INTRODUCTION:

It is apparent that the human element in an organisation is the most important element in achieving the organisational goal. Focus to the management of human affairs within the organizations, is the responsibility of human resources management (HRM) in an organisation, which plays an important role. Traditionally, management of this system has gained more attention from service organisations than from manufacturing organisations (Radcliffe, 2005).

The early decades of the 21st century considered as the era of human resources for health sector. The public health sector is purely a service sector, the human element is a critical element for it success and achievement of organizational goals. Public health sector in India is facing a critical challenge on several fronts despite significant achievements after 63 years (1947-2010) of Independence.

While the country has made substantial strides in economic growth, its performance in health has been less impressive. An important reason for this is the inability of the health system to provide health care for all. Despite an extensive network of government funded clinics and hospitals providing low cost care, curative health services in India, the country fails to address public health needs of the people.

Both developed and developing countries are currently of Health worker shortages. Such shortages are symptoms of a poorly managed health workforce and health care system. The causes of the crisis are complex with insufficient production capacity, and overall with an inability to keep the workers in the places where they needed.

Many of the issues facing India’s health sector today is the distortions in the area of human resources in health. India faces a shortage of qualified health workers with large geographic variations in the health workforce, across states and rural and urban areas and these are the important challenges in reforming India’s health sector.

The public sector of the health system has been one of the main targets of the national initiatives of reform for the public administrations, particularly because of the magnitude of their expenses and the number of personnel employed (Roberto & Jose, 2003).

Designers and implementers of decentralization and other reform measures have focused much attention on financial and structural reform measures, but ignored their human resource implications. Concern is mounting about the impact that the
reallocation of roles and responsibilities has had on the health workforce and its management. (Kolehmainen-Aitken, 2004).

The Millennium Development Goal no. 4, 5 and 6, are relates to Reduce Child Mortality, Improve Maternal Health and Combat HIV/AIDS, malaria & other diseases respectively. To accomplish these MGDs, the strengthening of health care delivery system and improved health care services are utmost importance. Healthcare is a service sector, depends highly on specially trained professionals and technical human resources. Health workforce shortage is one of the main challenges internationally. Both developed and developing countries are currently facing Health worker shortages along with attraction and retention problems.

At the same time, the India is also in way to accomplishment of the development goals along with the rest of the developing world. For this, the human resource are needed to developed, retain at all level. There needs to respond and addressed to the HR issues and challenges and to mobilize a motivated human resource towards the accomplishment of targets, particular the technical workforce within the organization.

In the health sector, a strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century (WHO, 2006). The World Health Organization (WHO) estimates the current HRH workforce at 59 million and its global shortage at 4.3 million. India faces a shortage of qualified health workers in every nooks and corner of the country in public health sector. Distortions in the area of human resources in health sector are one of the important issues facing by the India’s health sector today. India faces a shortage of qualified health workers with large geographic variations in the health workforce, across states and rural and urban areas and these are the important challenges in reforming India’s health sector. The lack of skilled service providers in rural areas of India has emerged as the most important constraint in achieving universal health care. India has about 1.4 million medical practitioners, 74% of whom live in urban areas where they serve only 28% of the population, while the rural population remains largely underserved. (Sundararaman & Gupta, 2011)

Analysis based on the 2001 Census indicates that the estimated density of all health workers (qualified and unqualified) in India is about 20% less than the WHO norm of 2.5 workers (doctors, nurses and midwives) per 1000 population, meaning that there are substantial shortage of qualified health workers in our country (WHO,
The National Health Policy–2001 for India also refers to the shortage of public health expertise and the outdated curricula that are unrelated to contemporary community needs.

India is a vast country with a wide network of public health service with diversified challenges in the achieving health goals. The problem of lack of professional health service providers in rural areas has been an area of discussion in India since the 1960s. At the time of independence (1947), when there was approximately one doctor per 6300 people and one nurse for 43 000 people, the main focus was on expansion of medical and nursing colleges. However, the distribution of institutions was also very uneven. Recent figures show that 65% of medical and nursing colleges are concentrated in only six states. By 1961, the focus started shifting to the problem of skewed distribution of doctor and nurses. While the overall ratio of doctor to population had reduced to 1 per 4850 and 1 per 14 300 for nurses, only 2.2% of rural villages had allopathic (conventionally trained) doctors. While the current ratios for doctors are 1 per 1507 and 1 per 1205 for nurses, the problem of maldistribution remains unchanged. (Sundararaman & Gupta, 2011)

In India, health worker shortages are one of the main challenges in achieving population health goals. Adding more on this challenge, geographical distribution of heath workforce is always a matter of concern, featured with urban attraction in the country. More on the issue, the most damaging effects on health sector are difficulty in producing, recruiting and retention of human resource for health for rural and remote areas.

Therefore, this study aimed at understanding the distribution, attraction and retention of Physicians and Nurses in Public health care delivery system in rural India in broader sense with focused study of State of Arunachal Pradesh. It also to worth to mention here that there is limited literature on the topic as on date in Arunachal Pradesh (as far as this researcher has been able to establish) and it will contribute to understanding the issues and action upon them. This research process not only generated useful contributions to the field of research, but that it also provided time for reflection and learning for other people involved in the process.