

2.5 MANPOWER PLANNING

Manpower planning is the prime function of the hospital human resource manager.

Manpower planning starts with the analysis of the future needs of the hospital and its objectives. It determines organization structure, decides what jobs have to be filled and what their requirements are.

Short-term manpower planning (two years or so ahead) is promotion planning. Long-term planning (five or ten years ahead) is the really important planning.

In manpower planning, the basic questions of objectives, organization structure and age-structure of personnel have to be considered.

Therefore, manpower planning is essential to know the present and future needs of the health workers.

Nature and Scope of Manpower Planning

Manpower planning may be defined as a technique for the acquisition, development, allocation and utilization of human resources in an organization.

Manpower planning, which is at times described as manpower management, is basically concerned with having the right type of personnel for the right job at the right time.

This is done by studying three types of forecasts:

1. Economic forecast
2. Hospital's expansion forecast
3. Employee's market forecast.

Systematic manpower planning is a must for dynamic organization.

The management has to meet the challenge of various pressures, such as political, economical and technological, to ensure that the future of the hospital remains bright under all circumstances.

Need for Manpower Planning

Every hospital has to do manpower planning for the following reasons:

4. Shortage of certain categories of employees.
5. Advancement of medical science and technology resulting in need for new skills and new categories of employees.
6. Changes in organization design and structure affecting manpower demand.
7. Government policies in respect to reservation of seats for SC/ST/OBC/handicapped persons/women, and others.
8. Labour laws affecting demand and supply of labour.

9. International scenario of employment, e.g. employment of nurses, doctors, para-medical personnel in USA, UK, Ireland, the gulf countries, etc.
10. Introduction of computers.

2.5.1 Benefits of Manpower Planning

Manpower planning anticipates not only the required kind and number of employees but also the action plan for all the functions of human resource management.

The major benefits of manpower planning are that it

11. enables an organization to have the right person at the right place;
12. provides scope for advancement and development of employees through training, development, etc.
13. helps in anticipating advertisement and salary budgets;
14. predicts the need for redundancy and plan to eliminate it;
15. plans for better working conditions, fringe benefits, training needs;
16. gives an idea of the type of tests to be used and interview techniques in selection based on the level of skills, qualifications, intelligence, values, etc. of future manpower; and
17. helps improve service to patients and contributions of working personnel.

2.5.2 Objectives of Manpower Planning

The objectives of manpower planning are very wide and varied. The most important ones are:

18. Ensuring maximum utilization of personnel
19. Assessing future requirements of the organization
20. Determining recruitment sources
21. Anticipating from past records:
 - i. Resignations;
 - ii. Discharge simpliciter (simple discharge);
 - iii. Dismissals;
 - iv. Retirement.
22. Determining training requirements for management development and organization development.

2.5.3 Manpower Planning Steps

Manpower planning covers the total activity of the personnel functions such as recruitment, selection, training, career development, staff appraisal, etc.

Manpower planning involves the following steps:

- i. Scrutiny of the present personnel strength
- ii. Anticipation of manpower needs
- iii. Investigation of turnover of personnel
- iv. Planning job requirements and job descriptions.

i) Scrutiny of the present personnel strength

- The scrutiny of the present personnel strength is the corner-stone in manpower planning.
- This helps in management development, in determining training needs, and in the optimum utilization of personnel wherever they are needed most.
- An examination of present staffing can further determine the exact number of personnel required and their skill-levels.

ii) Anticipation of manpower needs

- The anticipation of the needs for manpower generally involves taking an inventory of the existing personnel who are 'in stock' today, and what can be expected to be in stock tomorrow.
- This forecast is prepared every year for the next five years.
- Its objective is to determine the number of personnel likely to be needed on account of any reason whatsoever; promotion of employees to higher posts, losses that are likely to occur through resignations, discharge simpliciter, dismissals, retirements, etc.

iii) Investigation of Turnover of Personnel

Labour turnover, means the rate of change in the number of employees, i.e. the number of employees leaving and joining an organization during a certain period.

A study of labour turnover is helpful in manpower planning.

A high turnover is a warning to the hospital authorities that something is wrong with the personnel policies and practices of the hospital. It may be due to wrong selection, placement, low salary, poor working conditions, lack of promotional avenues, etc.

A high rate of turnover not only costs in terms of money but also harms the reputation of a hospital, lowers the team-spirit of the remaining employees and reduces the quality of patient-care.

Some of the important factors which result in employees quitting their jobs are:

1. Low salary
2. Better prospects in other hospitals
3. Poor working conditions

4. Transport problem
5. Housing problem
6. Marriage in case of female employees
7. Health grounds
8. Family circumstances
9. Further studies
10. Maltreatment by superiors
11. Unfriendly relations with colleagues
12. The attraction of going back to one's native place
13. The attraction of going to a foreign country.

The exit-interview is a useful tool to study labour turnover. When an employee is leaving, he is generally willing to be candid and may share his bitter experiences. The organization's weak spots are revealed, which can ultimately help reduce turnover and in building the morale of the remaining employees in the hospital.

The exit interview form should be filled up by the human resource department. Any responsible person of the human resource department should conduct the exit-interview of an outgoing employee on the last day of his leaving. He should report his findings to the human resource manager and chief executive of the hospital for taking corrective measures so that other employees may not leave the hospital for the same reasons.

The exit-form should also be filled by the concerned department head. While filling up this form, the department head need not interview the employee who is leaving.

The Head of the human resource department should objectively analyze the information received through the exit-interview conducted by the human resource department and the information given by the concerned department head through the exit-form. He should then forward his observations and recommendations to the head of the hospital so that corrective measures may be taken to reduce the turnover.

Exit-interview form filled by HRD

Name and Address of the Hospital
EXIT-INTERVIEW FORM
(To be filled up by the head of the human resource department)

Name: Designation: Department:

Employment: Permanent/Temporary/Leave vacancy/Casual/Apprentice

Pay-scale at the time of joining:

Total Salary: Rs. /p.m.

Pay-scale at the time of leaving:

Total Salary: Rs /p.m.

Date of joining: Date of leaving:

Age: Sex:

Marital status: Single/Married/Separated/Divorced/Widow(er)

Why did you join this hospital?

Why are you leaving this hospital? If it is for any of the reasons listed below, please tick as many alternatives as appropriate. If it is for some other reasons, please state.

<i>Personal Reasons</i>	<i>Economic Reasons</i>	<i>Involuntary</i>	<i>Others</i>
Health grounds	Better pay in another hospital: Name	Advised to resign	Poor working conditions
Getting married	Better prospects in another hospital: Name	Terminated	Distance and transport problem
Family circumstances	Name	Retrenched	

Further studies Starting own practice Any other reason Housing problem

Maltreatment by superiors: Any other reason

Name

Unfriendly relations with colleagues:

Name

Going to native place/abroad

Voluntary retirement

If not, can you give reasons for this decision?

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.....
.....

Please give your suggestions for further improvement of this hospital

.....
.....
.....

Date:

Signature of the employee

How far does the head of the department agree with the comments of the employee?

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.....
.....

Signature of the Head of the human resource department

Direction of the Head of the hospital, if any

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.....
.....

Signature of the Head of the institution

Name and Address of the Hospital
EXIT-FORM
(To be filled up by the concerned Department Head)

Name of employee:

Designation:

Department:

Date of joining:

Date of leaving:

Reason for leaving:

Knowledge and skill of profession/occupation:

Quality of work:

Quantity of work:

Ability to work with others:

Dependability:

Health:

Emotional stability:

Appearance and grooming:

Re-employability:

Other comments, if any:

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Date: (Signature of the Department Head)

Exit-Form filled by Department Head

iv) Planning Job Requirements and Job Descriptions

Manpower planning consists of studying job requirements and preparing job descriptions. The requirements of each and every job must be thoroughly studied through jobanalysis.

Job analysis – job analysis is the process of examining a job to identify its component parts and the circumstances in which it is performed. It is necessary to be familiar with this technique because its application is quite wide and extends across the whole range of staff managementfunctions.

- a. *Recruitment* – it aims at filling jobs by recruitment, transfer or promotion.
- b. *Training* – it is intended to decide the contents of the programme.
- c. *Salary* – it is designed for finding the correct grading of individual posts.
- d. *Safety* – it is meant for identifying job hazards.
- e. *Annual performance appraisal* – it evaluates the performance of employeesannually.

The mechanics of carrying out this work of job analysis are demanding on the resources of both the functional management who prepare the job analysis and the line management whoanalyzes it.

The steps in conducting job analysis are as follows:

1. The analysis should commence with a fairly brief statement of initial requirements such as aptitude, educational qualification, training and experience.
2. The next main item should be a description of the responsibilities under broad headings such as physical effort (amount of physical effort required for moving, lifting, duration, etc.), mental effort (the degree of intelligence needed); and responsibilities (for controlling staff, material, equipment, cash, etc.).
3. Environment and conditions of service are to be considered and analyzed, such as physical surrounding (indoor, outdoor, temperature, humidity, noise, etc.), accident hazards, shift duties, prospects of advancement, occupational illness, etc.
4. The constraints, difficulties and pressure of the job should also be brought out.

Job description - Job description is a broad statement of the purpose, scope, duties and responsibilities of a particular job. This is a resultant of the job analysis. It provides the detailed factual information required by candidates and selectors alike in order to obtain a through knowledge of the requirements of a job.

To avoid confusion and misunderstanding, a job description should be prepared jointly by the human resource department and the concerned department head.

A broad format for job description is follows:

Name and Address of the Hospital
JOB DESCRIPTION

Job title: Department:

Accountable to*: Pay scale:

(*Here mention the job title of the individual responsible for the supervision of the job holder, e.g. matron in case of staff nurse, electrical engineer in case of an electrician, etc.)

Job summary:

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Job duties: 1.
2.
3.
4.
5. Any other duty assigned by the Department Head.

Qualification:

Experience:

Efforts:

Working conditions:

The job description should be reviewed from time to time, particularly at the time of annual appraisal, because the job itself changes due to advancement in technology, laws, requirements, etc.

Job specification – a job specification can be defined as a list of various qualities which the person doing

the job should possess. It is prepared by analyzing the job description. The job description is translated in terms of qualifications required and personality requirements.

These requirements can be grouped under the heads:

1. *Mental requirements* which include intelligence needed, and educational and professional qualifications.
2. *Physical requirements* which include age, height, health and eyesight, etc.
3. *Skills requirements* such as dexterity required for doing a job, communication, human relations and leadership skills.
4. *Responsibility requirements* in relation to machines, equipment, fellow workers, work schedules, etc.
5. *Experience requirements* to do the job efficiently.
6. *Working conditions requirements* such as physical surroundings.

The requirements vary from job to job. Due importance should be given to each requirement depending upon the circumstances of each job. However, undue importance should not be given to any one requirement at the cost of the other.

A well-laid-out job specification will enable the management to identify the right man needed to do the required job efficiently.

It should be noted that if a man is not found fit for a particular job, he need not be necessarily unfit for all other jobs. At the time of selection, due care and caution should be taken to avoid selection of the wrong person.

2.5.4 Human resource requirements in hospitals – Before the requirement and selection of personnel can be undertaken, the requirements for human resources must be analyzed in terms of number of personnel needed for each type of job.

According to a report of the commission on University Education in Hospital Administration, a ratio of 2 employees per bed has been prescribed. This ratio is applicable to general hospitals where patients with all types of diseases are treated.

The term 'employee' means any person who works in any capacity in a hospital, e.g. doctors, nurses, pharmacists, medical laboratory technicians, X-ray technicians, physiotherapists, dieticians, medical social workers, supervisors, skilled/semi-skilled/unskilled employees, etc.

According to a recommendation by the World Health Organization, a population of one thousand people needs at least one qualified doctor and every qualified doctor in turn requires eight skilled paramedical and nursing professionals.

Thus, according to this recommendation, India which has crossed the one million population mark, requires approximately 12 lakh doctors and 96 lakh paramedical and nursing personnel to build the right kind

of medical infrastructure.

Unfortunately, the country today has approximately 4 lakh doctors and equal number of paramedical and nursing personnel. Thus, India still requires more than 75 lakh such personnel to bring stability to its medical and paramedical infrastructure, especially if we keep in mind the upcoming concept of medical tourism.

2.5.5 Stay in Interview

Stay in interview for Human Resource managers has become an indispensable tool to retain their workforce by making them feel appreciated and motivated. Contrary to exit interview, stay in interview is conducted to understand the reasons why employees wish to continue working for the organization.

It is all about their work, the environment, the practices and the behavior of the supervisors managers that appeal to them and motivate them to stay on.

Stay in interview is held to understand the issues an employee may be facing. So, the Human Resource manager should get feedback from time to time by conducting stay in interviews.

The concept of stay in interview is a positive approach. It focuses on what is going right rather than what is going wrong.

Stay in interviews can be conducted periodically by the immediate supervisor with the help of an assistant of human resource department. They should bring the information collected from the employees in the knowledge of the concerned department head of the employee as well as the human resource manager and try to utilize the information in the best interest of the hospital.

2.5.6 Doctor-to-Beds Ratio

According to the Medical Council of India, the doctor-to-beds ratio should be 1:5, but this ratio is applicable only to those hospitals which are attached to medical colleges and where the doctors are required to participate in teaching programmes of the medical colleges.

This ratio depends upon the type of hospital, such as maternity, paediatric, infectious diseases, referral, general, etc.

However, it can be recommended that the doctors-to-beds ratio should be 1:10 in general hospitals.

2.5.7 Nurse-to-Beds Ratio

The nurse-to-beds ratio should be 1:3, according to the Indian Nursing Council.

The Council has further prescribed that for every 100 beds and to cover a 24-hour period, there should be 4 ward sisters and 30 staff nurses and for fractions of 100, the staff should increase in the proportion of ward sister to 25 beds and 1 staff nurse to 3 beds.

When the bed strength is between 150 and 400, in addition to the nursing superintendent, there should be an assistant nursing superintendent, and when the bed strength is 401 to 700 and for every 300 beds in excess of 700, there should be an additional nursing superintendent.

The nurse-to-beds ratio also depends upon the kind of ward. The recommended nurse- to-beds ratios for the various kinds of wards in a hospital are given in Table.

<i>Ward</i>	<i>Nurse</i>	<i>Beds</i>	<i>Remarks</i>
Medicine	1	3	
Surgery	1	3	
Casualty	1	2	
ICU	1	1	
CCU	1	1	
Pediatrics	1	4	If mothers are allowed to stay with the patients.
	1	2	If mothers are not allowed to stay with the patients
Gastroenterology	1	3	
OB & Gynae	1	3	
Labour Room	1	3	(Per OT table)
Operation Theatre	2	1	
Orthopaedics	1	3	
Well baby nursery	1	3	
Special nursery	1	1	
Dialysis	1	1	
Neurology	1	3	
Psychiatry	1	3	
Dermatology	1	3	
Cardiothoracis Surgery	1	1	
ENT	1	3	
Eye	1	3	
Neuro Surgery	1	3	
Oncology	1	3	
Plastic Surgery	1	3	
Urology	1	3	
Post Operative Room	1	1	

A nurse is to perform different procedures and functions at different time, such as on admission of a patient, discharge of a patient and care during the stay of a patient in the morning, afternoon, evening and at night.

Patient's care at the time of admission

- Nurse welcome a patients with smile
- Remove bed cover
- Make him feel comfortable,
- arranges for fresh drinking water,
- checks his weight, temperature and blood pressure,
- enquires about the history of illness, orientates the patients to his surrounding (Such as use of the call bell, bed pan, light, fan etc.)

Morning care of the patients

This care is given to the patients in the morning by the day shift nurses.

- She visit the patients in his room, greets him,

- gives a sponge bath,
- change his clothes,
- rubs talcum powder,
- change bed sheets and pillow covers,
- check temperature, Blood Pressure,
- administers morning medicines.

Afternoon care of the patients

Care given day shift staff after he has had his lunch, comb the patient hair, check temperature, BP, administers afternoon medicines, prepares him for evening tea.

Evening care of the patients

This is the care given to the patient by the P.M. shift nurse.

- She takes report about the patients from the morning shift staff,
- check temperature, BP,
- administers evening medicines,
- places the patients in a comfortable position for sleep,
- wishes the patients a peaceful and comfortable night sleep,
- switches off the room lights and switches on the night lamp if required.

Pre –morning care of the patients

(Between 5am-7am by the night nurse)

- provide bed pan, collect urine and stool specimens if required,
- assists the patients in brushing his teeth,
- washes his face,
- Straightens the bed sheet and makes the patients comfortable,
- If patients has any problem at night she contacts the doctor on call,
- makes entries in the nurse note-sheets about the general condition of the patient finally reports to the day shift nurse before going off duty.

Care at the time of discharge

Prepare for the patients to return home.

The whole aim of hospitalization is to try to help an individual recover speedily so that he may again take his place in society. If this is not possible, he should be prepared to continue his treatment at home.

When the doctor decides to discharge a patient's nurse informs the patient's family member so that they make the necessary arrangement.

Send the chart of billing, explain discharge policy to patients and relatives, hands over the bills to the patient's relatives, collect home medicines from the pharmacy from the patient's request the doctor to prepare the discharge summary.

Receiving pay bill-give discharge summary sign it the inform admission office, dietary department, explain follow up policy, enter the patient's name and accurate time in discharge census.

PROCEED