LITERATURE REVIEW:

In the field of Human Resource Management, fortunately there is no dearth of literature. Excellent researchers, academicians and practitioners have been devoting considerable thought to the different aspects of HRM. However, comprehensive studies covering HR in Health Sector in India or Arunachal Pradesh is limited. Attempts has been made here to explore the literature addressing importance of human resource in health sector, inadequacy issues in a global context, key HR issues in human resource management in health sector, issues on attraction and retention and it identifies generic HRM Practice in the literatures.

Importance of human resource in health sector:

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). Human resources are the most important assets of any health system (Homedes and Ugalde, 2005). Health systems employ a large and growing number of medical professionals (Fujisawa and Lafortune, 2008). The health sector is labour intensive (Mutizwa, 1998). As outlined in World Health Report by WHO, the main functions of the health system are financing, stewardship, resource generation and provision of services. Human resources are the central component of all health systems and consume a major share of resources allocated to health systems. Human resources contribute to the performance of all main functions of health systems; efforts to improve the effectiveness of the health workforce are central to improving health system performance (Beaglehole and Dal Poz, 2003). More than any other type of organization, health organizations are highly dependent on their workforce (Dussault and Dubois, 2003), the health sector is a major employer in all countries. The International Labour Organisation reckons that 35 million persons are currently employed in the health sector worldwide (ILO, 1998). HR account for a high proportion of budgets assigned to the health sector (Narine L, 2000). As suggested by Dussault and Dubois (2003), there is a relationship between the performance of human resources and the performance of health services, and there will be significant improvement in people’s health. That means in health sector human resource component is very important role to play for better performance of the sector, as it is a service sector. As suggested by Diallo et al 2003, Human resource is one of the main
inputs for achieving public health goals.

Human resources play a critical role in delivering health services to the population. Health planners and decision makers have to ensure that the right number of people, with the right skills, is at the right place at the right time to deliver health services for the population needs, at an affordable cost (Dreesch et al, 2005). Human resources are a strategic capital in any organization, but particularly so in health and other service organizations that are highly dependent on their workforce. The functioning and growth of health systems depends on the availability of human resources and on the time, effort and skill mix provided by the workforce in the execution of its tasks (Ozcan et al, 1995, Martínez et al, 1998 - adapted from Gupta and Dal Poz, 2009). At the same time, there is general consensus that human resources for health have been a neglected component of health systems development in low-income and middle-income countries (Hongoro & McPake, 2004, adapted from Gupta and Dal Poz, 2009).

Inadequacy issues in a global context:

Human resources are a strategic capital in any organization, but particularly so in health and other service organizations that are highly dependent on their workforce. The functioning and growth of health systems depends on the availability of human resources and on the time, effort and skill mix provided by the workforce in the execution of its tasks (Ozcan et al, 1995, Martínez et al, 1998 - adapted from Gupta and Dal Poz, 2009). Globally there is a chronic shortage of well-trained health workforce. This shortage is due to variety of reasons including: migration to well developed countries, under production of health workforce, inability to pay higher salaries and benefits, inability to sustain other measures to retain health workers in some countries, illness and death and other factors that are uncontrollable.

WHO estimates the current full time health workforce to be 59.2 million. Out of this, health service providers constitute about two third, whilst the remaining portion comprises of management and supporting staffs (WHO, 2006). Based on the above estimates by WHO (2006), the critical shortage are in 57 (fifty seven) countries, which includes India. It is estimated that the deficit is 2.4 millions of doctors, nurses and midwives globally. Sub-Saharan Africa region has the highest proportional shortfalls, and by absolute numerical terms it is highest in deficiency in South-East Asian region due to its vast population size. The global profile shows that
there are more than 59 million health workers in the world, distributed unequally between and within countries. They are found predominantly in richer areas where health needs are less severe. Their numbers remain woefully insufficient to meet health needs, with the total shortage being in the order of 4.3 million workers (WHO, 2006).

**General HR issues in human resource management in health sector:**

While examining health care systems in a global context, many general human resources issues arise. Some of the issues of greatest relevance with current study are discussed. Surprisingly, the review of the literature resulted in a common view of key HR issues and challenges in the health sector, the variation of size, distribution and composition within a country's health care workforce is of great concern. One of the biggest concerns is critical shortages of Human Resource.

At the global level, many countries are facing critical HRH challenges including worker shortage, skill-mix imbalance, mal-distribution, poor work environment, and weak knowledge base (Chen et al, 2004; Wyss, 2004). Health professionals are insufficiently committed to the present public health system (Homedes et al, 2005), and that is of particularly nurses and physicians (El-Jardali et al; 2007) and especially in critical areas like specialist dentists, anesthetists etc, (Ramadoss, 2007).

Issues highlighted in previous studies, are: **Lack of effective planning** - highlighted in studies by Henderson and Tulloch, 2008; Martineau & Buchan, 2000; McCaffery, 2006; Mavalankar, 1999; Martínez & Martíneau, 1998; Uneke et al 2008; Kolehmainen-Aitken, 2004; El-Jardali et al, 2007). **Limited health budgets** - highlighted in studies by (Henderson and Tulloch, 2008; Ssengooba et al, 2007; Uneke et al 2008), migration of health workers (Henderson and Tulloch, 2008; Dubois & McKee, 2006; Manafa et al, 2009; Martínez & Martíneau, 2002; Ramadoss, 2007; Mavalankar, ____; El-Jardali et al, 2007; Uneke et al 2008; Kabene et al, 2006; Ssengooba et al, 2007). **Inadequate numbers of students entering and/or completing professional training** - highlighted in studies by (Henderson and Tulloch, 2008; Dubois & McKee, 2006; WHO, 2006; Martínez & Martíneau, 2002; Ramadoss, 2007; Bach, 2000; McCaffery, 2006; Martíneau & Martínez, 1997; Dussault and Dubois, 2003; Kushwah, 2000; Brien and Gostin, 2009). **Limited employment opportunities** - highlighted in

Issues on attraction and retention

Overall staffing ‘shortages’ due to the inability to attract and retain sufficient numbers in rural areas are another HR issues in the health sector. Yet there may be an over concentration of staff in urban areas at the expense of poorer, more remote, under-served areas where posts are left vacant (Ghana, India, Bangladesh and many poor countries) (Martínez & Martineau, 2002). Lehmann et al (2008), emphasized on difficulty in production, recruitment and retention of health professionals issues for severely weakened and under resourced health sector. WHO (2006), emphasized on the production issue of enough doctors, nurses and other key health workers. According to the Snow et al (2011), the hindrance of the countries in achieving the
health objectives and goals are of the reasons that the country’s inadequacy and mal-distribution in health workforce. In his study, an assessment of rural posting preferences by the senior students of medical was considered. The responses were emphasized in three orders, which are to provide career development incentives, to provide clear terms of appointment with reliable endpoints and salary top-ups. Other responses included were clinical infrastructure, adequate accommodation and provision of schooling of children. Witter et al. (2011) in his study suggested the order of importance of the factors that encourage the doctors to work and stay in rural areas. His order of importance of the factors are: Salary, working condition, training opportunities, Allowances, Career development, Living condition, Supervision and management. According to the study by Lagarde and Blaauw (2009), while they carried out a literature review using discrete choice experiments to investigate the human resources issues related to health workers, both in developed and developing countries. They conclude with the salary variable as an important determinant of job preferences. Beside salaries, the other attributions, which were found, are workload in case of developed country, location characteristics, housing, and opportunity to benefit for further education and drugs and equipments in the facilities in case of developing countries. In the study of Irene. A. A. (1999), following factors are identified of rural area posting -lack of equipments, non-availability of electricity, safe water, communication system and isolation. She also emphasized on method of selection of community nurses, who often have an urban background and family ties and reluctant to work in rural areas. Advocated on changing the process of selection to enable retain trained nurses in rural areas. Kristiansen & Forde, (1992), has also suggested proper education facility for workforce’s children as one of the priority requirements for rural posting of doctors and staffs. He also emphasized on workload and suggested the overtime payments. Anderson & Rosenberg (1990), emphasized on combination of compulsory service and incentive, which is being used by various developed and developing countries. Taking into consideration of a study of running financial incentive program in Canada they argued that only financial incentives cannot solve the rural accessibility of health workforce. The programme fails to attend the objective of locating physicians in remote rural areas of Ontario. Frehywot et al. (2010), put another dimension of retention of physicians. In their study, they put emphasize on compulsory service programme for physicians in rural areas. They found more than 70 (seventy) countries including India with compulsory service
programme as a strategy for physicians in rural areas. However, the study emphasizes on compulsory service in rural but opinion on that no commitment for service could be seen in this circumstances.

The issue of low remuneration or salary has attracted many research studies like Homedes et al, 2005; Kabene et al, 2006; Martínez & Martineau, 1998; El-Jardali et al, 2007; Henderson and Tulloch, 2008; WHO, 2006; Martínez & Martineau, 2002; Martineau & Buchan, 2000; Mavalankar, __; Uneke et al 2008; Kolehmainen-Aitken, 2004; Joaquin, 2009, Mathauer and Imhoff, 2006) and their studies concluded with- health workers in developing countries are underpaid, poorly motivated and very dissatisfied. Under-production of health workforce, inability to pay higher salaries and benefits, inability to sustain (WHO, 2006). Even where there are an appropriate number and mix of trained health workers, there may not be jobs available for them in their country of origin, despite the population experiencing widespread unmet health needs (Brien and Gostin, 2009). Another issue highlighted in the literatures is the migration of health workforce from own place of origin to other part of the world in search of better avenues. Due to poor working conditions, low compensation package and migration, it is very difficult for retention of these workforce in a developing or an underdeveloped countries and make service of them. Retention and high attrition issues have been highlighted by many researchers including- Martínez & Martineau, 2002; McCaffery, 2006; Mavalankar, 1999.

Planning is most important in every sectors including health sector especially in manpower recruitment and placing. The studies on human resource planning for health sector by Martineau & Buchan, 2000; James McCaffery, 2006; Mavalankar, __; Martínez & Martineau, 1998; Uneke et al 2008; Kolehmainen-Aitken, 2004; El-Jardali et al, 2007; Henderson and Tulloch, 2008, summarizes human resource management skills generally do not exist at local, peripheral levels in developing countries.

Recruitment, hiring and retention are the major problems highlighted in many studies such as (Homedes et al, 2005; Bach, 2000; Martineau & Buchan, 2000; El-Jardali et al, 2007; McCaffery, 2006; Mavalankar, 1999; Ssengooba et al, 2007; Martínez & Martineau, 1998).
Identification generic HRM Practice in the health sector

Few studies are base on health and human service organization regarding the best HRM practices in health sector for attraction and retention. Still there are chances that HRM practices would vary sector wise. The patterns of HRM practices would be very different from the traditional manufacturing organization. (Shahnawaz & Juyal, 2006).

HRM is the process of acquiring, training, appraising, and compensating employees, and of attending to their labor relations, health and safety, and fairness concerns (Dessler, 2008). HRM is a management function that helps manager recruit, select, train and develops members for an organization (Aswatha Wapp, K., 2008). HR Practice may be defined as a set of practice used to mage the workforce of an organization i.e., recruitment, selection, training, involvement, usually promoted by the HR function.


HR practices typically identified in the ‘best practice’ literature include: recruitment policies, employee involvement, training, performance-related pay, performance appraisals, job security (Huselid, 1995; MacDuffie, 1995; Wood and Albanese, 1995; Patterson et al, 1997; Appelbaum et al, 2000 –adapted from Hyde et al 2006).

‘Best practice’ HRM offers a Universalist view in which the adoption of certain set of HR practices will benefit organizations (Purcell, 1999). It is unclear which HR practices constitute the appropriate ‘bundle’ of best practice techniques (Hyde et al 2006). HR practices need to be aligned with business strategy (Miles and Snow, 1984; Barney, 1991; Barney, 1995; Huselid, 1995; Delery et al, 1997).

According to Chatterjee, S. R. (2007), the key HRM practices in Indian Organization that includes Job Description, Recruitment, Compensation, Training and Development, Performance Appraisal, Promotion and Reward, Career Planning, Gender Equity, and the Reservation System.

The sound Human Resource management practices as highlighted above are the essence of any successful organisation. Effective HRM practices motivate an employee to perform to the best of their capability thus ensuring the growth of the organisation along with the growth of the employee.

Therefore, to sum up, old and new challenges threaten the human resources management in health sector for health care planning and delivery in public sector funded national health systems are inequitable distribution of the health workforce and their attraction and retention. This remains key obstacles to health sector development. The literatures available focus on general rural areas but not in context of predominantly tribal remote rural areas with difficult geographical terrains like the state of Arunachal Pradesh. As far as the researcher could establish is that there is a gap in literature which exclusively focuses on physicians and nurses for tribal rural areas for providing maternal and child health services.