A STUDY ON EMPLOYEE HEALTH MEASURES IN SELECTED ACCREDITATION HOSPITALS IN AP (APCRDA) REGION

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ABSTRACT

Health and well-being in the workplace have become common topics in the mainstream media, in practitioner-oriented magazines and journals and, increasingly, in scholarly research journals. In this article, we first review the literature that serves to define health and well-being. We then discuss the primary factors associated with health and well-being, the consequences of low levels of health and well-being, and common methods for improving health and well-being in the workplace. Finally, we highlight important future directions for future theory, research, and practice regarding health and well-being from an organizational perspective.

Key words: Employee Health, Safety, Hospital Industry

INTRODUCTION

The health of the industrial workers is of cardinal importance not only to him but also in relation to general industrial development. The importance of industrial health service is greater in India than elsewhere because of the incidence of tropical diseases, unhealthy working environment and bad working conditions. The subject of health care received sufficient attention by the Royal Commission on Labour and Labour Investigation Committee. Medical and health care of industrial worker can be broadly put in two forms-protecting the worker from factories that may adversely affect his health, and preventing him from ill health caused by the working conditions.

The protection from possible chances of becoming sick as a result of the bad working conditions is provided in Chapter – III of the Factories Act. It contains the measures to be adopted to safeguard the health of workers, so that conditions at the place of work do not affect their health adversely. The following measures are to be taken by every occupier of a factory.

DUST AND FUMES – Section 14 of the Factories Act requires that wherever the manufacturing process is carried on if there is give off any dust or fume or other impurity of such a nature and to such an extent as is likely to be injurious or offensive to the workers, effective measures should be taken to prevent its inhalation and accumulation in the workroom.

MAINTENANCE OF LIGHTING – Sufficient and suitable lighting should be provided wherever workers have to work or pass. The formation of shadows to such an extent as to cause eye strain or the risk of accidents as well as glare from sources of light or by reflection should be avoided as far as possible. The general illumination levels as per Section 17 of the Factories Act should not be less than those mentioned below:

Where workers are regularly employed: 30LUX (90cms. Above floor level)

Other places where workers pass : 5 LUX (floor level)

OVERCROWDING – Overcrowding is prohibited under Section 16 of the Factories Act,1948 Minimum space of 50 cub.m.per worker is specified for new factories. Section 16 provides that no room in any factory shall be overcrowded to an extent injurious to the health of the workers employed therein.

LATRINES AND URINALS – Latrines and urinals of the type approved by the public health authorities are to be provided in all factories. The scale of accommodation has also been laid down. These should be maintained in a clean and sanitary condition at all times. Sufficient number of spittoons should be provided in factories and they should be kept in clean and hygienic condition.

OBJECTIVES OF THE STUDY:

1) To analyse and appraise the opinions, satisfactory levels of employees in relation to statutory and non-statutory provisions provided by the sample hospitals.
2) To examine the employee welfare in the selected Units of health Industry and to know the views of employees in this regard.
3) To ascertain and evaluate the employee health in selected units of health industry and to study the employees' feelings in this respect.

SCOPE OF THE STUDY:

The present study has been undertaken to study the effectiveness of employee health and social security in select hospitals in Andhra Pradesh Capital Region Development Authority (APCRDA) Region

Hospitals chosen for the present study are:

1) Nagarjuna Hospital

2) Sentini Hospital
3) Ramesh Hospital
4) Aysh Hospital
5) Andhra Hospital
6) Rainbow Hospital
7) Kamineni Hospital
8) Vedanta Hospital
9) Manipal Super Speciality Hospital
10) Ramesh Hospital
11) Health Hospital

Though the researcher wishes to cover the entire hospitals in Andhra Pradesh Capital Region Development Authority (APCRDA) Region, for arriving at meaningful conclusions, due to paucity of time and other constraints the researcher has decided to limit her area of study only to select four Hospitals in Andhra Pradesh Capital Region Development Authority (APCRDA) Region.

RATIONAL IN SELECTING SAMPLE HOSPITAL INDUSTRY:

Hospital industry is one of main sectors which leading for the growth of the nation, it is one of the few industries which are labour intensive, almost hazardous in nature creating ill-health to every employee, so there should be a minimum need to provide health, safety and social security measures.

RESEARCH DESIGN:

A Research design is simply the framework or plan for a study. The design may be a specific presentation of the various steps in the process of Research. For this descriptive design was used. Descriptive research includes survey and fact finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs, as it exists at present. Descriptive analysis deals with summary measures relating to the sample data.

SOURCES OF DATA COLLECTION:

The researcher has collected both primary & secondary data for the present study.

PRIMARY DATA:

For collecting the primary data, the questionnaire method was employed. The total data was collected from 500 respondents of select Hospitals. Personal interaction was also made with respondents to explore detailed information.

SECONDARY DATA:

For the secondary data the researcher has collected information from various records of hospitals, websites and journals, hospital newsletters, hospital annual reports, reference books etc., As the data being primary and secondary, it was collected from respondents. Questionnaire was designed in such a way that it covers all the aspects of the problem under the study and also to know the general information about the respondents. The questions included were closed ended and hence keeps the respondents on the subject and is relatively objective. Utmost care was taken to see that the questions are simple and unambiguous

DATA ANALYSIS

Table 1 Facilities for Disposal of Wastes

S. No	Response	Respondents	Percent
1	Below Average	14	02.80
2	Average	139	27.80
3	Good	91	18.20
4	Very Good	239	47.80
5	Excellent	17	03.40
	TOTAL	**500**	**100.00**

Table 1 Depicts that nearly 47.8 of the respondents expressedthat the facilities for disposal of wastes provided by the organizations are very good. Another nearly 27.80 percent of the respondents have expressed that the above facilities are average. Nearly 18.2 percent of the respondents opted that their response is good on the said statement. Excellent facilities for disposal of wastes and effluents are provided as stated by nearly four percent of the respondents. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 2 Facilities for Ventilation

S. No	Response	Respondents	Percent
1	Below Average	2	00.40
2	Average	68	13.60
3	Good	161	32.20
4	Very Good	212	42.40
5	Excellent	57	11.40
	TOTAL	**500**	**100.00**

Table 2 Depicts that nearly 42.40 percent of the respondents expressed that the facilities provided by the organizations for Ventilation and Temperature are very good. Another nearly 13.60 percent of the respondents have expressed that the above facilities are average. Nearly 32.20 percent of the respondents opted that their response is good on the said statement. Excellent facilities for Ventilation and Temperature are provided as stated by 11.40 percent of the respondents. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 3 Facilities for Artificial Humidification

S. No	Response	Respondents	Percent
1	Below Average	26	05.20
2	Average	142	28.40
3	Good	248	49.60
4	Very Good	71	14.20
5	Excellent	13	02.60
	TOTAL	**500**	**100.00**

Table 3 narrates that nearly 49.60 percent of the respondents expressed that the facilities provided by the organizations for artificial humidification are very good. Another 28.40 percent of the respondents have expressed that the above facilities are average. Excellent facilities for Artificial humidification are provided by the organizations as stated 2.60 percent of the respondents. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 4 Facilities for Cleanliness

S. No	Response	Respondents	Percent
1	Below Average	112	22.40
2	Average	204	40.80
3	Good	98	19.60
4	Very Good	65	13.00
5	Excellent	21	4.20
	TOTAL	**500**	**100.00**

Table 4 describes that 13.0 percent of the respondents expressed that the facilities for cleanliness provided by the organizations are very good. Another nearly 40.8 percent of the respondents have expressed that the above facilities are average. Nearly one fifth of the respondents opted that their response is good on the said statement. Only four percent of the respondents have stated that excellent facilities for cleanliness are provided. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 5 Dust and Fumes

S. No	Response	Respondents	Percent
1	Below Average	191	38.20
2	Average	114	22.80
3	Good	102	20.40
4	Very Good	76	15.20
5	Excellent	17	03.40
	TOTAL	**500**	**100.00**

Table 5 demonstrates that 15.2 percent of the respondents expressed that the facilities for dust and provided by the organizations fumes are very good. Another 22.80 percent of the respondents have expressed that the above facilities are average. 20.40 percent of the respondents opted that their response is good on the said statement. Excellent facilities for dust and fumes are provided by the organizations as stated by the nearly three and half percent of the respondents. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 6 Facilities for Lighting

S. No	Response	Respondents	Percent
1	Below Average	42	8.40
2	Average	126	25.20
3	Good	174	34.80
4	Very Good	123	24.60
5	Excellent	35	7.00
	TOTAL	**500**	**100.00**

Table 6 reveals that 24.6 percent of the respondents expressed that the facilities for lighting provided by the organizations are very well and another nearly 25.2 percent of the respondents have expressed that the above facilities are average. Nearly 34.80 percent of the respondents opted that their response is good on the said statement. Excellent facilities for lighting are provided by the organizations as stated by the seven percent of the respondents. The rest of the respondents felt that the above facilities which are provided by the organizations are below average.

Table 7 Facilities in case of removing overcrowding

S. No	Response	Respondents	Percent
1	Below Average	42	08.40
2	Average	198	39.60
3	Good	165	33.00
4	Very Good	64	12.80
5	Excellent	31	06.20
	TOTAL	**500**	**100.00**

Table 7 depicts that nearly 12.8 percent of the respondents expressed that the facilities for removing overcrowding provided by the organizations are very good and another 39.6 percent of the respondents are expressed the above said facilities are average. 33.0 percent of the responds opted that their response is good on the said statement. Excellent facilities for Overcrowding are providing as stated by the nearly six and half percent of the respondents. The rest of the respondents felt that the above said facilities which are provided by the organization are below average.

Table 8 Facilities for wash rooms

S. No	Response	Respondents	Percent
1	Below Average	159	31.80
2	Average	139	27.80
3	Good	112	22.40
4	Very Good	74	14.80
5	Excellent	16	3.20
	TOTAL	**500**	**100.00**

Table 8 shows that 14.8 percent of the respondents expressed that the facilities for wash rooms provided by the organizations are very good. Another 27.8 percent of the respondents have expressed that the above said facilities are average. 22.4 percent of the respondents opted that their response is good on the said statement. Excellent facilities for latrines are provided in the organization as stated by nearly three and half percent of the respondents. 31.8 percent of the respondents felt that the above said facilities which are provided by the organizations are below average.

RECOMMENDATIONS

1. It is being suggested that further improvement measures are needed in the manufacturing process in all the select hospitals with regard to the disposal of waste and effluents to keep the factory clean.
2. To have sufficient space in certain sections, is suggested that better for the management may study the existing space facilities and make an ample provision in this regard in the concerned sections in select hospitals under study,
3. There is a need to have more lighting facilities in all the select hospitals especially in select hospitals by making suitable provision for extra sunlight, floodlights and tube lights etc. mainly in the work places.
4. The findings from the survey in the select hospitals revealed that there is a need to have separate toilet facilities for women employees in all the sections and to maintain them in clean sanitary condition at all times. It is felt that there is a need to employment appropriate measures in the units with a view to recognize the right of privacy for the women.
5. There is a need to further improve the facility for the provision of more spittoons in the units especially in select hospitals where more than half of the respondents expressed their

dissatisfaction on this issue, keeping in view the health hazards of the employees. It is also important to keep the spittoons clean and hygienic at all terms.

6. There is an obvious attention of employer, employee and government to prevent skin diseases, proactive care for respiratory tract protective glasses for eyes and protective equipment for ears of the employees which are considered as unique resource of the select units under study. It is further suggested that more facilities for regular checkups for allergies and casing for repeatedly felt sick at work.
7. A suggestion is given to the management of the units under study to make provision for counseling for the employees by appointing a counselor within the premises of the units in order to reduce stress among employees and enhance productivity.
8. The management of the units needs to arrange for periodic medical examination of the employees and promote general health through diagnosis and treatment. A suggestion is made for maintaining a medical record for every employee so as to enable better follow-up of health condition of the employee during the period of his service. Maintenance of medical record helps in giving quick and better treatment at the time of injuries and accidents.
9. There is a lack of awareness among the respondents of the select hospitals about the insurance benefit schemes created by the organizations. So it is recommended that all the select hospitals. Need to provide ample opportunities for the employees to know the various insurance benefit schemes and to avail of them.
10. The researcher suggested that the medical officer should be able to read the minds of the employees to maintain psychological bounds to offer appropriate suggestions for their health management.

CONCLUSION

Every Industry sector is dynamic and different from each other therefore people policies and practices are different for the industries. When considering the Hospital industry, it is asset intensive and engineering driven. Interestingly, people in the Hospital industry generally have along term commitment towards the organization and this commitment goes on for generations.

Precision is one of the most crucial skills in the Health sector, where the work performed has to be virtually error-free with a zero margin error. Consequently, roles take longer to mature as an employee needs to spend three to four years in a particular job profile

to become an expert in a particular domain. Normally, it takes four to five years to build a hospital.

At present the safety condition in work place is satisfactory. Welfare facilities rendered to the employees are of good quality but there is a scope for improving safety & welfare measures for the employees to provide full range of amenities that may improve living standards of the employees in the organization. The effective and efficient safety policies and welfare facilities make the employee to perform the job better, which leads to effectiveness of the organisation.

Finally it can be said that when employees perceive that safety is not a priority of the company, their behaviours and attitudes are adversely affected. This can be a recipe for disaster leading to increased workplace injuries, lower morale and decreased profitability. An investment in a safety program that focuses on hazard identification, training, prevention and assessment will not only help reduce losses and increase overall safety compliance records, but it could be the difference between being an industry leader or just another run-of-the-mill company.

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