provide the necessary services of the desired standard. This is largely due improper management of human resources.

Human resource management (HRM) is a relatively recent concept and reflects the modern attitude to what has been hitherto known as administration. It emphasizes the role of human factor in an organization irrespective of its nature and function. Since the industrial revolution the human society has been undergoing fast and far - reaching change; advances in science and technology have been revolutionizing not only the industry, but also other sectors like agriculture, business and services. The latter includes healthcare sector. Human resource has been regarded as glorified tools for effective management of organization and accomplishment of preselected objectives. Over the years, the importance of human factor in the accomplishment of organizational objectives has

increased considerably because of increasing competition and globalization.

Literature Review

Mainstream HRM literature has amply testified its evolution from 'administration' to strategic business partner with more focus on personnel satisfaction (Bartlett & Ghoshal, 1998; Deresky, 1994; Fatehi, 1996; Hodgetts & Luthans, 1991). Many factors contributed to the evolution of HRM. Social welfare movement, development in science and technology, production at mass level, the two world wars, the various legislative measures taken in the USA and in Europe contributed to the realization that human resources were the sine qua non for development of business and industry. Edwin Flippo (1984) theorized HRM as the process of planning, organizing, directing and controlling the procurement, development, compensation, integration, maintenance of human resources to the end that objectives organizational, individual and social are achieved. Likewise, Torrington and Hall (1991) considered HRM as a series of activities which first enables working people and their employing organizations to agree about the objectives and nature of their working relationship. Secondly, it ensures that the agreement is fulfilled. Davis (1990) believed better people contribute better results. Thus HRM management is required to provide leadership as well as expertise in selection, recruitment, orientation, training, motivation, development and management of employees so that their full potentials are realized in practice (Nadler & Wiggs, 1986). HRM is, therefore, concerned with managing human resources professionally and utilizing them profitably (Baig, 1997).

Significance of HRM in Hospitals

Human resources in both public and private hospitals are of central importance for providing healthcare facilities. It has been observed that private hospitals seem fortunate to get best people from the

market than public hospital do. Human resources in hospitals comprise doctors, nurses, midwives, dentists, pharmacists, paramedics, technicians, managers and supervisors engaged with intent of improving the health of the people (WHO, 2006). People are thus a vital ingredient in strengthening of the hospital workforce. The WHO underlined the fact that human resources are “the most important of the health system’s inputs” (WHO, 2000). Several factors play a role in determining the numbers of health care workers and their skill mix in a particular health system, viz. resource availability, regulatory environment, culture and customs. Health care providers are the backbone of any health care system. Planners and policy makers need timely and accurate information to ensure a continued supply of providers offering appropriate services to all citizens. In many countries staff performance is not effectively monitored and evaluated. Assessment practices are unsatisfactory, quality standards are badly defined and little attention is paid to transparent processes and performance audits (Franco et al., 2004). In Cameroon, for example, it was observed that only about a quarter of the working time was used for the production of health services (Bryant, 1995) and from India it was reported that health workers were regularly absent from their assigned positions (Filmer, 2002). There is thus an urgency to design and enforce effective performance management systems of health workers to address productivity gains. An element for performance improvement may consist of offering health workers a decent physical working environment. In Pakistan, it has been shown that motivation to work in rural areas is linked to the presence or absence of suitable health facilities. More recently, countries such as Australia, France, Germany, Sweden and the United Kingdom have a partial approach to planning the health-sector workforce and that the relationships between different categories of health professions are ignored (WHO, 2002). Today, since healthcare is treated as commodity for which human factor is considered significant hospital executives talks of marketing, promotion, and retention of

staff, payback period, and quality of service. This has created a new breed of hospital managers, who are not necessarily, medical professional, but have studied management.

Comparative Analysis of Hospital Management in Developing Countries

In anticipation of the challenges to healthcare industry and need of individual nations in the 21st century, in coordination with UN, WB and other international institutions, government of sovereign states across the world focused on development of hospital infrastructure and human resource. Similarly, all nation-states globally recognize the significance of policy formulation and revision of national plans for human resources. In this regard, health sector in Pakistan and China also recognizes increasing importance of hospital managers and their proper utilization for providing best service (Pei, Stanton and Legge, 2004). Apart from Pakistan and China, in Middle East and South Asian nations such as Bahrain, Egypt, Islamic Republic of Iran, Oman, Saudi Arabia, India, Pakistan, Sri Lanka and Bangladesh have master plans for human resources for health. In the Syrian Arab Republic, Lebanon and Sudan. WHO team has been to assigned to help develop human resources policy and strategy and to determine needs at the Ministry of Health in the next 20 years. WHO consultants undertook situation analysis in various countries like Islamic Republic of Iran, Libyan Arab Jamahiriya, Morocco, Oman, Saudi Arabia and Sudan for preparation of plans for continuing education and evaluation of continuing medical education and national training activities. Consequently, Morocco developed a programme of human resources management at regional level, which aims at training regional managers in appropriate skills and tools. The Ministry of Health of Morocco decentralized the health system in several fields with special attention to HRM for health. The Iranian experience on continuing education for health personnel was reviewed by the WHO Regional

Office (WHO, Regional Annual Report, 1999). Similarly, Jordan, Egypt, Yemen also put their best to have plans for human factor to deliver essential healthcare. On the contrary, advanced nations like USA, Canada, UK, Germany and Japan realized the importance of management of human resource in hospitals very long ago.

Secondary Data Analysis

Secondary sources have been used for collection of data and descriptively analyzed. Following tables 1 through 3 focus infrastructure and available of manpower to serve patients. Data were collected from various annual reports, budget reports, hospital newsletters, periodicals and hospital records. In first two tables, Chinese hospital infrastructure and healthcare facilities are presented. Later, table 3 presents infrastructural and manpower available in two government and two private sector hospitals of Karachi and Hyderabad cities of Sindh province.

Table 1: Number and Type of Health Institutions (1960-2008)

Year	Total ^a	Hospitals	Nursing homes	Health centers ^c	Out-patient clinics ^d	Community health service centers	Maternal and child care stations	Centers for disease control	Others
1960	261,195	6020	1,577	24,849	Data not available	Data not available	Data not available	Data not available	Data not available
1970	149,823	5,964	359	56,568	79,600		1,124	1,714	607
1980	180,553	9,902	470	55,413	102,474		2,745	3,105	1,138
1990	208,734	14,377	650	47,749	129,332		3,148	3,618	1,781
2000	324,771	16,318	471	49,777	240,934		3,163	3,741	1,839
2008	278,337 ^b	19,712	210	39860	180,752	24260	3011	3534	3985

Source: Ministry of Health, China National Health Yearbook 2009.

Notes:

^a. Statistics in this table do not include village clinics, of which there were 613,143 in 2008.

^b. Totals for 2002 and later do not include tertiary and secondary medical schools, drug testing institutions, custom health inspection

institutions, and family planning units not sponsored by the health sector.

c. Health center data are for township health centers for 1996 and before.

d. Outpatient clinic data do not include private clinics for 1996 and before.

Data presented in table 1 reveals number of hospitals tripled from 1960 to 2008. In 2008, there were 19,712 hospitals nationwide, accounting for 7 percent of all health institutions (see Table 1). However, hospitals are not uniformly distributed across regions and provinces in China, as Beijing has five times more hospitals per capita (429 per 10 million population) than Guangxi (88 per 10 million).

**Table 2: Number of Beds per 1000 Population,
by Year and Type of Institution**

Year	Hospitals	Nursing homes	Health centers	Community health service centers	Maternal and child care stations	Specialty diseases centers	Others
1960	0.89	0.16	0.09	0.00	0.01	0.03	0.31
1970	0.85	0.06	5.36	0.00	0.01	0.00	0.16
1980	1.21	0.07	0.97	0.00	0.02	0.03	0.10
1990	1.63	0.11	0.86	0.00	0.04	0.03	0.12
2000	1.71	0.08	0.92	0.00	0.06	0.02	0.06
2008	2.17	0.03	1.20	0.16	0.09	0.02	0.01

Similarly, table 2 reveals the number of hospital beds increased in all types of medical institutions. By 2008, there were on average 2.17 hospital beds per 1,000 population and 1.20 township health center beds per 1,000 rural population (Table 2). It is estimated that the number of beds per 1,000 population is highest in Beijing (6.4) and lowest in Guizhou (1.4); the number of general hospitals per 1,000 is highest in Beijing (4.2) and lowest in Guangxi (1.1); the number of community health service centers per 1,000 urban residents is

highest in Shanghai (1.3) and below 0.2 in 13 provinces. The number of township health center beds per 1,000 rural population varies less, ranging from 0.5 to 1.4.

Table 3: HR and Customer Serving Capacity of Public and Private Hospitals in Sindh

Hospital	Sector	Mission & Vision	HR Capacity
AKUH	Private	AKUH envisions primarily serving the community in innovative and enduring ways by upholding the mission of commitment to develop human capacities through the discovery and dissemination of knowledge and application through service.	3500+
Civil Hospital	Public	The overall vision is based on "Health for All" the new Health Policy aims to implement this strategy of protecting peoples against hazardous diseases, promoting public health, upgrading curative health facilities, enhancing equity, efficiency and effectiveness in health sector.	Not known
Wali Bhai Rajputana	Private	Committed to a noble cause of providing healthcare to communities irrespective of caste and creed on no-profit no loss bases.	500+
Bhitai Hospital	Public	The overall vision is based on "Health for All" the new Health Policy aims to implement this strategy of protecting people against hazardous diseases, promoting public health, upgrading curative health facilities, enhancing equity, efficiency and effectiveness in health sector.	Not known

The Aga Khan University Hospital (AKUH), Karachi: The AKUH is a private teaching hospital established by the Aga Khan Foundation, a private philanthropic foundation under the kind and benevolent patronage of H. H. Prince Karim Aga Khan, the spiritual leader of the Ismaili community. AKUH envisions primarily serving the community in innovative and enduring ways by upholding the mission of commitment to develop human capacities through the discovery and dissemination of knowledge and application through

service. AKUH seeks to prepare individuals for constructive and exemplary leadership roles, and shaping public and private policies, through strengthening in research and excellence in education, all dedicated to providing meaningful contributions to society.

In order to accomplish mission and vision AKUH believes in recruitment, selection, training, promotion and motivation of competent human resource as key component to deliver the vision and mission. Apart from fostering and developing leadership capacity through its education and research programmes, AKUH provides modern healthcare facilities in Karachi and other parts of the country. The AKUH possesses over 495 beds with most modern first rate diagnostic and curative facilities, which encompass almost all branches of medical science. It has 8 main operation theaters as well as 6 subsidiary operation theaters. Its diagnostic laboratories serve not only the out and inpatients, but through 31 citywide collection centers, provide diagnostic and testing services to the population at large. Such collection centers are also functioning in some other cities.

Infrastructure and facilities: A total of 495 beds including 4 VIP, 111 private and 115 semi- private air conditioned rooms, 227 general ward beds and 38 special care beds are available in ICU, CCU and NICU. The hospital has 8 main operating theaters. In addition to these, there are 3 operating theaters in surgical day care, 2 in community health center and 1 each in obs/ gyn and emergency room. Day-care surgeries are performed at AKUH. State of the art pharmacy, radiology (including nuclear medicine) laboratory, cardiopulmonary, neurophysiology and physiological measurement services are available at AKUH. To facilitate public accessibility and convenience, the AKUH laboratory operates 31 phlebotomy or specimen collection centers in Karachi and all major cities of Pakistan. AKUH is a private academic medical center committed to providing the best option for diagnosis of disease and team management of patient care backed up by the highest doctor/

patient and nurse / patient ratios in the city and all support services. The hospital is equipped to handle medical (including cardiac), surgical, obstetric & gynaecology, pediatric and psychiatry patients. The hospital has the highest standards of cleanliness, décor and ambiance unmatched in the city. HR Department at AKUH holds responsibility to ensure planned and quality hiring for departments with their job description. Training and individual career development focused on performance management. HR department also ensures proper utilization of human resource by motivation to improve the efficiency of organization.

The Civil Hospital, Karachi: The civil hospital of Karachi is a public sector teaching hospital associated with the newly established Dow University of health Sciences (formerly the Dow Medical College). However, the Civil Hospital antedates the Dow Medical College; it was founded in 1898 with 250 beds for a population of 0.2 million at that time. Presently, it has over 1900 beds with 32 departments making the hospital one of the largest hospitals of the country, catering to more than 902658 and 0.25 million in patient and out-patients and treating 251782 emergencies every year. About 20098 surgeries including 300 free cardiac surgeries are performed every year. Among the diagnostic 5400 X-rays, 12000 sonogram and 2700 CT scan are done every year. In spite of its dilapidated looks and confusing jumble of odd buildings, this hospital has been providing fair health care to the city's poor and needy besides providing training to host of medical and paramedical staff. For carrying out such monumental tasks in the hospital, a large number of highly educated, trained and committed doctors, nurses, paramedics and management staff are required 24/7.

Wali Bhai Rajputana Hospital, Hyderabad: the Wali Rajputana Hospital owns its existence to the philanthropy of the Wali Bhai Rajputana Federation, a representative body of immigrants from the Rajastahan (formerly Rajputana) province of India, and above all to the vision and indefatigable energy of Al- Hajj Seth Wali

Muhammad Akbarjee, a businessman of Rajput origin. Hospital spreads on about 371 acres of land at Jamshoro road. The construction of the hospital building began on November 17, 1967. The main hospital building is spread over 208792 square feet. The core hospital human resource comprises nearly about 500 including doctors, specialist, nurses, paramedics and other staff.

The key objective is providing, promoting and developing education, recreational, medical and social welfare facilities for the people belonging to former state of Rajputana having permanently settled down in Pakistan and general public. To establish, acquire, organize and to provide educational institution such as schools, colleges, hostels, boarding houses, poor houses, technical institution, trading centers, nursing homes, hospitals, dispensaries, medical services, industrial homes, recreational clubs, sports grounds, sporting clubs and all sorts of games for the people belonging to former state of Rajputana having permanently settled down in Pakistan and general public.

Hospital possesses capacity 500 of treating patients at a time, a dispensary, a vaccination center, and consultation chambers. more than 50,000 patients per year seek treatment and medical advice from the qualified and renowned specialists of various fields. OPD is operated on welfare basis with minimum charges per patient. Hospital is also equipped with modern ultra-sound equipment, X-ray and C-T scanning machines. Pathology laboratories are operated by qualified staff equipped with latest versions microlab 100, Microlab 300, Electrolyte analyzer (manual and digital), CP analyzer, microscopes, blood refrigerator, hot box and oven, Distilled water Machine, urilux machine, incubator, centrifuge, spectronic 21, photometer 4010 etc. More than 70 pathological tests of urine, blood, liver, stool, sera, as well as bacteriological, biochemical and surgical pathological test are conducted in these labs. A separate nephrology and urology ward called Barkat Bhai Kidney Centre is established in this hospital with the name of Barkat

Bhai Kidney Centre, in which there is a separate operation theater for urological and nephrology operations, laparoscopic surgery and kidney transplantation. A dialysis center is also an integral part of this ward with 4 modern dialysis machines. It has been installed for removing kidney and thousand of patients have benefited from it. This hospital has 5 well-equipped operation theaters of international standard for general and orthopedic surgery, a separate operation theater for ophthalmologic operations with centralized oxygen supply unit. Well-trained staff and technicians are employed here of necessary support. This hospital is providing high quality services in the following fields of General surgery, Ophthalmology, Medicine, Psychiatry, Cardiology, Neurology, Gynae & obstetrics, Dentistry, Dermatology, Orthopaedics, E.N.T., Physiotherapy and Neonatology.

Bhitai Hospital, Hyderabad is the public sector hospital started functioning in 1981 with 50 beds of which 40 were for gynecology and obstetrics and 10 for emergency cases. It was expanded in 1989 with addition of 58 beds. A second expansion added another 50 beds for cardiac and 25 beds for general medical patients. Today it is a full-fledged 158-bed hospital and provides health care facilities in all preventive and curative specialties. However, this hospital, like most other public sector hospitals suffers form paucity of funds, amenities and renovation.

Conclusion

The need for competent and trained human resource for healthcare organizations is the same as for business enterprises (Goyal, 1998). Since hospitals take care of patients of all ages and backgrounds, some appreciative and some disgruntled, some happy and some sad. It houses cooks and doctors, cleaners and nurses, technicians and therapists, ambulance driver, and administrators of different kinds, plumbers and clerks, all interacting with each other. It experiences love and hate, hope and despair and sympathy and

indifferences. It is the human factor who delivers services to the wider constituents of a hospital. This study identified that hospitals are becoming large and complex with the availability of modern health facilities, healthcare awareness among people, and the advent of new technologies in medicine. Consequently, hospitals today rely more on competent human resource than ever before. Study also found out that AKUH's human resource is the sustainable competitive advantage which made the hospital as success story. Human resource in AKUH is well-trained, capable of handling emergencies and deliver best of their services to their customers. However, Civil hospital is also an example of success in Karachi that handles thousands of cases every year. Yet hospital needs lots of government intervention in providing appropriate funding, state of the art technology, training facilities for staff and building renovation. Similar suggestions seem applicable for Bhitai hospital in Hyderabad. This study understands that HRM function is critically important and cardinal for the efficient and effective working of hospitals. Thus, private and public hospitals need to get best talent from the market and retain them to maintain competitive advantage of the hospital. The strategic challenge is to make sure optimal deployment and utilization of human resources in the public and private hospitals by ensuring that there are adequate numbers of skilled personnel. The public sector may have adequate public servants but if they are wrongly deployed they are underutilized. Professionals in several sectors, i.e. doctors, scientists, researchers, engineers, administrators and managers, are often deployed in routine administrative work or in areas which have nothing with their expertise. A second problem in the public sector has been the poor prospects for career development and the gaps in middle management. Thirdly, there is a fairly massive exodus of public officers to the private sector. The strategic challenge in human resource management is to identify measures, which will ensure that human resources in both the public and private sectors are appropriately trained, deployed and utilized, and that they are

in adequate numbers.

Policy Recommendations

There are countries and hospitals as success stories in both public and private sector to provide limelight for Pakistani and Chinese healthcare sector. Although, Pakistani and Chinese healthcare systems are different than UK that of upper-income countries such as the UK, Australia, Denmark and USA, nevertheless two nations have to start from somewhere. Healthcare systems of both countries need to manage rapid expenditure growth on inpatient and outpatient care as well as declining hospital efficiency. Particularly, there is need of putting check and balance on government salaried doctors having private hospitals and clinics. By contrast, many public hospitals in China function like private hospitals, and many public-hospital doctors function like private independent practitioners making too much money from the patients who otherwise could have been served in government hospital from the same doctors. Meeting these challenges will require consistent, coordinated approaches that span planning and investment, organization and governance, management and monitoring. Building up a cadre of well-trained hospital managers is similarly important. This will take some years, and will require supportive policies to ensure that careers in hospital management are attractive for those with the necessary skills, aptitudes, and experience.

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