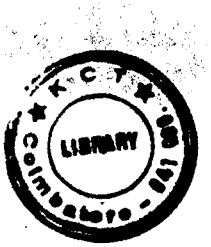

"A study on effectiveness of grievance handling techniques employed in kovai medical center and hospital Ltd Coimbatore"

By

K.M.KATHIRESAN
Reg No: 71205631027

Of

Kumaraguru College of Technology
COIMBATORE - 641006

A PROJECT REPORT
Submitted to the

FACULTY OF MANAGEMENT SCIENCES, ANNA UNIVERSITY

In the partial fulfillment of the requirement
for the award of the degree
Of

MASTER OF BUSINESS ADMINISTRATION

June, 2007

Certificate

Kumaraguru College of Technology
(An ISO 9001:2000 Certified Institution)
Coimbatore – 641006

BONAFIDE CERTIFICATE

Certified that this project titled '**A study on effectiveness of grievance handling techniques employed in kovai medical center and hospital Ltd coimbatore'** is the bonafide work of **K.M. KATHIRESAN (Reg no : 71205631027)** , who carried out this research under my supervision. Certified further , that to the best of my knowledge the work reported herein does not form part of any other project report or dissertation on the basis of which a degree or award was conferred on an earlier occasion on this or any other candidate.

.....
Project Guide

.....
Director

Evaluated and Viva-Voce held on...2/10/07.....

.....
Examiner I

.....
Examiner II

K | M
C | H

KOVAI MEDICAL CENTER AND HOSPITAL LIMITED
Post Box No. 3209, Avanashi Road, Coimbatore - 641 014. INDIA
✆ : (0422) 4323800 Fax : (0422) 2627782

Date:22.06.07

PROJECT COMPLETION CERTIFICATE

This is to certify that Mr.K.M.Kathiresan , Final year M.B.A. student of KCT Business school, Kumaraguru College of Technology ,Coimbatore has done project work on the topic " **A study on effectiveness of grievance handling techniques employed in kovai medical center and hospital Ltd coimbatore** " in **HR** Department of our Hospital during the period from January,2007 to june,2007

During the above period, his performance, conduct and character were found to be **VERY GOOD**

We will all success in his career.

22/06.

T. C.DINAMANI

(GM – HR)

Declaration

DECLARATION

I, hereby declare that this project report entitled as "A study on effectiveness of grievance handling techniques employed in kovai medical center and hospital Ltd coimbatore", has undertaken for academic purpose submitted to Anna University in partial fulfillment of requirement for the award of the degree of Master of Business Administration. The project report is the record of the original work done by me under the guidance of prof. V.S.Elamurugan, during the academic year 2007-2008.

I, also declare hereby, that the information given in this report is correct to best of my knowledge and belief.

Place: Coimbatore

Date: 01.06.2007

(K.M. Kathiresan)

Abstract

Executive Summary

For a harmonious industrial environment it is essential that the management of the organization have keen interest in understanding the grievance of their employee and takes steps to solve the grievance. For a deep understanding of the grievance of the employee, an effective feedback system should be practiced by every organization. Improper grievance handling system will lead to unsolved grievance and thus can hamper the harmonious environment in the organization. For an effective grievance handling, there should be a deep understanding of the grievance and an efficient handling system. The efficiency of the grievance handling technique will not only give a complete solution to the grievance but also it will increase the efficiency level of the supervisor. Thus the researcher presents the study with hope that it will draw the attention of the policy makers towards the implementation of an effective and efficient technique for grievance handling in the future.

Acknowledgement

ACKNOWLEDGEMENT

I express my sincere gratitude to our beloved correspondent **Prof.Dr.K. Arumugam**, the prime guiding sprit of Kumaraguru College of technology.

I extend my heartfelt thanks to Principal **Dr.Joseph V.Thanikal**, Kumaraguru College of Technology, Coimbatore for providing facilities to do this project.

I express my sincere gratitude and thanks to our Director **Dr.S.Ganesan** for permitting me to carry out the project.

I endeavor my sincere gratitude towards my guiding spirit **prof.V.S.Elamurugan**, Senior Lecturer who has extended his guidance throughout this project.

I extend my sincere thanks and gratitude to KMCH limited for permitting me to do the project. Specially, I would like to thank **Mr T. C .Dinamani, General manager** for extending their co-operation and guiding me to complete this project.

I also express my sincere thanks and appreciation to my friends and family members who helped me in the completion of this project successfully.

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CHAPTER 1

INTRODUCTION

1.1 BACK GROUND OF THE STUDY

A grievance is a formal charge by an employee, that a certain right has been violated. A complaint is not always grievance; however a complaint usually becomes a grievance only if there has been a violation of the collective bargaining agreement or of some law.

Non-union organizations have informal grievance procedure and techniques. A supervisor should attempt to avoid grievance, but still some will occurs in every department. Once it does the supervisor must make every effort to head off the grievance at the first level- 1st –step.

Usually the further the grievance process goes the more rigid each side becomes. Thus it is the duty of the supervisor to handle the grievance in the most efficient manner so as to settle it in the initial stage and should take steps not to let such grievance recur in the organization.

Unsolved grievance may cause may frustration among the employees and may result in strike and other unproductive activities and labor unrest in the organization. Thus it becomes necessary to have an efficient and effective grievance handling technique and a very efficient and responsible supervisor in the organization.

1.2 REVIEW OF LITERATURE

According to V.A Pathak and Bhairav H. Desai, "Performance appraisal means evaluation of work or job undertaken to achieve a particular objectives".

Heyel defines, "Performance appraisal as the process of evaluating the performance and qualification of the employees in terms of the requirements of the job for which he is employed, for purpose of administration including placement, selection for promotions, providing financial rewards and other actions which require different treatment among the members of a group as distinguished from actions affecting all members equally.

Walter Dill Scott observes "Performance appraisal as a process of estimating or judging the value, excellence , qualities of status of some object, person or thing".

Cummings says that "The overall objective of performance appraisal is to improve the efficiency of an enterprise by attempting to mobilize the best possible efforts from individual employed in it. Such appraisal achieve four objective includes the salary reviews, the development and training of individuals, planning job rotation and assistance promotions".

1.3 OBJECTIVE OF TH E STUDY

- ✓ To study the various kinds of grievance present the hospital.
- ✓ To analyze the effectiveness of the technique used to handle the grievance and its grievances among its customers.
- ✓ To submit a report based on the analysis with findings and suggestion

1.4 STATEMENT OF PROBLEM

Improper handlings of the grievance or using ineffective technique for solving the grievance may not only leave the grievance unsolved but has the capacity to intensify the same.

Hence a study on the effectiveness of the technique is essential.

1.5 SCOPE OF THE STUDY

To the organization:

The study will provide a deep insight on the present techniques, the awareness level about the technique among the employee its effectiveness.

The study will help in taking decision whether to maintain or improve the current technique.

To the employee:

The study will help in improving the current technique and provide the employees with improved technique of grievance handling .It will help in increasing the employee morale

To the society:

It will help in creating a harmonious industrial environment.

1.6 RESEARCH METHODOLOGY

1.6.1 Research design

A research design is a pattern or an outline of a research projects working. The research design selected for the study is Descriptive Research Design. A descriptive research design describes the phenomenon without association between the factors.

1.6.2 Sampling design

Non-Probability sampling

Sample design is the framework within which the sampling has to be carried out. Sampling is the method of selecting a group from population to represent the population. . Sample is the part of the population, which acts as a representative of the population through its character and nature.

In the study the sample size selected from the population of 350 workers is 70

1.6.3 Method of data collection

Both primary data and secondary data are collected.

Primary data was collected through questionnaire and personal interview and observation method.

Secondary data was collected by referring company brouchers, other article about the company, websites and magazines.

1.6.4 Sample size and area of data collection

From the population size of 350 a sample of 70 has been selected for the study.

1.6.5 Tools of analysis

Data is tabulated by means of Simple Percentages, cross tabulation analysis.

1.7 LIMITATIONS

The study suffers from the following limitations:

- ✓ The study is confined to KMCH Ltd Coimbatore thus the findings cannot be generalized.
- ✓ As the hospital has some unique characteristics, the institutions cannot be a representative of all hospitals across the country.
- ✓ As grievance is time and situation bound the suggestion may not be applicable at all times and situations.

The suggestions may be applicable only to KMCH Ltd and not to any other hospitals

1.8 CHAPTER SCHEME

This project is divided into 5 chapters.

Chapter 1 - Deals with background of the study, review of literature, objective & scope of the study, methodology and limitations.

Chapter 2 - History of the organization, management and various functional areas.

Chapter3 - Covers all macro analysis and micro analysis of the study.

Chapter 4 - Covers data analysis & interpretation through representation of various tables and graphs

Chapter 5 - Deals with result, discussion and recommendation provided for the study.

Organizational Profile

CHAPTER 2
ORGANIZATION PROFILE

2.1 History of the organization

Kovai Medical Center and Hospital (KMCH) is a 500 –bed Multi-disciplinary Super Specialty NRI hospital location in the Coimbatore highway. The hospital has more than 50 medical disciplines managed by highly qualified and trained full time medical specialists providing around the clock service. Over 1000 in patients and out patients are treated every day at the hospital.

KMCH is equipped with state –of- the art medical equipments such as MRI, 64 slice VCT, 4D Ultra Sound Scanner, Cardiac Electro-physiology Lab, Bone Mineral Densitometer, Mammography, Laser equipments, Video Endoscope, Operating Microscope, Auto analyzer, Computers Navigation for hip and knee replacements, ESWL for the removal of urinary stones, Flat panel Cath Lab etc.

KMCH is located on a 18 acre plot in a serene, clean and hygienic atmosphere. It had a very good ambience. The hospital is equipped with 11 operation theatres, and super specialty procedures like Open heart surgeries and other cardiac surgeries, Kidney transplants, knee replacements, hip replacements and complex neuro surgeries are done regularly at the hospital. Angiograms, angioplasties, stenting (sirolimus stent- A drug eluted stent which has no relapse rate) are being done with good success rate. The hospital also has an excellent facility for providing Emergency and trauma care for treating various emergencies such as Cardiac arrests, Traffic Accidents (RTA), Snake bites, severe injuries, poisonous case, stab injuries and mass casualities.

KMCH is the only center in south India which has introduced a new technique known as GDC coils and clipping of Brain Aneurysms. KMCH has made a breakthrough in the treatment of stock management and uterine fibroids with the latest technique in interventional procedures. The state-of-the – art fertility center at KMCH is well equipped to do the Assisted Conception program like IVF, ICSI to the international standards. Most advanced treatment techniques are adopted here.

KMCH is recognized for organ transplant programmes by the Government of tTamil Nadu. Several Kidney transplants and corneal transplants from live donors and cadavers have been done. KMCH is also recognized by the Tamil Nadu government to do Heart and Lung transplants.

KMCH has specialized clinics like Asthma clinic, Diabetic clinic, Slim clinic, Pain clinic, De- addiction clinic, Painless labour clinic, Andrology clinic, Diet clinic etc., various specialized procedures like chemoembolisation, stenting, fallopian tube recanalisation, Chemotherapy, Blood component therapy, Arthroscopic surgeries, Laparoscopic and Thorocoscopic surgeries are regularly done at the hospital. The hospital has a separate department for artificial limb manufacture.

KMCH is very actively involved in Prevention Health Checkup Programmes. There are 17 preventive health checkup programmes such as Executive Master Health Checkup Plus, Executive Checkup, Cancer Screening, Pediatric Health checkup etc., Hospital regularly conducts free medical camps both at the hospital and rural areas in association with service organizations. Concessions are offered for the treatment and procedures at the hospital for camp patients. Health education programmes are conducted with the help of KMCH doctors in various schools, Colleges and Industrial establishments on a regular basis.

KMCH has one of the best Emergency- trauma care center network in the region with highly qualified and experienced Trauma team, which operates round the clock and comprises of Orthopedic Surgeons, Neuro Surgeons, General Surgeons, Cardio Vascular and Thoracic Surgeons and Plastic Surgeons. KMCH in collaboration with the Rotary clubs of Coimbatore and Erode have 5 Trauma Care Centers, which are equipped with Wire-less, telephone and mobile phone facilities on the Avinashi Road starting from Gandhipuram to Perundurai. In order to ensure immediate transportation of the patient from the accident spot, KMCH has an emergency control room facility, which operates round the clock to co ordinate all Trauma Care Centers established by KMCH.

There are three satellite centers attached to KMCH:

Perundurai Center (50 bed hospital)

City Center (Ram Nager)

Erode Center (100 bed) with both In-patient and Outpatient facilities.

It has a rural health center at Veeraimpalayam to serve the rural community and the under privileged.

Hospital is recognized for Diplomate of National Board (Post Graduate Programmes) in departments like General Surgery, Anesthesiology, Cardiology, Cardio thoracic surgery and Obstetrics & Gynecology. Hospital is recognized for training doctors in AFRCS programme in General Surgery.

As shown in the diagram (above), the Robert Bosch Foundation holds 92% of the shares of Robert Bosch GmbH, but no voting right. The Robert Bosch Industrial Trust, with old members of the company management, agents of the Bosch family and other eminent people from the industry, have 93% of the votes but no shares. The remaining 8% of shares and 7% of voting-rights are held by the descendants of the company founder Robert Bosch.Kovai Medical Center and Hospital is a 50 crore, 350 bed multi-disciplinary super-specialty corporate hospital located on the Avanashi Road in the Coimbatore-Chennai highway.

2.2 Management

The management consists of:

Dr. Nalla G Palaniswami	Chairman and Managing Director
Dr. Thavamani Devi Palaniswami	Vice Chairman and Joint Managing Director
Dr. Mohan S Gounder	Director
Kasi K Goundan	Director
M. Manickam	Director
Dr. K.S.K. Murugaiyan	Director
Dr. P.R. Perumalswami	Director
Dr. K.C. Ramaswami	Director
Dr. M.C. Thirumoorthi	Director

A.K. Venkatasamy	Director
N. Sengottaiyan	Director (Alternate to Kasi K Goundan)
K.M. Subramaniam	Director (Alternate to Dr. P.R. Perumalswami)
S.P. Chittibabu	Company Secretary

2.3 DESCRIPTION OF VARIOUS FUNCTIONAL AREAS

Medical Departments

- Internal Medicine
- Cardiology
- Dermatology
- Endocrinology
- Gastro Enterology
- Haematology & Haemato Oncology
- Nephrology
- Neurology
- Paediatrics
- Psychological Medicine & De-Addiction
- Pulmonology
- Rheumatology
- Master Health Check Up
- Diabetology

Surgical Departments

- General Surgery
- Cardio-Thoracic Surgery
- Dentistry
- ENT
- Neuro Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics
- Paediatrics Surgery
- Plastic Surgery
- Urology
- Vascular Surgery

Other Departments

- Anaesthesiology
- Radiology & Imaging Sciences
- Laboratory Sciences
- Physical Medicine & Rehabilitation
  - Physiotherapy
  - Occupational Therapy
  - Artificial Limb Center

CHAPTER 3
MACRO MICRO ANALYSIS

3.1 Macro Analysis of Health Care Sector

Healthcare is estimated to be one of the key industries fuelling the software industry growth over the next five years. According to reports by IDC the North American healthcare industry would be spending more than 5 billion on software products each year. Small to midsize companies have shown relative success in niche markets catering to a single or a small number of application modules. However with mergers, acquisitions and alliances in the HIS industry, the coming years will see an increasing trend of larger companies dominating smaller companies in order to emphasize the benefits of one stop shopping. IDC estimates that healthcare IT would be driving North America's software industry through 2009 and predicts that investments would increase to USD 156 billion in 2009. According to IDC, the increase in IT adoption in the healthcare vertical market will represent a 9.7 percent CAGR for packaged applications, infrastructure software, and application development and deployment software.

The healthcare industry has witnessed an increased spending on IT with most of the hospitals and healthcare organizations shifting to electronically-based information systems. Gartner predicts that the US spending on healthcare IT is estimated to be close to $ 40 billion in 2005 and is growing at a compound annual growth rate (CAGR) of 7%. A large chunk of this spending was on security and compliance measures such as HIPAA (Health Insurance Portability and Accountability Act). By year-end 2005, almost all care-delivery organizations that have not upgraded their information systems to meet HIPAA requirements have been enforced to make advancements.

According to a Frost & Sullivan report, the European HIS market was valued at USD 3.1 billion in 2003 and is estimated to be worth $6.3 billion by 2010. This estimation is based on projected hospital spending patterns for information technology and the competitive makeup consists of firms developing and marketing solutions designed for hospitals and related organizations such as general physician clinics, and so on.

In the Asia-Pacific region, numerous HIS implementations have taken place across various hospitals in Australia, Japan, South Korea, Singapore and Malaysia. However India and China have been lagging behind in terms of technology adoption. India undoubtedly is the hub of HIS software and development activity but Indian hospitals have been very late in realizing the advantages of information technology.

3.2 MICRO ANALYSIS OF HEALTH CARE SECTOR OF INDIA

Fast pace of industrialization, spiraling population and the increase in the health awareness have led to the growth of the healthcare industry in Coimbatore. The city stands second to Chennai in the Tamilnadu for highly affordable and quality healthcare deliveries of international standards.

Coimbatore is also the preferred healthcare destination to the floating population from nearby towns and districts and also nearby districts of Kerala. The growth of the hospitals in the city can be attributed to the vision of the industrialists here to bridge the gap between growing health needs and the existing services. Many of the private hospitals in the city are promoted by industrialists as an extension of their business portfolio and their service to the society.

The first healthcare centre started in 1909, later became the Coimbatore Medical College Hospital (CMCH) during 1960s. Being the head quarter of the district government hospital, CMCH with a capacity of 1150 beds treats more than 20 lakh patients every year. The history of large private players coming to the healthcare scenario started with the commencing of the G Kuppusamy Naidu Memorial Hospital (GKNMH). It was started 50 years ago by the Kuppusamy Naidu Memorial Trust primarily as a specialty hospital for gynaecology and pediatrics. Over years, it developed into a multi specialty hospital with 300 beds.

Notably, majority of the big private players in the city are registered as trust hospitals. The ushering in of the corporate multi specialty hospital a decade ago has intensified the competition among the private hospitals. This intense competition has necessitated advanced medical technology and better patient care. Few of the super

specialty hospitals in the city have also slowly moved into specialties like cardiac care, cancer treatment and eye care. Amidst the super specialty and multi specialty hospitals also function wide range of specialty hospitals. To maintain and extend their patient base, few of the these hospitals have also added on other disciples that can be accommodated with the existing specialties. Patients who used to travel to other metros now have healthcare deliveries at their doorstep.

Apart from providing healthcare services of international standards, hospitals in Coimbatore are also trendsetters. When hospitals in Mumbai and Bangalore are in the infant stages of establishing hospital networking, hospitals in Coimbatore have already taken a lead. KG Hospitals has tied-up with more than ten clinics in the nearby towns to provide expert medical consultancy. These clinics would refer to the partner hospital for tertiary care of its patients. A year back, KG Hospital also established a satellite diagnostic at Tirupur. According to Dr G Bakthavatsalam, chairman, K G Hospital, the satellite diagnostic centre is an extension of the hospital and its services. The satellite centre equipped with the state-of-the-art medical devices is helpful to the medical fraternity and the people of Tirupur to undertake preliminary investigations at ease. Similarly KMCH has also established a diagnostic centre, which it calls as a city centre to provide primary and secondary care. Hospitals here are also engaged in emergency networks, clinical trials and other new concepts that are explored by the hospitals elsewhere in the country to increase the patient base and satisfaction.

Private hospitals in the city have also joined with NGOs in community service by establishing trauma care centers and emergency networks. The trauma care project implemented by the private hospitals in association with Rotary along the National Highway is one such. A group of private hospitals, government hospital and the communication department have also joined hands to set up a emergency medical service system in the city.

With a large array of multi specialty and specialty hospitals existing and rendering yeomen service, can the city absorb new comers? The demand and the supply is not in perfect sync and the gap has to be bridged by few more hospitals, say experts. "Hospitals

with multi specialty and comprehensive facilities under one roof will be preferred," says Dr Nalla Palanisamy, chairman, Kovai Medical Centre Hospital (KMCH). However experts have also added a word of caution that hospitals may also stand to lose a significant proportion of the patients that the city draws from the nearby districts if it fails to avail advanced medical technology. "Hospitals should constantly add facilities and to maintain the patient base from other districts as many hospitals are coming up in the nearby districts too," says Dr Palanisamy.

Healthcare costs have been increasing and the demand for reasonably priced high quality services is also on the rise. Effectiveness of a hospital or nursing home depends on the efficiency of its operations and management systems. Some of the major factors determining the efficacy of a health institution include patient care management and patient satisfaction. In order to meet these requirements there has been the growing need to implement hospital information systems.

For the last five decades, the government has systematically nurtured the private health sector. This unwritten policy of the government runs parallel to the neglect, and now gradual, withdrawal of the state from the responsibility of people's health. Such a consistent support and encouragement to the private health sector are very important reasons for the failure to provide universal basic health care to all people of the country.

Today there are approximately 11,25,000 practitioners of different systems registered with various medical councils in the country. Of them, only 125,000 are in government service (including those in central health services, the armed forces, railways, state insurance etc). That leaves about a million doctors floating around in the private sector, not to mention tens of thousands of additional unqualified and unregistered medical practitioners. Fifty-nine % of all practitioners are concentrated in cities. For instance, 60 % of all medical graduates in Maharashtra are located in Mumbai, where no more than 11 % of the state's population lives! Similarly, 84 % of hospital beds are today located in urban areas, whereas 75 % of the population still resides in villages. This selective concentration of health care providers is a major concern to be addressed, especially since studies have shown that those living in rural areas spend about as much on health care as those in towns.

The State offers subsidies, loans, tax waivers and other benefits for the setting up of private practice, hospitals, diagnostic centers and pharmaceuticals. For instance, the government subsidises the unethical and exploitative private health sector via medical education at the expense of the public exchequer. Assuming that the government spends about Rs. 10 lakhs at current prices on the education and training of each doctor and about 80% of the out-turn of public medical schools either joins the private sector or migrates abroad, the country loses large resources which could have been used for public benefit. The country loses Rs. 4,000-5,000 million as a result of the out – migration of four to five thousand doctors every year. Thus, with such support the private health sector has grown into a giant – it is the largest private health sector in the world. With 60-80 % of health care sought in the private sector, and households contributing 4-6 % of their incomes, there's a whopping Rs. 400-600 billion health care market in India. Its mammoth size notwithstanding, this sector has remained completely unregulated.

While the expansion of the private sector is primarily responsible for high and increasing inequity in access to health care, its internal functioning is riddled with problems and its claim of better efficiency and quality service are yet to be objectively proven. Besides, malpractice is very common, irrational and unnecessary diagnostic tests and surgeries are rampant, and ethics are by and large jettisoned.

All over the world there is a tendency to move towards more organized national health systems and an increased share of public finance in health care. Almost all developed capitalist and socialist countries have universal health care systems where the public sector's share of the fiscal burden is between 60 to 100 %. This trend is inevitable in the pursuit of equity and universal coverage. A few countries which have not set up universal systems of health care, such as the USA, where 30 million people do not have reasonable access to health care, continue to have glaring inequities in health care provision despite being economically well-developed.

Analysis and Interpretations

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

Research is a search endeavor, research is the use of scientific method in the search of knowledge including knowledge of alternate practice and intervention techniques, which would be of direct use to the progression and thus enhance the practice of their methods. Here the research methodology consists of steps, observation, comparison and experiment.

Research refers to systematic method consisting of enunciating the problem, formulating a hypothesis, collecting the factors or data, analyzing the factors and reaching certain conclusion. It is necessary to know the methodology used in this research.

The investigator has made it clear about the methodology in the previous chapter. In this chapter the investigator has presented the collected data and its interpretation by using statistical calculations with the help of Statistical Package for Social Science (SPSS) computer software and Microsoft Excel are used to compute. Each hypothesis was tested as we mentioned earlier in the research methodology on chapter first.

4.1 PERCENTAGE ANALYSIS

Percentage is the most widely used method of analysis. The analysis provides the researcher with the percentage of the required responses of the respondents so that an inference is made based on the percentage figures. The percentage analysis is the simplest and the most common method of analysis.

DATA ANALYSIS & INTERPRETATION

TABLE 4.1

PERCENTAGE ANALYSIS OF THE AGE OF THE RESPONDENTS

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	20-30	60	85.7
2.	30-50	10	14.3
	Total	70	100.0

INFERENCE

From the above frequency table, it is clear that 85.7% of the respondents and 14.3% respondents are of the age group of 20-30 and 30-50 respectively.

Thus we can infer that the majority of the respondents are belonging to the youth category and are so young and the chances of immaturity is present.

Chart 4.1

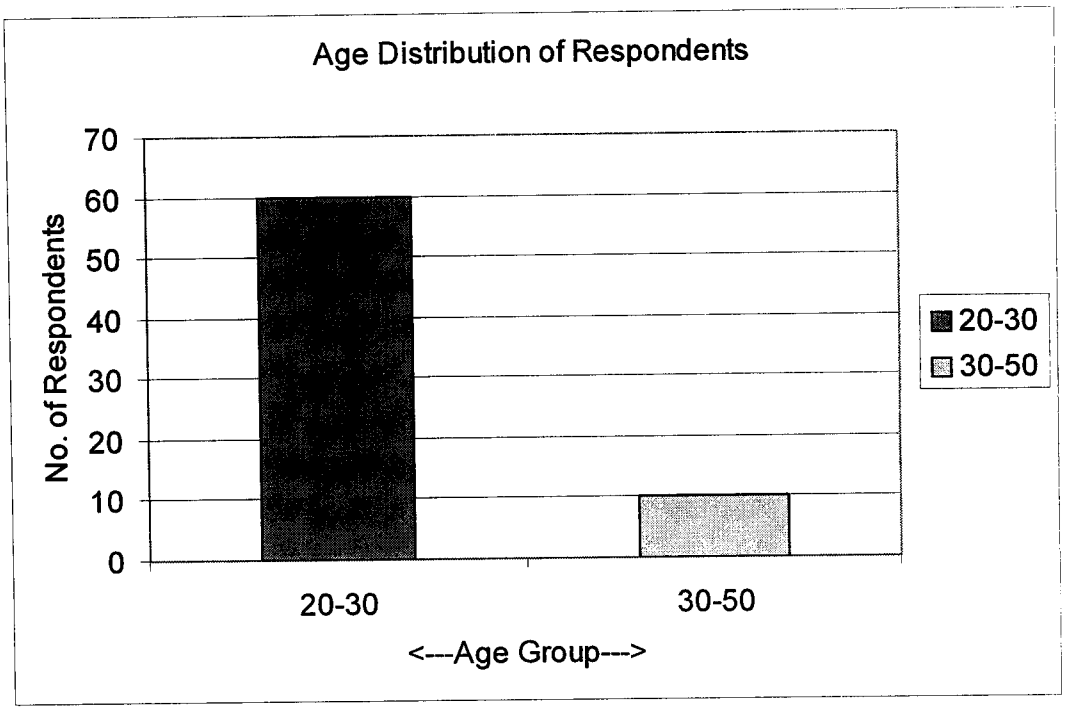

Age Distribution of Respondents
No. of Respondents
70
60
50
40
30
20
10
0
20-30
30-50
<---Age Group--->
20-30
30-50

TABLE 4.2

PERCENTAGE ANALYSIS OF THE EXPERIENCE OF THE RESPONDENTS

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	< 2 yrs.	56	80.0
2.	2-4 yrs.	5	7.1
3.	>4 yrs.	9	12.9
	Total	70	100.0

INFERENCE

From the above table, we can infer that 80%, 7.1% and 12.9% of the respondents possess the experience below 2 years, between 2 to 4 years and above 4 years respectively.

Thus we can infer that the majority of the respondents are new to the hospital.

Chart 4.2

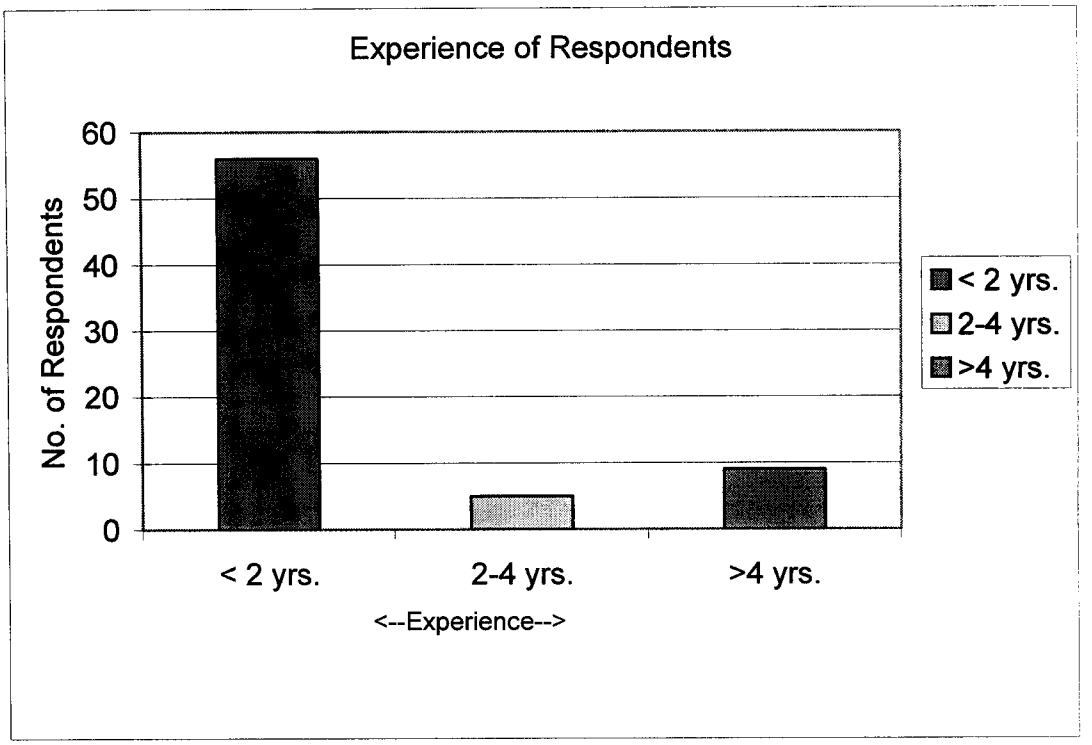

Experience of Respondents
No. of Respondents
60
50
40
30
20
10
0
< 2 yrs.
2-4 yrs.
>4 yrs.
<--Experience-->
< 2 yrs.
2-4 yrs.
>4 yrs.

TABLE 4.3

PERCENTAGE ANALYSIS OF THE AWARENESS OF THE TECHNIQUE

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	No response	5	7.1
2.	Yes	16	22.9
3.	No	49	70.0
	Total	70	100.0

INFERENCE

From the above table, we can infer that 70% of the respondents are not aware of the grievances handling technique and 23% (approx.) had knowledge about the technique and rest 7% of the respondents did not respond for the query.

From the above table we infer that the awareness levels among the employees are very low.

Chart 4.3

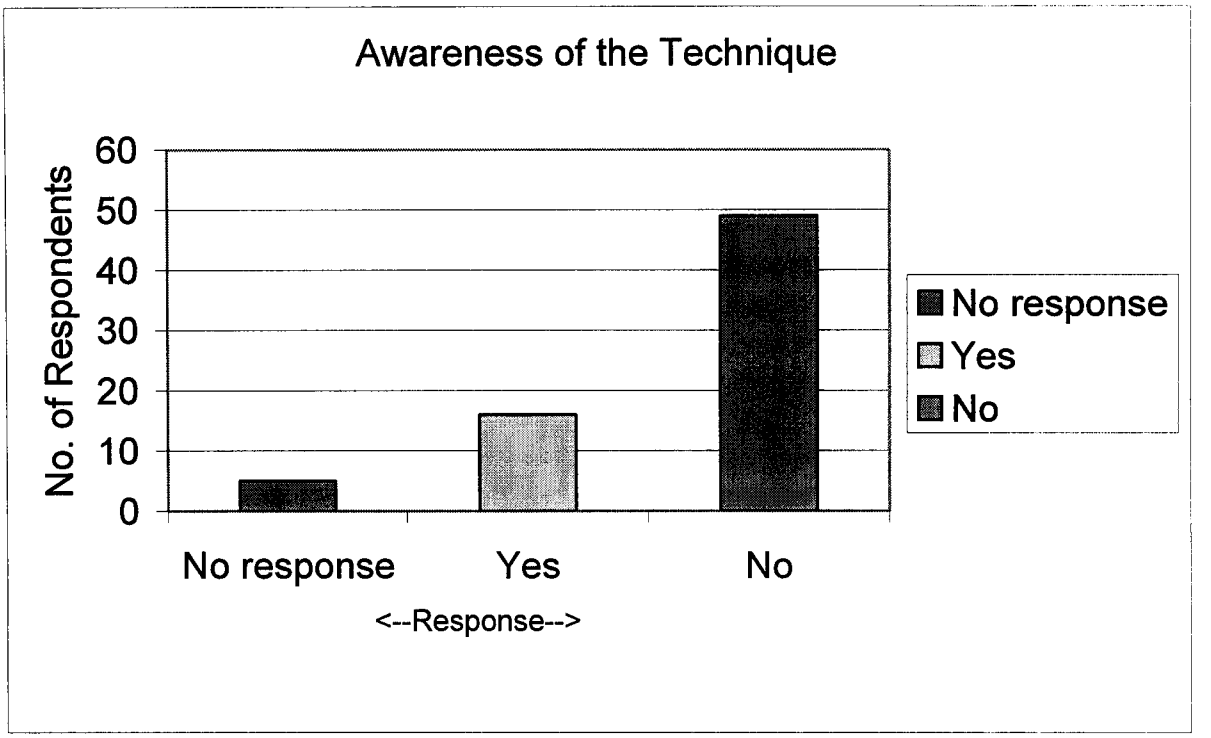

Awareness of the Technique
No. of Respondents
60
50
40
30
20
10
0
No response
Yes
No
<--Response-->
No response
Yes
No

TABLE 4.4

PERCENTAGE ANALYSIS OF THE EFFECTIVENESS OF THE TECHNIQUE

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	No Opinion	15	21.4
2.	Excellent	6	8.6
3.	Very Good	1	1.4
4.	Good	1	1.4
5.	Satisfactory	34	48.6
6.	Average	8	11.4
7.	Fair	5	7.1
	Total	70	100.0

INFERENCE

From the above table, we can see that 49% (approx.) of the respondents replied that the technique was satisfactorily effective and 21% (approx.) of the respondents had no opinion on the effectiveness.

Thus we may infer that the effectiveness of the technique is satisfactory according to majority of the employees.

Chart 4. 4

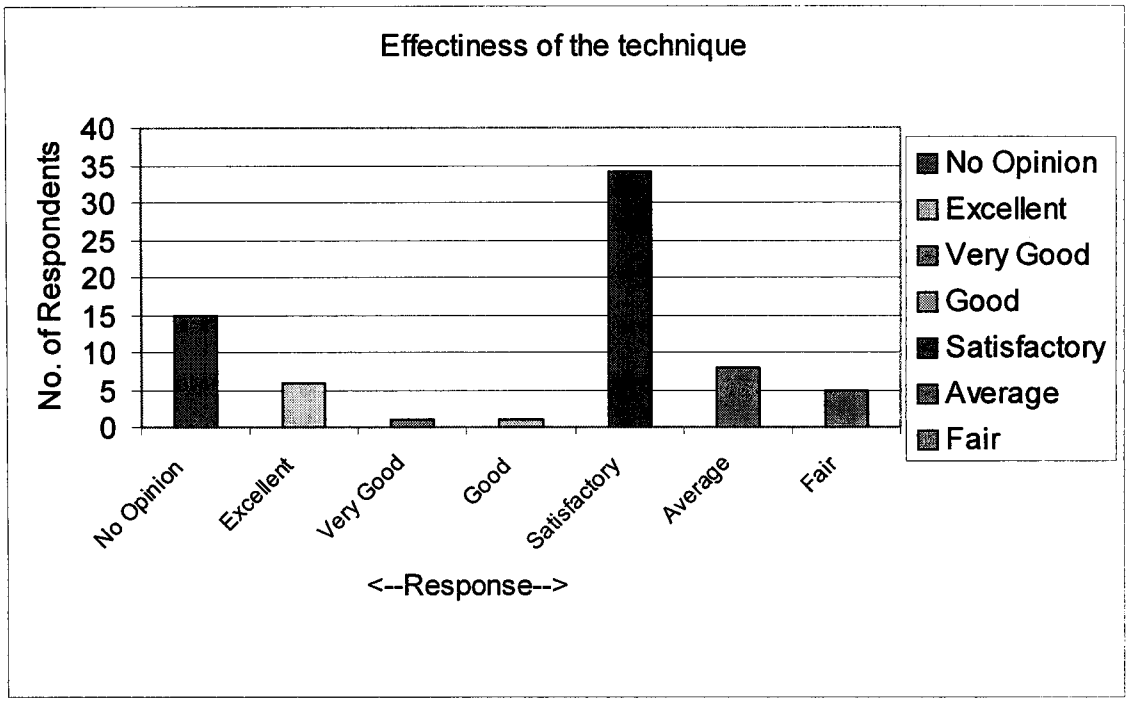

Effectiness of the technique
No. of Respondents
40
35
30
25
20
15
10
5
0
No Opinion
Excellent
Very Good
Good
Satisfactory
Average
Fair
<--Response-->
No Opinion
Excellent
Very Good
Good
Satisfactory
Average
Fair

TABLE 4.5

PERCENTAGE ANALYSIS OF THE TIMES OF COMPLETE SOLUTION FOR THE PROBLEMS

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	No Opinion	11	15.7
2.	Always	1	1.4
3.	Often	3	4.3
4.	Usually	8	11.4
5.	Sometimes	38	54.3
6.	Rarely	8	11.4
7.	Never	1	1.4
	Total	70	100.0

INFERENCE

From the above table, it is clear that 54%(approx.) of the respondents replied that sometimes the grievances had a complete solution and 11%(approx.) of the respondents replied that a complete solution was arrived at usually and an equal number of the respondents replied that only rarely did the grievance have a complete solution and 16% (approx.) of the respondents had no opinion in the matter.

Thus we may be able to infer that the majority of the respondents believed that the problems had complete solution only sometimes.

Chart 4. 5

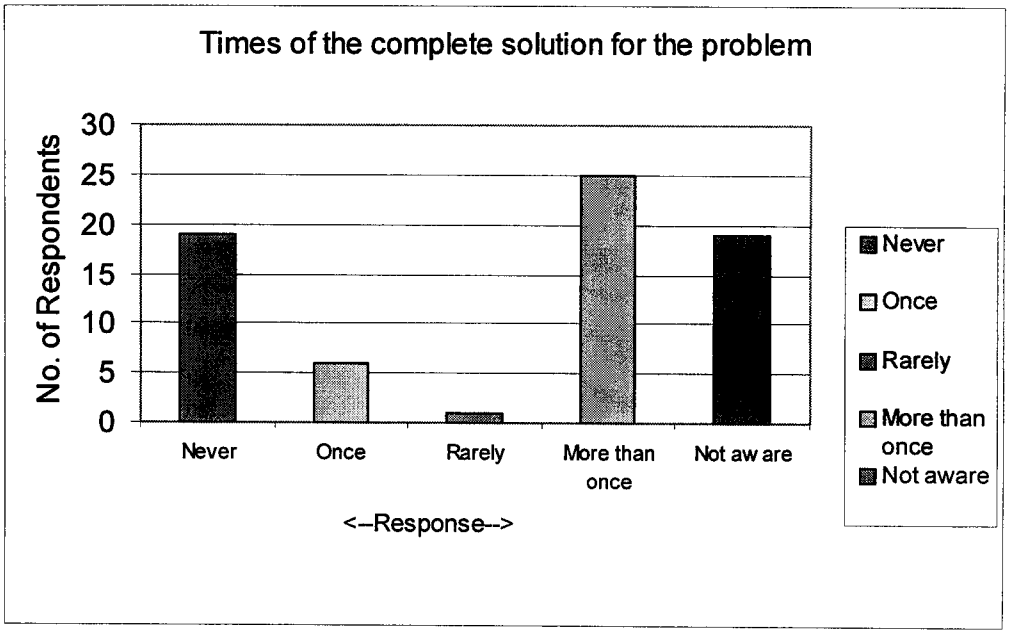

Times of the complete solution for the problem
No. of Respondents
30
25
20
15
10
5
0
Never
Once
Rarely
More than once
Not aw are
<--Response-->
Never
Once
Rarely
More than once
Not aware

TABLE 4. 6

PERCENTAGE ANALYSIS OF THE RECURRENCE OF THE RESPONDENTS

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	Never	19	27.1
2.	Once	6	8.6
3.	Rarely	1	1.4
4.	More than once	25	35.7
5.	Not aware	19	27.1
	Total	70	100.0

INFERENCE

From the above table, we can see that 36%(approx.) of the respondents said that more than once the authorities had involved in the grievance handling technique and 27% of the respondents said that the involvement was most of the times and an equal number of respondents had no opinion on the matter.

Thus we can infer that the involvement in the process of solving the grievance, by the authority is moderate.

Chart 4. 6

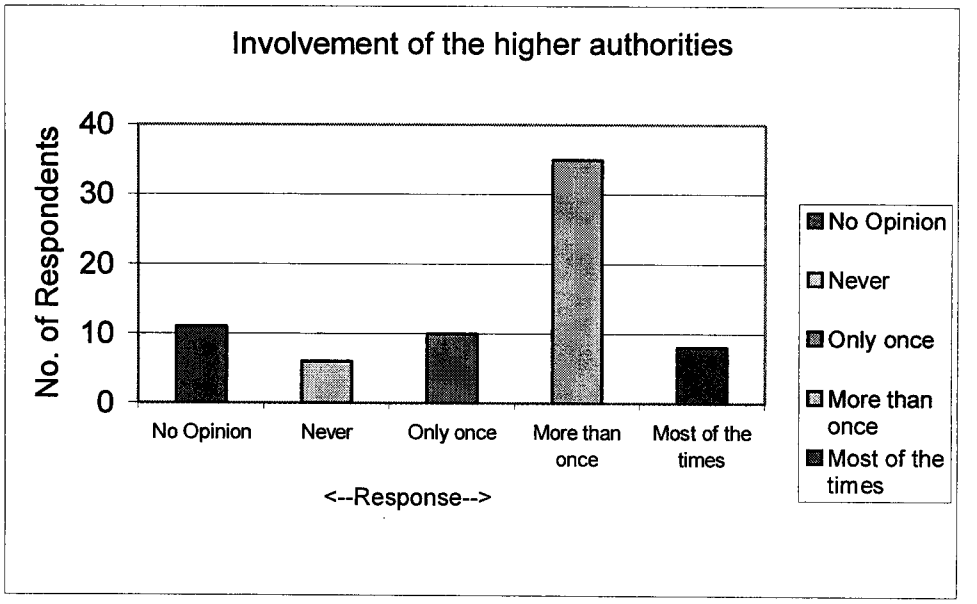

Involvement of the higher authorities
No. of Respondents
40
30
20
10
0
No Opinion
Never
Only once
More than once
Most of the times
<--Response-->
No Opinion
Never
Only once
More than once
Most of the times

TABLE 4. 7

PERCENTAGE ANALYSIS OF INVOLVEMENT OF HIGHER AUTHORITIES

S.No.	Particulars	No. of respondents	Percentage of respondents
1.	No Opinion	11	15.7
2.	Never	6	8.6
3.	Only once	10	14.3
4.	More than once	35	50.0
5.	Most of the times	8	11.4
	Total	70	100.0

INFERENCE

From the above table, we can note that 50%(approx.) of the respondents have replied that the grievance did have a recurring nature and more than 5% of the respondents have said that the grievance had never recurred.

Thus we can infer that the majority of the problems did have a recurring nature.

Chart 4.7

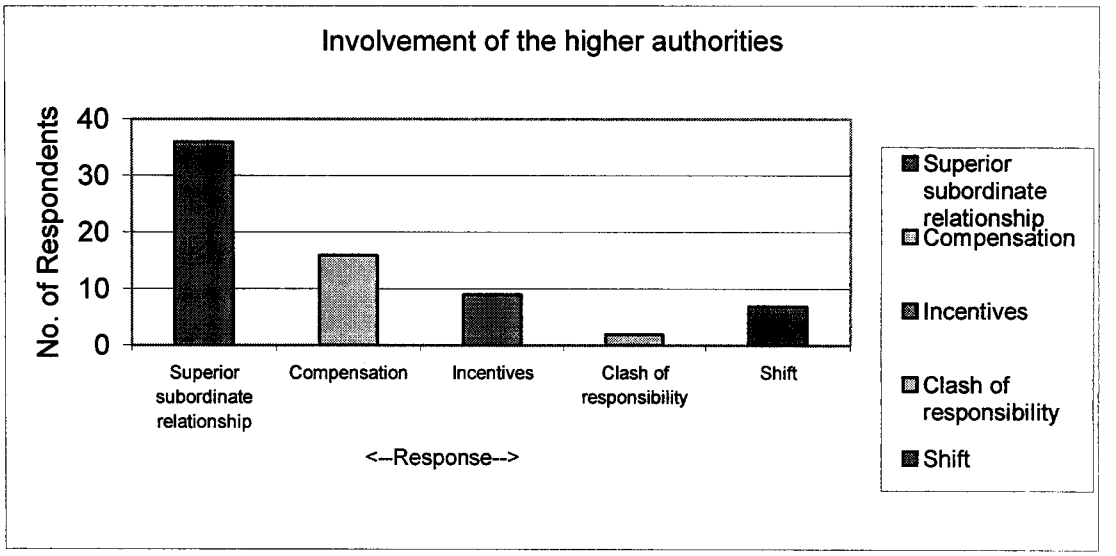

Involvement of the higher authorities
No. of Respondents
40
30
20
10
0
Superior subordinate relationship
Compensation
Incentives
Clash of responsibility
Shift
<--Response-->
Superior subordinate relationship
Compensation
Incentives
Clash of responsibility
Shift

TABLE 4.8

PERCENTAGE ANALYSIS OF THE TYPES OF GRIEVANCE

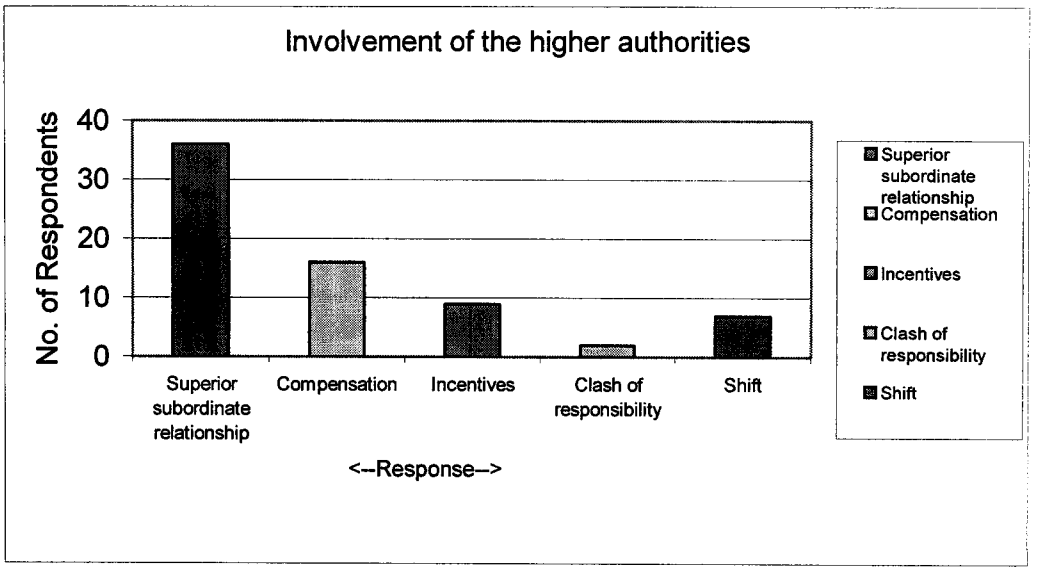
S.No.	Particulars	No. of respondents	Percentage of respondents
1.	Superior Subordinate Relation	36	51.4
2.	Compensation	16	22.9
3.	Incentives	9	12.9
4.	Clash of responsibility	2	2.9
5.	Shift	7	10.0
	Total	70	100.0

INFERENCE

From the above table, more than 50% of the respondents have answered that the main reason for the grievance was the superior-subordinate relationship and 23% of them replied that the reason was compensation, 13% replied the reason as incentives and perks and 10% relied as shift timing in the hospitals.

Thus we may infer that the main reason for the grievance is the superior-subordinate relationship.

Chart 4.8


Involvement of the higher authorities
No. of Respondents
40
30
20
10
0
Superior subordinate relationship
Compensation
Incentives
Clash of responsibility
Shift
<--Response-->
Superior subordinate relationship
Compensation
Incentives
Clash of responsibility
Shift

CROSS TABULATION

The technique of cross tabulation is applied to data in which both the dependent and independent variables appear in categorical form. It provides an indication to the degree of the relationship of one dependent variable to another independent variable.

Cross tabulation is the widely used method of analysis of multivariate data, which are in categorical form. The method reveals the relation between a dependent variable and independent variable.

CROSS TABULATION OF AGE AND AWARENESS OF TECHNIQUE

TABLE 4.9

Count

		AWARENESS OF THE TECHNIQUE			Total
		No response	Yes	No	
AGE	20-30	5	11	44	60
	30-50		5	5	10
Total		5	16	49	70

INFERENCE

From the cross table, it could be seen that from the age group of 20-30 years, 44 employees have answered that they were unaware of the technique and 5 employees from the age group of 30-50 have responded that they were not aware of the technique.

Hence it could be inferred that the awareness level is low.

TABLE 4.10

CROSS TABULATION OF AGE AND EFFECTIVENESS OF THE TECHNIQUE

Count

.	EFFECTIVENESS OF THE PRESENT TECHNIQUE							Total
	NO OPINION	EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	AVERAGE	FAIR	
AGE								
20-30	1	6	1	1	2	8	5	6
30-50					1			1
Total	1	6	1	1	3	8	5	7

INFERENCE

From the above cross tabulation it is clear that 34 respondents from the total 70 respondents said that they were satisfied with the present technique.

CROSS TABULATION OF AGE AND EFFECTIVENESS OF THE TECHNIQUE

TABLE 4.11

Count

.	EFFECTIVENESS OF THE PRESENT TECHNIQUE					Total
	SUPERIOR SUBORDINATE RELATIONSHIP	COMPENSATION	INCENTIVES	CLASH OF RESPONSIBILITY	SHIFT	
AGE						
20-30	31	15	7	2	5	60
30-50	5	1	2		2	10
Total	36	16	9	2	7	70

INFERENCE

From the above cross tabulation it is clear that 36 respondents out of the 70 respondents have said that the major reason for the grievance is superior-subordinate relations. The next major reason for the grievance is compensation since 16 of the respondents answered so.

Thus we can infer that the major reason is the superior subordinate relationship and since it has been so responded by the employees of the age group of 20-30 it can be due the age factor.

Conclusion & Suggestions

CHAPTER 5

CONCLUSION

5.1 FINDINGS

- 86% of respondents belong to age group of 20-30
- 80% of respondents have less than 2 years of experience
- 70% of respondents are not aware of grievance handling techniques adopted
- 49% of respondents are satisfied with the techniques adopted.
- 54% of respondents partly relay on grievance techniques
- 36% of respondents had more than once involved in grievance handling techniques
- 50% of respondents replied that grievance has solve the problem

50% of respondents feel that the grievance occur between superior sub-ordinate relationship

5.2 SUGGESTION & RECOMMENDATIONS

- Since the major grievance is superior subordinate relationship the hospital's management may carry out a survey so as to understand the reason for the friction.
- The present communication level has to be maintained.
- The management may introduce the suggestion box system so as to receive any suggestion or grievance of the employees also it will improve the feed back system of the hospital.
- Some of the suggestion put forth by the employees, such as free medical treatment for the dependents of the employee and improved of the employee and improved hostel facilities and recruiting the required nurses (as there is an increased work load in the hospital due to lack of nurses), through the questionnaire can be put in to consideration by the management.

- Superior and the subordinate relation should be improved and monitored by the management as the best as possible.
- Since compensation incentives and workload are also major cause of grievance it could be put into consideration by the management.
- Maintain the level of the efficiency of the present technique of the grievance handling technique and some improvement such as trying to solve the grievance by discussion between the superior and the subordinate can be done.
- Since the awareness level of the technique is low, steps may be taken to increase the awareness level, by giving the new employees those who are unaware of the techniques, an orientation on the technique.

Appendix

ANNEXURE

SECTION: A

PRESONAL INFORMATION

NAME :
AGE :

- 20yrs to 30yrs
- 30yrs to 50yrs
- Above 50yrs

DESIGNATION /ROLE IN THE HOSPITAL

- Sr DOCTOR
- SPECIALIST
- Jr DOCTOR
- NURSE
- OTHER(PLEASE SPECIFY)

.....
.....
.....
.....

EXPERIENCE IN THE HOSPITAL

- Below 2yrs
- 2 to 4yrs
- Above 4yrs

PERSONAL EXPERIENCE IN GRIEVANCE HANDLING
(what specific experience you, if any, have had
Regarding conflict resolution)

- ADMINISTRATOR ADDRESSING GRIVANCE WITHIN MY DIVISION
- ADMISITRATOR FOR ADDRESSING GRIVANCE EXTERNAL TO MY DIVISION
- ROLE OF AN INFORMAL GRIEVENCE RESOLVER
- PARTICIPANT IN MEDIATE SESSION
- FORMAL MEDIATOR (FOR OFFICAL PROGRAMME/PROJECT)
- INFORMAL MEDIATOR
- TRAINER OF MEDIATORS
- OTHERS (PLEASE SPECIFY)

.....
.....

SECTION: B

INFORMATION ON GRIEVANCE

1. WHAT IS THE FREQUENCY AT WHICH, PROBLEMS OCCURE IN THE HOSPITAL

- PROBLEMS OCCURE DAILY
- PROBLEMS ARE FREQUENT BUT DO NOT OCCURE DAILY
- PROBLEMS ARE NOT FREQUENT

2.WHAT WHERE THE REASON FOR THE PROBLEM

- OCCUPATIONAL DIFFERENCE
- ORGANISATION HIERACHY
- COMPENSATION
- INCENTIVES AND PERKS
- OTERS (PLEASE SPECIFY)

.....

3. HOW MANY KINDS OF PROBLEMS HAVE BEEN TREATED UNDER THE GRIEVANCE TECHNIQUE

- ONLY ONE
- MORE THAN ONE
- ALL PROBLEMS
- NOT AWARE/ SURE

4. ARE YOU AWARE OF THE GRIEVANCE HANDLING PROCESS OR METHODS OR PROCEEDURES IN THE HOSPITAL

- YES
- NO

5. IF YES, HAVE COUNSELING BEEN USED AS A TECHNIQUE IN GRIEVANCE TECHNIQUE

- ALWAYS
- OFTEN
- USUALY
- SOME TIMES
- RARELY
- NEVER

6. HOW OFTEN HAS THE PROBLEMS ENDED UP HAVING A COMPLETE SOLUTION

- o ALWAYS
- o OFTEN
- o USUALY
- o SOME TIMES
- o RARELY
- o NEVER
- o NOT AWARE/SURE
- o NOT AWARE/SURE

7. HOW OFTEN HAD THE PROBLEMS ENDED UP IN CONFUSION AND CHOAS

- o ALWAYS
- o OFTEN
- o USUALY
- o SOME TIMES
- o RARELY
- o NEVER
- o NOT AWARE/SURE

8. HOW OFTEN HAS THE PROBLEMS REACHED TO THE HIGHER AUTHORITY DUE TO FAULTS IN THE TECHNIQUE

- ONLY ONCE
- MORE THAN ONCE
- MOST OF THE TIMES
- NEVER
- NOT AWARE

9. HOW OFTEN HAS THE PROBLEMS REOCCURED

- ONCE
- MORE THAN ONCE
- ALL THE TIME
- RARELY
- NEVER
- NOT AWARE/SURE

10. HAS ANY EMPLOYEE BEEN FIRED OR HAS ANY EMPLOYEE LEFT THE HOSPITAL DUE TO THE ABOVE RESON

- YES
- NO
- NOT AWARE/SURE

SECTION C:

INFORMATION ON CHANGES IN THE GRIEVANCE HANDLING TECHNIQUE

1. HAS THE HUMAN RESOURCE DEPARTMENT MADE ANY IN THE GRIEVANCE HANDLING TECHNIQUE EMPLOYED

- o YES
- o NO
- o NOT AWARE/SURE

2. IF YES , WHAT WAS THE REASON FOR THE CHANGES TO BE EMPLOYED

- o DUE TO CHANGES IN THE INTERNAL ENVIRONMENT
- o DUE TO RESULTLESS METHODS OF GRIEVANCE HANDLING
- o DUE TO THE REQUEST ON THE EMPLOYEES
- o AS A MANAGEMENT DECISION
- o AS ROUTINE PROCEDURE
- o ANY OTHER (PLEASE SPECIFY)

.....
.....
.....
.....

3. IS THERE ANY REDUCTION IN THE PROBLEMS NOW, THAN AT THE TIME OF THE PREVIOUS TECHNIQUE

- o YES
- o NO
- o NOT AWARE/SURE

4. IS THERE ANY POSITIVE CHANGES DUE TO THE EMPLOYMENT OF THE CURRENT TECHNIQUE

- YES
- NO
- NOT AWARE/SURE

5. WHAT IS YOUR OPENION ON THE EFFECTIVENESS OF PRESENT TECHNIQUE

- EXCELLENT
- VERY GOOD
- GOOD
- SATISFACTORY
- AVEREGE
- FAIR
- NO OPENION

7. DO YOU AGREE TO THE STATEMENT THAT " *GRIEVANCE HANDLING IS AN INTERGRAL PART OF ANY HUMAN RESOURCE DEPARTMENT* "

- COMPLETELY AGREE
- PARTIALY AGREE
- NO OPENION
- PARTIALY DISAGREE
- COMPLETELY DISAGREE

SECTION D:

SUGGESTION

1. IF NO CHANGES HAVE BEEN MADE IN THE TECHNIQUE PRESENTLY WHEN WAS THE LATEST CHANGE MADE

- o 1 YEAR BEFORE
- o 2 YEAR BEFORE
- o NOT AWARE/ SURE

2. DO YOU FEEL THAT THERE IS A NEED FOR ANY CHANGES TO BE BROUGHT IN THE PRESENT TECHNIQUE

- o YES
- o NO
- o NO OPENION

3. IF YES PLEASE SUGGEST ATLEAST THREE WAYS IN WHICH THE TECHNIQUE MAY BE MODIFIED

a) .....
.....
.....
b) .....
.....
.....
c) .....
.....
.....
d) .....
.....
.....

4. ANY OTHER SUGGESTION (IF ANY) PLEASE SPECIFY

.....
.....
.....

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