Navigating Through the Work-Life Balance and Attrition Crisis Of Private Hospitals In India: A Critical Review.

Ms. Ipsita Ghosal[1] & Dr. Sudipta Majumder[2]

1. Assistant Professor, One School of Business, Bangalore.
2. Associate Professor, School of Business & Economics, Adamas University.

Abstract

Privatization with regards to healthcare, is nothing new in India, a developing nation, staggering with an overwhelming population, where basic healthcare resources in the country are not just limited but sometimes deemed to be as equal to luxury commodities, difficult to acquire. The country is observing greater heights in the business of healthcare sector, especially after the dark era of the Covid-19 pandemic. With the rapid spread of the notion of hospitality and advancement in the satisfaction quotient for customers in the industry, even the academia is observing creation and growth in popularity of young students willing to go for pursuing hospital administration and hospital management degree courses. Private hospitals are absorbing these young graduate adults, providing them with a very minimal salary, compared to the sheer amount of responsibility they are to take up right after they enter their workplace as 'guest relationship executives' or 'patient coordinators'. It is often under a lack of the required training and development to deal with the crushing demand of hospitality that they are rigorously expected to meet, these employees exit an organization, carrying a burden of anxiety and economic instability. Quality of Work Life (QWL) refers to the overall well-being of employees in their work environment. It encompasses various factors that contribute to an individual's satisfaction and engagement in their job. In the context of private hospitals in India, QWL is a crucial consideration for non-clinical workers who play a significant role in supporting the healthcare system. Employee turnover, in Human Resources, is the number of employees taking exit from a workplace after a certain period. Ensuring a high quality of work life for non-clinical workers in private hospitals in India is essential for creating a positive work culture, enhancing employee satisfaction, optimizing hospital operations and not to deny, reduce the high employee turnover, often caused by sudden attrition, abscondence or resignation. This paper aims to study the issues at work-life and diving deeper so as to find effective solution which becomes essential, to retain the zealous and skilled workforce and also, to make sure that there is seamless continuity in delivery of care and guidance to patients as patient satisfaction is of supreme importance, a critical contributory factor to expansion and growth of the Indian tertiary care hospitals.

Key words: Quality of Work Life, Employee Turnover, Private hospitals, non-clinical workers, Guest-relations executives.

1. Introduction

India is suggested to be one of the most privatized healthcare systems of the world (Sengupta,2010). Urban and sub-urban multi-specialty hospitals, considered as tertiary healthcare units, are constantly making efforts towards better client service and satisfaction. In this regard, they employ several fresher or less experienced candidates at a very nominal cost to company. These employees serve as ground-level or rather grassroot level workers, in direct contact with the patients and their families. After initial training sessions, they are often positioned in the front-line of the hospitals as "guest-relations" executives, who undeniably form a network between the higher management system of the hospital and clients. Serving at a crucial arena of hospitals, these employees face regular brunt of any issue that dissatisfies the revered clients, since it is these employees who the patients can reach out to, easily. Whereas, the hospital should care for the guest-relations executives in every way possible, it is often the opposite that occurs in reality. Not only do these employees face agitation from the patients, they often also receive wrath and displeasure from their superiors, seniors and managers who are sitting at higher management levels than them. Under extreme work pressure and anxiety, these employees crumble and tend to leave the healthcare units resulting in a crunch at manpower, creating significant loss for hospitals in the procedure of hiring and training an eligible workforce repeatedly, not to forget, creating a dent at the quality of service.

Quality of Work Life (QWL) is a multifaceted concept that encompasses various factors affecting the overall well-being, job satisfaction, and work engagement of employees. In the context of private hospitals in India, QWL is of utmost importance for roles such as Patient Coordinators and Guest Relations Executives. These professionals play a vital role in enhancing the patient experience and ensuring smooth communication between patients, their families, and the hospital staff.

An article on The Economic Times published a short interview conducted by K.Dwarakanath, with Mr. V.Limsay , the Principal Consultant at a job consultancy portal, who expressed a noteworthy statement, "While the focus has largely been in terms of quality service, not many players in India have initiated career building, up-skilling or employee care initiatives. Given

that these offerings are part of the HR process in developed nations, the churn in this industry, especially in the mid-segment, is extremely high." (Dwarakanath,2015).

Patient Coordinators are responsible for coordinating various aspects of a patient's care, from appointments and admissions to post-discharge follow-ups. Guest Relations Executives focus on creating a positive and welcoming environment for patients and their families, addressing their concerns, and providing necessary support during their hospital stay. Ensuring a high QWL for these roles is essential to promote patient satisfaction, maintain the hospital's reputation, and create a supportive work environment.

Key Factors Affecting QWL for Patient Coordinators and Guest Relations Executives:

- Empowerment and Autonomy: Allowing these professionals to make decisions within their scope of responsibility can boost their confidence, job satisfaction, and overall effectiveness in managing patient interactions.

- Training and Skill Development: Providing regular training and skill development opportunities enables them to stay updated with the latest healthcare trends and patient communication techniques, enhancing their job performance.

- Work Environment: A positive and supportive work environment contributes to their job satisfaction. This includes factors like a comfortable workspace, proper tools and resources, and a collaborative team atmosphere.

- Communication Skills: Effective communication is essential for patient coordinators and guest relations executives. Developing strong communication skills helps them address patient concerns, provide information, and offer emotional support.

- Patient-Centered Care: Emphasizing patient-centered care in their roles helps them connect with patients and their families on a personal level, enhancing the overall patient experience.

- Recognition and Appreciation: Acknowledging their contributions through recognition programs and opportunities for advancement can boost morale and job satisfaction.

- Work-Life Balance: Striking a balance between work and personal life is crucial for these roles, as they often involve interacting with patients and families during critical moments.

- Ethical Considerations: Patient confidentiality and ethical behavior are integral aspects of their roles. Ensuring they understand and adhere to these principles enhances their sense of responsibility and professionalism.

- Stress Management: The nature of their roles can be emotionally demanding. Offering stress management resources and support can help them cope with the challenges they might face.

- Feedback Mechanisms: Establishing feedback loops to gather insights from patients and their families helps them improve their performance and provides a sense of purpose in their roles.

High employee turnover among Patient Coordinators in hospitals in India can be attributed to several factors, many of which are unique to the healthcare industry. Understanding these factors can help hospitals implement strategies to reduce turnover and retain skilled and experienced staff. Some reasons for high turnover among Patient Coordinators include:

- Emotional Demands: Patient Coordinators often interact with patients and their families during challenging and emotional situations. Dealing with the emotional stress of patients' conditions and their families' concerns can lead to burnout and turnover.

- Workload and Stress: The workload for Patient Coordinators can be demanding, involving juggling multiple tasks such as scheduling appointments, coordinating care, and addressing patient queries. High stress levels and pressure to manage a complex workload can lead to dissatisfaction and turnover.

- Lack of Resources: Inadequate tools, resources, and technology can hinder the efficiency of Patient Coordinators. A lack of proper systems for managing patient information, scheduling, and communication can lead to frustration and decreased job satisfaction.

- Communication Challenges: Effective communication is crucial in-patient coordination roles. Miscommunication between medical staff, patients, and families can lead to misunderstandings and frustration, contributing to turnover.

- Limited Career Growth: A lack of clear career advancement opportunities within the role can make Patient Coordinators feel stagnant in their careers. Without a clear path for growth, employees may seek opportunities elsewhere.

- Job Complexity: Patient coordination involves dealing with medical terminology, insurance processes, and administrative tasks. If employees feel overwhelmed by the complexity of their responsibilities without proper training and support, they may opt for less challenging roles.

- Work-Life Balance: The healthcare industry often demands irregular hours, including night shifts and weekends. Balancing work with personal life becomes challenging, especially for employees with families, which can lead to dissatisfaction and turnover.

- Compensation and Recognition: If compensation is not competitive or if there is a lack of recognition for the vital role Patient Coordinators play in ensuring smooth patient experiences, employees may seek better-paying or more appreciated roles elsewhere.

- Job Insecurity: In some cases, temporary or contractual employment can create uncertainty for Patient Coordinators, leading them to look for more stable job options.

- Lack of Training: Proper training is essential to ensure that Patient Coordinators are well-equipped to handle their responsibilities effectively. Inadequate training can lead to mistakes, decreased confidence, and increased turnover.

- Organizational Culture: A negative or unsupportive organizational culture can contribute to turnover. If employees do not feel valued, respected, or supported by their supervisors and colleagues, they are more likely to seek employment elsewhere.

- Personal Health and Well-being: The stress and emotional demands of the role can impact employees' personal health and well-being. If hospitals do not provide adequate support for mental and emotional health, employees may leave for roles with better work-life balance.

2. Theories behind the study:

Quality of Work Life (QWL) theories in Human Resource Management (HRM) focus on creating a favourable work environment that enhances employees' well-being, job satisfaction, and overall quality of life. These theories aim to improve various aspects of the workplace, such as work conditions, employee development, work-life balance, and employee involvement. Here are some prominent QWL theories that the study relies upon:

- Hackman and Oldham's Job Characteristics Model: Developed by J. Richard Hackman and Greg R. Oldham, this model suggests that certain core job characteristics can impact employee motivation, satisfaction, and performance. These characteristics include skill variety, task identity, task significance, autonomy, and feedback. The theory posits that jobs enriched with these characteristics lead to higher levels of job satisfaction and motivation. (Hackman& Oldham,1974).

- Walton's QWL Model: Developed by Richard E. Walton (Walton,1973), this model identifies eight critical factors that contribute to QWL:

  - ➢ Adequate and fair compensation
  - ➢ Safe and healthy working conditions
  - ➢ Opportunities for personal growth and development
  - ➢ Opportunities for career advancement
  - ➢ Recognition and appreciation for work
  - ➢ Work-life balance
  - ➢ Social integration within the workplace

Constitutionalism, which refers to employees having a voice in decisions that affect them.

- Herzberg's Two-Factor Theory: Although primarily known as the "Motivation-Hygiene Theory," Frederick Herzberg's model touches on QWL. Herzberg proposed that job satisfaction and dissatisfaction are influenced by separate factors. "Hygiene factors" such as salary, working conditions, job security, and company policies, when lacking, can cause dissatisfaction, but their presence doesn't necessarily lead to satisfaction. "Motivational factors" like achievement, recognition, responsibility, and opportunities for personal growth directly contribute to job satisfaction and the quality of work life. (Ionel et al.,2009)

- Alderfer's ERG Theory: Developed by Clayton Alderfer, this theory categorizes human needs into three levels: Existence, Relatedness, and Growth (ERG). It suggests that individuals are motivated by a variety of needs simultaneously, and that fulfilling these needs can improve QWL. For instance, addressing employees' social needs and providing opportunities for personal and professional growth can enhance their overall quality of life at work. (Ionel et al.,2009).

- Lawler's Model of QWL: Edward Lawler's model emphasizes the importance of intrinsic rewards in enhancing QWL. Intrinsic rewards include aspects like

challenging work, recognition, and opportunities for skill development. Lawler's theory proposes that when employees perceive a balance between their efforts and the rewards they receive, they experience higher job satisfaction and improved quality of work life. (Sirgy, M. et al.,2001)

- Guest's Model of HRM: Although not exclusively focused on QWL, David Guest's HRM model suggests that a set of HR practices can lead to improved organizational performance and employee well-being. This model emphasizes the importance of employee involvement, job security, training and development, and work-life balance in enhancing QWL. (Sirgy, M. et al.,2001)

These QWL theories have provided valuable insights to organizations seeking to create a work environment that fosters employee satisfaction, engagement, and overall well-being. Implementing the principles from these theories can contribute to a positive work culture and ultimately lead to improved organizational outcomes.

3. Evolution of the concept – Quality of Work Life

Walton (Walton,1973) was one of the pioneer thinker-researchers who had made significant observations on quality of work-life (QWL). He had put forth certain determinants, which he referred to as "conceptual categories", which provide a "framework for analyzing the salient features of the quality of the working life". Turcotte (Turcotte,1988) went on to further elaborate the expression of quality with regards to work-life under diverse and deeper dimensions. The factors included critical points like compensation, work conditions, employee exposure and capacity building, professional growth, social integrity, organizational objectives and so on. Georges and Brief (Georges and Brief,1990) opined that job satisfaction does affect a person's quality of life. The 21st century researchers Martel and Dupuis (Martel and Dupuis,2006) have deeply dived into the human aspect of organizations and traced significant evolution on the perspectives of QWL. Their main objective was to historically review the transformation of definition of the concept of QWL, linking it with an equally abstract concept, Quality of Life (QOL) and thereby formulate a new model, Quality of Working Life Systemic Inventory (QWLSI) to further find solutions utilizing the new model. Sojka (Sojka,2014) finally surfaced that a key to manage Quality of Work Life of employees is by bringing close the values and goals of an organization with regards to QWL characteristics to the employee's needs and ideas. Retaining a skilled set of guest-relations executives, to create positive first impression to patients is increasingly challenging for multi-

specialty hospitals where, service excellence becomes a must to survive the teething competition in the ever-expanding healthcare industry.

4. Employee Attritions and Private Hospitals-The Scenario

Employee turnover is a numbing disease for hospitals, who cannot but have to keep searching and hiring new employees, spend crucial hours in training and settling them, seeing again provisions to repeat the same elaborate chain of actions all over again. In his elaborate study, Harish vividly brings out the fact that, when "a well - trained and well - fit employee leaves or resigns, it results in emptiness in the organization" (Harish,2020). Employee turnover not only takes off skilled employees but also creates a leak with respect to organizational policies, norms and critical information. "When knowledge workers move, they migrate to competing business enterprises with the knowledge and trade secrets acquired from their former enterprises/entrepreneurs thereby creating a more critical situation for the latter" (Abbasi et al.,2000). "In customer-contact settings, high quit rates not only increase the costs of recruitment and selection, but negatively affect sales growth because new employees face a learning curve", as stated by Batt (Batt,2002). What the hospitals fail to realize is whether there maybe any organizational weakness in terms of providing the best of work environment to these executives. In a report by The New Indian Express, it was reportedly surfaced that," urban poor increasingly opting for private healthcare due to insufficient public facilities". The study, conducted by a team of researchers at the Azim Premji University, concluded that," …even the poorest quintile in India seeks delivery care from private sources, resulting in high out-of-pocket expenditure ". (Mishra et al.,2021) While urban cities face huge patient turnover each day, "There is a severe shortage of healthcare related human resources within the country", as mentioned by Srinivasa (Srinivasa et al.,2015). The hospitality industry according to Wildes (Wildes,2005), "...is facing huge attrition and it's a challenge for the human resource department to recruit and retain the employee". Sengupta, through his study on the BPO industry concluded that employee satisfaction is very much unique to their age, gender, marital status and education (Sengupta,2010). Boomhower (Boomhower et al.,2018), states that "gaining an understanding of the reasons why employees separate certainly empowers Human Resource departments to improve retention through improved planning and intervention" while Patil (Patil,2015) states employees as "valuable assets" and further goes on to express that" … one of the surest ways to build an organization that leads rather

than follows in domestic and global markets."

5. Research Gaps and Scope of the study

There are numerous researches found at both national and international level on Quality of Work Life. Indeed, there are so many illustrative definitions to the concept, elaborate discussions on the contributive factors with relation to quality of work life, measures defining how the same may be improved. Similarly, thinkers have studied vastly and opined on employee attritions, its advantages, disadvantages, how an organization may strategize to deal with the same, in the considerable sections of the service industry like hotels and thriving industries like the BPO, effectively but when it comes to a blossoming industry like healthcare, especially in the Indian context, arena for research is significantly low and limited to studies on human aspect of hospitals. It is astounding to find that very few studies have been made to get a clarity on work-life of non-clinical employees. Studies are generally limited to paramedical and medical personnels. What happens to non-medical workers especially those, standing at customer-centric roles? This is not too deeply dived into. Although India is experiencing a fast spread of multi-specialty hospitals at the cities especially, the condition of these employees, therefore, employees there is not paid much attention to. It may be surprising to note that no urban tertiary healthcare providing units located at any of the Indian cities have as yet given much significant thought on nurturing guest relations employees, regulating severe attritions and thereby creating a favourable workplace. Studies have shown shocking rates of employee turnover at similar customer-facing and interacting departments of BPOs and hotels, and since healthcare, much ignored and yet so much valued, undeniably becomes a vast arena to provide the much-needed attention and research.

6. Conclusion

The excruciating need for skilled front-line workers in highly modernized urban multi-specialty hospitals cannot be ignored. At the same time, it is difficult to cope with giant attritions cases and, therefore, the scope for such a study becomes essential. It is indeed that metro cities are now tremendously mushrooming with greatly sophisticated hospitals but these cannot flourish and grow if there is no strength with regards to employee retention. Thus, the paper is an attempt to explore the past studies done on quality of work-life, contributing to attritions of non-clinical guest relations employees and to get a better understanding of the targeted group to render a more careful formulation of organizational

policies so as to improve managerial factors relating to quality of work life in the tertiary care hospitals and, thereby, reduction of attrition.

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