

## **A Study On Human Resource Development Climate Of Select Multi Speciality Hospitals In Chennai City**

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### **Abstract**

*Businesses are experiencing a transition from a predictable financial structure to a modern capacity-based economy that is prepared to investigate green economic aspects of business as the corporate world expands globally. Human Resource Development has emerged as a crucial business approach for the important organizations where HR departments play a functional role in promoting environmental consciousness in the workplace. The goal of this study is to investigate how various levels of multispecialty hospital employees from different multispecialty hospitals in Chennai City view human resource development. Information is gathered using both quantitative and qualitative research methods. In particular, information is gathered from 400 workers at a particular multispecialty hospital. The results of the study showed that three aspects of the HRD climate are significantly correlated. The three components are HRD mechanisms, OCTAPACE culture, and general elements.*

**Keywords:** HRD climate, multispecialty hospital, Mechanism Implementation, General Climate.

### **Introduction**

One of the global industries with the fastest rate of development is the healthcare sector in India. With an estimated 50 billion dollars in revenue, the Indian healthcare sector is currently the nation's second-largest employer in the service sector, directly or indirectly employing about 4.5 million people. By 2015, India<sup>1</sup>'s healthcare industry had grown to a value of nearly US\$100 billion, by 2020, it was valued US\$ 275.6 billion. Currently, healthcare accounts for 11% of India's GDP. In contrast to hospitals and diagnostic centers, the drugs and pharmaceuticals sector has drawn foreign direct investment (FDI), according to a report from the Department of Industrial Policy and Promotion (DIPP). According to the Investment Commission of India, the healthcare industry has grown at a rate of over 20% annually over the past few years. This growth is anticipated to be caused by a number of factors, including rising life expectancy, raising household incomes in India, rising health insurance penetration, and an increase in the number of lifestyle-related diseases that are becoming more common in the nation, which has increased spending on healthcare delivery.

Over the past few years, the Indian pharmaceutical and healthcare sectors have been asked to increase their workforce. However, at this time, the majority of the industry's participants were preoccupied with cost-cutting and operational restructuring. Although the future of this industry looks brighter, the entry of several new players in the healthcare space, the strong uptake of specialized services, the expansion of insurance coverage, and the rise in medical tourism all point to improved job and growth prospects. The adoption of 108 as the

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National Emergency Number has improved opportunities for healthcare consumers as well as for paramedics, technicians, nurses, and emergency medicine specialists across India. Growing initiatives from public and private players have been observed in previous years in various parts of the country. In several II and III tier cities across the nation, a number of multispecialty hospitals are the birthplaces of specialized care; they are also the sources of increased revenue generation.

### **HEALTHCARE IN TAMIL NADU**

The Tamil Nadu model is often referenced when discussing reforms in the health sector. In terms of several health indicators, Tamil Nadu is frequently rated as the best of India's high-performing states, with Kerala coming in second. Along with having a strong healthcare workforce and infrastructure, the state is well known for its low death rates. Tamil Nadu has taken the lead in a number of innovative initiatives to improve access to high-quality, reasonably priced healthcare services. The Tamil Nadu government is steadfastly committed to improving the state of the health sector. Over the past few decades, the state's healthcare system has greatly improved, giving more people greater access to medical services. There is only one state with a unique cadre for public health at the district level. In terms of public health infrastructure and public health threat management, Tamil Nadu is more organized than the majority of other states. In 1939, it was also the first state to pass the Public Health Act. Particular attention should be paid to Tamil Nadu's advancements in the field of immunization. The proficient healthcare system of Tamil Nadu effectively executed the 1986 Universal Immunization Programme. The state had the highest percentage of immunized children in the nation. Furthermore, there was hardly any variation in vaccination rates according to geography or income. By the late 1990s, 91% of children in cities and 85% of children in rural areas had received all recommended vaccinations. When it came to health services, Tamil Nadu was not all that different from other states prior to 1980. The state's health workforce and infrastructure underwent a dramatic change in the latter half of the 1990s and 2000s. When the Central government introduced the Multipurpose Workers scheme in the fifth five-year plan, the Government of Tamil Nadu vigorously carried it out, providing a multipurpose worker to every rural community with 5,000 residents or more.

Village health nurses (VHNs), who replaced the maternity assistants who were already in the field, made up the bulk of these multipurpose health workers in Tamil Nadu. The VHN's job was to conduct routine home visits and provide child care and maternal health services, such as vaccination and contraception advice. The VHN was tasked with not only collaborating with other grassroots workers such as Anganwadi workers but also enrolling and monitoring all pregnant women within her service area. Effective training and deployment of thousands of VHNs in primary care settings in rural areas resulted in notable advancements in prenatal and postnatal care, institutional delivery, immunization, and other related areas. In the latter part of the 1980s, the Indian government started a program to increase the nation's number of primary health centers and sub-centers. The Tamil Nadu government made a commitment to this project and rapidly increased the infrastructure for rural health. With financial assistance from the federal, state, and development partners such as DANIDA, the number of primary health centers and sub-centers in the state increased steadily. In order to improve women's access to routine emergency and necessary obstetric care, the Tamil Nadu government decided in 1996–1997 to implement round-the-clock services in primary health centers. In the interim, the primary health centers' range of services additionally, health centers and sub-centers were expanded. Additionally, Tamil Nadu incorporated the use of traditional medicine into its healthcare system very early on. Tamil Nadu had a well-organized and sufficient public health infrastructure and medical workforce by 2005, as evidenced by the state's health indicators. An additional noteworthy milestone is the development of a health policy by the Tamil Nadu

government in 2003. This policy aimed to tackle major health issues, improve health system management, boost the efficiency of public health care services, and prevent accidents and non-communicable diseases. Over the following 20 years, the policy's main goal was to improve everyone's health, with a focus on low-income, underprivileged, and tribal communities. The state's Health and Family Welfare Department launched the Tamil Nadu Health Systems Project (TNHSP) with the goal of advancing the health of those in lower socioeconomic groups and supporting health policy. The Tamil Nadu Health Systems Project was approved by the World Bank in 2005, and it is still operating effectively in the state.

As one of the best-performing public health systems in India, Tamil Nadu boasts a large share of hospital beds (77.7%), dispensaries (44.6%), and other healthcare facilities (78%) of all Indian states. 52 and 61 percent of people in rural and urban areas, respectively; rely on public sector hospitals for hospitalization-related treatment. However, most outpatient care is provided by corporate and private hospitals. From the days before independence, the private health sector has been a major player in the provision of healthcare services. The number of hospitals in the private sector has increased significantly since independence. Specialty and super specialty care are provided by private healthcare facilities. Consequently, private sector spending in the medical industry, which was minimal until the middle of the 1970s and has been expanding quickly recently. The number of SCs, PHCs, and CHCs has been rising since 2005, according to the most recent RHS data. With the expansion of public health facilities, there has never been a shortage of the necessary SCs, PHCs, or CHCs. As opposed to the necessary 7321 SCs, 1216 PHCs, and 304 CHCs, there are currently 8713 SCs, 1420 PHCs, and 385 CHCs in operation. Comparably, in urban areas, there are 464 PHCs operational compared to the necessary 800, meaning that a 42% deficit exists. There are 26 government medical colleges, 278 SDHs, and 32 DHs in Tamil Nadu. 32% of DHs, 54.67% of SDHs, and 91.75% of all DHs in the State. Within the State, MMUs are present in 31 districts under the NRHM and not in any district under the NUHM. Under the NRHM, the State has 82% of the necessary ASHAs in place; under the NUHM, none. There are five public health providers (specialists, staff nurses, ANMs, and physicians) for every 10,000 people, with a doctor to staff nurse ratio of 1:2 in place. According to recent data, 3613.03 people out of 1000 who received services from public health facilities used OPD services, and 129.23 people used IPD services. According to NSSO data (2017–18), public health facilities were used by 63% of OPD cases in rural areas and 41% in urban areas, as well as by 57% of IPD cases in rural areas and 42% in urban areas. The use of public health facilities in both cases, the State exceeds the national average.

The collection and justification of the development of the Indian health care sector from antiquity to the present day are the main topics of this essay. A list of facts and appropriate illustrations has been used to explain the historical development of the healthcare system. There has been discussion of various health care systems, including homeopathy, ayurveda, siddha, and allopathy. This chapter has shown the growth and evolution of corporate hospitals and multispecialty hospitals. An overview of Tamil Nadu's health care system's characteristics has also been provided. The historical, general, and medical profiles of the study area with respect to individual districts have been displayed. For every district, a list of the best multispecialty hospitals has also been supplied.

### **Need For the Study**

It is a fact that the development of human resources plays a major role in helping organizations achieve their goals because these resources are what make an organization more profitable by increasing productivity and efficiency. Furthermore, it is an undeniable truth that without

human resource development, no organization, business, or institution, anywhere in the world, can achieve any mission, objective, goal, or target. Above all, HRD promotes positive interpersonal development. As was previously mentioned, human resource development is the process through which workers are consistently assisted in a planned manner to acquire all-around capabilities where cooperation and teamwork contribute to the health of the organization. As a result, HRD fosters better interpersonal relationships and a positive work environment. As a result, it facilitates the successful and economical achievement of organizational goals. Still, the business has made it a habit to regularly conduct performance reviews since it recognizes the value of developing its human resource base. In the same way, training and development are ongoing processes within the organization. Additionally, it has implemented a variety of HRD initiatives, including employee welfare, organization development, performance coaching, and feedback. In summary, the company's numerous efforts to develop human resources have resulted in multispecialty hospitals performing admirably. In light of this, a study on the research topic has been conducted.

### **Statement of Problems**

The comprehensive analysis of the literature on different aspects of HRD leaves the impression that there are many gaps in this area. It is evident that the majority of the studies mentioned in the previous sections were primarily focused on explaining the various sub-systems or approaches of HRD; very few studies attempted to explore the overall HRD climate in the Paper Industry. Furthermore, no study has been carried out in a multispecialty hospital to date that has combined the examination of employee relations with the study of perceptions and attitudes regarding HRD climate. As a matter of fact, no such empirical studies exist. It is also reasonable to suggest that there hasn't been any attempt to review the HRD environment in older hospitals, considering the new challenges and competition brought about by the emergence of newer, multispecialty hospitals. Consequently, the current study, which attempts to close the aforementioned gaps, is crucial. Therefore, with reference to Tamil Nadu, the current study compares the attitudes and perceptions of the human resources regarding the HRD climate in the top multispecialty hospitals in Chennai. The study also aims to investigate the perspectives of human resources regarding certain customer-related matters, as retaining and satisfying employees is a fundamental requirement for any paper industry to succeed. The investigator posits that conducting research towards this objective will substantially aid Chennai's multispecialty hospitals in streamlining their Human Resource Development initiatives to focus more intently on outcomes.

### **Objectives of the Study**

Technological advancements, the introduction of new multispecialty hospitals, a significant increase in business, the government's and management's shifting perspectives, and the growing need for employee retention and satisfaction in the multispecialty hospitals are all major concerns raised by the study. Therefore, the primary goal of the research is to find out how HRD programs are currently being implemented in multispecialty hospitals and to pinpoint the issues that are preventing the HRD climate from expanding, especially in Chennai's multispecialty hospitals. Therefore, the specific goals of the current study are as follows:

- To be aware of the organization's current HRD practices
- To evaluate the respondents' opinions regarding the state of HRD climate components

### **Sample Design**

Selection of the sample Organizations: The selection of the sample units has been made well care with rationality. Only leading multispecialty hospitals in Chennai were selected because it is expected that good HRD climate exists in the popular multispecialty hospitals chosen for

the study. The researcher has used random sampling technique to the questionnaire to collect the information from the sample population of the multispecialty hospitals under study.

### Scope of the Study

The study area has been restricted geographically to the multispecialty hospitals situated within the Chennai in the State of Tamil Nadu. Furthermore, the study's scope was limited to the three HRD climate components. General elements, OCTAPACE culture, and HRD mechanisms are the three components.

### Analysis and Finding

This paper is on the analysis of the data collected through structured questionnaire. Initially to test whether different dimensions of HRD climate that were identified are varying over socio economic variables are studied by using ANOVA technique for the dimensions of HRD climate which shows significant variation were further analysed by using chi square test for independency of attributes. Without considering the socio economic variables, a comparison was made among the average scores of the different dimensions of HRD Climate. As it shows a significant variation, to know which pair of HRD Climate dimension shows the significant difference a paired T-test was applied and analysis was presented. To know whether each HRD climate dimension is same or varying over different socio-economic variables namely Gender, Age, Marital Status, educational qualification, Category of job description and years of experience. The Analysis of Variance (ANOVA) technique was applied on the average scores of different statements under HRD Climate dimensions i.e., general climate, openness, collaboration, trust, authenticity, pro activity, autonomy, confrontation, Experimentation and HRD mechanisms and implementation against socio-economic variables. Basing on the P-values one can infer whether there exist any significant variation or not.

### Respondent' Gender and Dimensions of HRD Climate

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against Gender. The following null hypothesis was developed and tested.

**Ho:** "there is no discernible difference in the average scores of perception towards different dimensions of HRD Climate among the different gender categories of respondents,"

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 1.

**TABLE 1 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST GENDER**

Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	1.322	1	1.322	1.438	.231
	Within Groups	365.868	398	.919		
	Total	367.190	399			
Openness	Between Groups	15.778	1	15.778	18.422	.000

	Within Groups	340.862	398	.856		***
	Total	356.640	399			
Collaboration	Between Groups	4.896	1	4.896	5.944	.015 **
	Within Groups	327.814	398	.824		
	Total	332.710	399			
Trust	Between Groups	2.056	1	2.056	2.680	.102
	Within Groups	305.304	398	.767		
	Total	307.360	399			
Authenticity	Between Groups	8.426	1	8.426	10.537	.001 **
	Within Groups	318.271	398	.800		
	Total	326.698	399			
Pro-activity	Between Groups	27.390	1	27.390	34.942	.000 ***
	Within Groups	307.270	392	.784		
	Total	334.660	393			
Autonomy	Between Groups	26.316	1	26.316	35.160	.000 ***
	Within Groups	297.147	397	.748		
	Total	323.464	398			
Confrontation	Between Groups	2.999	1	2.999	5.597	.018 **
	Within Groups	211.631	395	.536		
	Total	214.630	396			
Experimentation	Between Groups	.058	1	.058	.066	.798
	Within Groups	350.819	398	.881		
	Total	350.877	399			
Mechanism Implementation	Between Groups	15.794	1	15.794	17.707	.000 ***
	Within Groups	355.004	398	.892		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level

The ANOVAs test applied on the outcome given in table 1 revealed that there is difference between the average score of perception of the respondents and their gender. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD Climate among the different gender categories of respondents” is rejected in cases except in case of general climate, trust and

experimentation. The average scores for other HRD climate are varying over gender of the respondents. That is general climate, trust and experimentation is not changing as the gender of the respondents is changing. In all other cases of dimensions of HRD climate the gender of the respondents are making significant impact.

**Respondent’ Age and Dimensions of HRD Climate**

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against Age. The following null hypothesis was developed and tested.

**Ho:** “there is no discernible difference in the perception towards different dimensions of HRD Climate among the different Age categories of respondents,”

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 2.

**TABLE 2 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST AGE**

Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	17.813	3	5.938	6.730	.000 ***
	Within Groups	349.377	396	.882		
	Total	367.190	399			
Openness	Between Groups	21.300	3	7.100	8.384	.000 ***
	Within Groups	335.340	396	.847		
	Total	356.640	399			
Collaboration	Between Groups	17.958	3	5.986	7.531	.000 ***
	Within Groups	314.752	396	.795		
	Total	332.710	399			
Trust	Between Groups	73.985	3	24.662	41.847	.000 ***
	Within Groups	233.375	396	.589		
	Total	307.360	399			
Authenticity	Between Groups	17.773	3	5.924	7.594	.000 ***
	Within Groups	308.924	396	.780		
	Total	326.698	399			
Pro-activity	Between Groups	31.207	3	10.402	13.369	.000 ***

	Within Groups	303.453	390	.778		
	Total	334.660	393			
Autonomy	Between Groups	2.962	3	.987	1.217	.303
	Within Groups	320.502	395	.811		
	Total	323.464	398			
Confrontation	Between Groups	15.820	3	5.273	10.424	.000 ***
	Within Groups	198.810	393	.506		
	Total	214.630	396			
Experimentation	Between Groups	7.856	3	2.619	3.023	.030 **
	Within Groups	343.021	396	.866		
	Total	350.878	399			
Mechanism Implementation	Between Groups	10.611	3	3.537	3.889	.009 **
	Within Groups	360.186	396	.910		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level

The ANOVAs test applied on the outcome given in table 2 revealed that there is difference between the average score of perception of the respondents and their age. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD Climate among the different age categories of respondents” is rejected in cases except in case of autonomy. The average scores for other HRD climate are varying over age of the respondents. That is autonomy is not changing as the age of the respondents is changing. In all other cases of dimensions of HRD climate the age of the respondents are making significant impact.

**Respondent’ Marital Status and Dimensions of HRD climate**

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against marital status. The following null hypothesis was developed and tested.

**Ho:** “there is no discernible difference in the perception towards different dimensions of HRD climate among the different marital status categories of respondents,”

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 3.

**TABLE 3 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST MARITAL STATUS**



Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	5.212	2	2.606	2.858	.059
	Within Groups	361.978	397	.912		
	Total	367.190	399			
Openness	Between Groups	11.187	2	5.594	6.428	.002 **
	Within Groups	345.453	397	.870		
	Total	356.640	399			
Collaboration	Between Groups	.789	2	.395	.472	.624
	Within Groups	331.921	397	.836		
	Total	332.710	399			
Trust	Between Groups	26.606	2	13.303	18.811	.000 ***
	Within Groups	280.754	397	.707		
	Total	307.360	399			
Authenticity	Between Groups	26.770	2	13.385	17.717	.000 ***
	Within Groups	299.928	397	.755		
	Total	326.698	399			
Pro-activity	Between Groups	39.886	2	19.943	26.454	.000 ***
	Within Groups	294.773	391	.754		
	Total	334.660	393			
Autonomy	Between Groups	3.957	2	1.979	2.452	.087
	Within Groups	319.506	396	.807		
	Total	323.464	398			
Confrontation	Between Groups	9.512	2	4.756	9.135	.000 ***
	Within Groups	205.118	394	.521		
	Total	214.630	396			
Experimentation	Between Groups	9.285	2	4.643	5.396	.005 **
	Within Groups	341.592	397	.860		
	Total	350.878	399			
	Between Groups	4.910	2	2.455	2.664	.071

Mechanism Implementation	Within Groups	365.888	397	.922		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level.

The ANOVAs test applied on the outcome given in table 3 revealed that there is difference between the average score of perception of the respondents and their marital status. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD Climate among the different marital status categories of respondents” is rejected in cases except in case of general climate, collaboration, and autonomy and mechanism implementation. The average scores for other HRD climate are varying over marital status of the respondents. That is general climate, collaboration, autonomy and mechanism implementation is not changing as the marital status of the respondents is changing. In all other cases of dimensions of HRD climate the marital status of the respondents are making significant impact.

**Respondent’ Educational Qualification and Dimensions of HRD climate**

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against educational qualification. The following null hypothesis was developed and tested.

**H<sub>0</sub>:** “there is no discernible difference in the perception towards different dimensions of HRD Climate among the different educational qualification categories of respondents,”

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 4.

**TABLE 4 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST EDUCATIONAL QUALIFICATION**

Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	42.682	4	10.671	12.989	.000 ***
	Within Groups	324.508	395	.822		
	Total	367.190	399			
Openness	Between Groups	15.467	4	3.867	4.477	.002 **
	Within Groups	341.173	395	.864		
	Total	356.640	399			
Collaboration	Between Groups	11.984	4	2.996	3.690	.006 **
	Within Groups	320.726	395	.812		
	Total	332.710	399			

Trust	Between Groups	30.658	4	7.665	10.941	.000 ***
	Within Groups	276.702	395	.701		
	Total	307.360	399			
Authenticity	Between Groups	18.644	4	4.661	5.977	.000 ***
	Within Groups	308.054	395	.780		
	Total	326.698	399			
Pro-activity	Between Groups	64.401	4	16.100	23.174	.000 ***
	Within Groups	270.259	389	.695		
	Total	334.660	393			
Autonomy	Between Groups	8.293	4	2.073	2.592	.036 **
	Within Groups	315.171	394	.800		
	Total	323.464	398			
Confrontation	Between Groups	14.026	4	3.507	6.852	.000 ***
	Within Groups	200.604	392	.512		
	Total	214.630	396			
Experimentation	Between Groups	8.560	4	2.140	2.469	.044 **
	Within Groups	342.317	395	.867		
	Total	350.878	399			
Mechanism Implementation	Between Groups	13.756	4	3.439	3.805	.005 **
	Within Groups	357.041	395	.904		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level.

The ANOVAs test applied on the outcome given in table 4 revealed that there is difference between the average score of perception of the respondents and their educational qualification. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD climate among the different educational qualification categories of respondents” is rejected in cases of all the selected dimension of HRD climate. The average scores for all the dimension of HRD climate are varying over educational qualification of the respondents. In all other cases of dimensions of HRD climate the educational qualification of the respondents are making significant impact.

#### **Respondent’ Job description and Dimensions of HRD Climate**

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against job description. The following null hypothesis was developed and tested.

Ho: “there is no discernible difference in the perception towards different dimensions of HRD climate among the different job description categories of respondents.”

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 5.

**TABLE 5 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST JOB DESCRIPTION**

Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	3.671	4	.918	.997	.409
	Within Groups	363.519	395	.920		
	Total	367.190	399			
Openness	Between Groups	27.440	4	6.860	8.231	.000 ***
	Within Groups	329.200	395	.833		
	Total	356.640	399			
Collaboration	Between Groups	24.099	4	6.025	7.711	.000 ***
	Within Groups	308.611	395	.781		
	Total	332.710	399			
Trust	Between Groups	17.582	4	4.396	5.992	.000 ***
	Within Groups	289.778	395	.734		
	Total	307.360	399			
Authenticity	Between Groups	4.184	4	1.046	1.281	.277
	Within Groups	322.513	395	.816		
	Total	326.698	399			
Pro-activity	Between Groups	13.499	4	3.375	4.088	.003 **
	Within Groups	321.160	389	.826		
	Total	334.660	393			
Autonomy	Between Groups	5.100	4	1.275	1.578	.179
	Within Groups	318.364	394	.808		
	Total	323.464	398			
Confrontation	Between Groups	7.847	4	1.962	3.719	.006 **
	Within Groups	206.782	392	.528		
	Total	214.630	396			
Experimentation	Between Groups	9.810	4	2.453	2.840	.024 **
	Within Groups	341.067	395	.863		

	Total	350.878	399			
Mechanism Implementation	Between Groups	72.762	4	18.191	24.109	.000 ***
	Within Groups	298.035	395	.755		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level.

The ANOVAs test applied on the outcome given in table 5 revealed that there is difference between the average score of perception of the respondents and their job description. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD Climate among the different job description categories of respondents” is rejected in cases except in case of general climate, authenticity and autonomy. The average scores for other HRD climate are varying over job description of the respondents. That is general climate, authenticity and autonomy is not changing as the job description of the respondents is changing. In all other cases of dimensions of HRD climate the job description of the respondents are making significant impact.

#### Respondent’ Experience and Dimensions of HRD Climate

In order to determine whether there were any notable differences in the average scores of different dimensions of HRD climate against experience. The following null hypothesis was developed and tested.

Ho: “there is no discernible difference in the perception towards different dimensions of HRD climate among the different experience categories of respondents,”

The results of the ANOVA test, which was used to examine the significant difference, are displayed in Table 6.

**TABLE 6 ANALYSIS OF SIGNIFICANT VARIATION IN PERCEPTION OF RESPONDENTS TOWARDS DIFFERENT DIMENSIONS OF HRD CLIMATE AGAINST EXPERIENCE**

Dimensions of HRD Climate		Sum of Squares	df	Mean Square	F	Sig.
General Climate	Between Groups	13.483	3	4.494	5.032	.002 **
	Within Groups	353.707	396	.893		
	Total	367.190	399			
Openness	Between Groups	24.043	3	8.014	9.542	.000 ***
	Within Groups	332.597	396	.840		
	Total	356.640	399			
Collaboration	Between Groups	4.411	3	1.470	1.774	.152
	Within Groups	328.299	396	.829		

	Total	332.710	399			
Trust	Between Groups	23.630	3	7.877	10.994	.000 ***
	Within Groups	283.730	396	.716		
	Total	307.360	399			
Authenticity	Between Groups	13.530	3	4.510	5.703	.001 **
	Within Groups	313.167	396	.791		
	Total	326.698	399			
Pro-activity	Between Groups	25.430	3	8.477	10.691	.000 ***
	Within Groups	309.230	390	.793		
	Total	334.660	393			
Autonomy	Between Groups	30.285	3	10.095	13.601	.000 ***
	Within Groups	293.179	395	.742		
	Total	323.464	398			
Confrontation	Between Groups	11.570	3	3.857	7.464	.000 ***
	Within Groups	203.060	393	.517		
	Total	214.630	396			
Experimentation	Between Groups	21.736	3	7.245	8.717	.000 ***
	Within Groups	329.141	396	.831		
	Total	350.878	399			
Mechanism Implementation	Between Groups	8.631	3	2.877	3.146	.025 **
	Within Groups	362.167	396	.915		
	Total	370.798	399			

Source: Computed from Primary Data \*Significant at 10% level; \*\*Significant at 5% level; \*\*\*Significant at 1% level.

The ANOVAs test applied on the outcome given in table 6 revealed that there is difference between the average score of perception of the respondents and their experience. From table, it can be inferred that the null hypothesis “there is no discernible difference in the average scores of perception towards different dimensions of HRD climate among the different experience categories of respondents” is rejected in cases except collaboration. The average scores for other HRD climate are varying over experience of the respondents. That is collaboration is not changing as the experience of the respondents is changing. In all other cases of dimensions of HRD climate the experience of the respondents are making significant impact.

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