

**Assessing Awareness of Hospital Policies and Quality Standards Among
the Employees of Aditya Birla Memorial Hospital**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr Ishita Sawhney

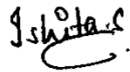
Under the Supervision and Guidance of

Mr. Jagajeet Prasad Singh

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled “**Assessing Awareness of Hospital Policies and Quality Standards Among the Employees of Aditya Birla Memorial Hospital**” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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Ref. No. : ABMH/Academics/Internship/037
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Ishita Sawhney**, has successfully completed her **03 months** Internship at **Aditya Birla Memorial Hospital, Pune** in **Human Resource Department** from **28th March 2022 to 25th June 2022**.

During her tenure, she has been hardworking, sincere and eager to learn.
We wish her "All the Best" in her future endeavor.

For Aditya Birla Health Services Pvt. Ltd.

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Abstract

Introduction:

An efficient hospital runs like a well-oiled machine. Employees must be aware of what is expected of them as well as the rules and protocols that will guide them through their daily work if a hospital is to operate efficiently. Inconsistent procedures will lower the standard of treatment, maybe harm the patient, and put the facility in peril. Because of this, each organization has put in place certain policies and standards of excellence, and it is important to periodically determine whether employees are aware of these norms and standards.

Methodology:

It was a structured questionnaire based descriptive study conducted on 305 employees of ABMH over a period of 3 months. Three-point scale adopted by the hospital was used for collecting responses. The final score was graded as good, average, and below average .

Objectives:

The main objective of this study is to assess the awareness of employees of ABMH and accordingly identify their training needs.

Key Findings:

Employees' awareness was determined to be good overall. However, when examined separately, it was discovered that HR policy awareness was the lowest. The general level of awareness between payroll and utilities personnel did not differ significantly.

Conclusion:

Essentially, this analysis identifies a priority area for the company to plan further trainings and increase awareness from the current level of 60.98 percent. The group in B category should receive special attention because they will need less training hours than the group in C category, which will hasten the improvement of general awareness levels. Training programs can be made more interactive and engaging by using audio-visual presentation approaches. **Key Words:** Training need assessment, policies, quality standards, awareness

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Abbreviations

ABMH	Aditya Birla Memorial Hospital
HR	Human Resources
BLS	Basic Life Support
HIC	Hospital Infection Control
FMS	Facility Management Safety
BMW	Biomedical Waste Management
JCI	Joint Commission International
NABH	National Accreditation Board of Hospitals
TNA	Training Need Assessment
HRD	Human Resource Development
CG	Clinical Governance

Chapter 1 – Introduction

1.1 Background

Employee training in the health industry not only allows the organization to assess their employees' abilities and skills, but it also facilitates them to enhance their overall performance while carrying out their tasks at work. Employees in the health industry are better prepared to handle their tasks and give quality services if they get the relevant and basic trainings⁽¹⁾. Better service delivery means better care for those who need it, which means more and more lives will be saved as a result of efficient healthcare.

Hospital accreditation, certification, and quality standards are today's buzzwords. We must investigate a new strategy to address the shift in the healthcare environment that is patient-driven and outcomes-focused if we hope to travel through these waves. Keeping in mind these needs of the hospital and healthcare facilities certain hospital staff trainings has become mandatory in today's scenario. Various classroom trainings like introduction to hospital quality standards, infection control measures (HIC), human resource policies, patient care quality, facility management (FM), management of medication, medical records management, standard operating protocols are imperative. Even onsite trainings like events and incidents reporting, patient's rights and responsibilities, communication skills, biomedical waste (BMW) management, hand hygiene, occupational safety, spill management, disaster management, cardiopulmonary resuscitation (BLS) & emergency codes, spill management and fire safety are need of the hour.

Understanding quality standards and policies is crucial to accomplishing this objective because they set forth a broad course of action for reaching desired results and operate as a fundamental framework for decision-making. The purpose of healthcare policy and procedures is to inform staff members of the organization's ultimate goals. Policies in the healthcare sector, in particular, should lay the framework for the delivery of high-quality care that is both safe and affordable⁽²⁾. To develop a strategy that delivers the intended outcome, the policies must be in the right place. The main objective of hospital rules and standards is to guarantee that staff members work together effectively, cooperatively, and with a high degree of knowledge. Another objective is to make sure that all employees adhere to the same policies in order to prevent inconsistencies.

According to the best healthcare consulting firms of India both, the JCI (Joint Commission International) accreditation and NABH (National Accreditation Board of Hospitals) accreditations are the most importance ones and aim to improve the quality of patient care through diverse approaches. To obtain the required national and international accreditations, hospitals must comply with the required quality and safety standards. This process involves a high level of documentation, reading, writing, analysis, and filing. Inconsistencies in the data can cause inconsistencies during audits. Hospital management needs to inspire and nurture the learning environment so that staff is better aware of the hospital's policies and have immediate access to important information⁽³⁾. Because if these policies and standards are not read and followed properly there are chances of errors in terms of patients care as well as there is a lack of proper execution in terms of complying with the basic parameters of hospital accreditation bodies. After that, the organization remains vulnerable to the risk of litigation and loss of certification.

The evolving role of healthcare allows organizations to invest more in education and the development of their employees⁽²⁾. Many organizations have a section dedicated to meeting the training needs of their employee. Their responsibility is to provide an overview, vision, and objective for the organization, as well as a code of conduct and other rules such as leave, attendance, and maternity leave⁽³⁾. Training should be seen as an investment, not a cost. At the beginning of this century, the industry considered training as an additional cost, but now the scenario is different. In today's highly competitive world, the industry places a great deal of emphasis on employee trainings to improve job performance and increase the average productivity. If an organization does not provide effective training, then it is considered a cost, not an investment. For this reason, before designing a training program, organization needs to identify the gap between the skills desired by employees and their current skills. The best way to identify gaps is to perform a Training Needs Analysis (TNA). After implementing a TNA, organization can get clear guidance on which employee skill deficiencies need to be addressed and how training programs need to be designed⁽⁴⁾.

An ongoing data gathering process called training needs assessment (TNA) identifies training requirements so that businesses can create training that will help them reach their objectives⁽⁵⁾. An organization must follow certain procedures for human resource

development (HRD). The first stage is to conduct a TNA, followed by the design of the training program, its implementation, and evaluation. A TNA process is crucial for creating, launching, supporting, and assessing an efficient training program⁽⁴⁾.

Owing to the importance of policies and standards these trainings should be conducted for all employees regardless of their category (utility employee/payroll employee). These trainings should be held once at the time of induction and then as and when the need is identified. Although assessing the training needs of doctors, nurses, technicians, and patient service staff from time to time is imperative in a hospital setting but it is equally important immense competition between hospitals for standardization and accreditation, and it is important to determine hospital's training needs in order to improve hospital patient care. Very few studies have shown the need for training of ground staff in a hospital setting⁽⁵⁾. Hence, the rationale of this study is to assess the awareness of the employees belonging to all categories of ABMH about five common trainings which are given to all the employees and accordingly identify their training needs.

1.2 Aim: The aim of this study is to assess the level of awareness regarding hospital policies and quality standards among the employees of ABMH .

1.3 Research Question:

- What is the level of awareness regarding the hospital policies and quality standards among the employees of ABMH?
- Is there any difference in the awareness regarding the hospital policies and quality standards between staff of various categories at ABMH?
- What are the training needs of the employees of ABMH based on their level of awareness?

1.4 Objectives:

- To assess the level of awareness regarding the hospital policies and quality standards among the employees.
- To identify training needs based on the level of awareness regarding hospital policies and quality standards.

- To compare the level of awareness between various departments of the hospital.
- To suggest the measures to improve the training needs of employees.

Chapter 2 – Literature Review

Author (Year)	Study Location	Sample Size	Sampling Technique	Salient Features
Juneja et al (2020) ⁽³⁾	Multi-specialty Hospital, Punjab	30 Staff Nurses	Convenience Sampling Technique	• Nurses were evaluated for their knowledge of hospital policies, safety standards, and various staff awareness indicators and were given one of three grades: good, average, or below average. • Staff members were given a questionnaire with 15 questions about their knowledge of and satisfaction with hospital policies. The questionnaire used a 3-point Likert scale with the options always, occasionally, and never, respectively. • The majority of nurses, it was found, had an average degree of knowledge of hospital regulations, safety standards, and other measures of staff awareness. • Additionally, the findings revealed a sizable mean difference in staff nurses' average ratings according to gender. • However, hospitals

				only offered e-documents such PowerPoint presentations, Word papers, photos, and graphics as their e-learning platform. • The implementation of online management tools to facilitate progressive and evaluative learning on online platforms was still pending.
Uma et al (2020) ⁽⁶⁾	Multi-specialty Hospital, Coimbatore	278 (Staff Nurse)	Simple Random Sampling	• The purpose of this study was to investigate existing training programs for nurses in the hospital, analyze them, and propose measures to improve the nurses' training needs. • A four-part structured questionnaire served as the research tool. The survey was divided into four sections: demographic questions in the first, nursing skill questions in the second, nurse education policy guidelines in the third, and educational subjects in the fourth. • An analysis of nurse training needs can be concluded to help hospitals develop nurses' skills and knowledge.

				This is one of the most important potential motivations and benefits nursing staff and organizations, in both short-term and long-term. It also helps to increase the appropriate new ways of training programs to help develop individuals and organizations.
Vaishnav et al (2020) ⁽⁷⁾	Acharya Vinoba Bhave Rural Tertiary Care Hospital, Sawangi, Wardha (MH)	422 (Staff Nurse [n=242], Lab Technicians [n=28], Housekeeping Staff [n=152])	Convenience Sampling Technique	- The goal of this study was to see how effective a training program was in raising knowledge of bio-medical waste management among nursing staff, lab technicians, and sanitary workers at a tertiary care hospital in Central India. - A structured interview questionnaire that was pre-tested, semi-structured, and closed ended was employed in the study.
Naik et al (2019) ⁽⁸⁾	Chamara-janagar Institute of Medical Sciences, Karnataka	40 (Staff Nurse)	Simple Random Sampling Technique	- The purpose of the study was to assess nurses' awareness and practice of standard precautions in the study environment. - The questionnaire included questions about demographic details, nurses' perceptions of

				standard accommodation, and practices related to their implementation. The responses were marked by the investigator properly. • This study revealed a sufficient level of knowledge and practice of nurses' standard precautions in the study environment and also discovered many areas that required educational intervention. • The need of the hour was an orientation program for new employees and on-the-job training for existing employees. • In this regard, hospital management was expected to play a greater role in establishing strict and clear workplace policies.
Arain et al (2019) ⁽⁹⁾	Western Canadian Healthcare Organization	586 (Clinical and non-clinical staff)	Proportionate Stratified Random Sampling Technique	• Sufficient awareness of IT-related training needs to be disseminated to ensure the security of patient's personal data. • Hence, the main purpose of this study was to assess optimal usage of the education and mindfulness modules in use.

				• In order to prevent potential security breaches, it was determined that online training offers a fundamental understanding of IT security and privacy concepts. • Trainings should be an integral part of the education of healthcare professionals for the protection of patient data. • By evaluating these training program, employees can understand the resources available and how to prevent IT security breaches.
Rajan et al (2018) ⁽¹⁰⁾	Private Multi-specialty Hospitals, Tirunelveli, Tamil Nadu	6 Managers	Convenience & Judgement Sampling Techniques	• This study aimed to analyze the training needs of managers by understanding their perceptions of distinct factors. • Manager training needs were analyzed under the dimensions of leadership, interpersonal relationships, patients, supervisors, and factors related to management and personality. • To obtain primary data, the researcher created a structured questionnaire utilizing the Likert 5-point scale. • The study's findings

				revealed that the majority of respondents require training in practically all of the training demands highlighted in this study.
Bari et al (2017) ⁽¹¹⁾	The Children's Hospital, Lahore	300 (Residents [n=150] & Nurses [n=150])	Convenience Random Sampling Technique	• The major goal of this study was to highlight the amount of knowledge and awareness that nurses and postgraduate residents at tertiary care hospitals have about patient safety. • Two significant conclusions were drawn from this study's systematic evaluation of the attitudes and views of residents and nurses regarding patient safety. First, all ten of the survey's metrics were accepted by both groups. Second, resident APSQ ratings were sometimes lower than those of nurses. With the exception of "disclosure of errors," residents and nurses believed the same things about patient safety. • The findings of this study aided directors and curriculum developers in include error disclosure education as a crucial

				component of medical education in both the nursing and medical curricula. A greater understanding of patient safety and eventually improved patient care can result from exposure to patient safety programs. • The outcomes inspired a pilot project to create a workable malpractice reporting system.
Alam et al (2016) ⁽¹²⁾	Tertiary Healthcare Facility, Saudi Arabia	85 (Nurses)	Stratified Random Sampling Technique	• This study examines nurses' knowledge of policies and procedures that address patient safety, overall safety, and quality of care, and assesses the equivalence of information and provision. • The data collection tool was a "quality and patient safety awareness tool" specially developed by the hospital's quality department for research. • Many of the answers included examples and brief explanations, so questionnaire was administered by interviewer. • After listening to the participants' responses, the interviewer had to

				check either "Yes", "No", or "Not applicable". • Nurses' awareness regarding quality, patient safety, and overall safety were high. • However, compliance with quality and patient safety guidelines were found to be below the required level.
Ravaghi et al (2014) ⁽¹³⁾	20 Public Hospitals, Tehran , Iran	345 (Clinical Staff)	Random Sampling Technique	• This study's objective was to investigate how clinical staff members at particular Tehran teaching hospitals perceived clinical governance (CG). • Data were collected using a standard CG awareness questionnaire developed by Mc Sherry and Pearce (2011). • The questionnaire consisted of four parts. Those four parts were about the demographic characteristics of participants, their perception of the concept of CG and its components, and lastly obstacles to its implementation. • It was concluded that the concept and goals of CG were not effectively communicated to

				staff and that staff awareness of CG was low, even though it was practiced in the hospital. Therefore, it is particularly important to provide more effective related training on CG concepts and components. • To improve the implementation of CG, managers need to consider barriers that are perceived at both hospital and policy level
Peltokoski et al (2013) ⁽¹⁴⁾	Finland (2 Hospitals)	182 (Registered Nurses [n= 145] & Physicians [n=37])	Convenience Sampling Technique	• This pilot study sought to determine how newly employed nurses and doctors perceived the orientation process in two hospitals in Finland as well as the relationship between background factors and four different parts of the extensive orientation procedure. • A survey that was mailed to them was used to gather the data. • The conclusion reached was that assessment data should be used to continuously update and improve the orientation process. • To execute the orientation process more thoroughly,

				incentives and effective assistance from hospital organizations must also be considered. • The findings suggest that funding was required to improve the orientation techniques.
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Chapter 3 - Methodology

The study was conducted to assess the level of awareness regarding hospital policies and quality standards among the employees of ABMH, using the following methodology:

3.1 Study Design: Structured questionnaire based descriptive cross-sectional study

3.2 Setting: The study was conducted at Aditya Birla Memorial Hospital which is a tertiary care multi-specialty hospital located in Pimpri-Chinchwad, Pune, Maharashtra. It is a medical facility that spans over 16 acres of land and is 500 bedded.

3.3 Study Population: The employees of Aditya Birla Memorial Hospital

- *Inclusion Criteria:*
 - Employees under the category of payroll & utility staff (class IV employees) at ABMH.
 - Employees that gave verbal consent for participating in the interview.
- *Exclusion Criteria:*
 - Managers and executives
 - Employees who refused to give verbal consent for the interview.
 - Employees unavailable or in night shift during the period of data collection.

3.4 Duration Of Study:

- The duration of study was of 12 weeks from 28th March 2022 to 25th June 2022.
- Initial one week was dedicated for planning the study, deciding on research design, objectives of study, inclusion, and exclusion criteria of study population etc.
- Finalizing the questionnaire after studying the training material provided by the organization took another 2 weeks.
- Data collection was done over a period of next 6 weeks.
- Analysis of the data and interpretation was done over a weeks' time.
- Last 2 weeks were utilized for assembling the data and making the dissertation report.

3.5 Sample Size & Sampling Technique:

- Purposive Sampling technique was used.
- Around 20- 30% of employees from each department of utility staff (class IV employees) and payroll employees were included in this study.
- In departments with less than 15 employees, all of them available at the time of study were included.
- Final study was conducted on 305 employees of ABMH.
- 110 utility/class IV employees and 195 payroll employees were included in the study.

3.6 Data Collection Procedure:

- Data was collected through interviews based on a structured questionnaire.
- First part of the questionnaire included demographic details like name, employee id , department, and gender of the participants.
- Second part of the questionnaire had 12 questions which were based on the five trainings that are given to all the employees of ABMH irrespective of their department. Distribution of questions was as follows:

Table 3.1: Distribution of questions of various training categories in the questionnaire.

Training Category	Content	No of questions
Basic life support (BLS)	CPR	1
Human resource (HR) policies	Vision, Mission, Values, Roles & Responsibilities. Committees	5
Quality standards	JCI, IPSP goals	1
Facility management safety (FMS)	Fire safety, Hazmat, Emergency Codes	3
Hospital infection control (HIC)	Hand Hygiene, BMW	2

- Each question had sub-questions.
- A pilot study with 30 participants was undertaken to evaluate the structured questionnaire's comprehension, feasibility, reliability, and validity.
- It was determined that the split-half reliability and Cronbach's alpha values were, respectively, 0.78 and 0.83.
- The main study did not incorporate the pilot study's findings or subjects.
- Three-point scale adopted by the hospital was used for collecting responses. According to the three-point scale, the answers were graded as follows:
 - A – Employee knows the answer and understands the meaning of the answer (**Can Train**)
 - B- Employee knows only the answer but does not understand its meaning or relevance (**Can Work**)
 - C- Employee does not know the answer to the question asked (**Need Training**)
- After grading all the questions individually, a final grade based on the total number of questions answered was allotted. The criterion for the final grade was as follows:
 - A – Average of total score is more than 80% (**Good**)
 - B – Average of total score is between 50%-80% (**Average**)
 - C – Average of total score is less than 50% (**Below Average**)
- Verbal consent was taken from each participant before the interview.
- Data was collected in an allotted time of 5 minutes from each participant by a single investigator.

3.7 Operational Definitions

- *Policy* – “A definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.”
- *Quality standards* – “Quality standards are defined as documents that provide requirements, specifications, guidelines, or characteristics that

can be used consistently to ensure that materials, products, processes, and services are fit for their purpose.”

3.8 Data Analysis Plan:

- After collection of data, it was entered in “MS Excel (MS Office version 2019 developed by Microsoft, Redmond, WA)”.
- Data analysis was done by using values of mean, frequency and percentage while comparing the level of awareness for various training categories.
- Z test was used to compare the level of awareness between the utility and payroll employees. The difference was considered statistically significant if $p < 0.05$ at 95% confidence interval.

3.9 Ethical Considerations: Verbal consent was taken from each employee before recording their data. Proper measures were taken to protect the employees’ and organizations’ data and confidentiality.

Chapter 4 – Results

Table 4.1: Background details of study participants

Category of Employees	Department	Total Employees	Employees Included in The Study	Males n (%)	Females n (%)
Utility/ Class IV Employees	Housekeeping	140	42	14 (33)	28 (67)
	Security	80	25	21 (84)	4 (16)
	Food & Beverage	60	20	18 (90)	2 (10)
	Linen & Laundry*	13	9	9 (100)	0 (0)
	Transport*	15	14	12 (86)	2 (14)
Sub Total			110 (36)	74 (67)	36 (33)
Payroll Employees	Nurses	310	75	16 (21)	59 (79)
	Technicians	109	30	18 (60)	12 (40)
	Junior Doctors	110	25	7 (28)	18 (72)
	Patient Service	80	20	6 (25)	14 (75)
	Pharmacy	56	15	7 (47)	8 (53)
	Office Staff				
	HR*	10	10	7 (70)	3 (30)
	Stores*	7	7	5 (71)	2 (29)
	Accounts*	15	6	3 (50)	3 (50)
	Purchase*	10	7	3 (43)	4 (57)
Sub Total			195 (64)	72 (37)	123 (63)
Grand Total		1015	305	146 (48)	159 (52)

(*These departments had 15 or less than 15 employees hence, all those available at the time of study were included.)

A total of 305 employees participated in the survey, of which 110 (36%) employees were from utility departments and 195 (64%) were from payroll departments of the hospital. The percentage of male respondents (67.3) was more among utility employees whereas among the payroll employees the percentage of female respondents (63.1) was higher. Overall, the number of females (63.1%) was higher.

Of the participants from utility department, 42% were from housekeeping department, 25% from security, 20% from food & beverage, 9% from linen & laundry and 14% from transport department of the hospital.

Among the payroll participants of the survey 75% were nurses, 30% technicians, 25% junior doctors, 20% patient service staff, 15% pharmacy staff and 15% office staff.

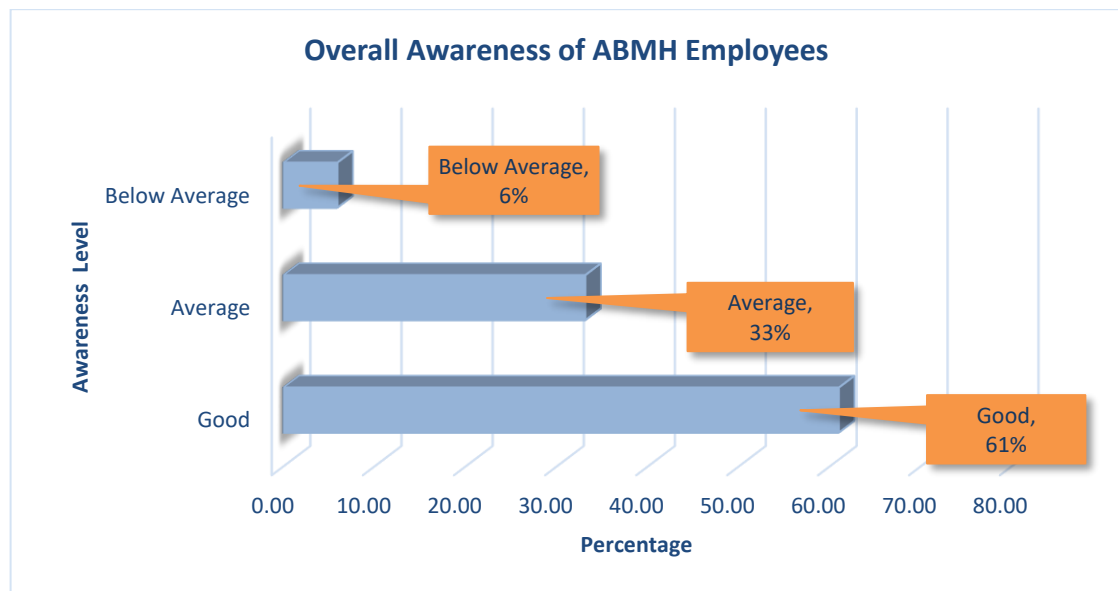


Figure 4.1: Overall awareness of the employees of ABMH regarding hospital policies & quality standards

The graph above (figure 4.1) depicts that 33% of the total study population of ABMH employees had average awareness about the policies and quality standards. While the awareness level of approximately 6% of employees was found to be below average. The expected awareness according to the standards of the organization was 80% and above under good category, which, according to the results of the study is not being fulfilled.

Table 4.2: Department wise overall awareness.

Department	Good % (n)	Average % (n)	Below Average % (n)
Housekeeping	74 (31)	24 (10)	2 (1)
Security	68 (17)	32 (8)	0 (0)
Food & Beverage	40 (8)	40 (8)	20 (4)
Linen & Laundry	44 (4)	44 (4)	11 (1)
Transport	14 (2)	57 (8)	29 (4)
Nurses	63 (47)	31 (23)	6 (5)
Technicians	50 (15)	43 (13)	7 (2)
Junior Doctors	76 (19)	20 (5)	4 (1)
Patient Service	65 (13)	35 (7)	0 (0)
Pharmacy	53 (8)	47 (7)	0 (0)
Office Staff	73 (22)	27 (8)	0 (0)
Total	61 (186)	33 (101)	6 (18)

Among all the respondents only those belonging to housekeeping, office staff and doctors had more than 70% of their employees falling under the A category. None of the departments had awareness above 80 % which was expected by the organization. Employees of transport department had the least (14%) score in A category. The department with maximum respondents under B and C category was also transport department followed by F&B and linen & laundry.

Table 4.3: Awareness of **HR policies** among study participants.

Department	A (Can Train) % (n)	B (Can Work) % (n)	C (Need Training) % (n)
Housekeeping	33 (14)	55 (23)	12 (5)
Security	20 (5)	80 (20)	0 (0)
Food & Beverage	10 (2)	40 (8)	50 (10)
Linen & Laundry	0 (0)	89 (8)	11 (1)
Transport	0 (0)	57 (8)	43 (6)
Nurses	23 (17)	68 (51)	10 (7)
Technicians	37 (8)	63 (19)	10 (3)
Junior Doctors	44 (11)	44 (11)	12 (3)
Patient Service	35 (7)	65 (13)	0 (0)
Pharmacy	53 (8)	40 (6)	7 (1)
Office Staff	53 (16)	40 (12)	7 (2)

Out of the five training categories included in this study, all the departments collectively scored least in HR policies. Employees of utility services performed poorly with none of their departments having more than 35% of employees in A category. Except for the employees of F&B and Transport, employees of all other utility departments had average level of awareness (B category). Whereas, employees of F&B and Transport had 50% and 43% employees under C category.

Among the payroll staff, nurses had the least score in A category, followed by patient service staff and technicians. The maximum score in this category was scored by office staff.

Table 4.4: Awareness of **BLS** trainings among study participants

Department	A (Can Train) % (n)	B (Can Work) % (n)	C (Need Training) % (n)
Housekeeping	69 (29)	19 (8)	12 (5)
Security	52 (13)	44 (1)	4 (10)
Food & Beverage	45 (9)	35 (7)	20 (4)
Linen & Laundry	0 (0)	67 (6)	33 (3)
Transport	14 (2)	64 (9)	21 (3)
Nurses	67 (50)	27 (20)	7 (5)
Technicians	40 (12)	50 (15)	10 (3)
Junior Doctors	96 (24)	0 (0)	4 (1)
Patient Service	65 (13)	35 (7)	0 (0)
Pharmacy	40 (6)	47 (7)	13 (2)
Office Staff	67 (20)	27 (8)	7 (2)

Under BLS training awareness, doctors scored maximum (96%) under A category. Linen & Laundry services scored the least, with 0% employees in A category whereas they scored the most in B (67%) and C (33%) category. After linen & laundry, transport (14%) , pharmacy (40%) and technicians (40%) were the least scoring in A category.

Table 4.5: Awareness of **Quality Standards** among employees of ABMH

Department	A (Can Train) % (n)	B (Can Work) % (n)	C (Need Training) % (n)
Housekeeping	78 (33)	17 (7)	5 (2)
Security	72 (18)	28 (7)	0 (0)
Food & Beverage	45 (9)	40 (8)	15 (3)
Linen & Laundry	78 (7)	11 (1)	11 (1)
Transport	43 (6)	36 (5)	21 (3)
Nurses	69 (52)	28 (21)	3 (2)
Technicians	47 (14)	50 (15)	3 (1)
Junior Doctors	76 (19)	20 (5)	4 (1)
Patient Service	65 (13)	35 (7)	0 (0)
Pharmacy	47 (7)	53 (8)	0 (0)
Office Staff	53 (16)	40 (1)	7 (2)

Housekeeping (78%) staff followed by linen and laundry (78%) and junior doctors (76%) scored maximum in A category. Whereas food and beverage staff followed by technicians and pharmacy staff scored least in A category. Only employees of transport department scored more than 20% in C category.

Table 4.6: Awareness of **Facility Management Safety (FMS)** among employees of ABMH

Department	A (Can Train) % (n)	B (Can Work) % (n)	C (Need Training) % (n)
Housekeeping	83 (35)	12 (5)	5 (2)
Security	64 (16)	36 (9)	0 (0)
Food & Beverage	35 (7)	50 (10)	15 (3)
Linen & Laundry	67 (2)	22 (2)	11 (1)
Transport	21 (3)	64 (9)	14 (2)
Nurses	59 (44)	35 (26)	7 (5)
Technicians	37 (11)	57 (17)	7 (2)
Junior Doctors	56 (14)	40 (10)	4 (1)
Patient Service	70 (14)	30 (6)	0 (0)
Pharmacy	47 (7)	53 (8)	0 (0)
Office Staff	83 (25)	17 (5)	0 (0)

Maximum score in A category for FMS awareness was scored by housekeeping department (83%) and office staff (83%). Whereas transport department (64%) had highest score in B category, followed by Technicians (57%) and F&B (50%) department. None of the departments scored more than 15% in C category which shows that level of awareness in FMS is comparatively higher than other categories.

Table 4.7: Awareness of **Hospital Infection Control (HIC)** trainings among study population.

Department	A (Can Train) % (n)	B (Can Work) % (n)	C (Need Training) % (n)
Housekeeping	86 (36)	9 (4)	5 (2)
Security	72 (18)	20 (5)	8 (2)
Food & Beverage	35 (7)	30 (6)	35 (7)
Linen & Laundry	78 (7)	22 (2)	0 (0)
Transport	29 (4)	29 (4)	42 (6)
Nurses	83 (62)	15 (11)	2 (2)
Technicians	40 (12)	53 (16)	7 (2)
Junior Doctors	76 (19)	20 (5)	4 (1)
Patient Service	40 (8)	45 (9)	15 (3)
Pharmacy	33 (5)	33 (5)	33 (5)
Office Staff	67 (20)	7 (2)	26 (18)

Two departments – Housekeeping & Nursing have scored more than 80% in A category of HIC awareness. Whereas, transport department scored most (42%) in C category, followed by F&B (35%) and pharmacy (33%) which shows that the level of awareness in this category is very less.

Table 4.8: Overall comparison of awareness between utility & payroll employees of ABMH

Awareness Level	Utility / Class IV Employees		Payroll Employees		p value
	Frequency	Percentage	Frequency	Percentage	
Good	62	56	124	64	0.2146
Average	38	35	63	32	0.6903
Below Average	10	9	8	4	0.0762
Total	110	100	195	100	

(Level of significance $p < 0.05$)

Payroll employees (64%) scored higher in good level of awareness than utility employees (56%). Whereas utility employees had a more employees in average (35%) and below average (9%) category. However, there is no significant difference in the level of awareness

between utility and payroll employees across all three levels (good, average, below average).

Table 4.9: Training category wise comparison between utility & payroll employees of ABMH

Trainings	Awareness Level	Utility/ Class IV Employees % (n)	Payroll Employees % (n)	p Value
HR Policies	A	19 (21)	34 (67)	0.0048
	B	62 (68)	57 (112)	0.4559
	C	19 (21)	8 (16)	0.0052
BLS	A	48 (53)	64 (125)	0.0069
	B	37 (41)	29 (57)	0.1494
	C	14 (16)	0 (0)	<0.0001
Quality Standards	A	66 (73)	62 (121)	0.4533
	B	25 (28)	35 (68)	0.0895
	C	8 (9)	3 (6)	0.0478
FMS	A	61 (67)	59 (115)	0.7410
	B	32 (35)	37 (72)	0.3700
	C	7 (8)	4 (8)	0.2338
HIC	A	65 (72)	65 (126)	0.8828
	B	19 (21)	25 (48)	0.2693
	C	15 (17)	11 (21)	0.2343

(Level of significance $p < 0.05$)

Percentage wise, more employees from utility services were under A category of Quality Standards, FMS and HIC. However, a significant difference in the level of awareness between the two groups was found amongst the employees under A category of HR policies and BLS and employees under C category of HR policies, BLS and Quality standards.

Chapter 5: Discussion

Despite substantial academic and professional interest, the field of training needs assessment is yet developing. In order to establish the training requirements, the process of training need analysis (TNA) is used to discover deficiencies or other challenges in the workplace. TNA is a technique for identifying performance gaps and the type of training needed to close them. Effective use of TNA can reduce wasteful spending on inappropriate, ineffective, and poorly targeted training programs and keep more attention on the actual needs. Additionally, it boosts the number of new training programs the hospital can offer while saving time.

The first step for a successful TNA is evaluating the level of awareness which was the aim of this study. The present study reported that the overall awareness of the employees of ABMH (60.98%) was good, but a major part of the population (33.11%) also had average level of awareness. These findings contrast with those of the Juneja et al's⁽³⁾ study, in which the majority of the population (53%) had an average level of knowledge about hospital regulations, safety standards, and several employee awareness indicators. This variance may be caused by the fact that they only studied nurses for the study.

Amongst the five categories of training included in this study the least awareness was found in HR policies as none of the departments scored above 80% in A category. One of the possible reasons for this could be the confusion that the employees had between “ICC & Grievance committee”, “employee roles & responsibilities” and “vision, mission & values” of the hospital. Second reason for this could be that the employees had either very limited or no knowledge about the concept of “second victim”. No similar studies were found to compare these results.

According to the results of the studies conducted by Subbalakshmi et al⁽¹⁵⁾ and Das et al⁽¹⁶⁾ on awareness about hand hygiene and biomedical waste management respectively, the awareness was found to be better amongst doctors and nurses. Similar results were seen in the present study where, nurses (82.67%) and doctors (76%) had maximum level of awareness among the payroll staff. Whereas employees of housekeeping (85.71%), linen & laundry (77.78%) and security (72%) department scored the most among the utility staff.

But none of the studies included various department of utility services for comparison. Awareness of HIC is comparatively higher than other categories of training because five departments out of eleven scored more than 70% in A category, which was highest among all the training types included in the study.

In a study conducted by Krimalshammari et al⁽¹⁷⁾ awareness of IPSP goals was found to be satisfactorily high. According to the results of the present study six (housekeeping, security, linen& laundry, nurses, junior doctors, patient service) out of eleven departments had satisfactory awareness, with more than 60% of their employees in A category.

5.1 Limitations:

The possibility of situational bias could be one of the study's shortcomings. This implies that those who were given a rating of average or below average might not necessarily be unaware. They might not have comprehended the question, be under stress for whatever reason, be frightened, confused at the time of interview. There could also be a reporting bias at the interviewer's end.

Chapter 6: Conclusion

Employee knowledge was determined to be high overall, but when examined more closely, it became clear where each area falls short. Additionally, this study sheds light on the fact that there was no significant difference in employees' awareness among utilities and payroll staff. In essence, this study gives the organization a priority area to organize their additional trainings and raise the degree of awareness from 60.98 percent. Emphasis should be placed on those in B category because they will require fewer training hours than those in C category, which will accelerate the improvement of general awareness levels. It is further recommended that e-learning platform can be introduced for training employees.

Using audio-visual presentation techniques, training programs can be made more engaging and participatory. It is possible to engage the employees with good level of awareness and make a video of them speaking and acting out essential facts in the local language. The value of this activity will be twofold: first, average and below average employees will be able to learn from it, and second, it will encourage those who are performing well to perform even better the next time. Additionally, it would eliminate the language barrier, which can contribute to employees not being fully informed. These videos can be shown to their groups or used in orientation and training sessions. Additionally, people with a high level of awareness may be given five of the average and below average employees to teach. The best trainer can be rewarded, which will encourage them to train better. During departmental training sessions, these chosen employees can also be promoted to coordinator status. This will not only motivate them but also encourage others to work hard and get there.

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Annexures

Questionnaire

1. What is the vision of ABMH?
 - What is the mission of ABMH?
 - What are the values of ABMH?
2. What are employee's responsibilities/rights? What are patient responsibilities/rights?
3. Do you know the difference between grievance policy & ICC policy?
 - Mail id of grievance cell
4. Whom to complaint in ICC Who is the official spokesperson of media?
5. Who is second victim?
 - What are the symptoms of second victim?
6. Emergency Codes
 - When is Pink Code used?
 - When is Purple used?
 - When is Orange used?
 - When is Black used?
7. What will you do in case of fire?
 - Which fire detection systems are installed at hospital?
 - How will you communicate about a fire emergency?
 - What is RACE?
8. BLS
 - What will you do if someone falls unconscious before you?
 - What is the rate of giving compressions?
9. What is the WHO seven steps of hand hygiene?
 - What are the five moments of hand hygiene?
10. BMW
 - Infectious waste is disposed in which bag?
 - Cotton is disposed in which color bag?
 - Glove is disposed in which color bag?
11. How many goals are there in IPSG?
 - How not to identify patients?
 - JCI has how many chapters?
12. Do you know the meaning of HAZMAT?
 - What is the full form and use of MSDS?
 - What is NFPA?

 Data Collection Format

EMPLOYEE AWARENESS IN DIFFERENT POLICIES AND QUALITY STANDARDS- Data Collection Format																	
A=Can Train B=Can Work C=Need Training																	
Sr. No	Name	Employee ID	Department	Gender	Employee Awareness												
					Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Total
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	