Summer Training Report

On

PATIENT SATISFACTION IN OUT PATIENT DEPARTMENT IN A TERTIARY CARE HOSPITAL

at

GBH American Hospital, Udaipur

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By

Ayushi Swarnkar

MBA Hospital and Health Management

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ACKNOWLEDGEMENT

Results come to fruition when people collaborate. To accomplish something the direction, guidance, support and involvement were essential to conclude this report.

Indian Institute of Healthcare Management Research (IIHMR), Jaipur and it's education deserves the greatest appreciation for providing me the opportunity to understand my skills and abilities. Of course the efforts were facilitated by all the IIHMR faculties, I acknowledge the contribution of my organization mentor Dr. Yatin Talwar and my college mentor Dr. Nutan P. Jain in completion of the project right from the word go.

I sincerely thank Dr. Yatin Talwar, CEO at GBH American Hospital, Udaipur for giving me the permission to do my project at this esteemed hospital. I consider it is a matter of pleasure and privilege to work under his guidance .I am grateful for his encouragement, support, guidance and help which has resulted in completion of my project. I am thankful to Dr. Neha Dak , Quality head for her guidance.

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PATIENT SATISFACTION IN OUT PATIENT DEPARTMENT IN A TERTIARY CARE HOSPITAL

Introduction:

"Patient satisfaction is a measure of the extent to which a patient is concerned with the health care which he/she receives from their health care provider."

The satisfaction of patients is multidimentional and difficult to assess. The quality of patient treatment significantly contribute to their satisfaction with other psychosocial factors, including pain and depression, and are also considered to contribute to patient satisfaction ratings. Historically, doctors used to concentrate primarily on surgery procedures, results as a measure of patient satisfaction. For healthcare professionals, patient satisfaction has also been a significant consideration. Several studies were conducted, produced and implemented on the indice of patient satisfaction

Patient satisfaction is perceived to be one of the main factor that determines a healthcare facility 's success. It is easier to assess the satisfaction of patients with the services provided than to assess the quality of the medical services they receive. Patient satisfaction research can therefore be an important tool for improving the quality of services.

The Hospital's first point of contact with patients is the outpatient department. Outpatient_care is thought to represent the quality of a hospital's facilities, which is reflected in the satisfaction of patients with the facilities being given.

Some of the main goals of health care programs are to enhance people's health status. This requires not only a systematic approach to medical care, but also appropriate ethical treatment.

It has been generally accepted that health care needs to be affordable, appropriate. That they should provide opportunities for community involvement and that they should be provided at affordable cost to the community.

Patients visiting hospital are responsible for laying out the hospital's quality reputation and so the satisfaction of patients attending the hospital is equally important for hospital

management Service quality plays a key role in attaining patient satisfaction. Traditionally, the standard of service is assessed by other measures, such as morbidity or mortality. Thus, the patient's perception of the service quality contributes critically to achieving satisfaction. In some studies, the positive assessment of service quality is considered as satisfying, and these terms are used interchangeably; however, patient satisfactions only.

Patient satisfaction is a primary determinant of quality of care and is a multidimensional healthcare issue which is influenced by several factors. This is a criterion for determining the level of service to patients. Quality services enhance the patient 's confidence in hospital care. Measuring the standard of impalpable service items has become a critical challenge for health care executives and administrators.

A minimum components are required in order to make the patient waiting experience satisfactory includes:

Clear signage about patient pathways and services.

A hearing loop or infra-red system to assist people.

Information about the outpatient department process.

Health system theme information to read whilst waiting.

Aim and Objectives of the study

Aim:

The study aims at improving outpatient department services upto the level of patient satisfaction..

Objectives:

1. To review quality assurance guidelines for OPD services in 1000 bedded hsopital
2. To study patient satisfaction against the outpatient department services
3. To identify scope for improvement in quality of outpatient department service

Literature Review:

"Patients' satisfaction study in the out-patient departments of the two tertiary government hospitals in manipal"

Y Niveda Devi, JalinaLaisharm, T Gambhir Singh, H Sanayaima Devi (February 2020) (www.isorjournals.org)

Researcher studied the patient satisfaction level in the outpatient department to determine the association between the level of satisfaction with the variable of interest. A cross sectional study was done among 440 out-patients who visited outpatient department between September 2012 to October 2014. The majority of patients belonged to 20-29 years and the Hindu religion and the study concluded 54.5% were satisfied. There was no significance difference found with a level of satisfaction with income, education, religion. Patients who visited on Monday were less satisfied. A patient who waited less than half an hour to get registered and get examined by doctor were satisfied. So to conclude, most patients were not satisfied with basic amenities, but satisfied with the behavior, treatment, time taken by doctors.

"A Time Motion Study of Healthcare Delivery System at General OPD of Rural Hospital"

BiswadeepSengupta, Pankaj Kumar Gupta, ArkadebKar, Nabanita Bhattacharyya, ShounakBiswas(2; February 2020) (www.ijrrjournal.com)

Researcher carried out this study on around forty patients for two months by observing the patient and write down the time spent in different delivery section and patient satisfaction with regards to the time spent at outpatient department. Data was collected through simple observation technique and patient interview. The study revealed that patient waiting time in outpatient department was more than consulting time. So to conclude, proper time slot for consultation should be given and both doctor and patient should adhere to it, proper sitting area should be provided with basic amenities like fan, water and also one attendant should be there to assist and also infrastructure need improvements to satisfy patients.

"A study on patient satisfaction in out patient department of secondary care hospital of Bhopal"

Sheloj Joshi, Mahesh Kumar Joshi (April 2017) (www.ijcmph.com)

Researcher carried out a cross-sectional descriptive study for two months and used pre-tested questionnaire for patient satisfaction assessment. Accessibility, experience were classified as poor and good while satisfaction was classified as high and low using best criteria. Data analysis was done through SPSS VS.20. The highest degree of experience was in the medicine department about light and ventilation inside the outpatient department and nurses' helpfulness.The poor experience was towards the place of care from a variety of doctors at outpatient department, and 66 percent of patients had better access to medication while 34 percent had poor accessibility. So to conclude, maximum number of patients had good experience and also the maximum number of patients had good time-waiting accessibility, servicing, working, consulting time.

"A study to assess patient satisfaction in out patient department of a tertiary care hospital in north india"

Aanchal Jain, Neha Mishra, C.M. Pandey (January 2016)(www.ijcmph.com)

A cross-sectional study was carried out to check the patients satisfaction outpatient department on 200 patients and data collection method was pretested questionnaire designed for this purpose. Average age of patient included in the study was 40 years and all literate. Overall, patients found outpatient department services to be satisfactory.

"A study of patient satisfaction in outpatient department of a general hospital in mexico- A questionnaire based study"

Spurgeon Raj Jalem(Feburary 2020) (www.ijhsr.org)

The purpose of this study was to analyze outpatient department's satisfaction with the behavior and care of medical , nursing and caring workers and to find out the relationship between the attitude of the patient and the level of satisfaction with the

hospital facilities. 100 Samples were collected and data collected via questionnaire. Test showed that the service satisfied 90 per cent of patients. Increasing appointment time, improving facilities cleanliness, enhancing nursing and care staff quality and supplying medications are essential factors for patient satisfaction.

"Health Care and Cleanliness in Tertiary Care Hospitals in Peshawar, Khyber Pakhtunkhwa"

Sareer Khan, Rashid Khan (July 2018) (al-idah-szic.pk)

This research was done to assess the cleanliness in cleanliness. The data was obtained through a questionnaire from 600 sampled respondents from Hayatabad Medical Complex and Lady Reading Hospital through a system of proportional allocation. The patients in the above 3 major hospitals were very critical of healthcare and cleanliness. The bi-variate study was made and the findings show that the hospital has a clean and hygienic environment, Medical outpatient departments have been clean and wards have been clean and well maintained. Studies. Recommended that hospital management would keep patients focused on washroom cleanliness, clean water and clean food.

"A study on waiting time and out-patient satisfaction at Gujarat medical education research society hospital, Valsad, Gujarat, India"

Ravikant Patel1, Hinaben R. Patel (March 2017) (www.ijcmph.com)

Researchers studied the waiting time at various outpatient departments and various inquiries, efficiency of different hospital departments and patient feedback on hospital procedures, hospital staff actions and cost of care. This was a cross-sectional retrospective study that was performed for 2 months and interviewed a total of 135 patients. Many patients face difficulty locating the various units. Outside the different outpatient departments processing time on average 12 minutes. They were not pleased with hospital staff's quality of care and behaviour.

"Essential criteria for quality OPD services as perceived by patients in a tertiary care hospital in Faridabad City"

Pooja Goyal1, Deepak Kumar, Shivam Dixit, Suyesh Srivastav, Abhishek Singh (January 2016) (www.msjonline.org)

Researcher studied how to increase the quality of services provided at tertiary care facilities by using the experience of the clients with respect to the services. A cross-sectional descriptive research was performed and 402 patients (216 males, 184 females) were taken, and data analysis is performed using SPSS 17.0. Result showed that 93.9 per cent of patients were pleased with service but areas such as cleanliness, behaviour of doctors, improvements in pharmacy.

"Are patients satisfied with accessibility and services provided at siddha hospitals? Findings of patient satisfaction survey from a district of South India"

Venkatachalam D., Kalaiselvi Selvaraj, Gomathi Ramaswamy, Veerakumar A., Palanivel Chinnakali, Ganesh Kumar Saya (June 2018) (www.ijcmph.com)

Researcher studied patient satisfaction with the services of the Siddha (indigenous) medicine system A cross-sectional analysis focused on the facilities was performed. Each 10th patient visiting hospitals during the months of February and March 2014 interviewed patients (263), most of whom reported adequate infrastructure-related facilities (47-68%) and OPD timing (96.6%). Nonetheless, 32 percent and 23 percent of patients indicated that seating facilities and waiting times were not respectively satisfactory. The competency, behavior of siddha doctors and pharmacists satisfied nearly all patients. Of the 217 patients who revisited the siddha wing, the majority (98.2%) reported improvement in their disease. There is room for improvising the infrastructure-related services at these health facilities.

"The Effect of Accreditation on PatientSatisfaction in Public Healthcare Delivery:A Comparative Study of Accredited andNon-accredited Hospitals in Kerala"
Sindhu Joseph (December 2018) (http://journals.rajgiri.edu/)
Researcher studied patient satisfaction comparing non-accredited hospital to accredited hospital F
focusing on evaluating the effects of accreditation on the quality of hospital services using patient satisfaction as indicators. Accredited and non-accredited both gave the same score for the satisfaction variables and this suggest that there should some changes in health services

based on patient outcome and everyone in administration member should be involved to make a better use of indicators.

"Analysis of Patient's Satisfaction with Phlebotomy Services in NABH Accredited Neuropsychiatric Hospital: An Effective Tool for Improvement"

Anshu Gupta, Tanima Dwivedi, Sadhana,and Raju Chaudhary (September 2017) (www.jcdr.org.in)

Researcher studied patient satisfaction in neuropsychiatric hospital by questionnaire and Identify problems which were not satisfying patients. 1200 patients subjects were taken for this study and SPSS analysis was done. Results showed majority of patient were satisfied but area like waiting time, utility areas needs improvement and laboratory service improvement.

"Role of National Accreditation Board of Hospitals and Healthcare Providers (NABH) core indicators monitoring in quality and safety of blood transfusion"

Anshu Gupta and Chhavi Gupta (Jan-jun 2016) (**www.ncbi.in** **)**

Researcher studied effectiveness of National Accreditation Board for Hospital and Health Providers(NABH) indicators in blood transfusion. In this, all indicators were observed and result showed there was improvement in quality and safety in blood transfusion services like decrease blood waste.

Methodology:

The study was conducted at GBH American Hospital, Udaipur. Hospital is a tertiary care hospital affiliated with a medical teaching institution to provide a level of satisfaction for patients using outpatient hospital services. GBH American Hospital is NABH Accredited and ISO 9001:2008 Accredited State-of-the-Art Multi Specialty Hospital, committed to quality care and focusing not just on the disease but also on the general well-being of patients. Their vision is "to provide the highest quality tertiary (super-specialty) medical care, exceptional service and best value to all its local and

global clientele; through dedicated, highly skilled and compassionate doctors and staff; using state-of-the-art technology".

***Study Design*:**

The cross-sectional descriptive study was undertaken at GBH Hospital from April to May for two months period to assess the quality of OPD service.

***Study Setting*:**

GBH American Hospital is 100 bedded corporate hospital attached to GBH general hospital and college.

Sampling and Sample Size:

On an average outpatient department attendance was 150 per day in each of the five selected departments. Participants were selected based on purposive sampling. It means the respondent who was willing to participate, included in the study irrespective of his/her first or follow up visit. In case of pediatrics (12 years old) patients, the opinion of guardian or parents were taken for the satisfaction.

Data were collected in 10-day period (1st April to 11th April 2020) and it was planned to cover two patients (who agreed to participate) from each of the department OPDs. However, the trainee could cover more patients from Gynecology and Medicines departments (Table 1) while less number from paediatrics and Orthopedic departmenst. A total of 100 outpatient patient patients were surveyed from the five departments.

Table 1: Distribution of sample patients by their respective departments:

Name of Department	**Number of patients**
Gynaecology department	25
Medicine department	24
Neurology department	20
Orthopedic department	16
Pediatrics department	15
Total:	100

Data Collection Tool and Techniques:

Interview method was used for outpatient department patients. A semi-structured interview schedule was designed based on questions related to Cleanliness, Staff and Doctors Behaviour, Public Utility Services and Waiting Time. The participants informed that their participation is voluntary and therefore, oral consent was taken.

RESULTS:

This section discuss two components:

(i) Quality assurance guidelines for outpatient services

(ii) Patient satisfaction against the outpatient department services.

Quality assurance guidelines for outpatient department services

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI), established to develop and operate accreditation programs for healthcare organizations. The Board, while being supported by all stakeholders, including industry, consumers and government, have full functional autonomy in its operation. NABH has so many indicators and in this study, 10 indicators are matching the expectations of quality assurance in outpatient department services.

AAC.1. This indicators indicates delivered services should be well explained.

PRE.2, PRE.3., PRE.4., PRE.5. These indicators indicates that patients should be treated with dignity and should be explained about treatment/service they are being provided, family should be informed about the treatment, tests, medicines they are given.

IC.1., IC.2. This indicators indicates adhere to infection contdrol like cleanliness and disinfection of surface and sterilization and bio-medical waste should be disposed properly.

CQ.1. Quality improvement comes under this indicator and studies are done at regular interval to see the area of improvement.

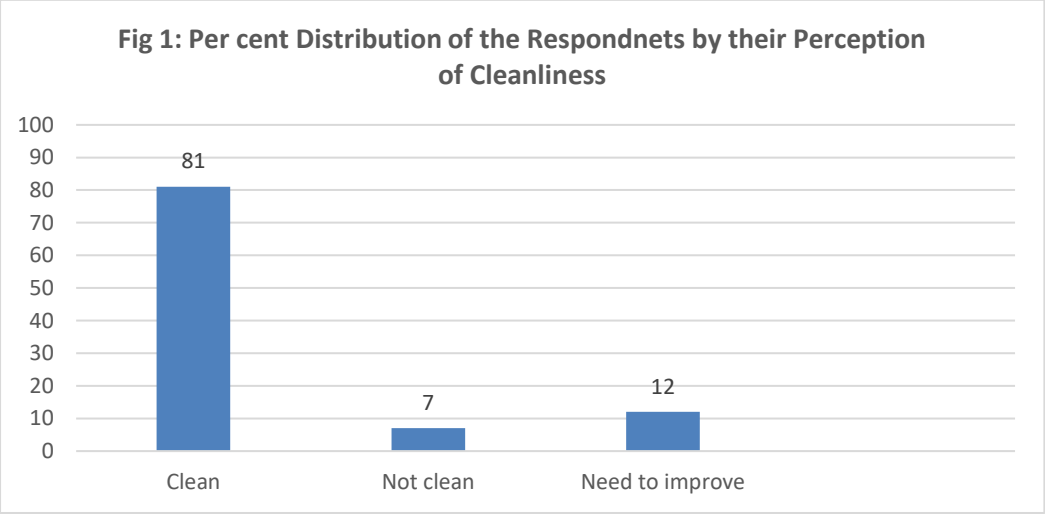
FMS.1., FMS.2. This indicator indicates that hospital area should have updated drawings about diseases, floor plan, fire escape route and should be easily understood by patient. Public utility services like water, electricity should be available.

Patient satisfaction against the outpatient department services

Patients were asked about their satisfaction with out-patient services: Cleanliness, Quality of utility area, Doctors' and staff behaviour, timeliness and waiting time.

Of 100 respondents, nearly three-quarters were old patients who came for follow up. Most of the patients (62 per cent) were men which showed except the gyanecology department men used to access health care services than women.

Adult patients aged between 16 and 80 years were taken while children aged between 1 and 12 years were taken for this study.



A majority (80 per cent) of the patients perceived the outpatient department facilities clean while according to 12 per cent patients, improved cleanliness is required (Fig 1)

A vast majotiy (93 per cent) of the patients were satisfied with the signage at the hospital.

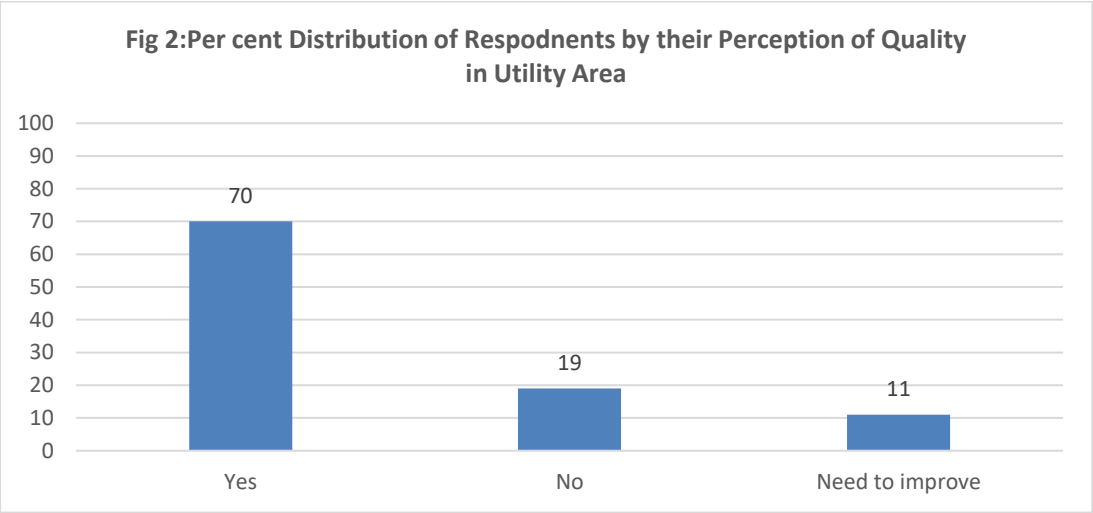
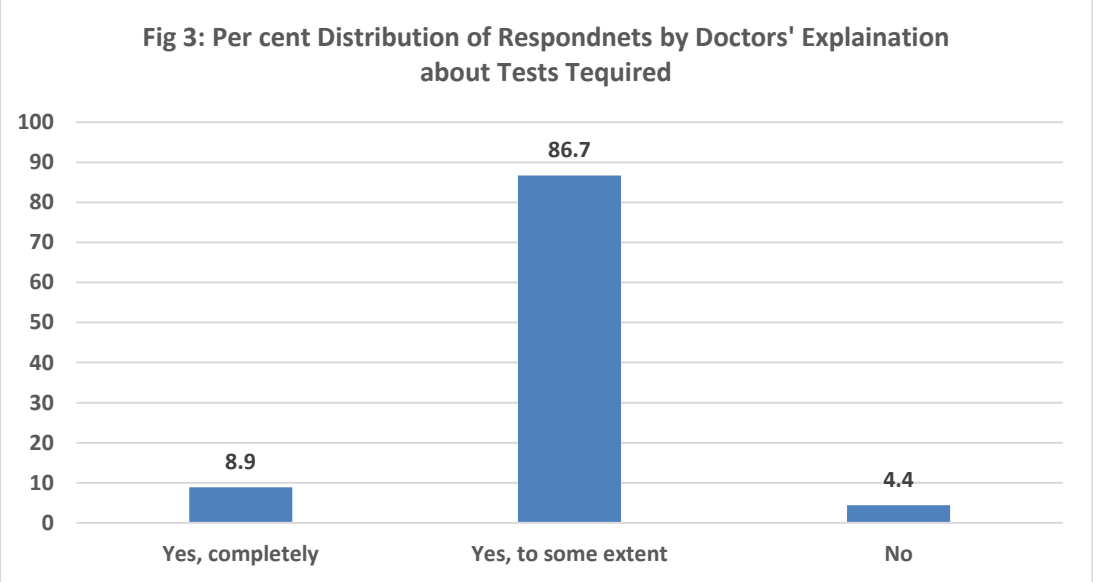
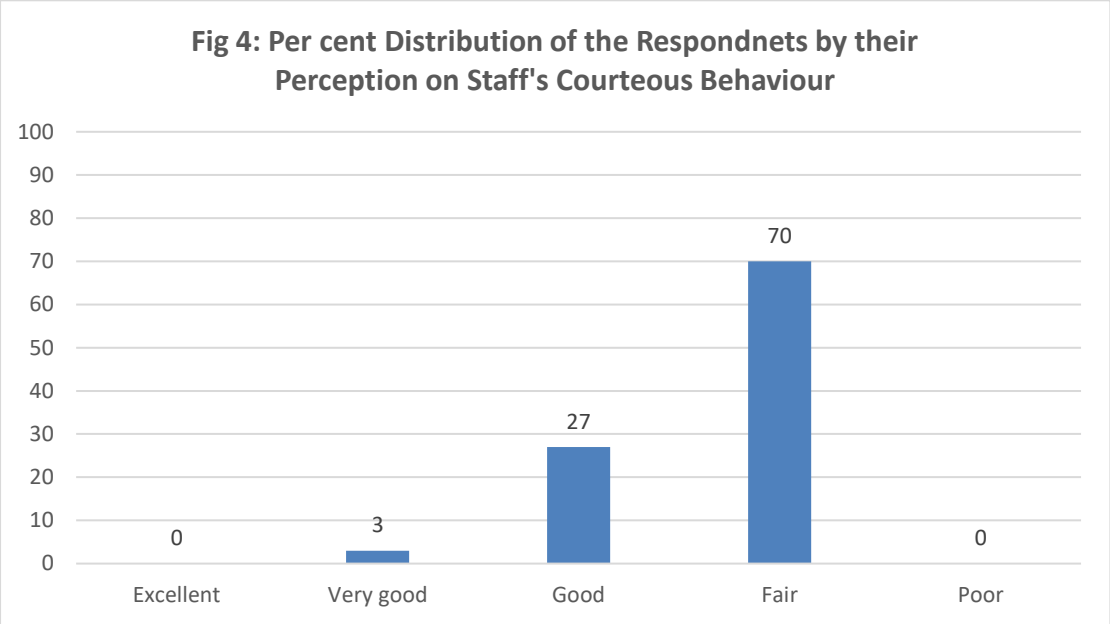


Figure 2 shows that most of the patients (70 per cent) were satisfied with public utility area in outpatient department while one in every 10 respondents asked for improvement in public utility area.

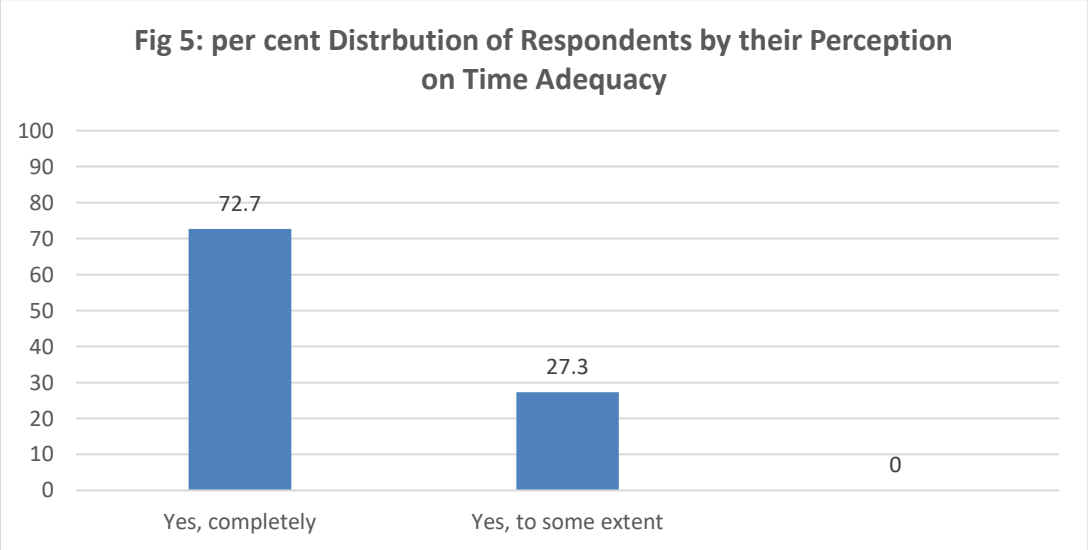


On being asked whether the treating doctors explained regarding the need of test and treatment and procedure they had to undergo. A majority of the respondnets (87 per cent) reported that they were explained to some extent (Figure 3). Only 38 per cent patients reported that the test results were explained to them.



The results revealed that nearly half (46 per cent) of the patients were introduced by the general staff on duty before taking samples, during examination, diagnostics or giving medicines/ tea, etc.

None of the respondents reported poor staff (front office / reception , transport and security) behavior in terms of courteousness towards them. Seventy per cent of the respondnents rated as “fair” (Figure 4).



Regarding treating doctors' behavior especially providing adequate time for consultation and explaining for treatment, 73 per cent respondnets perceived "adequate consultation time" (Fig 5). They were satisfied with the consultaion time and given explanation of the treatment

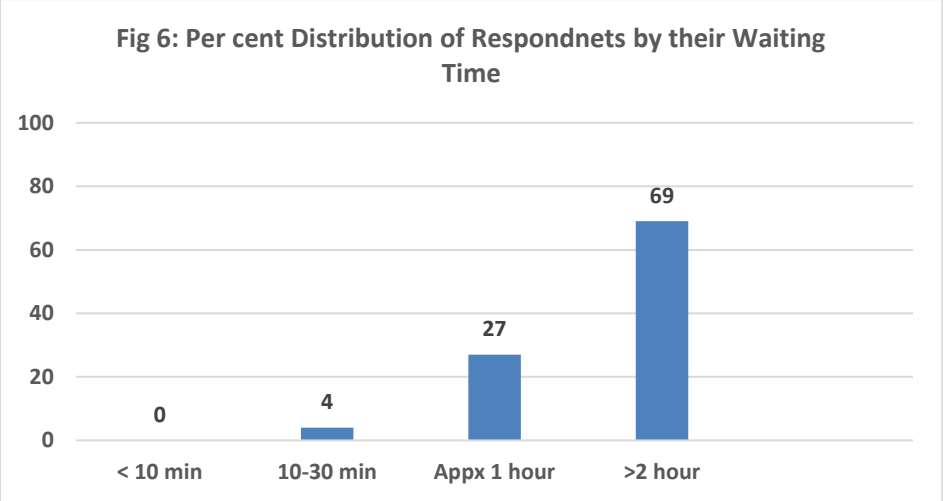


Figure 6 showed that 69 per cent of the patients had to wait more than 2 hours, followed by 27 per cent had to wait for one hour. It means patients had to wait for long.Average waiting time is 30 minute, standard waiting time is 20 minute and more time was taken as social-distancing had lead to some patients waiting in general area.

To summarize, patient satisfaction varies from their personal expereinces and exposure to various facilities.

Scope for Improvement in Quality of outpatient department Services:

Keeping in view the findings, it is very important to quality interaction with staff has to be improved as it has no direct cost involved.

Waiting time was reported more and therefore, a time-motion study need to be conducted to understand where and how the delay is. By the time waiting time can be utilized constructively.

DISCUSSION:

Patient satisfaction is recognized as a significant parameter for assessing the quality of the health care services that the organization provides.Patient satisfaction in outpatient department has been studied in detail in many studies. Majority of patient were satisfied with cleanliness (81%) and public utility area (70%) of the outpatient department.In this study, majority of patients were satisfied with explanation of treatment (86.7%) and consulting time (72.7%) with the doctor and majority of patients were satisfied with courteousness of staff and none of them resported poort staff. But on the other hand, patient were dissatisfied with the waiting time in this study because they had to wait more than two hours in OPD therefore Satisfaction found to be lower with regard to other systemic variable outpatient department .

The findings of this study will further guide us about the various neglected areas of the consultation and registrations done which goes a long way to develop a consistent relationship between both the beneficiary as well as those who are benefitted.

CONCLUSION:

Patient satisfaction is of prime importance as it is a primary form of health care quality measurement. Every patient visiting the hospital is equally important because image and name of the hospital relies upon the information they give to others. Satisfaction of the patient is also equally important for hospital management to gain their trust. NABH guidelines are important to follow at the minimum.

It can be concluded that the maximum number of patients in the outpatient department were satisfied with the services they have received which includes cleanliness, doctor's consultation and their behaviour, courteous pattern of the staff, public utility services but waiting time needs the maximam improvement as maximum number of the patients had to wait more than two hours in the outpatient department to get consultation and treatment and it is impacting the overall satisfaction of the patient. It is also shown that waiting time needs to be analysed and worked upon as it needs maximum improvments to maintain quality assurance.

In conclusion, patients were satisfied with the services they received in outpatient department but waiting time needs the improvement to reach maximum level of satisfaction in outpatient department.

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PART-II

Name- Ayushi Swarnkar

Roll no.- 0897

Course Name- Preparing to manage human resources

Website- www.coursera.com

Number of hours- 11 hours

Number of credit:

Organization: University of Minnesota

Duration of course: 4 weeks

Course instructor: John W. Budd

AIM: To write learning of the online course of Preparing to Human Resource.

COURSE DESCRIPTION:

All the workers are handled in one way or another. Yet approaches to handling workers vary from employee to employee, from job to job, from manager to manager, from organization to organization, and from country to country. This course provides the basis for creating your own approach to skillfully managing workers by explaining techniques for alternative human resource management (HRM), incorporating the value of the legal framework and talking about what motivates employees. This will then provide you with the empirical and logical foundation for the advancement of unique, essential HRM skills in subsequent employee recruiting, performance improvement and employee compensation courses. Through this course we learn a new understanding of the variety of employee management solutions available, an understanding of what makes employees tick, and a willingness to build their own HRM skills

OBJECTIVE OF COURSE:

- Why is it necessary to manage people?
- Analysis of the human resources management strategies
- Assess the connection between the HR approach of an organization, the style of a manager and the business environment
- How money can get some employees inspired
- Define key management issues while employees are hired for different non-monetary purposes
- Contrast the way the law does and does not allow work to be a traditional contractual relationship

COURSE CONTENT:

Module 1: Alternative Approaches to Managing Human Resources

This module introduces us to the course, alternate approaches to the human resources management. This module will also introduce why it is important to manage people, compare human resource management strategies.

Well, I should accept their managerial position. These days everything is about leadership style. In order to be a great leader, one must have a dream, inspire people and be strategic, while being a manager is about budgets, procedures, policies etc. And not everyone can lead. Managers need to know how to manage staff, evaluate their efficiency, reward them and ability to adjust strategies if things don't go right.

. This is all about leadership. But it shouldn't be as dull as recruiting, praising, making plans, firing sounds. It will be demanding, energizing.If HR is a fruit than what it would be and why? Grape because they take bunch of people and you're not dealing with them all at once. Onion, because of their layers and it's like HR work. To get into the core of all one must go through 2-3 layers.

In Lecture 2, various ways to handle HR- Suppose you have an idea of a product or service and we need people to sell, advertise, raise revenue and pay expenses. First HR job is to find out what work needs to be done and how to turn it into productive work

HR job is:

Organizational Development

Jon Analysis

Recruitment & selection

Onboarding

Performance Management

Training and development

Compensation and reward

Safety, diversity, labour-relations, HRIS

Every organization has different ways of managing human resources.

HRM historic evolution Fredrick Winslow Taylor Taylorism aims to find the best possible way to do every work and break up the task in a structured way that an unqualified worker can do. Managers determine how those tasks should be broken down. Any manager's main job today is to understand group dynamics and get economic, technical, and human condition right. There are two main HR approach

HR Low road	**HR High road**
Minimize labor cost	Engage employees
Low wages	Above-average pay
Few benefits	Benefits
Few training	Training
Supervisor authority	Employee discretion
If you don’t like it, quit.	If you don’t like it, let’s talk.
Union suppression	Union substitution

Organizations always have choice which approach you want to choose.

Example: Sam’s club (cost-driven), Costco (service driven)

Away from organization, managers have choices too about how they manage their staff and manage HR. Six managerial styles:

Coercive	Head strong and authoritarian, wants employees to comply and obey. Motivate by threats.
Authoritative	Confident, component, strong vision, get employees to mobilize towards goals. Motivate employees by feedback and pressure.
Affiliative	People and relation are important and want employees to be happy. Motivate them through relation building.
Democratic	Participative style, leader builds trust, respect through listening, motivate them by including them.
Pacesetting	Real goal getter
Coaching	Manager lacks expertise.

So there is no certain best style to handle workers but the most effective but not ideal style for all circumstances is the authoritative one. Manager needs to be self-aware and socially aware to understand which style to use.

The purpose of Lecture 3 is to discuss different factors on both organizational and managerial strategies. So first, external influence on HR strategy and we'll look at 4 categories to do this:

- Competition and consumers
- Labor market & demographics
- Community & legal pressure
- Technology

Internal influence on HR strategy:

Michael Porter's generic business strategies:

- Cost leadership (low cost, drive workers, hard HR, Low road)
- Product differentiation (unique features, quality- price, soft HR, High road)

Module 2: What Makes Employees Work? Money, Of Course!

It focuses on the monetary reasons for the job, and the subsequent lessons for managers. It then explains how money can empower some workers, recognize key managerial issues when workers are self-interested, and economically view work and establish strategies to resolve these key concerns using economic insights.

There are so many different ways we can conceptualize what work is:

- Curse
- Freedom
- Commodity
- Occupational citizenship
- Disutility
- Fulfilment
- Social relation
- Caring
- Serving
- Identity

Yes, human work for money, and it has been like that since ancient times that human beings have always had to work to survive, but as managers u should watch out for extra stress among workers, do not reduce work to a burden that cannot be changed and do not assume that work is all about money. Economic theory predicts that workers will work for an organization or for themselves only up to the point at which their reward still compensates them for the burden of working and this is where marginal cost is equals marginal benefits.

So one of the key concerns emerging from workers' economic analysis is an interest in opportunism and now what is opportunism? It pursues one's own interest even if they run against the interests of someone else and it is also known as loafing. Economics suggests that employees want wages and thus bonuses and the economic remedy is competitive incentives under which it is in the self-interest of the employee to work hard and get financial benefits in return. The broader the lesson, the more inside their employment you can make the employees feel like their own entrepreneurs, the better their success will be.

Lesson 3: Work as a commodity. Work becomes a commodity with the emergence of industrial capitalism but there is nothing normal about the job being seen as a commodity.

Labor is a special commodity because it includes individuals but is usually ignored when economists, business leaders and policy makers see labor as commodity.

Module 3: What Makes Employees Work Revisited...Non-Monetary Motivations

This module focuses on the non-monetary motives for working, and the related lessons for managers. This module discusses at least four different reasons why people do not work related to money, define key managerial issues when workers work for various non-monetary purposes, establish methods to resolve these key concerns using psychological and sociological insights, and justify applying insights from economics, psychology , and sociology in different circumstances.

This module refers to people who work for more than money. Think of people who win lotteries for starters. Researcher shows some of them still work 85-90 per cent. It's very individualistic why people work and it's different from person to person and benefits managers if they know what motivates each of their team members.

Now we're going to concentrate on intrinsic motives that means working internally not intrinsic to the company or team. Intrinsic motivation stems from an individual's ability to achieve benefits which are internal. And we need to think about specific psychological needs to provide an intrinsic motivation to the worker.

Self-determination theory-

This theory emphasizes three basic psychological needs:

- Competence
- Autonomy
- Relatedness

This theory suggests that these 3 needs form the foundation of intrinsic motivation. So if you design a job that enables a worker to have a sense of mastery, a sense of autonomy, discretion, and to do so in such a way that they belong to a social community, then this will

provide intrinsic motivation which means that they will do so in our wake of these internal psychological rewards.

When a mentor, make sure you have justification for the strategies people follow so they need to understand what they are doing and they can internalize and accept it.

S-M-A-R-T goals:

- Specific
- Measurable
- Attainable
- Relevant
- Time-bound

This could be that workers are looking for something deeper. In the workplace, they may be searching for identity and identity is a sense of who you are and where you fit in with society. This gives you a greater sense of purpose, comprehension and a deeper psychological and social collection of rewards as work gives you identity.

Today they are a number of ways of creating personalities like we can call ourselves, others can name us. Team recognition has major consequences for the administrators. And we can use two theories to draw that out:

- Social identity theory(in-group, out-group)
- Self-categorization theory

Lesson 2 of this module is about what are the other reasons that people work?

Work is influenced by what sociologist call social institution and this include:

- Social institution
- Social constructed power relation

The sociologist claims that human nature is profoundly influenced by social norms. Community acceptance and exclusion exist who abide by and violet social norms.

Norms of the working group, organizational culture, regional or ethnic culture, independent working

Managerial toolkit:

- HR policies & job design
- Financial incentives
- Intrinsic motivation
- Normative measures

Fairness and justice is an important concern for managers and organisations working with employees. Usually, employees and even society today have expectations for fairness and justice, and if they fail to live up to these principles, they will suffer consequences, and destroy identity or credibility.

If all agents are equal →scarce resources optimally allocated.

Wages=value product (free to take other jobs available to you)

Wages<value product (alternative are limited)

Fairness(equity)= minimum standards for wages, conditions.

Four different form of organization justice:

- Distributive justice (equity theory, fair outcome?)
- Procedural justice (fair processes?)
- Interpersonal justice (fair conversational tone?)
- Informational justice (fair explanation?)

Fairness hasn't got to be elusive. Your goal is not to make everyone happy per se, but to make people successful. This key goal will help to foster a sense of justice and fairness.

Module 4: The People Manager as Part of a Complex System

This module finishes by looking at the constraints faced by managers, particularly the legal environment, and setting a framework for managing human resources. It discusses at least

four constraints that affect how human resources are handled in a specific organisation, compare how the law does and does not see jobs as a traditional contractual relationship, develop a list of legal and illegal HRM activities in your country and judge when using methods to handle employees that go beyond what the law needs.

In lesson 1 of module 4, first what are the goals of people manager:

As a manager, you need to	**As a manager, you should not**
Determine the knowledge & skills, abilities required to do the job.	Do everyone else's job
Set appropriate objective and goals and help them achieve.	Micro-manage team and assume you know best
Recognize and reward performance.	Take all the credit
Hire & develop staff	Overlook the importance of civility, integrity

Managers may find a unionized workplace difficult to manage. Managing workers who have an union representation. Ever manager needs to recall two words, despite the diversity:

• Bilateral and proactive

Bilateral is a arrangement that includes wages, hours, schedules, holidays, transfers, release, rights, etc. The managers should be proactive in a unionized workplace.

You need to value the voice of workers and the bilateral nature of the relationship with unions in a unionized workplace, set tone for the relationship.

Be a good manager on the front stage as well as manager on backstage. It's about distinguishing between the direct patients you need to include, including those who report to you and stakeholders who watch from afar. The viewer, not participating in the decision-making process, includes patients directly but should not forget the audience.

Why is the employment relationship looking low?

Workers work for whomever they want, whenever they want and leave, and companies can recruit whomever they want for whatever reason, whenever they want and fire for whatever reason, and that's called Employment-at-will. Jobs at will is an significant legal standard and a benchmark for functionality.

- Geographical boundaries
- Functional boundaries

There are limitations that come from judicial exceptions to employment-at-will based on common law interpretation and there also some exceptions come through statues or laws ended by legislation.

Common law based on custom and judicial precedent:

- Public policy
- Implied contract
- Implied covenant of good faith

Statutory exceptions enacted by legislation:

- Non-discrimination
- Standards for terms and conditions of employment
- Unjust dismissal protection

Employment law focuses on workers ' rights as individuals whereas the labor law focuses on the interests of workers as a group or party.

Workers' compensation is the oldest of all U.S. employment laws and an accident happens make sure you receive medical care. And law is fair labor standard act, and that law specifies minimum wages nationwide and restricts child labor. Safety and health is another sector governed by US labor law. Simple prejudice about sexual orientation and gender identity does not exist. And charging unfair wages to men and women who do the same work is also illegal.

US labor law covers the union law generally, that I will call union as activity. The goal of this law is to increase the purchasing power of labor through collective action and this not only benefits workers but also protects their families.

There are many ways to handle people and you need to understand the legal system under which you work.

Different types of attitude you can adopt towards these tests:

- Attitude D (Defensive)
- Attitude P (Proactive)

Equal employment opportunity means like you cannot ask certain job interview question like whether they are marries or have children. As a HR don't manage defensively where everything you are doing is primarily done to avoid legal action. Always be fair, consistent and non-discriminatory. Don't be HR police. So pay attention to law but don't be paralysed by it.

LEARNING METHODOLOGY USED IN COURSE:

This course was taught through:

1. Videos lectures
2. Reading material
3. Quiz
4. Practice exercise

LEARNINGS FROM THE COURSE:

How to manage employees performance and motivate them to work in most efficient way.

Give them freedom to speak and listen what they have to say.

Give them credit for their work and reward them accordingly.

Follow employment and labor law

Embrace your role as a manager.

All employees are different and have different set of goals and motive of working, understand them and find a way to make them work efficiently.

Use different managerial styles with different employees.

Try to get to know your employees so that you may know how to get them to work efficiently for you

As a manager, you should know what is their aim for organization and for themselves