



Practice of human resource management among teaching hospitals in Kathmandu, Nepal

Bhim Bahadur Chand^{1,2}, Shyam Bahadur Katuwal³

¹Department of Hospital Administration, Kathmandu Medical College, Sinamangal, Kathmandu, Nepal

²Department of Hospital Management, Sai Nath University, Jharkhand, India

³Department of Management, Tribhuvan University, Kathmandu, Nepal

ABSTRACT

Background: Hospitals are important vehicles for the delivery of health care, and managers of these institutions are largely responsible for operationalizing the visions and objectives that policy-makers. Lack of competencies and skills of managers on the human resource management (HRM) practices in hospital consequently related to quality and outcome of health care services. The overall objective was to assess the practice of human resource management among teaching hospitals in Kathmandu, Nepal.

Methods: A cross-sectional descriptive study was conducted in two purposively selected hospitals in Kathmandu, Nepal. Data were collected using structured question among 212 managers and were selected using simple random sampling technique from October 2016 to March 2017. In-depth interview were taken among six corporate level managers. Descriptive analysis was performed.

Results: Majority (80.2%) of managers were female, most of them were non-indigenous communities and were from nursing profession (90.1%). Effective management of HRM is spirited for the success of organization whereas half (50%) respondents it effects of all HR activities. Management of human resources is essential to enable the delivery of efficient and effective clinical services and achieve patient satisfaction. Consequently, all health providers, managers as well as health professionals have to know the patient evaluation on these aspects in order to remember how they are important for patients. Hospital HRM authority must be worked for quality of services to entire patients and address those who were not satisfied on currently offering services. This study showed significant differences in the assessment of both staff members and patients and level of offered services in the various departments within same hospital and between hospitals.

Keywords: Healthcare service, Hospital management, Human Resource Management, Nepal

INTRODUCTION

WHO estimates a shortage of almost 4.3 million human resource of health workers worldwide, is most severe in 57

***Corresponding author:** Bhim Bahadur Chand

Email: bhimbchand@gmail.com

Ph.: +977-9851087890

of the poorest countries. The shortages of skilled for health workers are also reported in many specific care areas such as mental health professionals, skilled birth attendants and misdistribution of skilled health workers leading to shortages in rural and underserved areas[1]. Managing human resources is the real challenge of hospital

managers[2]. Importance of Human Resources Management (HRM) on developing the quality of healthcare service [3-5] and found that the incentives and providing motivation to work and follow the system of bonuses by competencies improve the performance of individuals working in hospitals [6] and can make a significant difference between health organization with good performance[7]. HRM is the application of management principles to management of people in an organization [8]. HRM is a vital management task in the field of healthcare and other services sectors, where the customer facing challenges because of staff's performance who have the experience and the quality of performance [9]. In the healthcare industry, as in most other service industries, the interaction between patients and healthcare service providers (professionals and other employees) is an integral part of the service process [10, 11]. Health Care Organizations should be encouraged to take the role of the patient into consideration in the healthcare service process, and in order to achieve high quality service [12] respond to patients' and employee's needs, because it can compensate for the constraints imposed by cost containment and managed care[13]. There is a strong relationship between a number of factors and effective management practices[14]. The HRH (human resource for health) deals with issues such as planning, development, performance, management, retention, information, and research on human resources[15]. In recent years, raising awareness of the critical role of HRH in strengthening health system performance and improving population health outcomes has placed the health workforce high on the global health agenda[16]. The 2015 constitution of Nepal ensures health care as a fundamental right of every citizen [17]. It was influenced by a number of factors and processes: technical, financial and political. On the technical side were studies showing the high cost of deliveries for households[18]. Health systems can only function with

health workers; improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality[19] and also fit-for purpose and fit-to-practice health workforce. Milestones 2020 shows that all countries will have established accreditation mechanisms for health training institutions whereas by 2030, all countries will have made progress towards halving inequalities in access to a health worker[20].

Empirical studies show that health system faces a variety of human resource problems, primarily an overall lack of personnel in key areas, which is worsened by high numbers of trained personnel leaving the health sector to work overseas[21, 22]. The novelty of this study is to assess the effectiveness of HRM practices in teaching hospitals, which is emergent in healthcare provision in Nepal. A numerous studies have been carried out in regards to the competencies of hospital managers and the human resource management practices. However, Nepalese studies are limited in that most and given a noticeable lack. Thus, this study was designed to address the gap in literature associated with healthcare management.

MATERIALS AND METHODS

Study design, settings and participants

This was a descriptive cross-sectional study & two hospitals were purposively selected. The data was collected from October 2016 to March 2017. The target population for this study was the hospital managers of two teaching hospitals. These include health managers (academic and non-academic, nursing and supportive staff employees) and managers from corporate and mid-level. Managers who served at least for two years in the hospital were included in this study. Managers those who were unwilling to participate were excluded. Total 212 (106 from each hospital) managers were randomly selected for

interview. Six in-depth interview were conducted among six corporate level managers from both hospital.

Data collection

Face to face interview were conducted for data collection using structured questionnaire and in-depth interview guidelines. Based on the extensive literature review, the survey instrument included items that assessed HRM effectiveness across a wide range of practices (23 items) and items that assessed the capabilities of the organization's human resource staff's members (18 items)[23]. The dimensionality of the 41 items treated as a single set, using principal components factor analysis. All the items each measured on a five-point agreement scale ranging from very dissatisfied to highly satisfy. Total score ranged from 41 to 205. There are four subscales, namely professional HRM capabilities included 15 items (15-75 score), strategic HRM effectiveness included 9 items (9-45 score), technical HRM effectiveness included 14 items (14-70 score), and business-related capabilities included 3 items (3-15score).

The in-depth questions were as follow: How would you rate the quality of health service in your hospital? To what extent has provided service met patient needs? In an overall general sense, how satisfied were you with hospital management services.

Demographic or background characteristics included age in years, gender, race/ethnicity, marital status, education, employment status, occupation, number of children, number of family members, and monthly income.

Data management and analyses

Data entered onto a computer using SPSS. Range and skip check was done automatically during data entry. The researcher at the beginning of the analysis checked all the entered records and obvious disparities were also cleaned. Frequency tables, mean, standard deviation and cross tabs of the data were presented in the result section as per the nature of the data. Thematic analysis was done for in-depth interview and triangulated with quantitative outcomes.

Ethical consideration

All participants were informed and signed the written informed consent before interview by research team. In this study, we minimized the risk by informing them about the study process; withdrawal of the participants, confidentiality and anonymity during the study period. This study protocol was approved by Ethics Committee of the Sai Nath University, India and Nepal Health Research Council (reference number 630/October 2016).

RESULTS

Majority (80.2%) of health managers were female and mean age were 28.3 years. Majority of health managers were from non-indigenous (59.9%) ethnicity, followed Hindu religion (80.2%). Majority were from nursing profession (90.1%) in both hospitals. Majority had advanced degree such as Bachelor and above (50.5%) followed by 39.6% higher secondary level. Majority (79.7%) were married and 59.9% had a children. Mean number of personal monthly income found less than ten-thousand whereas mean family monthly income found NPR 23,688 (Table 1).

Table 1: Social-demographic characteristics of health manager

Variables	KMC	KIST	Total	Variables	KMC	KIST	Total
	N=106, n (%)	N=106, n (%)	N=212, n (%)		N=106, n (%)	N=106, n (%)	N=212, n (%)
Sex				Marital status			
Female	84 (79.2)	86 (81.1)	170 (80.2)	Single	20 (18.9)	23 (21.7)	43 (20.3)
Male	22 (20.8)	20 (18.9)	42 (19.8)	Married	86 (81.1)	83 (78.3)	169 (79.7)
Age	28.3 ± 5.1	28.3 ± 4.9	28.3 ± 5.0	Children			
Ethnicity				Yes	64 (60.4)	63 (59.4)	127 (59.9)
Indigenous	43 (40.6)	42 (39.6)	85 (40.1)	No	42 (39.6)	43 (40.6)	85 (40.1)
Non-indigenous	63 (59.4)	64 (60.4)	127 (59.9)	Number of Children	1.6 ± 1.1	1.6 ± 1.1	1.6 ± 1.1
Religion				Number of family member	5.5 ± 1.3	5.4 ± 1.3	5.5 ± 1.3
Hindu	84 (79.2)	86 (81.1)	170 (80.2)	Personal monthly income (NPR)	22464 ± 10130	22274 ± 9725	22369 ± 9906
Christian	22 (20.8)	20 (18.9)	42 (19.8)	Family monthly income (NPR)	39694 ± 23068	40944 ± 24386	40319 ± 23688
Responsibility				Duration of employment years	5.1 ± 3.7	5.1 ± 3.8	5.1 ± 3.7
Supporting	11 (10.4)	10 (9.4)	21 (9.9)				
Nursing	95 (89.6)	96 (90.6)	191 (90.1)				
Education							
Secondary	11 (10.4)	10 (9.4)	21 (9.9)	*Mean ± SD, NPR= Nepali rupees			
Higher	44 (41.5)	40 (37.7)	84 (39.6)				
Bachelor and above	51 (48.1)	56 (52.8)	107 (50.5)				

respondents (49.5%) agreed very much and extrema on the influences of peers on other companies in HR good

Professional HRM Capabilities

More than half (59.9%) of the respondents anticipated the effects of internal and external changes of human resources at hospital and almost half (50%) respondents moderately reported the financial impact of all HR activities. More than two-third (70.3%) reported that taking appropriate risk to accomplish objectives were moderately effects on HRM capabilities. More than half (59.4%) respondents stated that international experience matter for good HR practices. Around half of the

practices. Half (50.0%) of the respondents were very much agreed on significance external consumer contact influence on the HR practices whereas & 59.4% reported a moderate amount of agreed on foreign language capability determine HR practice. Around half (49.5%) respondents stated that computer literacy is very much and extreme amount matter for HR practice which did not see any difference between two hospitals. Majority (59.4%) respondents' moderate amount of reporting that highly specialized knowledge of HR functions matter for effective HR functions (Table 2).

Table 2: Professional HRM capabilities

Variables	KMC	KIST	Total
	N=106, n(%)	N=106, n(%)	N=212, n(%)
Anticipates the effect of internal and external changes			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	10 (9.4)	12 (11.3)	22 (10.4)
A moderate amount	64 (60.4)	63 (59.4)	127 (59.9)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
Exhibits leadership for the function and corporation			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	22 (20.8)	20 (18.9)	42 (19.8)
A moderate amount	21 (19.8)	22 (20.8)	43 (20.3)
Very much	53 (50.0)	52 (49.1)	105 (49.5)
Demonstrates the financial impact of all HR activities			
Not at all	21 (19.8)	22 (20.8)	43 (20.3)
A little	11 (10.4)	10 (9.4)	21 (9.9)
A moderate amount	52 (49.1)	54 (50.9)	106 (50.0)
Very much	22 (20.8)	20 (18.9)	42 (19.8)
Defines and communicates HR vision for the future			
Not at all	22 (20.8)	20 (18.9)	42 (19.8)
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	21 (19.8)	22 (20.8)	43 (20.3)
Very much	42 (39.6)	42 (39.6)	84 (39.6)
Educates and influences line managers on HR issues			
A little	11 (10.4)	10 (9.4)	21 (9.9)
A moderate amount	63 (59.4)	65 (61.3)	128 (60.4)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Takes appropriate risk to accomplish objectives			
A moderate amount	74 (69.8)	75 (70.8)	149 (70.3)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Broad knowledge of many HR functions			
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	42 (39.6)	43 (40.6)	85 (40.1)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
An extreme amount	22 (20.8)	20 (18.9)	42 (19.8)
Knowledgeable about competitors' HR practices			
Not at all	22 (20.8)	20 (18.9)	42 (19.8)

A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	31 (29.2)	33 (31.1)	64 (30.2)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Focus on the quality of HR services			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	32 (30.2)	31 (29.2)	63 (29.7)
A moderate amount	43 (40.6)	41 (38.7)	84 (39.6)
Very much	10 (9.4)	12 (11.3)	22 (10.4)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
International experience			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	31 (29.2)	33 (31.1)	64 (30.2)
A moderate amount	43 (40.6)	41 (38.7)	84 (39.6)
Very much	22 (20.8)	20 (18.9)	42 (19.8)
Influences peers in other companies			
A little	10 (9.4)	12 (11.3)	22 (10.4)
A moderate amount	43 (40.6)	42 (39.6)	85 (40.1)
Very much	43 (40.6)	41 (38.7)	84 (39.6)
An extreme amount	10 (9.4)	11 (10.4)	21 (9.9)
Significant external customer contact			
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	32 (30.2)	31 (29.2)	63 (29.7)
Very much	53 (50.0)	53 (50.0)	106 (50.0)
Foreign language capability			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	20 (18.9)	23 (21.7)	43 (20.3)
A moderate amount	65 (61.3)	61 (57.5)	126 (59.4)
Very much	11 (10.4)	10 (9.4)	21 (9.9)
Computer literacy			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	20 (18.9)	23 (21.7)	43 (20.3)
A moderate amount	22 (20.8)	20 (18.9)	42 (19.8)
Very much	43 (40.6)	41 (38.7)	84 (39.6)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Highly specialized knowledge of a few HR functions			
A little	10 (9.4)	12 (11.3)	22 (10.4)
A moderate amount	64 (60.4)	62 (58.5)	126 (59.4)
Very much	32 (30.2)	32 (30.2)	64 (30.2)

Strategic HRM Effectiveness

Two fifth (39.6%) each respondents reported teamwork is very much for teamwork as well as a little which did not find different between hospitals. Regarding the workforce planning flexibility and deployment, 50% respondents stated that matter very much where as 39.6% reported a little attention. Half (50%) of respondents reported that workforce productivity and quality of output matter very much for strategic HIM effectiveness whereas 49.5% respondents reported management and executive

development matter a moderate amount in strategic effectiveness. Half of the respondents (49.5%) stated that success and development planning for managers are very much necessary. Half (50%) reported that advance issues identification in a moderate amount of necessities. More than one-third (39.6%) respondents stated that employee and managers communications are a moderate amount important for effective organization management. More than two-third respondents (69.8%) indicated work family program impact a moderate amount of impact (Table 3).

Table 3 Strategic HRM effectiveness

Variables	KMC	KIST	Total
	N=106, n(%)	N=106, n(%)	N=212, n(%)
Teamwork			
A little	44 (41.5)	40 (37.7)	84 (39.6)
A moderate amount	10 (9.4)	12 (11.3)	22 (10.4)
Very much	42 (39.6)	42 (39.6)	84 (39.6)
An extreme amount	10 (9.4)	12 (11.3)	22 (10.4)
Employee participation and empowerment			
A moderate amount	31 (29.2)	33 (31.1)	64 (30.2)
Very much	64 (60.4)	63 (59.4)	127 (59.9)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Workforce planning-flexibility and deployment			
A little	43 (40.6)	41 (38.7)	84 (39.6)
A moderate amount	10 (9.4)	12 (11.3)	22 (10.4)
Very much	53 (50.0)	53 (50.0)	106 (50.0)
Workforce productivity and quality of output			
A little	22 (20.8)	20 (18.9)	42 (19.8)
A moderate amount	10 (9.4)	12 (11.3)	22 (10.4)
Very much	53 (50.0)	53 (50.0)	106 (50.0)
An extreme amount	21 (19.8)	21 (19.8)	42 (19.8)
Management and executive development			
A little	11 (10.4)	10 (9.4)	21 (9.9)
A moderate amount	53 (50.0)	52 (49.1)	105 (49.5)
Very much	31 (29.2)	34 (32.1)	65 (30.7)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Succession and development planning for managers			
A little	21 (19.8)	22 (20.8)	43 (20.3)

A moderate amount	20 (18.9)	23 (21.7)	43 (20.3)
Very much	54 (50.9)	51 (48.1)	105 (49.5)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Advance issue identification/strategic studies			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	52 (49.1)	54 (50.9)	106 (50.0)
Very much	11 (10.4)	10 (9.4)	21 (9.9)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Employee and manager communications			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	42 (39.6)	42 (39.6)	84 (39.6)
Very much	32	32 (30.2)	64 (30.2)
Work/family programs'			
A little	11 (10.4)	10 (9.4)	21 (9.9)
A moderate amount	75 (70.8)	73 (68.9)	148 (69.8)
Very much	20 (18.9)	23 (21.7)	43 (20.3)

Technical HRM Effectiveness

Half of (50%) respondents from both hospital stated it influences a moderate amount for hospital HRM effectiveness. Around half of the respondents (40.6%) responded that recruitment and training moderately impact in HRM effectiveness. Regarding the safety and health concern found a moderate amount (70.3%). Similarly, employ education and training found very much (39.6%) concerned and half of the (50.5%) respondents reported that retirement strategies a moderate amount for technical HRM effectiveness and 40.1% stated that social responsibility

program moderate amount impact on HRM effectiveness. Similarly, 40.1% respondents stated that CEO for female and minorities influences HRM effectiveness very much whereas 40.1% respondents also reported that management of labour cost also impact moderate amount fooled by less than 10% an extreme amount on HRM effectiveness. Moreover, 40% respondents stated the selection testing and performance appraisal moderate amount impact on HRM effectiveness. Half of the respondents reported that human resource information system impact very much on HRM effectiveness (Table 4).

Table 4: Technical HRM effectiveness

Variables	KMC	KIST	Total
	N=106, n(%)	N=106, n(%)	N=212, n(%)
Benefits and services			
Not at all	22 (20.8)	20 (18.9)	42 (19.8)
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	53 (50.0)	53 (50.0)	106 (50.0)
Very much	10 (9.4)	11 (10.4)	21 (9.9)

Compensation			
A little	30 (28.3)	34 (32.1)	64 (30.2)
A moderate amount	54 (50.9)	52 (49.1)	106 (50.0)
Very much	11 (10.4)	10 (9.4)	21 (9.9)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Recruiting and training			
A little	11 (10.4)	10 (9.4)	21 (9.9)
A moderate amount	42 (39.6)	44 (41.5)	86 (40.6)
Very much	43 (40.6)	41 (38.7)	84 (39.6)
An extreme amount	10 (9.4)	11 (10.4)	21 (9.9)
Safety and health			
A little	33 (31.1)	30 (28.3)	63 (29.7)
A moderate amount	73 (68.9)	76 (71.7)	149 (70.3)
Employee education and training			
A little	31 (29.2)	34 (32.1)	65 (30.7)
A moderate amount	32 (30.2)	31 (29.2)	63 (29.7)
Very much	43 (40.6)	41 (38.7)	84 (39.6)
Retirement strategies			
A little	22 (20.8)	20 (18.9)	42 (19.8)
A moderate amount	53 (50.0)	54 (50.9)	107 (50.5)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
An extreme amount	10 (9.4)	11 (10.4)	21 (9.9)
Employee/industrial relations			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	10 (9.4)	12 (11.3)	22 (10.4)
A moderate amount	44 (41.5)	40 (37.7)	84 (39.6)
Very much	41 (38.7)	44 (41.5)	85 (40.1)
Social responsibility programs			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	32 (30.2)	32 (30.2)	64 (30.2)
A moderate amount	42 (39.6)	43 (40.6)	85 (40.1)
Very much	21 (19.8)	21 (19.8)	42 (19.8)
EEO for females, minorities, etc.			
A little	32 (30.2)	32 (30.2)	64 (30.2)
A moderate amount	31 (29.2)	32 (30.2)	63 (29.7)
Very much	43 (40.6)	42 (39.6)	85 (40.1)
Management of labor costs			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	22 (20.8)	20 (18.9)	42 (19.8)
A moderate amount	42 (39.6)	43 (40.6)	85 (40.1)

Very much	20 (18.9)	23 (21.7)	43 (20.3)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Selection testing			
A little	21 (19.8)	22 (20.8)	43 (20.3)
A moderate amount	41 (38.7)	44 (41.5)	85 (40.1)
Very much	33 (31.1)	30 (28.3)	63 (29.7)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)
Performance appraisal			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	32 (30.2)	32 (30.2)	64 (30.2)
A moderate amount	41 (38.7)	44 (41.5)	85 (40.1)
Very much	22 (20.8)	20 (18.9)	42 (19.8)
Human resource information systems			
Not at all	10 (9.4)	12 (11.3)	22 (10.4)
A little	21 (19.8)	21 (19.8)	42 (19.8)
A moderate amount	22 (20.8)	20 (18.9)	42 (19.8)
Very much	53 (50.0)	53 (50.0)	106 (50.0)

Business Related Capabilities

Half of the respondents (50.0%) reported that experience in other key business areas influenced a moderate amount

of HRM related business capabilities & 50% reported that on very much influenced on career oriented business related capabilities (Table 5).

Table 5 Business related capabilities

Variables	KMC N=106, n(%)	KIST N=106, n(%)	Total N=212, n(%)
Experience in other key business areas			
Not at all	11 (10.4)	10 (9.4)	21 (9.9)
A little	10 (9.4)	11 (10.4)	21 (9.9)
A moderate amount	53 (50.0)	53 (50.0)	106 (50.0)
Very much	32 (30.2)	32 (30.2)	64 (30.2)
Line management experience			
A little	43 (40.6)	42 (39.6)	85 (40.1)
A moderate amount	42 (39.6)	42 (39.6)	84 (39.6)
Very much	21 (19.8)	22 (20.8)	43 (20.3)
HR-career-oriented			
A little	32 (30.2)	32 (30.2)	64 (30.2)
A moderate amount	11 (10.4)	10 (9.4)	21 (9.9)
Very much	52 (49.1)	54 (50.9)	106 (50.0)
An extreme amount	11 (10.4)	10 (9.4)	21 (9.9)

DISCUSSION

Human resource has now emerged as a strategic paradigm in which individual human resource function well in core activities. More than half of the respondents anticipated the effects of internal and external changes of human resources at hospital whereas around half reported that leadership exhibited very much of the function and cooperation of the hospital performance. Similarly, effective management of HRM is spirited for the success of organizations whereas almost half respondents moderately reported the financial impact of all HR activities. Hospital is a critical level of change in the health care system as it provides an overall climate and culture for change through its various decision-making systems, operating systems, and human resource practices[24, 25].

One-fifth of respondents reported that broad knowledge of many HR function affects HRM capabilities and around one third of respondents agreed very much and an extreme amount on knowledgeable on practicing the HR competitors whereas both hospitals found similar level of response which similar findings were reported elsewhere [25]. More than half respondents stated that international experience matter for good HR practices where similar findings were stated in empirical research findings[21]. Half of the respondents were very much agreed that external consumer contact influence hospital HR practices. Studies on strategic HRM have highlighted the importance of internal structures (such as HRM systems) and HR practices on performance[26]. A study by Khatri et al; (2006) shows that hospitals that are more successful tend to have a HRM function that appears to be more strategic. Hospital showed only a modest understanding of competencies needed in

managing HR function, which hampered its ability to identify competent HR managers and employees.[27]. Around half of respondents stated that computer literacy is very much and extreme amount matter for HR practice which did not see any difference between two hospitals. Technical HRM provides many valuable tools to manage, develop, and transform human resources into company value for ensuring organizational performance[28, 29]. Study finding shows that 59.4% respondents' reported that highly specialized knowledge of HR functions matter for effective HR functions. Similar findings was shown in elsewhere [24, 27, 28].

Hospital needs to manage their human resources effectively and efficiently to achieve the desired goals and objectives and translate it into better performance. One third of respondents were reported as moderate amount on employee participant and empowerment on strategic HRM effectiveness. Study shows that hospitals should appoint employees with skill and knowledge and make them to understand the state of affairs of their employment[30]. Technical HRM does not moderate the relationship between strategic HRM and perceived organizational performance, but it does moderate HR strategy and human capital accumulation[29]. Half of the respondents reported that workforce productivity and quality of output matter very much for strategic HRM effectiveness whereas 49.5% respondents reported management and executive development matter a moderate amount in strategic effectiveness[30]. More than one-third respondents stated that employee and managers communications are a moderate amount important for effective organization management. Designing and implementing a set of internally consistent HRM policies and practices may ensure that an

organization's human resources contribute to the achievement of its business objectives[29]. HRM are emerging as critical sources for sustaining an organization's competitive advantage and to achieve organizational performance, technical HRM and strategic HRM need to be pursued in a complementary manner. Finding shows that 40.6% responded that recruitment and training moderately impact in HRM effectiveness where KIST has also scored highest (41.5%) with compared to KMC. KMC hospital stated that employee education and training found very much concerned then KIST hospital[19].

The selection testing and performance appraisal moderate amount impact on HRM effectiveness. Half of the respondents reported that human resource information system impact very much on HRM effectiveness [29-32]. Hospital organization presents a number of unique human resources management challenges. Managing human resources is the real challenge of hospital managers and it was found that HRM practices positively impact organizational performance[33]. According to Ling and Nasurdin (2010) training had a direct relation with innovative product, innovative procedure, and innovative administration. Performance evaluation had an effect on administrative innovation. Eventually, Strategic human resource management had a direct effect on technology innovation and indirect through knowledge management[34].

Conclusion

Policy for HRM in health care and hospital settings are needed to develop to cater a quality services. Effective HRM strategies are greatly needed to achieve better outcomes from and access to health care and hospital services in Nepal. Hospital authorities should work and improve the amenities of the hospitals include toilets, drinking water, and cleanliness, improve support service staffs' behaviors.

REFERENCES

1. WHO: **Global health workforce shortage to reach 12.9 million in coming decades**. In.; 2013.
2. Organization WH: **The world health report 2000: health systems: improving performance**: World Health Organization; 2000.
3. Kane RA, Lum TY, Cutler LJ, Degenholtz HB, Yu TC: **Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program**. *Journal of the American Geriatrics Society* 2007, **55**(6):832-839.
4. Beer M, Eisenstat RA, Foote N: **High commitment high performance: How to build a resilient organization for sustained advantage**: John Wiley & Sons; 2009.
5. Wright PM, McMahan GC: **Exploring human capital: putting 'human' back into strategic human resource management**. *Human Resource Management Journal* 2011, **21**(2):93-104.
6. McKinnies R, Collins S, Collins KS, Matthews E: **Lack of performance: the top reasons for terminating healthcare employees**. *Radiology management* 2009, **32**(3):44-47.
7. Edgar F, Geare A: **HRM practice and employee attitudes: different measures-different results**. *Personnel review* 2005, **34**(5):534-549.
8. Aswathappa K: **Organisational Behaviour. Text Cases Games**; 2010.
9. Kabene SM, Orchard C, Howard JM, Soriano MA, Leduc R: **The importance of human resources management in health care: a global context**. *Human resources for Health* 2006, **4**(20):1-17.

10. Conway T, Willcocks S: **The role of expectations in the perception of health care quality: developing a conceptual model.** *International Journal of Health Care Quality Assurance* 1997, **10**(3):131-140.
11. Benbassat J, Taragin M: **What is adequate health care and how can quality of care be improved?** *International Journal of Health Care Quality Assurance* 1998, **11**(2):58-64.
12. Sanchez JI, Kraus E, White S, Williams M: **Adopting High-Involvement Human Resource Practices The Mediating Role of Benchmarking.** *Group & Organization Management* 1999, **24**(4):461-478.
13. Druker J, White G: **Misunderstood and undervalued? Personnel management in construction.** *Human Resource Management Journal* 1995, **5**(3):77-91.
14. Dorgan S, Layton D, Bloom N, Homkes R, Sadun R, Van Reenen J: **Management in healthcare: why good practice really matters.** *London: McKinsey and Company/London School of Economics* 2010.
15. Kunders G, Gopinath S, Katakam A: **Hospitals: Planning, design, and management:** Tata McGraw-Hill Publishing Company; 1998.
16. Grépin KA, Savedoff WD: **10 best resources on... health workers in developing countries.** *Health policy and planning* 2009, **24**(6):479-482.
17. MoL: **Constitution of Nepal 2015.** Kathmandu, Nepal: Constituent Assembly Secretariat Singha Durbar; 2015.
18. Witter S, Khadka S, Nath H, Tiwari S: **The national free delivery policy in Nepal: early evidence of its effects on health facilities.** *Health policy and planning* 2011, **26**(suppl_2):ii84-ii91.
19. Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H, Fronteira I, Lozano R, Nyongator F, Pablos-Méndez A: **Human resources for health and universal health coverage: fostering equity and effective coverage.** *Bulletin of the World Health Organization* 2013, **91**(11):853-863.
20. WHO: **Global strategy on human resources for health: workforce 2030.** In., edn. Geneva: World Health Organization; 2016.
21. Dambisya Y: **Human resource for health protocols, strategies and approaches. A desk review.** *Unpublished paper ECSA-HC Tanzania* 2007.
22. Ndeti DM, Khasakhala L, Omolo JO: **Incentives for health worker retention in Kenya: An assessment of current practice.** *EQUINET* 2008, **62**:29.
23. Huselid MA, Jackson SE, Schuler RS: **Technical and strategic human resources management effectiveness as determinants of firm performance.** *Academy of Management journal* 1997, **40**(1):171-188.
24. Elarabi HM, Johari F: **The impact of human resources management on healthcare quality.** *Asian journal of management sciences & education* 2014, **3**(1):13-22.
25. Kabene SM, Orchard C, Howard JM, Soriano MA, Leduc R: **The importance of human resources management in health care: a global context.** *Human Resources for Health* 2006, **4**(1):20.
26. Rodwell JJ, Teo ST: **The influence of strategic HRM and sector on perceived performance in health services organizations.** *The International Journal of Human Resource Management* 2008, **19**(10):1825-1841.

Chand et al. International Journal of Medicine and Biomedical Sciences 2017; 2(3): 1-14

27. Khatri N, Wells J, McKune J, Brewer M: **Strategic human resource management issues in hospitals: a study of a university and a community hospital.** *Hospital Topics* 2006, **84**(4):9-20.
28. Wismantoro Y, Aryanto VDW: **The Hospital Application of Information System Service's Quality Adoption and User Information Satisfaction.** *International Business Management* 2017, **11**(2):381-391.
29. Yang C-C, Lin CY: **Does Technical or Strategic HRM Provide a Better Explanation of Organization Performance?** *iBusiness* 2014, **6**(02):52.
30. Ganapathy S, Ashokkumar M: **A STUDY ON HUMAN RESOURCE MANAGEMENT PRACTICES (HRM) AND JOB SATISFACTION OF EMPLOYEES OF PARAMEDICS IN PRIVATE HOSPITALS.** *International Journal of Management Research and Reviews* 2017, **7**(5):584.
31. Haldar D, Sarkar A, Bisoi S, Mondal P: **Assessment of client's perception in terms of satisfaction and service utilization in the central government health scheme dispensary at Kolkata.** *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine* 2008, **33**(2):121.
32. Chan SC, Mak W-m: **High performance human resource practices and organizational performance: The mediating role of occupational safety and health.** *Journal of Chinese Human Resources Management* 2012, **3**(2):136-150.
33. Al-bahussin SA, El-Garaihy WH: **The impact of human resource management practices, organisational culture, organisational innovation and knowledge management on organisational performance in large Saudi organisations: Structural equation modeling with conceptual framework.** *International Journal of Business and management* 2013, **8**(22):1.
34. Mitchell R, Obeidat S, Bray M: **The Effect of Strategic Human Resource Management on Organizational Performance: The Mediating Role of High-Performance Human Resource Practices.** *Human Resource Management* 2013, **52**(6):899-921.