Optimizing Workforce Allocation and Reducing Turnover Using HR Analytics

Faculty Mentor -Deepti Sharma

Presented By: Dr.kriti Tripathi (1985) Batch: MBA HM-29

Organization Mentor-Umakanta K

1.HISTORY & DESCRIPTION OF ORGANIZATION

- Founded in 1983 by Dr. Prathap C. Reddy, Apollo Hospitals is India's first corporate hospital and a trailblazer in private healthcare.
- As Asia's leading integrated healthcare provider, Apollo spans hospitals, pharmacies, clinics, telemedicine, insurance, online consultations (ASK Apollo), home care, and medical education through Medvarsity and nursing colleges.
- It has served over 150 million patients from 140+ countries, driven by clinical excellence, cutting-edge technology, affordability, and its signature Tender Loving Care (TLC).
- Apollo has introduced several medical innovations in India, including South East Asia's first Proton Therapy Centre, and leads national efforts in preventive health by raising awareness on Non-Communicable Diseases, ensuring quality care from hospital to home.

2.VISSION & MISSION

- VISION: Apollo's vision for the next phase of development is to 'Touch a Billion Lives'.
- MISSION :Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity.

3.ORGNIZATION STRUCTURE

4.THEORETICAL LEARNINGS VS. PRACTICAL LEARNINGS

1. Onboarding is systematic – with defined steps, smooth ID generation, and documentation flow.
2. HR analytics is tech-driven – using dashboards and automated tools for tracking and decision-making.
3. Statutory processes are employee-led – PF, UAN, and KYC are assumed to be simple and self-completed.
4. Audits and employee engagement are structured – conducted periodically with planned formats.

1. Onboarding faced real-time issues – including missing documents, delays, and urgent approvals.
2. HR analytics was mostly manual – Excel-based tracking with minimal automation or dashboard support.
3. Statutory tasks required handholding – employees needed continuous guidance for PF, UAN, and KYC completion.
4. Audits and engagement needed push – SMILE audits and programs required follow-ups and coordination across departments.

PROJECT

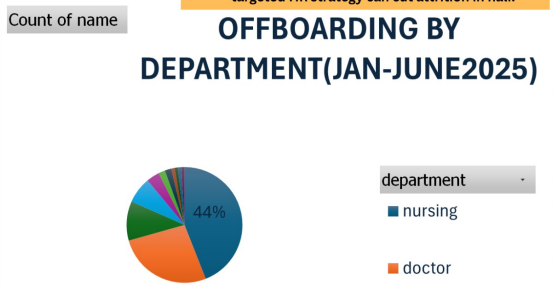
OBJECTIVE:

- To identify key reasons for high employee turnover.
- To analyze workforce data using HR analytics.
- To suggest lean HR solutions for retention and planning.
- To support strategic HR decision-making using data insights.

METHDOLOGY :

A descriptive and comparative case study was conducted at Apollo Hospitals, Bangalore. The analysis was based on 100 onboarding forms and 100 exit interview records collected from January to July 2025. Additional insights were gathered through interviews with HR staff and internal documents.

"70% of staff movement occurred in 4 departments – targeted HR strategy can cut attrition in half."



Data Analysis and Findings:

- A total of 100 onboardings and 100 offboardings were recorded across departments from January to June 2025.
- The highest onboarding and offboarding occurred in the Nursing Department, indicating high demand but also high attrition.
- The second highest onboarding and exits were observed in the Doctors' Department, suggesting mobility or contractual transitions.
- Administration (especially in the Finance unit) ranked third in both onboarding and offboarding.
- Finance and Technician departments followed closely, marking the fourth highest movement.
- A noticeable onboarding spike in March was seen in the Admin Department, likely due to new project cycles or fiscal-year planning.
- The line chart shows that onboarding was relatively consistent, with visible peaks in March and April.
- The offboarding line spiked towards May and June, especially in high-pressure roles like Nursing and Finance.
- The pie chart shows that Nursing, Doctors, and Admin together contributed to over 70% of total staff movement.
- The pattern reflects a need to strengthen retention strategies in clinical and support departments.

Limitations & Challenges

- The study is limited to six months of data without qualitative insights like exit interviews.
- Access to complete and real-time data was challenging due to process gaps and privacy protocols.
- Findings are based on quantitative trends, not employee sentiments or manager reviews.

Recommendations & Suggestions

1. Launch department-wise mentorship programs to support new joiners and reduce early exits.
2. Conduct regular stay interviews and feedback rounds in high-turnover departments like Nursing and Doctors.
3. Improve role clarity and onboarding structure, especially in Admin and Finance, to prevent mismatch and confusion.

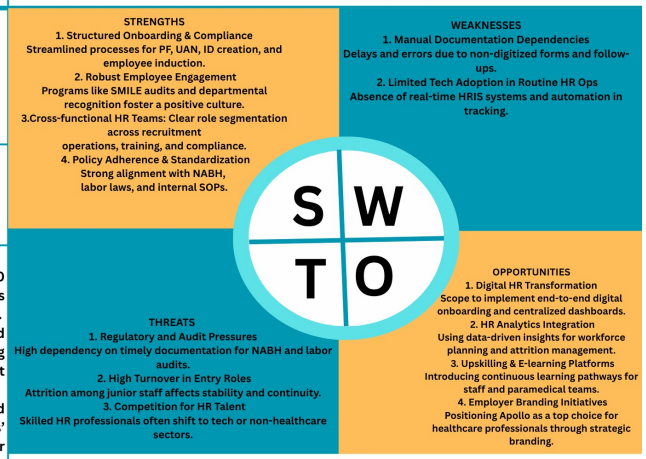
Benefits & Future Scope

- Helped identify key workforce movement patterns and HR stress points across departments.
- Can be expanded by adding employee satisfaction surveys and exit reasons for deeper insight.
- Forms a base for creating a simple HR dashboard to predict and prevent high-risk attrition.

Key Problems Identified & Root Cause Analysis:

1. High Attrition in Nursing and Doctors' Departments
   - RCA: Excessive workload, long shifts, emotional burnout, and limited professional growth pathways contribute to frequent exits in core clinical roles.
2. Instability in Admin (Finance) Roles
   - RCA: Rapid onboarding and exits suggest mismatched role expectations, performance pressure, or lack of clarity in job responsibilities.
3. Exit Peaks in May–June
   - RCA: Timing aligns with post-probation periods, hinting at poor onboarding follow-through, unmet expectations, or absence of employee feedback mechanisms.
4. Workforce Movement Concentrated in Few Departments
   - RCA: Lack of department-specific HR strategies, unbalanced workload distribution, and weak internal communication may lead to concentrated attrition.
5. Weak Retention Mechanisms
   - RCA: No structured mentorship, unclear career progression, and limited employee engagement tools lead to avoidable exits in high-impact departments.

5.SWOT ANALYSIS



6. CHALLENGES FACED DURING INTERNSHIP

1. Manual & Repetitive Documentation
Managing PF, ID creation, and onboarding with paper-heavy processes was time-consuming.
2. Delayed Inter-department Coordination
Frequent follow-ups were needed for approvals and data completion.
3. Limited System Access for Interns
Certain portals and dashboards were restricted, slowing down workflow.
4. Time-Sensitive Tasks Under Pressure
Balancing last-minute clearances and audits required quick learning and multitasking.

7. LEARNINGS DURING INTERNSHIP

1. Hands-on HR Operations
Gained real experience in PF setup, onboarding, UAN activation, and ID creation.
2. Cross-Department Collaboration
Learned how HR connects with departments like IT, finance, and medical teams to complete processes smoothly.
3. Time & Task Management
Handled multiple urgent tasks like audits and clearances under tight deadlines—built strong multitasking skills.
4. Understanding Process Gaps
Noticed delays due to manual work—saw the need for automation in hospital HR systems.

8.SUGGESTIONS

1. Digitize Manual HR Processes
Shift PF registration, onboarding, and clearance forms to a centralized digital platform to reduce delays and errors.
2. Create a Real-Time Tracking Dashboard
Introduce a dashboard to monitor employee onboarding status, ID creation, and audit progress across departments.
3. Implement Pre-Scheduled Induction & Exit Calendars
A shared calendar can avoid last-minute overlaps and improve coordination across units.
4. Automate SMILE Audits & Feedback Collection
Use simple digital tools to track department-wise SMILE audit completion and auto-collect feedback for better follow-up.