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**A STUDY ON THE EFFECTIVENESS OF THE ONBOARDING PROCESS AT
KAVERI MEDICAL CENTRE, TRICHY.**

A PROJECT REPORT

Submitted by

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Reg. No. 0820400017

In partial fulfilment of the requirements
For the award of the degree

Of

MASTER OF BUSINESS ADMINISTRATION

JUNE-2010

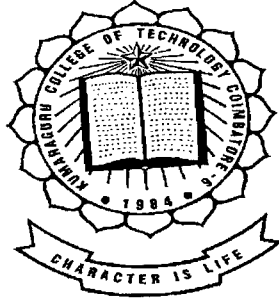
KCT Business School

Department of Management Studies

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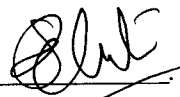
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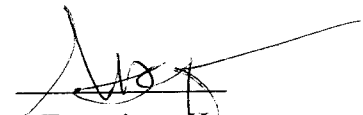
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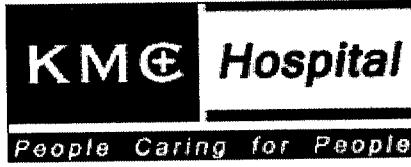

MRS. R. HEMANALINI
Faculty Guide


PROF S.V. DEVANATHAN
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Evaluated and viva-voce conducted on14.06.10.....


Examiner I


Examiner II



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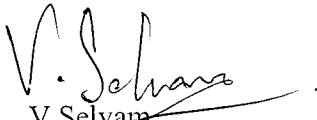
Date: 07/06/10

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms.S.Karthikeyini (Reg No: 0820400017) a student of Kumaraguru College of Technology, Coimbatore had undergone a project between 15th mar 2010 to 31st june 2010 entitled "A Study on the Effectiveness of Onboarding Process at Kavery Medical Centre and Hospital, Trichy"

During her tenure her performance was good

KAVERY MEDICAL CENTRE AND HOSPITAL


V.Selvam
Manager
Nursing services

DECLARATION

I hereby state that the dissertation report entitled “**A STUDY ON THE EFFECTIVENESS OF THE ONBOARDING PROCESS AT KAVERI MEDICAL CENTRE**”, Submitted in partial fulfillment for the award of Master of Business Administration to the Anna University, is a record of independent research work carried out by me under the guidance of **Mrs.R.HEMANALINI**, Lecturer, Department of Management Studies, Kumaraguru College Of Technology, Coimbatore. I also declare that this dissertation report is result of my own effort and has not been submitted earlier for the award of any other Degree / Diploma / Associate ship and prize by Anna University or any other university.

Place: Coimbatore

Date: 14.06.2010



S. KARTHIKEYINI

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EXECUTIVE SUMMARY

Onboarding is a newly emerging concept in human resource. Almost all human resource activities come under onboarding. By knowing the importance of onboarding all the companies have started implementing it in their organization.

In India, health care industry especially hospitals are flourishing with many innovations. As the hospital sector is a manpower based service sector, the onboarding process have a greater importance. The study aims to identify the expectation of a newly joining employee in this sector. The study assumes the characteristics of descriptive research.

The total population is 146 including the low level employees. But they are not given onboarding training. Therefore all the employees who are all considered for onboarding training are taken for analysis. The primary data for this study were collected through questionnaire. The researcher has used census sampling method for collecting the data. The secondary data were collected from company records, journals, websites and news papers. The collected data were properly classified and analyzed using suitable tools.

The study reveals that the onboarding process followed at KMC is effective. Suggestions are provided to make the process the best. This can be done if the organization follows suitable strategy while revising the process.

TABLE OF CONTENTS

CHAPTER	CONTENTS	PAGE NO.
	Acknowledgement	iv
	Executive summary	v
	List of contents	vi
	List of tables	vii
	INTRODUCTION	
1	1.1 Back ground of the study	1
	1.2 Review of literature	1
	1.3 Objective of the Project	2
	1.4 Statement of the problem	3
	1.5 Scope of the study	3
	1.6 Methodology	3
	a. Type of study	3
	b. Sampling design	3
	c. Method of data collection (tools used etc)	3
	d. Tools of analysis	4
	1.7 Limitations	4
2	ORGANIZATION PROFILE	
	2.1 History of the organization	5
	2.2 Management	7
	2.3 Product profile	7
	2.4 Future plans if any	8
	2.5 Description of various functional areas	9
3	MICRO AND MACRO ANALYSIS	
4	DATA ANALYSIS AND INTERPRETATION	11
5	CONCLUSION	
	5.1 Findings and Suggestions	41
	5.2 Conclusion	44
	QUESTIONNAIRE	45
	BIBLIOGRAPHY	51

LIST OF TABLES

S. No	Name Of The Table	Page No
1	GENDER OF THE RESPONDENTS	11
2	AGE OF THE RESPONDENTS	12
3	EDUCATION OF THE RESPONDENT	13
4	EXPERIENCE OF THE EMPLOYEE	14
5	EMPLOYEE'S INCOME	15
6	INTRODUCTION GIVEN AT THE TIME OF JOINING	16
7	CONDUCTION OF MENTORSHIP PROGRAM	17
8	ARTICULATION OF BENEFITS	18
9	EXPLANATION OF CONFLICT RESOLUTION PROTOCOLS	19
10	SPECIAL FACILITIES AND SCHEMES AVAILABLE FOR DOCTORS	20
11	SATISFACTION ABOUT THE FACILITIES	21
12	WORKING ENVIRONMENT PROVIDING COMPETITIVE BASE	22
13	INTRODUCTION GIVEN AT THE TIME OF JOINING	23
14	COMFORT OF WORKING ENVIRONMENT	24
15	WORK RECOGNITION	25
16	INTERFERENCE OF TOP MANAGEMENT IN CONFLICT RESOLUTION	26
17	TRAINING MEETS THE NEEDS OF YOUR CURRENT JOB	27
18	RECEPTION ON THE FIRST DAY	28
19	ROLE DEFINITION	29
20	INDUCTION PROGRAM SCHEDULE	30
21	RESOURCE AVAILABILITY	31
22	TOPIC COVERED IN THE ORIENTATION PROGRAM	32
23	PARTICIPATION IN THE ORGANIZATIONAL ACTIVITIES AND BOARD MEETINGS	33
24	ONBOARDING ACTIVITIES FOLLOWED AT KMC	34

CHAPTER – I

INTRODUCTION

BACKGROUND OF THE STUDY

Joining Process of an organization is the process used for the facilitation and orientation of an employee in the organization. It is a HR practice used for better understanding of the organization's culture and practices for a new employee.

The joining process and the exit policy are 'moment of truths' for any organization because these are the two contact points when the employee comes in touch with the organization for the first and last time respectively. An organization committed to employee welfare will continuously strive to make this transition easier for its employees.

The project focused on the area of induction of an employee and stresses its importance in an organization. Induction of people new to the organization is a continuing training need for businesses small and large. From the individual's point of view it is the period where they find their feet, learn about their new organization, their new job and the people with whom they will be working. It is also the period during which they absorb the culture, ethics and standards of the business and begin to form judgments about what is acceptable and non-acceptable in terms of behaviors and inputs. From the organization's point of view Induction is the period which, if used effectively equips and prepares the new joiner for their role and gives them the basic knowledge required to begin functioning effectively and safely at the earliest possible moment. Induction is also the period during which the employer can quickly confirm the wisdom of the decision the individual has made to come and work there and make them feel welcomed and valued.

At KMC during the Onboarding process where every new joiner is welcomed aboard and is made a part of KMC family by set of joining protocols.

At KMC, every employee after 60-90 days of joining goes through a practice **LET'S MEET** where the new joiner's perspective regarding his job his role and organization is captured.

The project started with the study of the current on-boarding process at KMC and then an employee feedback form was developed based on it. A primary survey was then conducted on all the employees. After the survey was conducted the data was analyzed and the following study was made.

I. Employee expectation with each activity in On-Boarding Process

II. The barriers in the on-boarding process

Finally on the basis of this analysis the effectiveness is analyzed and recommendations are given to strengthen the process further.

1.2 REVIEW OF LITERATURE

Derven, Marjorie¹ suggested that personnel management can obtain early allegiance to gain a strategic advantage in the war for talent. The article specifically refers to onboarding approach, which is a systematic process to establish a positive trajectory early in a new manager's career. The approach includes developing key relationships and access to information, phased implementation, and defining multiple roles. It is suggested that the new manager's boss has to be accountable for addressing relationship and expected contribution early on, and cannot delegate this to HR or any other function.

William Henry and Rodney² of New South Wales University discusses approaches that can be used by organizations to maximize the onboarding process, as outlined by Alice Snell of Taleo Corp. Snell describes onboarding as a direct bridge between the promise of new talent and actual attainment of productivity. She says effective onboarding process enables new team members to gain access to information, tools and materials needed for their functions. Four steps to effective onboarding are process analysis, implementation, integration, and reporting.

Guttman, Howard M ³ in their article offers several onboarding tips from leaders. One way of managing personnel is to have a long-term strategy and business prospects, with effective operations, and progressive human resource (HR) policies. According to leaders, to face the onboarding challenge, the organization must start at the beginning with the interview process. Also, remember to stay close to new hires by providing weekly feedbacks. Another thing companies should consider is the placement of mentors.

Weinstein, Margery ⁴ reports on a study sponsored by SkillSoft, a provider of on-demand e-learning and performance support solutions, which concludes increases in employee retention and worker productivity levels from effective onboarding. The study, conducted by Aberdeen Group, found 84 percent of organizations included a formal new-hire training program in their onboarding process. The findings also show new employees who participate in onboarding achieve ideal levels of productivity quicker in their new positions.

Gyan drone and piere davis ⁵ said that rewards and recognition as a significant role in successful onboarding and engaging new hires. According to Caela Farren, chief executive officer of career development and talent management firm MasteryWorks, if new hires will be under managers without concern, they are considered lost souls. Managers are ought to help build relationship with peers or colleagues with the new hires. The company must show recognition of the employee's value to the organization.

Butterfield, Sheree ⁶ focuses on the onboarding coaching of new executives to protect the new-hire investments of a company. Among the reasons stated for the failure of such executives are a gap in pre-hire expectations versus job realities and a reliance on old skills and mindsets for the new position. Onboarding coaching it is reported can reduce the 6.5 months breakeven time for new hires. Articulating the issue to be solved and using a coaching company are some of the coaching steps given.

Moore, Maggie⁷ discusses the approach of organizations to executive onboarding program. It provides tips for implementing a successful executive onboarding program, which includes establishing relevant program objectives, targeting core leadership competencies and using a blended learning approach. Moreover, it remarks that a successful executive onboarding contributes to leadership retention and promotes long-term success for an organization.

Cashman, Kevin⁸, **Smye, Marti**⁸ said that the best practices in implementing a strategic onboarding program for newly hired executives. It defines onboarding as a process of learning, networking, resource allocating and goal-setting that allows a newly hired executive to reach maximum productivity immediately. It cites the need for collaboration between the human resources (HR) department and the incumbent executives. It suggests to assign a coach that would assist the new executive in reinforcing the team.

Pomeroy, Ann⁹ presents the findings of a survey on the satisfaction of global executives with their employer's onboarding process for newly employed, conducted by Korn/Ferry International. It found that 30% of global executives surveyed are satisfied with their employer's onboarding process for new hires. 22% of executives called it below average. Marti Smye, global head of Korn/Ferry's coaching and executive development services, believes that 80% of onboarding processes work effectively.

Johnson, Lauren Keller¹⁰ reports on the changes in the management process and structure of McLean, Virginia-based Capital One Financial Corp. The decision to undergo corporate reorganization was made in the aftermath of an aggressive hiring. However, despite having recruited a bunch of talented hirees, the company's performance has not matched expectations. To help new and promoted leaders get off to a strong start, Capital One's training and development team came up with a novel three-stage onboarding process called the New Leader Assimilation Program.

1.3 OBJECTIVES OF THE STUDY

Primary Objective:

To study the effectiveness of the on boarding process at Kaveri Medical Centre, Trichy.

Secondary Objectives:

- To analyze the expectations of the employees.
- To find out the barriers in onboarding process and to suggest suitable methods to overcome it.

1.4 SCOPE OF THE STUDY

1. Onboarding is an important area of management for making the employees more effective and productive.
2. It is actively and intimately connected with all the technical and non-technical activities.
3. It is an integral part of the whole management system.
4. The study aims to learn the administration of the on boarding process and training aids provide to employees, form the survey.

1.5 STATEMENT OF THE PROBLEM:

Many employees quit the job for various reasons. The main cause for this is, the organization fails to understand the expectations of the newly joined employees. The organization should see to that the employees stay with them for a longer period of time.

1.6 RESEARCH METHODOLOGY

The type of study is descriptive. As the research is about an already existing process it is a descriptive type research. The type of sampling is census sampling. Though the total population is 146, the low level employees are not given onboarding training therefore the employees who are involved in the onboarding process are fully taken. Therefore it is a census sampling.

a. Type of study

The study is based on descriptive research design to analyze the effectiveness of onboarding process in KMC.

b. Sampling design

The target sample for the study is employees of KMC in Trichy. The total population is 146. Sample population is 118.

- Doctors – 29
- Paramedics – 55
- Non – Paramedics – 34
- Low level employees - 28

The onboarding is not for low level employees. So they are not taken for analysis.

c. Method of data collection

Data collection is of two types, they are Primary and Secondary data collection.

Primary Data:

They major tool of Data collection that has been used in this study is a Questionnaire. The first part of the Questionnaire is designed in such a way to get the personal information such as Age, Experience, income and qualification. The remaining

questions are related with the study and were put forward to gather information about the on boarding process followed in the organization. Each respondent was met personally with questionnaire and their responses were collected individually.

Secondary Data:

These are the data that already exist. The relevant information for this study has been collected from Secondary sources such as Books, Journals, Reports, copies and website available in the organization.

d. Tools of Analysis

1. Percentage analysis
2. weighted average method

1.7 LIMITATIONS

1. Some of the employees are having fear to fill up the questionnaire. So, all the data cannot be correct.
2. There may be error due to the bias of the employees.
3. As low level employees are not given on-boarding training, their opinion could not be found out.

CHAPTER II

ORGANIZATION PROFILE

2.1 HISTORY OF THE ORGANIZATION

Kavery Medical Centre & Hospital popularly known as KMC is a 400 beds multispeciality hospital, located at the heart of Trichy City. The hospital is known for its cutting edge technology equipments which are few of the best in the country. The hospital has been providing high quality care with the state of the art technology, with a team of dedicated medical specialists and well trained para medical personnel.

2.2 SERVICES PROVIDED

- Trauma Shelters
- Laboratory Services
- Medical Courses
- KMC Institute of Paramedical Sciences
- Free Bed Services
- KMC School of Nursing

Emergency Accident Relief Centre

Many valuable lives are lost in accidents due to improper transportation to correct centres. Keeping this in mind KMC in association with Government of Tamilnadu has established trauma shelters in National Highways 47 (Trichy to Chennai). Those are situated in Perambalur, Eranchi, Tolgate, Padalur and Thuvakudi. Each shelter is manned by a ambulance with a driver and a paramedical personnel who is trained in first aid procedures and equipped with first aid kits. After establishing these shelters many lives has been saved in the precious golden hour period. This facility is boon to the traveling public of Trichy.

Trauma Shelter



Laboratory Services

We, at KMC have the most dependable, accurate, sophisticated equipment with cutting edge technology. Our lab undergoes regular internal quality control protocols and periodic external quality controls with Christian Medical College, Vellore, which is the national authority in lab services. We have stood first in the quality control programme conducted over one thousand laboratories across the country.

Ranges of Services

Haematology, Biochemistry, Microbiology, Histopathology, ImmunohistoChemistry, Various drug assays, Electrophoresis.

Blood Bank

Assured availability of round the clock whole blood and its components. Early diagnosis of cancer can be made with the help of tumour markers. In special situations histopathological reports can be obtained by rapid processing technique. Now, we have established advanced laboratory and have become a full service reference laboratory. Our lab

provides a test menu of over 3600 hi end specialized tests to the local clinicians and hospitals. This was inaugurated by Shri.K.K.S.S.R.Ramachandran, Hon'ble State Minister for Health and Family welfare, presided by Shri.K.N.Nehru, Hon'ble State Minister for Transport in the presence of Worshipful Mayor of Trichy corporation Smt.Sarubala R.Thondaiman on February 9th 2007.

2.3 MEDICAL COURSES

Diplomate in National Board (D.N.B.)

Approved by National Board of Examination Ministry of Health and Family welfare, Govt of India for the following D.N.B. courses.

- **GENERAL MEDICINE**
- **GENERAL SURGERY**
- **ANAESTHESIOLOGY**
- **PAEDIATRICS**

KMC Institute of Paramedical Sciences



The Vice – Chancellor of Bharathidasan University Prof.C.Thangamuthu inaugurated six paramedical courses namely Diploma courses in Medical Imaging Technology, Nursing Assistant and Medical Lab technology and Certificate courses in Cathlab technician, OT technician and Bio-medical engineering being conducted in collaboration with Bharathidasan

University. Now, Diploma courses in Perfusion technology and Hospital administration, Certificate courses in Cardiac technician and Dialysis technician were added.

The rapid growth of the health care industry has opened doors for talented younger ones with technical qualification specialized in various paramedical fields. Thanks to the rapid advancement in modern medicine with the use of sophisticated equipments which helps in early diagnosis of all ailments. The incidence of Cardiac problems is alarmingly on the increasing trend. However with modern diagnostic facilities like Angiogram, we can identify block in the blood circulation at very early stage which helps in right kind of treatment at the right time. The advent of these newer medical equipments demand technically qualified and trained persons.

Keeping this in mind, KMC in collaboration with Bharathidasan University has started the Cardiac Cathlab technician and Biomedical Engineering Courses. These courses are offered under Certificate Course pattern with a duration of 1 year. With the advent of modern diagnostic tools like Orthopantogram, Mammogram, 3 Dimensional CT Scan, MRI, Nuclear scan the need for well qualified radiology technician is also very high. Similarly modern laboratory medicine which helps in identifying diagnosis at very early stage requires skilled lab technician. KMC has started Medical Imaging Technology and Medical Laboratory Technology diploma courses with the duration of 2 years. Since the demand is very high, the completion of these courses certainly ensures placement with good remuneration. All these courses are conducted by well qualified senior faculty members of the respective specialities. The full fledged library for ready reference and hands on experience to which the students are exposed to during the study gives them confidence in their choosen field. This novel step in the field of medical education by KMC is a boon to the students in and around Trichy. They are running three other courses namely Male nursing assistant, Pharmacy assistant and Housekeeping assistant courses.

Free Bed Services

Free beds facility service at Seahorse Hospital was started on 25th April 2008 by Mr.M.Anbazhagan, MA Deputy Mayor, Tiruchirapalli Corporation in the presence of Mr.Ve.Govindharajulu, General Secretary and Mr.A.K.Hussain, President – Tamilnadu Traders federation. Mr. M. Tamilselvam BE, Treasurer – Tamilnadu Traders federation and Mr. S.

[11]

P-3181



Balamurugan Zonal Chairman of Golden Rock Tiruchirapalli Corporation were the special invitees.

The free out patient consultation services is functioning every week on Friday's from 12.00pm to 3.00pm for General medicine, General surgery, Orthopaedics, ENT and Obstetrics & Gynecology patients and free inpatient bed facilities are being provided for the people under poverty line and for downtrodden. There is no bed charges for the patients admitted under this criteria and all the other procedures are being done at a highly subsidized cost.

KMC SCHOOL OF NURSING



The 3 ½ years Diploma in General nursing & Midwifery course has been recognized by the Government of Tamil Nadu (GO: Ms.No. 327/ Health Department, Dated 03.10.08) and is being conducted according to the norms of the Government. On successful completion of the 3 ½ year course the candidate will be awarded the Diploma in Nursing and Midwifery.

Health Check Packages

We offer various comprehensive tests and investigations at KMC to know the present health status. After completing these tests, one will be thoroughly examined by a physician.

Investigations	Basic Health Check Up	Standard Health Check Up	Comprehensive Health Check Up	Perfect Heart Health Check Up
Complete blood count	✓	✓	✓	✓
Blood Sugar fasting	✓	✓	✓	✓
Blood Sugar Post Prandial	✓	✓	✓	✓
Blood group	✓	✓	✓	
Urea	✓	✓	✓	✓
Creatinine	✓	✓	✓	✓
Uric acid			✓	
Total Cholesterol	✓	✓	✓	✓
HDL Cholesterol			✓	✓
LDL Cholesterol			✓	✓
VLDL Cholesterol			✓	✓
Triglycerides		✓	✓	✓
Total bilirubin			✓	

SGOT			✓	
SGPT			✓	
Alkaline Phosphatase (ALP)			✓	
Urine analysis	✓	✓	✓	✓
Urine Microalbumin				✓
Stool routine exam	✓	✓	✓	
Pap smear (for female)		✓	✓	
Ultrasound scan		✓	✓	
X-ray Chest	✓	✓	✓	✓
ECG	✓	✓	✓	✓
Echocardiogram		✓	✓	✓
Pulmonary Function Test				
Treadmill				✓
Eye Test		✓	✓	
Gynaecologist Opinion		✓	✓	
Physician consultation	✓	✓	✓	
Cardiologist consultation				✓
TOTAL CHARGE	Rs.600/-	Rs.1250/-	Rs.2500/-	Rs.2000/-

2.4 FACILITIES

Density

Comprehensive dental care, awareness in dental hygiene, disease prevention and restoration of dental health are provided in the dental department. Our consultants have rich academic experience and are regular faculties in various dental colleges whereby the department is periodically upgraded and newer technologies are adopted.

Department Of Diabetology

KMC has an integrated "Diabetes Foundation" to provide comprehensive diabetic care. Availability of departments like Cardiology, Nephrology, Neurology, Ophthalmology, Density, Foot clinic, etc. under one roof eliminates the agony of diabetic patients running from clinic to clinic.

Eye Department

God's most precious gift to man is the gift of sight. KMC Eye department has full fledged State of the art equipments and strives to protect this invaluable gift of God by delivering quality eye care at affordable cost.

General Medicine & General Surgery

These two departments are the pillars of any hospital. These departments are efficiently managed by senior physicians and surgeons. KMC has dedicated team of Physicians and Surgeons to lead the critical care and the trauma unit respectively. These departments provide round the clock services by which they are able to co-ordinate with all the super speciality branches.

Gastro Enterology

KMC has one of the most sophisticated and a complete gastroenterology unit. The unit is equipped with entire diagnostic and therapeutic facilities to treat all gastrointestinal, hepato biliary and pancreatic diseases under one roof.

Intensive Care Unit

The Critical Care Medicine Department at KMC Hospital provides multidisciplinary critical care service with representation from the Departments of Internal Medicine, Anesthesiology, Surgery, Neurology, and Pediatrics.

No of ICUs available – 6

No of ICU beds available- 50

Patients to nurse ratio - 1:1

Doctor to patient ratio - 1:8

Kidney Care Unit

KMC has been providing "First World Treatment" at "Third World Prices" in general, more so in the Kidney Care unit. The incidence of the End Stage Kidney Disease has always been on the increasing trend. We provide comprehensive Kidney care services like peritoneal dialysis (PD), Continuous Ambulatory Peritoneal Dialysis (CAPD), Haemodialysis (HD), etc..

Maternity Care

KMC has been providing sophisticated, modern and comprehensive maternity care over the past five years. Maternity department is backed by round the clock paediatric services. Apart from the regular Obstetrics services, high risk pregnancies, heart diseases complicating pregnancy, eclampsia, gestational, diabetes, etc. are also managed with ease. Routine foetal monitoring with tococardiogram is being done to identify foetal distress at a very early stage. Painless labour services are provided with continuous epidural analgesia. Most of the gynaecological surgeries are done under video laparoscopy & hysteroscopy. Video colposcopy guided cancer screening is also done routinely.

Department Of Neurosciences

The aim of the Department of Neurology is to deliver high quality neurological care to the patients at an affordable cost. In this era of modern neuro-diagnostics, apart from the

consultants with rich clinical acumen, various diagnostic modalities are now available in this hospital, to arrive at a correct diagnosis in the quickest possible time, so that the patient is treated promptly and correctly.

Orthopaedics

KMC Orthopaedic services have been at an exemplary level over the past seven years. KMC has given major attention in building up an advanced orthopaedic unit. This unit has served the public by rendering trauma and non-trauma services with latest technological input.

Paediatrics & New Born Care

Newborn unit is equipped with the modern temperature controlled warmers, phototherapy unit, sophisticated newborn ventilators, etc. On the top of it, our paediatrician's flair and dexterity for the new born is worth mentioning and an asset to the institution.

Plastic Surgery

Department of Plastic Surgery at KMC is known for its all round efficiency and managed by a senior plastic surgeon of more than 25 years of experience coupled with a microvascular surgeon. The department runs a free cleft lip and palate rehabilitation programme for the last two years. This programme helps to correct the cleft lip and palate in a comprehensive way. After surgery, all the patients are followed up regularly. Speech therapy and dental correction are also given whenever necessary. More than 200 patients were benefited by this project till now.

Radiology

Round the clock radiological services are available for all emergency cases. Our radiologists are extremely dedicated and play a very important role in early diagnosis of life threatening conditions with the help of our modern equipments. Interventional procedures like selective embolisation of pulmonary vessels for haemoptysis is routinely done in this department.

Radiation Oncology & Medical Oncology

This department offers comprehensive cancer care by providing:

1. Cancer screening and early detection.
2. Cancer counseling
3. Radiotherapy
4. Chemotherapy
5. Pain and Palliative care
6. Awareness campaigns

Stem Cell Treatment

KMC has introduced the most innovative treatment, Stem cell treatment, in association with Nichi-in Centre for Regenerative Medicine (NCRM), Japan at Seahorse Hospital. Japan Institute has successfully discovered a new method of transplanting the affected cell with the new one taken from the bone marrow. Through this new method of treatment, thousands of patients are able to get better life. Through this scientific development, those affected from Cancer, Heart diseases, Cardiomyopathy, Spinal cord diseases, Paralysis, Submucous fibrosis, Diabetic ulcer foot, burns, Cirrhosis of liver and Parkinsonism can easily be rescued. Stem cell treatment was introduced in India very recently. So far, this treatment facility was available only in Delhi, Chennai and Bangalore. It has been introduced at Seahorse Hospital for the first time in South Tamilnadu.

Surgical Oncology

Headed by an experienced surgical Oncologist, Cancer surgeries like Wertheim Hysterectomy, Radical Neck dissection, Composite Resection, Mastectomy, Oesophagectomy,

Radical Gastrectomy, Abdomino perineal resection for colorectal tumours, Pneumonectomy, Soft tissue sarcoma and Bone tumour excisions, Endoscopic Retrograde Cholangio Pancreatograph (ERCP) stenting, glioma excisions, renal tumor excisions, skull base surgeries, etc. are done with utmost care. Reconstruction and rehabilitation are also taken care at our institute for all the major cancer resection. Various flap procedures following radical surgery in Head and Neck region are done routinely at our centre.

Toxicology

Despite the success of various preventive public health programs, poisoning continues to be a common occurrence. Fortunately, the vast majority of the poisons can be managed well if treated early in consultation with a regional poison control centres like KMC. At KMC, with the help of physicians, nephrologists, cardiologists, anaesthesiologists, dedicated team of paramedical staff and supported by the reliable diagnostic facilities, we are able to provide almost 100% results if received in time.

Traumatology

Right from the inception, special attention is being focused on accident services. KMC has the best trauma team which consists of anaesthesiologists, general surgeons, orthopaedicians, plastic surgeons, facio maxillary surgeons, neuro surgeons, urologists and surgical gastro enterologists. Availability of the cutting edge technology medical equipments in operation theatres help the trauma team to provide the best surgical care at the most appropriate time in KMC

Telemedicine

KMC Hospital in association with Space Hospitals Ltd. has established a Telemedicine Network, first of its kind in South Tamilnadu. KMC Hospital's telemedicine department will provide 24 hours specialist's consultation services in the fields of Cardiology, Radiology, Intensive Care, Emergency Medicine, etc. This telemedicine network will be the ideal solution for the rural hospitals for immediate attention from specialists and experienced medical professionals, at a reduced cost.

2.5 CLIENTS

The members of the following institutions avail credit facilities under the corporate scheme and the members of insurance companies enjoy cashless services in our hospital and undergo general health checks and pre-employment and pre-insurance health check ups.

Insurance companies

- national insurance
- new india assurance co. Ltd.
- oriental insurance co. Ltd.
- united india insurance co. Ltd.
- icici prudential life insurance
- health india insurance

Public Sectors

- Esi Members
- Airport Authority Of India
- Bsnl
- Central Warehousing Corporation
- Happ
- Oft

Bank

- Indian Bank
- Andhra Bank

- Central Bank
- Icici Bank
- Hdfc Bank
- Uco Bank

APPROVED HOSPITAL FOR

- tamilnadu state government employees
- tamilnadu state government pensioners
- tamilnadu state illness assistance fund scheme - paediatric cardiac surgery
- tamilnadu government employees' new health insurance scheme
- tamilnadu chief minister's insurance scheme for life saving treatment.
-

2.6 AWARDS

- KMC hospital has been continuously securing the best hospital award for the past 3 consecutive occasions. This hospital has been awarded once in two years.
- Best Multi speciality hospital for year 2001-Award presented by Consumer council through playback singer Smt.P.Suseela.
- Best Accident & Emergency care hospital for year 2003 – Dindugal I.Lyoni presents the Award to KMC. Flanked by Sri.Ramasubbu, Proprietor of the popular Tamil Daily 'Dinamalar'.
- Best Heart & Cancer care hospital for year 2005 – Awarded by District Lions Club Governor Ln.Swaminathan.

- Best Cancer, Heart and Trauma care hospital for year 2006 – presented by Consumer council through playback singer Smt.P.Suseela to KMC. Also seen are Tamilnadu Consumers Welfare Association's R&P (Regd) General Secretary H.Nagarajan on left and on the right is IMA-TNSB Ex-State President, Dr.A.Zameer Pasha, J.J College Chairman Selvaraj and EME (Retd) Brig B.Narayanasamy.
- KMC won award for best Medical services in the fields of Cancer, Heart and Trauma care at the Tamil Nadu Consumers Welfare Association's R & P (Regd) Award Function on 29h July 2007. This award is being given once in two years in appreciation of various service organizations.
- KMC hospital has one of the best IT departments in the Industry. KMC hospital has also been awarded the “Best IT user award” in the year 2005.

CHAPTER III

MICRO & MACRO ANALYSIS

HEALTHCARE INDUSTRY-OVERVIEW

The healthcare industry in the country, which comprises hospital and allied sectors, is projected to grow 23 per cent per annum to touch US\$ 77 billion by 2012 from the current estimated size of US\$ 35 billion, according to a Yes Bank and an industry body report published in November 2009. The sector has registered a growth of 9.3 per cent between 2000-2009, comparable to the sectoral growth rate of other emerging economies such as China, Brazil and Mexico. According to the report, the growth in the sector would be driven by healthcare facilities, both private and public sectors, medical diagnostic and pathlabs and the medical insurance sector. According to the report, diagnostics would contribute US\$ 2.5 billion to the healthcare industry by 2012.

An increasing number of public and private healthcare facilities are expected to propel demand for the industry, accounting for another US\$ 6.7 billion in this period.

Health Insurance

The Indian health insurance market has emerged as a new and lucrative growth avenue for both the existing players as well as the new entrants. According to a latest research report "Booming Health Insurance in India" by research firm RNCOS released in April, 2010, the health insurance market represents one the fastest growing and second largest non-life insurance segment in the country. The Indian health insurance market has posted record growth in the last two fiscals (2008-09 and 2009-10). Moreover, as per the report, the health insurance premium is expected to grow at a CAGR of over 25 per cent for the period spanning from 2009-10 to 2013-14.

According to the Yes bank and an industry body report published in November 2009, the medical insurance sector would account for US\$ 3 billion in the next three years, up from the estimated current size of over US\$ 1 billion

Health insurance premium collections touched US\$ 1.31 billion in 2008-09 compared to US\$ 1.3 billion in the previous year, the Insurance Regulatory and Development Authority (IRDA) said in its annual report for 2008-09.

Investments in Healthcare

As per data released by the Department of Industrial Policy and Promotion (DIPP), the drugs and pharmaceuticals sector has attracted FDI worth US\$ 1.66 billion between April 2000 and January 2010, while hospitals and diagnostic centres have received FDI worth US\$ 761.18 million in the same period.

Healthcare major, Fortis Hospitals plans to invest US\$ 53.7 million, to expand its facilities pan-India.

Moreover, in March 2010, Fortis Healthcare announced the largest overseas acquisition by an Indian company in the healthcare space. It bought the entire 23.9 per cent stake held by TPG Capital in Singapore's Parkway Holding Ltd for US\$ 686 million.

Asia's leading hospital chain, Columbia Asia Group, which already has six hospitals in the country, plans to ramp-up its operations in India by opening eight more multi-speciality community hospitals with a total capacity of 800 beds by mid-2012. The group has earmarked a total investment of US\$ 177.1 million for the 14 hospitals.

Medical Tourism

According to a new report published by RNCOS, titled "Booming Medical Tourism in India" released in September 2009, medical tourism in India has emerged as the fastest growing segment of the tourism industry despite the global economic downturn. High cost of treatments in the developed countries, particularly the USA and UK, has been forcing patients from such regions to look for alternative and cost-effective destinations to get their treatments done. The Indian medical tourism industry is presently at a nascent stage, but has an enormous potential for future growth and development.

As per the market research report, India's share in the global medical tourism industry will climb to around 2.4 per cent by the end of 2012. Moreover, medical tourism is expected to generate

revenue of US\$ 2.4 billion by 2012, growing at a CAGR of over 27 per cent during 2009–2012. The number of medical tourists is anticipated to grow at a CAGR of over 19 per cent in the forecast period to reach 1.1 million by 2012.

Areas of Opportunity

The fast growth in the Indian healthcare sector has created various pockets of opportunities for investors. An Ernst and Young and another industry body report released in 2007 highlights several such areas within the healthcare sector.

- The medical equipment industry is around US\$ 2.17 billion and is growing at 15 per cent per year. It is estimated to reach US\$ 4.97 billion by 2012.
- The medical textiles industry is projected to double to reach US\$ 753 million by 2012.
- Clinical trials have the potential to become a US\$ 1 billion industry by 2010 and the health services outsourcing sector has the potential to grow to US\$ 7.4 billion by 2012, from US\$ 3.7 billion in 2006.

The US\$ 2.2 billion Indian wellness services market is expected to grow at about 30-35 per cent for the next five years on the back of rising consumerism, globalisation and changing lifestyles, according to an Ernst and Young and another industry body study titled "Wellness-Exploring the untapped potential" released in April 2009.

Government Initiative

The Government launched the National Rural Health Mission (NRHM) in 2005. It aims to provide quality healthcare for all and increase the expenditure on healthcare from 0.9 per cent of GDP to 2-3 per cent of GDP by 2012.

During the 2009 Interim budget, the government hiked the allocation for NRHM by US\$ 423.7 million over and above US\$ 2.5 billion.

Moreover, the government announced a US\$ 64 million initiative in October 2009 to promote domestic manufacture of medical devices such as stents, catheters, heart valves and orthopaedic implants that will lead to lower prices of these critical equipment.

According to Union Budget 2010-11, the Finance Minister, Mr Pranab Mukherjee increased the plan allocation for Ministry of Health and Family Welfare from US\$ 4.2 billion in 2009-10 to US\$ 4.8 billion in 2010-11. Moreover, in order to meet revised cost of construction, in March 2010 the government allocated an additional US\$ 1.23 billion for six upcoming AIIMS-like institutes and upgradation of 13 existing Government Medical Colleges.

Exchange rate used:

1 USD = 45.16 INR (as on February 2010)

1 USD = 44.83 INR (as on March 2010)

Key Players

Private players have made significant investments in setting up state-of-the-art private hospitals in cities like Mumbai, New Delhi, Chennai and Hyderabad. They have introduced latest medical technology and have created a competitive environment. The government's share in the healthcare delivery market is 20 percent while 80 percent is with the private sector. Emergence of corporate hospitals has led to increased professionalism in medical practices and use of hospital management tools.

- Apollo Group
- Fortis
- Max
- Wockhardt
- Piramal
- Duncan
- Ispat
- Escorts
- Ranbaxy Group Company

CHAPTER III

DATA ANALYSIS AND INTERPRETATION

The researcher analyze after getting the data, the most gratifying part of carrying out the study, since after all the hard work and waiting they get the chance to find out the answers. So analyzing the data and interpreting the result are the reward for the work of collecting the data. The data analysis must be related to the study objectives and research questions.

Table 4.1 GENDER OF THE RESPONDENTS

Gender	No.of respondent	Percent
Male	53	45
Female	65	55
Total	118	100.0

Interpretation

From the above table it is clear that 55 % of the respondents are female and 45 % of the respondents are male. It is inferred that most of the employees are female. This is because in any hospitals the nurses and the receptionists can only be females. Therefore the female population is high in hospitals.

Table 4.2 AGE OF THE RESPONDENTS

Age	No. of respondents	Percentage
20-30	47	40
30-40	36	30
40-50	24	20
50-60	9	8
above 60	2	2
Total	118	100

Interpretation

From the above table it is inferred that 40% of them are in the age group of (20-30), 30% of them are in the age group of (30-40), 20% of them are in the age group of (40-50), 8% of them are in the age group of (50-60), 2% of them are above 60years old. Majority of the employees belong to Para medix category. The management has recruited many fresher and hence the percentage of age group between 20-30 is high.

Table 4.3 EDUCATION OF THE RESPONDENT

Education	Frequency	Percent
Super Specialty	20	16
P.G degree	12	10
U.G degree	67	57
Diploma	10	9
Others	9	8
Total	118	100

Interpretation

From the above table it is inferred that 57% of the respondents are Undergraduates, 16% of the respondents are Super specialty qualified, 10% of the employees are Post graduates, 9% of the employees are diploma holders, 8% of the employees possess other qualifications. The majority of the population are nurses, receptionists and lab technicians. As under graduation is the quality required for such jobs the percentage of u.g degree is more.

Table 4.4 EXPERIENCE OF THE EMPLOYEES

Experience	Frequency	Percent
30-40	6	5
20-29	5	4
10-19	52	44
1-9yrs	45	38
less than a year	10	9
Total	118	100.0

Interpretation:

From the above table it is clear that 44% of the employees are having an experience of about 10-19 years, 38% of the employees are having 1-9 years of experience, 9% of the respondents have experience less than a year, 5% of the employees have 30-40 years of experience and 4% of the respondents have 20-29 years of experience. In hospital sector high experience is required for doctors and nurses to serve the people. Therefore most of the employees have about 20 years of experience.

TABLE 4.5 EMPLOYEE'S INCOME

Income	Frequency	Percent
Below10000	5	4
10000-20000	49	42
20000-30000	35	30
30000-40000	10	9
40000-50000	19	15
Total	118	100

Interpretation:

From the above table it was clear that 42% of the respondents are getting salary between Rs.10000-20000, 30 % of the respondents are getting salary between Rs. 20000-30000, 15% of the respondents are getting salary between Rs.40000-50000, 9% of the respondents are getting salary between Rs.30000-40000 and 4% of the respondents are getting salary less than Rs.10000. As the middle level employees population is high the salary range is mostly between 10000-20000.

Table 4.6 Introduction given at time of joining

Introduction	No. of respondents	Percent
Excellent	16	55
Good	10	35
satisfactory	3	10
Bad	0	0
No introduction	0	0
Total	29	100.0

Interpretation:

From the above table it was clear that 55% of the respondents felt that the introduction given at time of joining was excellent, 35% of the respondents felt that the introduction given at time of joining was good, 10% of the respondents felt that the introduction given at time of joining was satisfactory. This is because the doctors were given a great welcome and many of them were very satisfied with the way they were introduced to their colleagues and higher authorities.

Chart 4.6 Introduction given at time of joining

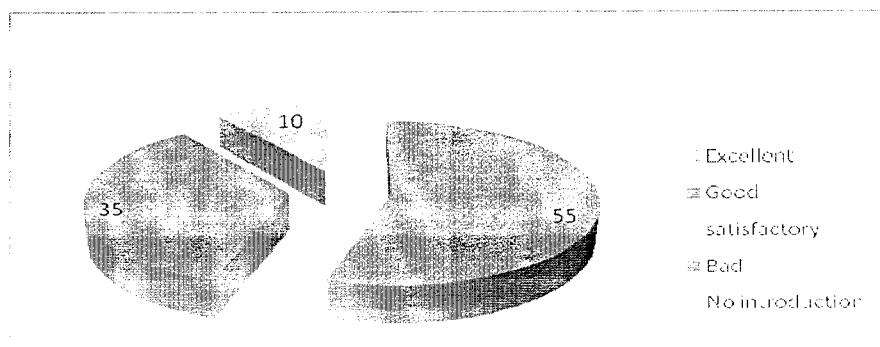


Table 4.7 conduction of mentorship program

Mentorship program	Frequency	Percent
well organized	7	24
fairly organized	20	69
poorly organized	2	7
Never conducted	0	0
Total	29	100.0

Interpretation:

From the above table it was clear that 24% of the respondents felt that the mentorship program conducted was well organized, 69% of the respondents felt that the mentorship program conducted was fairly organized, 7% of the respondents felt that the mentorship program conducted was poorly organized. The reason for this is, many doctors feel that the mentorship program is not conducted regularly.

Chart 4.7 conduction of mentorship program

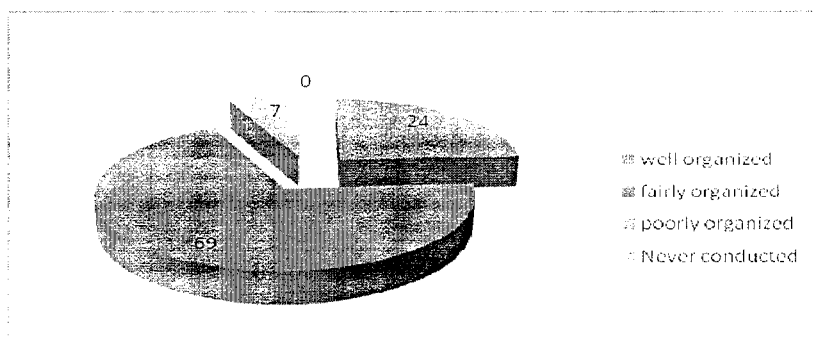


Table 4.8 Articulation of benefits

Benefits	Frequency	Percent
Yes	29	100.0
No	0	0

Interpretation:

From the above table it was clear that 100% of the respondents are articulated on the benefits of hospital service lines and new/or improved services offered. The doctors are articulated clearly about the benefits of hospitals at the time of joining itself and the doctors are very satisfied with the way they were explained about it.

Table 4.9 Explanation of conflict resolution protocols

Conflict	Frequency	Percent
Highly agree	12	41
agree	7	24
neutral	4	14
disagree	4	14
highly disagree	2	7
Total	29	100.0

Interpretation:

From the above table it is clear that 41% of the respondents highly agree that the conflict resolution protocols are explained, 24% of the respondents agree that the conflict resolution

protocols are explained, 14% said nothing, 14% of the respondents disagree that the conflict resolution protocols are explained and 7% of the respondents highly disagree that the conflict resolution protocols are explained. This is because only some doctors were explained about conflict resolution protocols.

Chart 4.9 Explanation of conflict resolution protocols

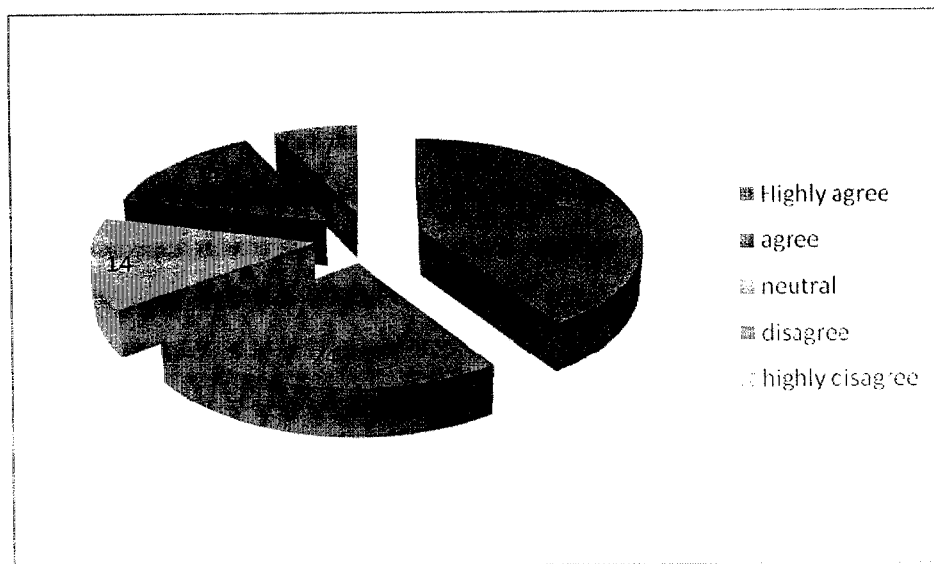


Table 4.10 Special facilities & schemes available for doctors

Schemes	Frequency	Percent
Transportation	3	10
holiday packages	5	17
free medical checkup	8	28
insurance schemes	10	35
housing allowances	3	10
Total	29	100.0

Interpretation:

From the above table it is clear that 10% of the respondents are availing transportation facility, 17% of the respondents avail holiday packages, 28% of the respondents availing free medical checkup facility, 35% of the respondents availing insurance schemes and 10.3% of the respondents availing housing allowances. The percentage varies because the doctors make use of the available schemes according to their convenience.

Chart 4.10 Special facilities & schemes available for doctors

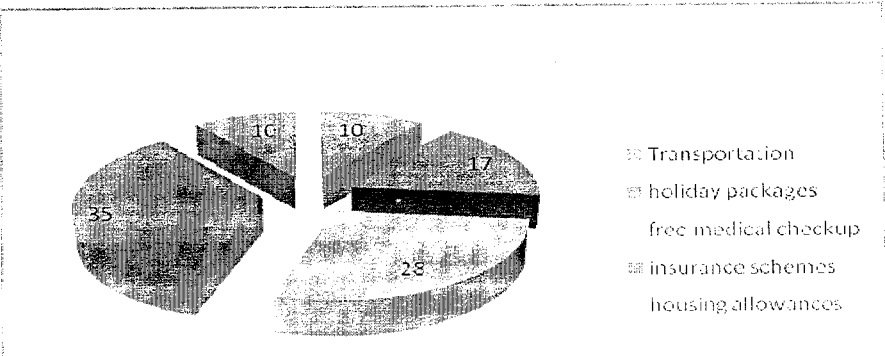


Table 4.11 Satisfaction about the facilities

Facilities	Frequency	Percent
Highly satisfied	13	45
Satisfied	4	14
neither satisfied nor dissatisfied	4	14
Dissatisfied	4	14
highly dissatisfied	4	13
Total	29	100

Interpretation:

From the above table it is clear that 45% of the respondents are highly satisfied with the facilities, 14% of the respondents are satisfied with the facilities, 14% of the respondents are neutral, 14% of the respondents are dissatisfied with the facilities and 13% of the respondents are highly dissatisfied with the facilities. The doctors make use of the schemes effectively. Therefore they are highly satisfied.

Table 4.12 Working environment providing competitive base

Environment	Frequency	Percent
Better	11	38
Good	8	28
can be improved	6	21
Bad	2	7
Worst	2	6
Total	29	100

Interpretation:

From the above table it is clear that 38% of the respondents said that the working environment is better in providing competitive base, 28% of the respondents said that the working environment is good in providing competitive base, 21% said that the working environment can be improved, 7% said that the working environment is bad, 6% said that the working environment is worst. This is because majority of the doctors feel that there exists a healthy competition among their co-workers and hence providing a competitive base.

Chart 4.12 Working environment providing competitive base

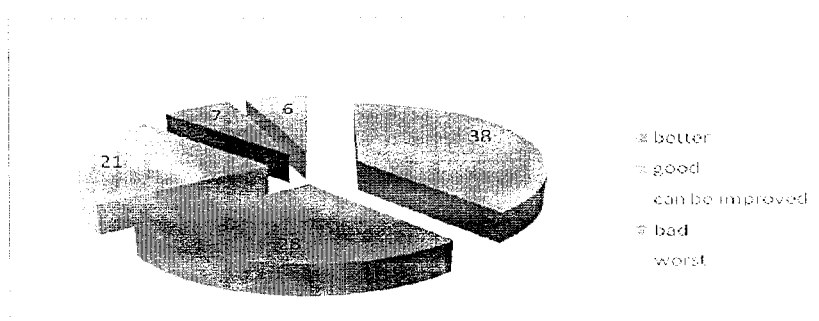


Table 4.13 Introduction given at time of joining

Introduction	Frequency	Percent
Excellent	15	27
Good	11	20
Satisfactory	13	24
Bad	11	20
the introduction did not happen	5	9
Total	55	100.0

Interpretation:

From the above table it is clear that 27% of the respondents said that the introduction given at the time of joining was excellent, 20% of the respondent said that the introduction was good, 24% of the respondents said that the introduction was satisfactory, 20% of the respondent said that the introduction was bad, 9% Of the respondents said that the introduction did not happened. As the organization follows the habit of welcoming the new arrivals grandly, the employees are satisfied with the way of introduction.

Chart 4.13 Introduction given at time of joining

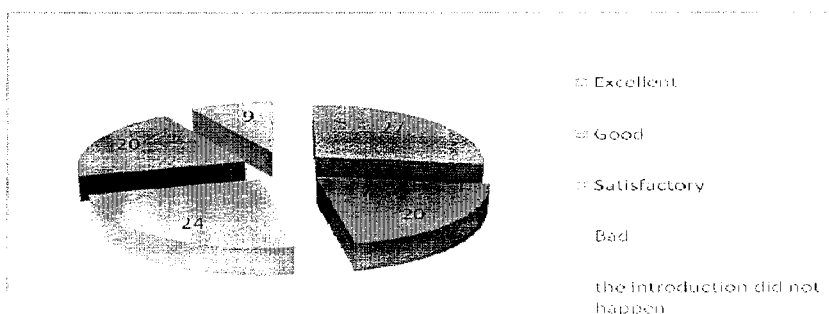


Table 4.14 Working environment

Environment	Frequency	Percent
Very comfortable	39	71
Comfortable	12	22
Satisfactory	4	7
Uncomfortable	0	0
Highly uncomfortable	0	0
Total	55	100

Interpretation:

From the above table it is clear that 71% respondents said that the working environment was very comfortable, 22% of the respondents said that the working environment was comfortable and 7% of the respondents said that the working environment was satisfactory. This is because a healthy relationship prevails between the management and the employees. Hence the employees find the working environment very comfortable.

Chart 4.14 Working environment

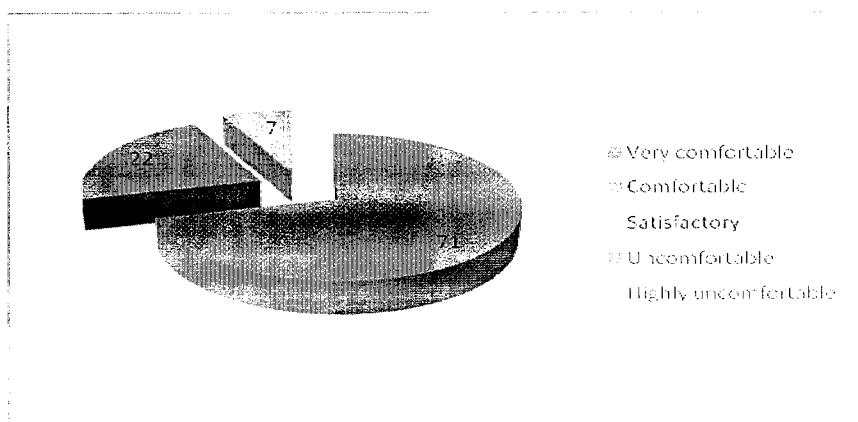


Table 4.15 Work recognition

Recognition	Frequency	Percent
Very often	33	60
Often	16	29
Sometimes	6	11
Rarely	0	0
Never	0	0
Total	55	100

Interpretation:

From the above table it is clear that 60% of the respondent said that they are very often recognized for their good work, 29% of the respondent said that they are often recognized for their work and 11% of the respondent said that they are sometimes recognized for their good work. The organization follows an effective employee appraisal process and hence the employees are very often recognized for good job.

Chart 4.15 Work recognition

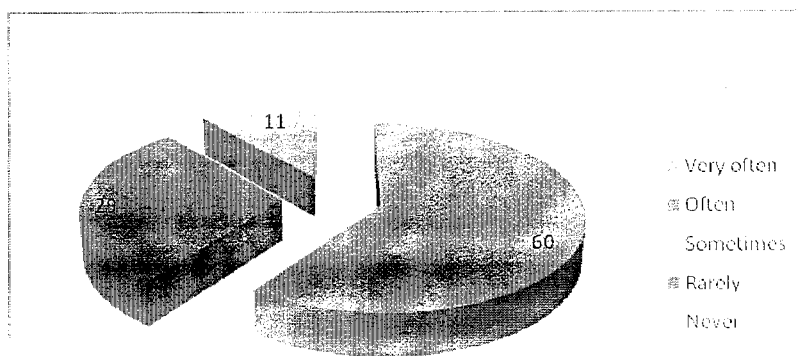


Table 4.16 Interference of the top management in the conflict resolution

Interference	Frequency	Percent
Highly satisfied	31	56
Satisfied	14	25
neither satisfied nor dissatisfied	3	6
Unsatisfied	5	9
no interference at all	2	4
Total	55	100

Interpretation:

From the above table it is clear that 56% of the respondents are highly satisfied with the interference of top management in conflict resolution, 25% of the respondents are satisfied with the interference of top management in conflict resolution, 6% of them are neither satisfied nor dissatisfied, 9% of employees are unsatisfied and 4% of employees say that there is no interference at all. The top management is concerned about the employees and hence it takes care of even small conflicts among the employees. So the employees are highly satisfied with the behavior of the organization.

Chart 4.16 Interference of the top management in the conflict resolution

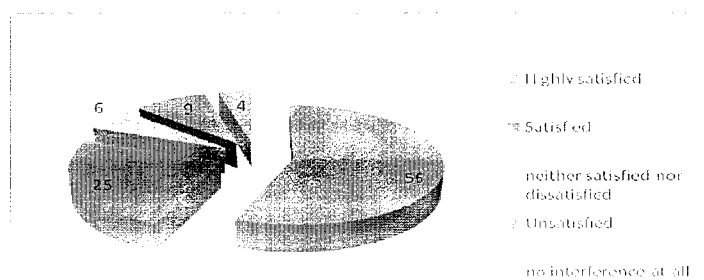


Table 4.17 Training meets the needs of your current job

Training	Frequency	Percent
Extremely well	21	38
fairly good	23	42
scope for improvement	7	12
Poor	3	6
extremely poor	1	2
Total	55	100

Interpretation:

From the above table it is clear that 42% of the respondents said that the training given to them was good in meeting the needs of the current job, 38% of the respondents said that the training was extremely well in meeting the job needs, 12% of the respondents said that there is a scope for improvement, 6% of the respondents said that the training was bad and 2% of the respondents said that the training was extremely poor. The employees feel that the training can be modified with more innovative ways. So there is not high satisfaction but they feel it is fairly good.

Chart 4.17 Training meets the needs of your current job

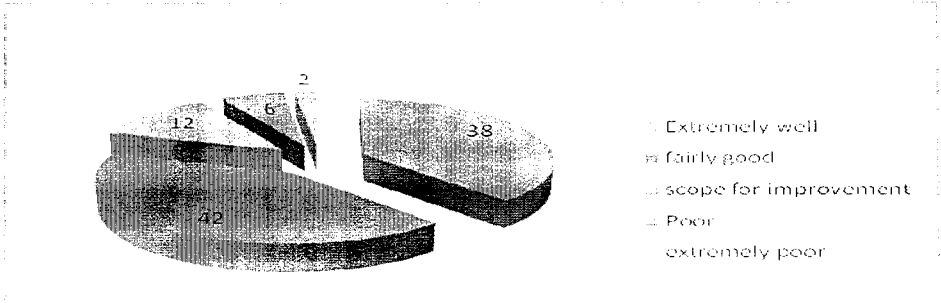


Table 4.18 Reception on the first day

Reception	Frequency	Percent
Pre informed at reception	22	65
warm welcome	6	18
was made to wait	3	9
arrival unnoticed	2	6
it was a bitter experience	1	2
Total	34	100

Interpretation:

From the above table it is clear that 65% of the respondents said that their arrival was pre informed, 18% of the respondents said that they were given warm welcome, 9% of the respondent said that they were made to wait, 6% of the respondent said that their arrival was unnoticed, 2% said that the reception was a bitter experience. This shows that the organization takes efforts to make the employees feel at home.

Chart 4.18 Reception on the first day

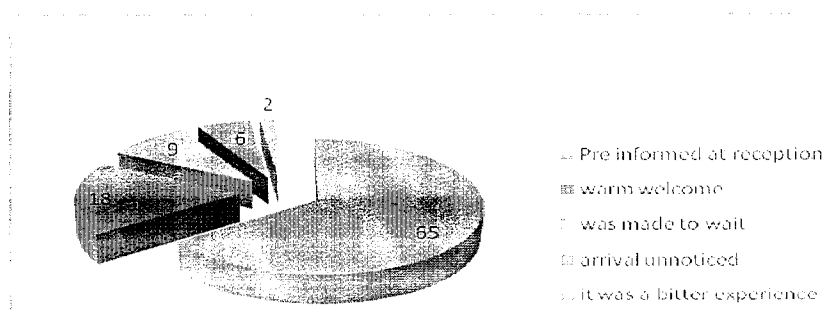


Table 4.19 Role definition

Roles	Frequency	Percent
Well defined	25	74
Clear	5	14
partly clear	4	12
Not clear	0	0
Not defined at all	0	0
Total	34	100.0

Interpretation:

From the above table it is clear that 74% of the respondents said that their role was well defined, 14% of the respondents said that their role was clearly instructed, 12% of the respondents said that their role was partly clear. This is because the company defines the role of an employee clearly at the time of joining itself.

Chart 4.19 Role definition

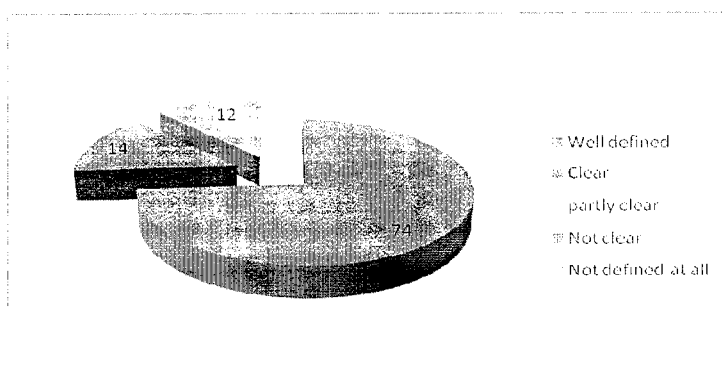


Table 4.20 Induction program schedule

Induction	Frequency	Percent
Excellent	17	50
Good	9	27
Fair	8	23
Poor	0	0
Extremely poor	0	0
Total	34	100.0

Interpretation:

From the above table it is clear that 50% of the respondents said that the induction program scheduled was excellent and 27% of the respondents said that the induction program scheduled was good and the remaining 23% says that the induction program was fairly conducted. The company gives a well planned induction training to its employees and hence the employees feel it is extremely good.

Chart 4.20 Induction program schedule

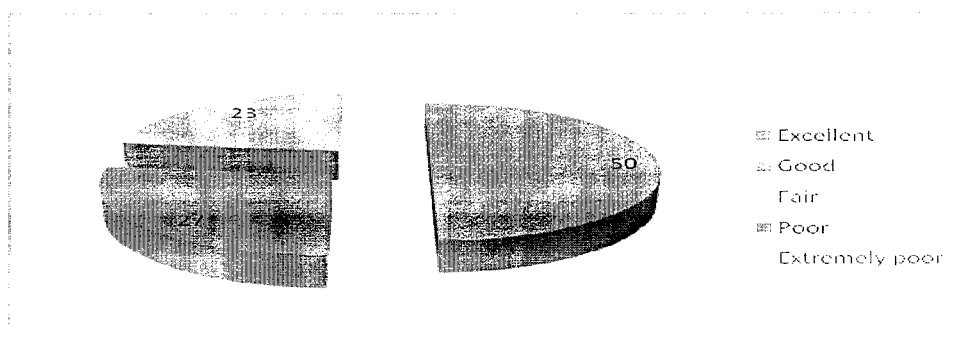


Table 4.21 Resource availability

Resources	Frequency	Percent
Yes	29	85
No	5	15
Total	34	100

Interpretation:

From the above table it is clear that 85% of the respondent said that they are provided with necessary resources to perform the job better, 15% of the respondent said that they are not provided with necessary resources to perform the job better. The organization keeps itself updating with the latest technologies and hence the employees say that they are provided with the necessary resources.

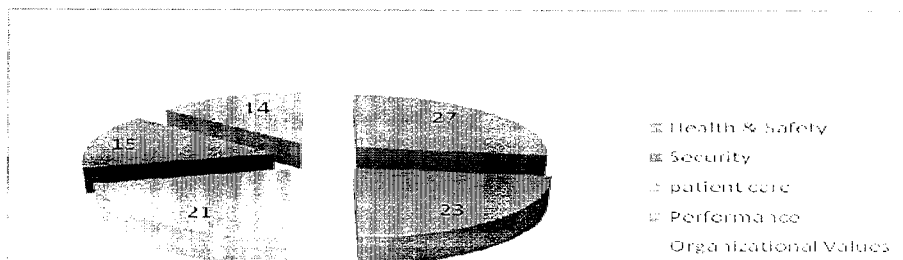
Table 4.22 Topic covered in the orientation program

Topic	Frequency	Percent
Health & Safety	9	27
Security	8	23
patient care	7	21
Performance	5	15
Organizational Values	5	14
Total	34	100.0

Interpretation:

From the above table it is clear that 27% of the respondents said that the important topic covered in the orientation program was health& safety, 23% of the respondents said that the important topic covered in the orientation program was security, 21% of the respondents said that the important topic covered in the orientation program was patient care, 15% of the respondents said that the important topic covered in the orientation program was performance, 14% of the respondents said that the important topic covered in the orientation program was organizational values. As the sector is a health sector, the prime topic to be concentrated is health and safety.

Chart 4.22 Topic covered in the orientation program



WEIGHTED AVERAGE:

**The preceding tables have been analyzed through scoring analysis,
The opinions & scoring are given below**

Active participation=5

Fair participation =4

Moderate participation =3

Poor participation =2

No participation =1

Average= Total scoring/ No. Of Respondents

Table 4.23 Participation in the organizational activities and board meetings

Participation	Frequency	Percent	Scoring
Active participation	8	28	40
fair participation	15	52	60
moderate participation	5	17	15
Poor participation	1	3	2
no participation	0	0	0
Total	29	100	117

Avg = 4.03(52% of the respondents accepted as fair participation in their opinion)

Interpretation:

From the above table it is clear that 52% of the respondents said that they fairly participate in the organizational activities and board meetings, 28% of the respondents said that they actively participate in the organizational activities and board meetings, 17% of the respondents said that their participation in the organizational activities and board meetings was moderate, 3% of the respondents said that their participation in the organizational activities and board meetings was poor. The main hindrance for active participation is the difference in the timings of the doctors.

Table 4.24 Onboarding activities followed at KMCH

Activities	Frequency	Percent	Scoring
Highly effective	10	35	50
Effective	13	45	52
moderate	4	14	12
Poor	1	3	2
Ineffective	1	3	1
Total	29	100	120

Avg = 4.13(45% of the respondent accepted the onboarding is effective)

Interpretation:

From the above table it is clear that 45% of the employees feel that the onboarding process followed at KMC is effective, 35% of the employees feel that the process is highly effective, 14% of them feels that the process is moderately effective, 3% of the employees feel that the process is poor and the remaining 3% feels that the process is completely ineffective. The management concentrates well on the welfare of the employees and therefore the attrition rate is very low in the company. The main objective of an onboarding process is to make the employees stay in the company for a longer period of time. As it is satisfied the process is considered to be effective.

CHAPTER V

FINDINGS, SUGGESTIONS & CONCLUSION

5.1 FINDINGS

- The onboarding process followed at KMC is very effective and most of the employees are satisfied with the process.
- The employees are provided with necessary resources to work. The company keeps updating with the latest technologies.
- 50% of the employees feel that the induction program given to the new employees was well planned and neatly scheduled.
- The company defines the role of an employee clearly at the time of joining itself.
- The arrival of a new employee is pre informed at the reception. This is done to make the employees feel at home.
- 80% of the employees felt that training given to them is good at meeting the needs of the current job.
- The top management interferes and tries to resolve the conflicts prevailing between the employees.
- The company follows a very good employee appraisal system. The employees are very often recognized for their good work.
- The employees feel the working environment very comfortable. They enjoy working in the organization.
- As it is a health industry, the important topic covered in the orientation topic is about health care and safety.

- The employees are happy with the way they were introduced to their co-workers and top management.
- 66% of the doctors feel that the working environment provides them a competitive base.
- There is a healthy competition prevailing among the doctors. This helps the organization to achieve great heights.
- The employees are provided with various packages like transportation facilities, housing allowances, insurance, holiday packages etc.,
- The usage of the above facilities and schemes varies depending upon the job of the employee.
- 65% of the doctors felt that they were clearly explained about the conflict resolution protocols at the time of joining itself.
- The doctors were articulated on the benefits of the hospital services. They were satisfied with the way it was explained to them.
- 69% of the doctors feel that the mentorship program was fairly organized. But few of them were not satisfied.
- Some doctors feel that the mentorship program must be conducted regularly.
- The doctors are given a warm welcome at the time of joining. They are highly satisfied with the way they were introduced.
- Female employees are more when compared to the male employees. In hospitals the nurses and receptionists can only be females. Hence female population is high.
- The organization concentrates more on the top level employees. The non-paramedics are not given much importance.

5.2 SUGGESTIONS:

- All levels of employees should be given equal importance.
- The non-paramedics category feels that the process can be improved. So the organization should find out the expectations of them and do the needful.
- Some innovative ideas can be implied to the onboarding process to make it the best.
- The management should interfere in the conflicts of the low level employees also.
- The number of employees can be increased as the hospital has recently expanded its branch.

5.2 CONCLUSION:

The study done on “ THE EFFECTIVENESS OF THE ONBOARDING PROCESS IN KMC, TRICHY” would pave the way for more effective method in performing the onboarding activities. The study also reveals the area where the management needs to focus with and where they are lacking in the process of onboarding. It also highlights the key factors of knowing expectations of employees who are new to the organization, at various categories. The company can use the findings and the recommendations for further upliftment of overall performance of organization.

QUESTIONNAIRE

DEMOGRAPHICAL DETAILS

1. Gender : a) Male b)Female
2. Age(in Yrs) : a)20-30 b)30-40 c)40 - 50 d)50- 60 e) above 60
3. Educational Qualification : a) Super Specialty b) P.G degree c)U.G degree d) Diploma
e) Others Pl.Specify
4. Work experience in yrs : a) 30-40 b) 20-29 c)10-19 d)1-9 e) less than a year
5. Income Level (in Rupees) : a)Below10000 b) 10000-20000 c)20000-30000
d) 30000-40000 e) 40000-50000 f) above 50000

QUESTIONNAIRE FOR MEDICS

7. Was your introduction to the dean, hospital administrative leaders, chief doctors and peers good?
a) Excellent b) Good c) Satisfactory d)Bad e)no introduction
8. How was the Mentorship program with a senior physician conducted?
a) Well organized b) fairly organized c) poorly organized d) never conducted
9. Were you articulated on the benefits of hospital service lines and new/or improved services offered ?
a) Yes b) No

10. The conflict resolution protocols were clearly explained – what is your opinion about this?

a) Highly agree b) agree c) neutral d) disagree e) highly disagree

11. What are the special facilities & schemes available for doctors?

a) Transportation b) holiday packages c) free medical checkup

d) insurance schemes e) housing allowances

12. Are you satisfied with the above facilities provided to you?

a) Highly satisfied b) satisfied c) neither satisfied nor dissatisfied

d) dissatisfied e) highly dissatisfied

13. How far do you participate in the organizational activities and board meetings?

a) Active participation b) fair participation c) moderate participation

d) Poor participation d) no participation

14. How do you rank the onboarding activities followed at KMCH?

a) Highly effective b) effective c) moderate d) Poor e) ineffective

15. Does the working environment provides a competitive base for improvement?

a) Better b) good c) can be improved d) bad e) worst

QUESTIONNAIRE FOR PARAMEDICS

16. Was the introduction given to your peers, hospital administrative leadership and key Staff like, Medical Director, CNO and doctors good?

a) Excellent b) Good c) Satisfactory d) Bad e) No introduction

17. What about the working environment prevailing in your organization?

- a) Very comfortable b) comfortable c) satisfactory d) uncomfortable
- e) highly uncomfortable

18. Are you adequately recognized for your good work?

- a) Very often b) often c) sometimes d) rarely e) never

19. What about the interference of the top management in the conflict resolution?

- a) Highly satisfied b) satisfied c) neither satisfied nor dissatisfied
- d) Unsatisfied e) no interference at all

20. Does the training meets the needs of your current job?

- a) Extremely well b) fairly good c) scope for improvement d) poor
- e) extremely poor

21. Rate your overall satisfaction with your job at KMCH?

- a) Highly satisfied b) satisfied c) neither satisfied nor dissatisfied
- d) dissatisfied e) highly dissatisfied

QUESTIONNAIRE FOR NONPARAMEDICS

22. How were you received on the first day of your work?

- a) Preinformed at reception b) warm welcome c) was made to wait
- d) arrival unnoticed e) it was a bitter experience

23. Once after recruitment were you instructed clearly about your roles?

- a) Well defined b) clear c) partly clear d) not clear e) not defined at all

24. Was the induction program useful and well scheduled?

a) Excellent b) good c) fair d) poor e) extremely poor

25. Do have the necessary resources to perform your job better?

a) Yes b) no

26. What was the most important topic covered in the orientation program?

a) Health & Safety b) Security c) patient care d) Performance

e) Organizational Values

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