

## HRD MECHANISMS IN HEALTH CARE SECTOR IN J&K: A COMPARATIVE STUDY

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### Abstract:

Human Resource Development (HRD) is a framework for the expansion of human capital within an organization. It is a combination of training and education that ensures the continual improvement and growth of both the individual and the organization. HRD mechanisms fall in one of the elements of HRD climate, which measure the extent, to which the HRD mechanisms are implemented. Various HRD mechanisms such as training & development, career planning, career development, career counselling, performance appraisal system, organization development, quality of work life, workers participation in management are being used in various organizations for building HRD climate. Research on HRD mechanisms at National and International level, particularly in Health care sector is limited. Taking into consideration the limited study on Health care sector, the present study was undertaken on two hospitals-SKIMS & SMHS in the state of J&K with special focus on Performance Appraisal system (PAS) and Training and Development (T&D).

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**Key Words:** HRD Climate, Performance Appraisal System, Training and Development

### Introduction

Human Resource Management is a means for improving efficiencies in terms of better productivity, reduction of costs, better generation of internal resources, better profits and better customer service. Human Resource is considered to be very crucial in the organization's well-being. Organizations will have to build global capabilities such as the ability to seamlessly move talent, ideas and information around the world to create products and services at an optimum pace with quality above par. They will have to build an employee infrastructure for hiring, maintaining, training and developing that takes a global perspective which is made possible through the Human Resource Development (HRD) activities. Human Resource Development (HRD) department is, thus, should be a continuous process to ensure the development of employee competencies, dynamism, motivation and effectiveness in a systematic way. Experiment on 14 different organizations, 7 public and 7 private, were analyzed by T V Rao using the framework of HRD linkage and the results revealed that Human Resource Development (HRD) as a function has evolved in India indigenously from the year 1975 when *Larsen & Toubro (L&T)* conceptualized HRD as an integrated system and decided to separate it from the personnel function. Since then, most organizations have started new HR departments or redesigned their personnel and other departments as HRD departments. The organization was looking at the PAS, but it was felt that it may not achieve objectives unless accompanied by other sub systems like potential appraisal, T&D. In *Crompton Greaves LTD (CGL)*, PAS was identified as priority area. CGL started thinking about introducing HRD systems in 1979-80. *L&T Construction Group (ECC)* identified several issues facing them; one of the issues which was prioritized first was performance appraisal. A new appraisal system called as performance analysis and development system (PADS) has been developed and is being implemented. *Jyoti LTD*, initiated HRD with the attempts to redesign the PAS. *TVS Iyenger & Sons* divided its personnel function into personnel administration and HRD. The organization focused on manpower planning, job rotation, training, potential appraisal, career planning, job enrichment etc. *Voltas Ltd* while reviewing that reasons for its poor performance, came to the conclusion that inadequate attention was paid to the development of human resources. *Voltas* revised their PAS from time to time. The HRD unit at *Sunderam Fastners Ltd(SFL)* has been working on different HRD mechanisms. Research was conducted for introducing new PAS. Training needs were identified through PAS. *Bharat Earth Movers (BEML)* initiated HRD in 1978 & 1979 focussing on PAS, performance counselling, training,

career development & potential appraisal exercises. *BHEL*'s sudden dip in production was a matter of concern for the organization and an OD department was formed in 1981. The organization started introducing a new PAS. *Bank of Baroda (BOB)*, with the help of consultant introduced a separate HRD department to look after manpower planning, training & PAS. HRD department also strengthened the training function. *SBI* started HRD practices by introducing a development oriented performance appraisal system and simultaneously started working on other areas as job rotation, training, career dev, feedback & counselling. HRD mechanisms like T&D & survey feedback were initially used in *State Bank of Patiala (SBP)*. Later on, job rotation, PAS, career planning & manpower planning were paid attention to. It was in 1958 that *Indian Oil Corporation (IOC)* set up HRD departments in each unit. Today, there are high expectations from HRD. Human Resource Development is the frameworks for helping employees develop their personnel and organizational skills, knowledge and abilities. Human Resource Development includes such opportunities as employee training, employee career development, performance management and development, coaching, succession planning, key employee identification, tuition assistance and organization development.

HRD being an important function of HRM has been incorporated in almost all the organizations either on a small or large scale. Research on 20 organizations reveals no such organization which survives without a HRD department. Sooner or later every organization has realized the importance of such a department which would take care of the developmental aspect of their HR. 40 organizations from all areas were studied on the aspect of HRD. *Lanco Global Systems*, having IT as the nature of activity was established in 1999 and HRD was introduced by the chairman and MD, who are of the opinion that HRD is like a flower in bloom to be experienced. Narayan Murty initiated HRD in *Infosys*-an IT service and IT consulting organization, established in 1981, where ongoing training programs meet the different learning need of employees in specific areas of technology, management, leadership, cultural and communication skills and other soft skills. *Toyota* established in 1948, believes that developing people extends beyond vehicle manufacturing, helps people improve the quality of life. Steve Job realized the importance of HRD and helped *Apple* employees to be specialists in every role. *Face book*, a recently established (2004) social networking site focuses on developing employees to increase employee satisfaction, which in turn has led to increased productivity in terms of increased revenue every year. *Google*, dealing in internet and computer software, encourages highly trained employees. *Honda* (1948), an automotive and aviation concern, focuses on innovation, value creation, customer satisfaction by increasing dedication on the part of workers. Sanjay Bali (VP-HR) in *Samsung* is of the belief that employees are its most important asset. The organization which was established in 1995, believes that by giving opportunities for growth, employees will perform to their fullest potential. *Mahindra Satyam* an 1987 established IT service, IT consulting and software service organization has trained employees thus believing in HRD aspect.

*Hyundai* believes in "quality", and has developed quality HR and products. *Northern Trust*, though an old organization, hasn't yet focussed much on HRD. The place is not progressive but values creativity. The top management at *Hero Group* initiated HRD practices, focussing on innovation and value creation. *IKEA*- established in 1943 and a dealer in furniture has reduced employee turnover. Performance of duties is in accordance to the schedule. The organization enables people to grow. The vision of the leaders of yesteryears at *SIMA* (South Indian Mills Association)-1933 led to the development of the HRD centre. Industries realized that the solution of all problems is one necessary aspect i.e. HRD. At *Royal Bank of Canada*, establishment of HRD has led to fewer turnovers. The organization commits to structured performance management system that continually empowers employees to succeed. *Wipro* (1980) provides fewer opportunities in terms of HRD to the employees. *Arvind* (1931) dealing in garments, furnishes highly skilled and trained employees, focuses on effective performance. *Pepsi* (1989) focuses on HRD aspect in a different way by giving early responsibility, risk taking and participation in management. The organization is geared to churn people to develop them. *LG*-a 1958, mobile equipments and digital appliances company lacks a proper HRD area. Most employees are thrown into positions without proper training or orientation, are bombarded with work, given additional responsibilities in a short span of time.

## Review Of Related Literature

*Jane & Robin (2007)*, conducted a research on International Performance Appraisal policies practices and processes in Australian subsidiaries of health care MNC's. The findings suggested that the host country manager's experience of the appraisal often resulted in the manager perceiving limited opportunities for career development and advancement in the company. The findings showed that there was complete dissatisfaction with the feedback and follow up. A total of 78% were dissatisfied with the feedback and 95% experienced no follow up after the feedback. Only a third of the HCMs believed their current appraisal was beneficial to them. The study revealed three core problems that represented major influences on the PA process for HCMs. Firstly the HCM's appraisal was found to be limited because of the firms overwhelming short term emphasis on sales and profit termed 'bottom line'. Secondly the HCM was disadvantaged by being solely dependent on the remote relationship with his/her supervisor, who rarely had any commitment to the HCM's appraisal because his/her primary concern was the sales and profits of the business. Thirdly, the appraisal was found to be influenced by the international strategy and the structure adopted by the parent MNCs. An investigation was conducted on development of competence based management and performance assessment system for academic management by *Pooja & Suri (2010)*, the paper explored the various competencies and their relevance to educational institution. The study was aimed to explore the relevance of the competencies from the industrial sector in education sector. The study provided the base for the competency model for the faculty members. *Claudia, Isabel & Van (2000)*, conducted the research on Managing the Performance of Family Physicians in the Portuguese National Health System. The paper explored the awareness, among health system managers at various levels, of problems with performance, as well as their perception of what was being done and what could be done to improve it. This study showed that performance management was a poorly developed part of the management armamentarium of public sector managers in the Portuguese NHS. Health services managers appeared aware of the need to find mechanisms for performance management at the institutional level, but showed little concern for performance management at in the individual or sub-institutional level. Moreover, they apparently focused on evaluation of process and structure, and made little or no mention of assessing production of health.

A survey on the case of health sector regarding using performance management to meet changing citizen needs in the Mauritian context by *Hemant & Needesh (2006)*, a survey was carried out among Public sector officers in the Mauritian Health Sector to find out how far they took into consideration the needs of citizens when it came to analyzing their performance and setting performance targets, and finding the rationale for such choices. From the analysis of the present situation in the Mauritian Public Health Sector, however, it seemed that not all conditions were present for the implementation of performance management in Mauritian public hospitals with a view to improving quality of services dispensed. There were different piece-meal solutions that had been implemented so as to meet the needs of citizens. Performance management in the case of Mauritian hospitals, nevertheless, was still a farfetched idea because irrespective of how good a technique it is, there was a fear to implement it due to sheer shortage of staff who still had to satisfy the customers to the 'extent possible'. Performance management or not, there were indications that, at least, there had been continuous improvement in quality of service and reduction in the time taken to provide services to citizens in Mauritian hospitals by increasing the number of doctors and other staff and equipment including new types of specialized care previously not possible to provide locally.

An assessment of performance, management in the health care industry covering public-private sector hospitals was carried by *Aykut, Mikail & Kuralay (2011)*, and the findings suggested that Performance appraisal was either never carried out in the public hospital or carried out once a year at most; whereas it was conducted in the private hospital once-twice a year mostly by the hospital management. The most common performance appraisal method in both hospitals was —Comparison Methods. Rewarding mechanisms was mostly ignored in both the public and the private hospitals. According to the results of the questionnaire administered to 78 doctors employed in the public and private hospitals, the most common problem in performance management was the non-objective character of performance appraisal. Between the hospitals, only the problem of different working styles of individuals differed. Other problems did not differ from one to the other. According to the results of the questionnaire administered to 78 doctors employed in the public and private hospitals, it was observed that only favouritism, among the mistakes made by hospitals in performance appraisal,

was different in the two hospitals. It was determined that this mistake was more widespread in the public hospital. Effects of other mistakes in appraisal did not differ from one hospital to the other. Finally, it could be stated that it is necessary to constantly perform monitoring and correcting activities in order for a hospital to manage performance. For this, the hospital management should be fully committed to the practice of performance management system. The performance management project could not continue unless this goal is fully guaranteed.

A study on executive MBA students in Bangladesh regarding employee perception of performance appraisal politics was conducted, which investigated the relationship of employees' Perceptions of Performance Appraisal Politics (POPAP) with the employees' organizational outcomes such as job satisfaction, organizational commitment and turnover intention among the full time working (executive) MBA students in Bangladesh. The results of this study on the 67 executive MBA students selected from the four business schools in Bangladesh confirmed that the employees' POPAP for punishment motive significantly reduced their job satisfaction and organizational commitment and encouraged them to quit the organization. Contrarily, the employees' POPAP with a motivational motive, increased job satisfaction and organizational commitment and reduced the turnover intention of the employees. In order to facilitate the discussion, sub group analysis was conducted based on the gender, age, type of employees, and experience (in years). At first, t-test was conducted to see whether employees' POPAP for motivational motive, punishment motive, satisfaction and commitment level and turnover intention differed based on their gender. No significant difference was observed between male and female in this regard. The employees' POPAP for the punishment motive significantly reduced the employees' job satisfaction and organizational commitment, and encouraged them to quit the organizations. Conversely, the employees' POPAP for the motivational motive, increased the job satisfaction and organizational commitment, and reduced the turnover intention of the employees. These findings signified that the employees favoured those kinds of performance appraisal politics that benefit them.

Motivation, Performance and Satisfaction among University Teachers was compared in Public and Private Sectors in Pakistan and Malaysia. The research aimed to determine the difference in performance, achievement motivation and job satisfaction of teaching faculties of selected private and public sector higher educational institutions of Pakistan and Malaysia, which are countries representing South/South-East Asia in cross-cultural perspective. The study revealed that private and public sector management were playing significant role in managing teaching faculty of educational institutions of Pakistan and Malaysia. There did not seem cross-cultural difference between Pakistan and Malaysia when performance and job satisfaction of teaching faculty of private sectors is concerned; however, both private and public sectors educational management of Malaysia seemed to be doing vital job in developing more achievement motivation in their teaching faculty than Pakistani management. Moreover, performance of public sector Malaysians teachers appeared to be more than Pakistan public sector teachers, although it was not in the low range. Nevertheless, public sectors teachers of Pakistan were more satisfied with their jobs than private sector Pakistani teachers. *Jawahar & Stone, (1997)*, surveyed the Effects of Appraisal Purpose, Perceived Consequences, and Rater Self Monitoring on Leniency of Ratings and Decisions in the education sector. This study investigated one avenue through which appraisal purpose influences ratings and related personnel decisions. Support for hypotheses suggested that ratings and decisions were more likely to be distorted as the severity of consequences increased. *Weiyang, Yinmin, Mu Hu & Xiumei (2009)*, surveyed the Performance evaluation of inpatient service in Beijing: a horizontal comparison with risk adjustment based on Diagnosis Related Groups. Evaluation was undertaken at all at large public hospitals of general acute care in Beijing.

*Melkidezek, Eustace, Mwangi & Naboth (2008)*, conducted a cross sectional study involving a sample of 448 hospital workers regarding motivation of health care workers in Tanzania: A study of Muhimbili National Hospital. A research examined the experiencing performance appraisal in a trust hospital. Article firstly examined the changing nature of employee management under PA, before it investigated the contemporary usage of PA and the effects on women. This was illustrated with research, gathered from a case study in the Midlands. The article also examined the changing focus of PA as a means through which the marginal and not so marginal performer could be controlled. Analysis focused on the use of subjective images of 'women', through PA, for creating functionally

flexible workers in a 'quality' environment. *Bharati & Kirti (2011)*, researched to bring about a linkage in Balanced Card to Performance Management System a Process Model.

*Sorush (2000)* expressed the same point in this field. The research outcome also showed that the performance appraisal results had a little effect on increasing the motivation level. The research also showed that in the present appraisal processes, there was a low or medium level in the justice, the concreteness of the method standards and the authorities control on the appraisal trend. A study of the various performance management systems adopted by select Indian private sector organizations was conducted by *Bindu & Ashish (2011)*, this paper tried to find out the performance management systems adopted by select Indian Private Sector Companies and the kind of measures they used to measure their performance. This research found that all the companies were using both financial as well as non-financial measures to measure their performance and most of the managers were satisfied with their existing performance management systems. The main objective of this research was to find out the different types of Performance Management systems that were used by the Indian Private sector Companies. A whole lot of Performance Indicators were revealed by the companies surveyed consisting of both financial and non-financial ones and all Companies were using a whole lot of financial as well as Non-financial Measures in every functional aspect be it customers, environment, employees and even internal control. The most widely used performance management system as per this survey was the 360 degree appraisal followed by TQM, and Activity Based Costing. This showed that organizations were more oriented towards employee appraisal than the whole performance of the organization. Most of the Managers were happy with their existing performance management system and very few were thinking of changing their existing PMS. The one's wanting to change their PMS said that they would like to go for the contemporary PMS like the Balanced Scorecard. *Manoharan, Muralidharan & Deshmukh (2009)*, surveyed employee Performance Appraisal using Data Envelopment Analysis. This study supported the ideas that rating formats needed re-examination with a focus on computer based models as an alternative to traditional rating methods. Earlier adopted methods had seldom identified and quantified the individual factors for inefficiency whereas DEA could overcome these shortfalls.

A cognitive analysis on moderators of sex bias in the performance appraisal process was conducted and the study was designed to analyze both processing characteristics and situational moderators which operate to influence sex bias in performance evaluations. More specifically, this research was designed to address the influence of rate sex on the recall and the ratings assigned in performance appraisal. An attempt was made to determine which, or if both, recall and rating stages in the process were susceptible to an influence of rate sex. An additional purpose of this study was to identify the situational factors which acted to moderate the influence of rate sex in performance evaluation. This study provided findings which enhanced the understanding of how sex bias operated to influence performance evaluations. These results identified contrasting levels of sex bias susceptibility among different points in the appraisal process. These findings suggested that raters were able to remember performance incidents without the interference of sex bias. Hence, processes preceding recall such as observation and encoding may not be subject to sex bias. These findings suggested that sex incongruence did play a role in the sex bias process, however not in the way that was predicted. The results of this study suggested that sex bias in evaluations was eliminated once the gender of the sex-incongruent rate was unique. These findings suggested that cognitive as opposed to motivational reasons might underlie sex bias in evaluations.

A research carried on the match between motivation and performance management of health sector workers in Mali, showed that the main motivators of health workers were related to responsibility, training and recognition, next to salary. These could be influenced by performance management (job descriptions, supervisions, continuous education and performance appraisal). The results showed the importance of adapting or improving upon performance management strategies to influence staff motivation. The study revealed that the main motivators for health workers in all eight professional categories were related to recognition or appreciation, responsibility and training. Although salaries and incentives were important factors for health workers and should not be neglected, the study did show that gains in motivation could be made by giving greater responsibility to staff, by holding staff responsible and by improving mechanisms for recognition. Suresh in his assessment of appraisal of management for lending decisions concluded that the personality traits of an entrepreneur were manifested by his/her behaviour characteristics. It is however clear that many of

these traits had an important bearing on the borrowers capacity and propensity to repay loans, making it imperative for lending institutions to assess the management of a firm for these traits before taking lending decisions. In determining the research group performance, *Janet & Andrew(2002)*, concluded that the study of high achieving, high impact research groups found a number of factors to be central in determining their success, namely strong leadership, finding, motivating and retaining talent, strategies of related diversification, strongly linked theory and practice, network connectedness. *Bard (2007)*, in an exploration of how the employee-organization relationship affected the linkage between perception of developmental human resource practices and employee outcomes, covered 64 local savings banks in Norway and the results showed that four indicators of the EOR (perceived organizational support, effective organizational commitment, and procedural and interactional justice) moderated the relationship between perception of developmental HR practices and individual work performance.

*John, Stephen, Cherrie (2002)*, focused on a study to empirically examine the current purpose of performance appraisal in ten different countries and regions in Asia, North America and Latin America. The paper also examined how the respondents believed the purposes of appraisals should ideally be practiced. Research by *Debasish & Amir (2008)* evaluated the position and performance of Human Resources of National Thermal Power Corporation (NTPC) Limited with the help of its human resource accounting information both during the pre and post liberalization periods and made a comparison between them. The study revealed that the company achieved a very high profile in the performance of its human organization in the post liberalization period, combating efficiently in the process all the obstacles that emanate as a result of liberalization, globalization and competitiveness. Although there was a declining trend in the relative importance of non executives in the company, an overall increasing trend in the ratio of HR to TR indicating the growth importance of HR on the part of the company was noticed in the post liberalization period under study. The overall performance of HR of NTOC Ltd. improved notably in the post liberalization period. A better consistency in the performance of HR of the company during the post liberalization period was also revealed in the study. The company was able to make its human organization stronger with full of skilled personal having higher productivity in the post liberalization period. The net outcome of all the performance measures used in this study confirmed a remarkable improvement in the performance of HR during the post liberalization period. The operating performance of the company was positively as well as significantly associated with the performances of its executives and non executives only in the post liberalization period. Another notable outcome of the study was that the joint influence of the performances of executives and non executives of the company on its operating performance was also very significant during the post liberalization period. In fact the company was able to achieve a very high profile regarding the performance of its human organization in the post liberalization era by combating quite efficiently all the obstacles emanating from liberalization, globalization and competitiveness.

A study on 360 degree Performance Appraisal System in Reliance Life Insurance, Udumalpet by *Vijaya & Umamaheshwari (2009)*, was carried with the objective to study the effectiveness of an employee's performance based on 360 degree performance appraisal system in Reliance Life Insurance. To evaluate the performance of the employee from the perspective of immediate supervisors and from the perspective of customers and to suggest suitable measures to improve the performance of the individuals based on the analysis. The researcher concluded that the 360 degree performance appraisal system helped to identify training needs, performance of employees, and determination of rewards/incentives and steps to promote communication from the perspective of the employees themselves, superiors and from the customers.

*Kumar (2000)*, focused on the neglected activity i.e. Performance Appraisal of Senior level Managers. The findings indicated that the managers of the companies were by and large aware of the importance of HRD. However, most of them did not fully understand the techniques of HRD and the linkage between HRD and performance appraisal. Of the 20 companies taken up, one did not favour the study in its organization on the ground that it did not have any formal appraisal system while other company did not want the study in the organization due to obvious reasons. Of the balance 18 companies studied, 8 did not have any formal appraisal system. Among the remaining 10, in 8 companies the form for assessing all level managers was the same. Only two companies were having somewhat satisfactory to good systems for managers including a separate format for assessing the

performance of senior level managers. It was observed that there was lack of Performance planning, counselling and feedback, non inclusion of potential appraisal, inappropriate factors of assessment, too many factors of assessment, lack of transparency, limited use of appropriate data, non availability of appraisal manual, non consideration of the views of the executives in designing a suitable appraisal system, even the management of some of the companies were not satisfied with the operation of the system but were continuing with the same system. A fact which emerged clearly was that the proper and formal appraisal of performance of senior level managers was practically non-existent.

A study of power sector in India- Benchmarking a tool for enhanced performance, *Geetika & Neeraj (2007)*, concluded that benchmarking was essentially an extrapolation of human tendency. It was a natural phenomenon and therefore could be implemented with little effort. Also the virtuous circle of continuum performance introduced earlier in the study actually works. Benchmarking was an important tool to track performance over a period of time and to identify realistic targets and priorities for action. *Steven, Guy, Arindam (2010)* investigated the relationship between firm strategy and the use of performance measures in executive compensation. Analysis showed that there was an increased emphasis on sales in the determination of executive compensation for firms pursuing a cost leadership strategy, which sought to achieve their competitive advantage through low price and high volume. In contrast, there was a decreased emphasis on accounting measures in firms pursuing a differentiation strategy, which required investments in brand recognition and innovative products, investments that were subject to unfavourable accounting treatment. These results indicated that compensation committees linked executive rewards to firm strategy.

*Sanjay (2010)*, studied the performance evaluation of selected top ten mutual funds in India on the basis of last one year's return. *Manish & Smita(2007)*, study investigated the relationship between facets of the performance appraisal and perceptions of procedural fairness of human resource practices with perceptions of the effectiveness of the performance appraisal system among a sample of 250 managerial personnel from three large scale manufacturing organizations. Results revealed that all the system and process facets of performance appraisal had positive relationship with the perceived effectiveness of the performance appraisal system (PAS) with the exception of "system complexity". Results also revealed that while the procedural fairness of the human resource practices suppressed the negative relationship between "system complexity" and effectiveness of the PAS, it emerged as a moderator of the positive prediction of effectiveness of the PAS by 'system openness'. Findings revealed that the process facets had a strong relationship with the perceived relationship with the perceived effectiveness of the PAS. All the three dimensions of the process, that is, multiple inputs, session planning and session feedback were significantly related with perceived effectiveness of the PAS. As expected the three process facets were also found to be strongly related with procedural fairness of the organizations human resource practices. Another study examined the relationship between the organization's performance appraisal 'system' and 'process' facets, members' perception of the effectiveness of the performance appraisal system and organizational commitment. The study was conducted on a sample of managerial personnel in a manufacturing organization in North India. Results showed that the process facets, namely session planning and multiple inputs, positively predicted the perceived effectiveness of the performance appraisal system. Results further showed that the process facets-'multiple inputs', 'session feedback' and 'session planning' were positive predictors of 'affective' organizational commitment while 'continuance organizational commitment' was positively predicted by both the system facets-'system commitment' and the process facets-'session planning' and 'session feedback'. Results also showed that with the exception of 'system complexity', all the system as well as process facets were significantly correlated with affective commitment and continuance commitment. Only the process facets emerged as significant predictors of affective organizational commitment. Stepwise regression analysis of performance appraisal facets with continuance organizational commitment showed that the process facets-session feedback and session planning positively predicted 62% and 3% variance in continuance organizational commitment.

An appraisal of Performance appraisal in the Indian Scenario, *Amit (2006)*, discussed the key limitations of present appraisal system in Indian Industry. It further discussed the results of a study conducted in a large construction organization regarding the effectiveness of present performance appraisal system. The results were compelling, revealing extreme dissatisfaction among employees regarding the system. *Gary, Yvonne, Rafik (2000)*, examined factors associated with the board's

adoption of a formal process for evaluating the performance of the corporation's chief executive officer (CEO) The sample was drawn from the hospital industry. The study revealed that more competitive the market, the more likely the hospital boards were to adopt a formal CEO performance evaluation process. Managerial perceptions of various dimensions of an effective Performance Appraisal System (PAS) were investigated through a survey conducted in a North Indian synthetic yarn-producing organization. The data revealed that managers perception and expectations of issues related to the nature of the appraisal process, guidance and counseling sessions, assessment of performance in key result areas, and ratings by superiors and feedback presentation. These varied greatly at all levels, thereby posing challenges for the HRD department in designing an effective performance appraisal system. Managers also perceived the existing PAS to be only moderately effective.

*Vikash & Abha(2002)*, designed a Performance Appraisal System for shop floor employees. The study was conducted in Tata Bearing Division at Kharagpur, West Bengal from July 2001 to December 2001. Study on employees opinion on 360 degree feedback system, *Gunavathy & Vidhya(2005)*, the study served as a dip stick survey to understand the employees views on the 360 appraisal system prevalent in the organization from the following perspectives, understanding of the 360 degree feedback system, views on the 360 degree feedback system prevalent in the organization, perceived merits of the 360 degree feedback system, perceived de merits of the 360 degree feedback system. A study on Organizational Climate vis-à-vis organizations, *Souvik (2005)*, developed a scale to measure performance appraisal climate (PAC). Overall organizational climate had a direct bearing on the present utility of performance appraisal. Majority of the extension personnel perceived existing PAC and organizational climate as below average or poor. Out of twelve PAC dimensions, nine dimensions were found to be significantly related to overall organizational climate of State Department of Agriculture while seven dimensions were significantly related to overall organizational climate of the Non Government Organizations (NGOs). The PAC dimensions namely participation, performance standards, superior-subordinate relationship and employee acceptance together constituted more that 50% of total variation in overall organizational climate.

*June, Cynthia & Martin (2000)*, carried out the research on Effects of training method and learning style on Cross Cultural training outcomes and the results indicated that cross cultural attitude and trainee reaction were more positive when the training method matched trainees learning styles than when it did not. *Nguyen, Truong & Dirk (2010)*, the analysis indicated that the relationship between training and firm performance might be mediated by employee knowledge and attitude. Furthermore, capital investment or organizational strategy does moderate the training performance relationship. *Stephen, Craig, Barbara & Kenneth (2006)*, surveyed that the level of perceived training needs varied dramatically by job category and health department type. When comparing aggregate training needs, public health workers with greater day to day contact indicated a greater need for training than their peers who did not such as those working in administrative positions. A series of studies was undertaken to establish the training and development needs of nurses and midwives working within a variety of contexts in Indonesia, with the ultimate aim of enhancing care provision within these domains. The majority of health delivery was undertaken by nurses and midwives educated to secondary school level only, with the higher, more specialist qualifications being delivered by educators with restricted clinical experience. This, together with a context of high demands for health care, restricted resources and limited equipment and facilities, inevitably presents a real challenge for the Indonesian health system. The vast majority of nurses and midwives (60%) had inadequate training and preparation for the role, which created the potential for substandard care delivery. An intensive in-service training program improved the performance of village midwives in three out of five key skill areas. A comparison of the two ratings on any item provided an assessment of the training need associated with it, in that tasks considered to be highly crucial but not well-performed had a training implication, while those items for which criticality and performance were rated similarly had little training requirement. The occupational roles of the midwives varied significantly by province, indicating regional service delivery distinctions, but very little difference in the roles of hospital and community midwives.

One of the research on the importance of human resources management in health care: a global revealed that the relationship between human resources management and health care was extremely complex, particularly when examined from a global perspective. The research and analysis



have indicated that several key questions must be addressed and that human resources management could and must play an essential role in health care sector reform. The various functions of human resources management in health care systems of Canada, the United States of America, Germany and various developing countries have been briefly examined. The goals and motivations of the main stakeholders in the Canadian health care system, including provincial governments, the federal government, physicians, nurses and allied health care professionals, have been reviewed. The possibility of a major change in the structure of Canadian health care was also explored, specifically with regard to the creation of a two-tier system. A comparative analysis between Japan and Malaysia-Education and Training in the Auto Manufacturing Industry. A comparison of education and training practices of the Japanese companies with those of locally owned firms in the auto manufacturing industry revealed a number of similarities and differences. The degree of similarity was high in the fields of on-the-job training and off the job training. It was low in such areas as self-development and intensity of training. The main difference here between the two countries was that Japanese employees were given constant and consistent training throughout their career. Malaysian enterprises, however, carried out little training for its employees, at least not until recently. A comparison of education and training practices of the Japanese companies with those of locally owned firms in the auto manufacturing industry revealed a number of similarities and differences. The degree of similarity was high in the fields of on-the-job training and off the job training. It was low in such areas as self-development and intensity of training. The main difference between the two countries was that Japanese employees were given constant and consistent training throughout their career. Malaysian enterprises, however, carried out little training for its employees, at least not until recently.

*Sanjeev & Neha (2005)*, conducted a study of effectiveness of training as a tool for learning and knowledge in BPO sector and the result concluded that training was effective in true sense only when it was evaluated in terms of actual learning, knowledge increase and on the job confidence thereby meaning that the training evaluation must go beyond just evaluating the immediate reaction of the trainees to the training or the effectiveness of the training materials and the methods used. *Altarawneh,(2009)*, examined the training and development evaluation in Jordanian Banking organizations, the study findings revealed, that although the majority of the organizations evaluated their training program, usually there was an absence of systematic and effective procedures for evaluation, and most of the organizations relied on external providers to evaluate their T&D program. This study showed that the T&D evaluation stage in the Jordanian banking industry was not in a better situation than in other Arab organizations. Also, there was a lack of sustainable evidence that the T&D evaluation stage in the Jordanian banking industry was likely to be conducted differently than when the activity was undertaken in other Arab organizations.

*Mohamed (2004)*, measured training effectiveness at training institutes and the results indicated significant positive reactions to the training program. They also indicated significant increase in trainee's skills and knowledge as a result of the training. A comparative study of education officers training in two different cultures by *Hood (2003)* concluded that the effectiveness of staff development was dependent upon appropriate organizational behaviour to support externally provided programs. When there was positive correlation between the commitments of immediate superiors to their subordinate staff development, a collaborative "no-blame" culture was operating within that organization. A multi-country comparative analysis on benchmarking training and development practices by *Ellen, Colette, Kevin & Michael (2002)*, indicated that there was no universal practices across all countries studied, they didn't indicate significant similarities in practices within country clusters. The common practices founded within these clusters were believed to be influenced by cultural values and industry trends. Similarity of training and development across country clusters was indeed influenced by industry trends and cultural characteristics.

Assessment of management training needs of agricultural research managers by *Manikandan & Anwer (2008)*, revealed that an analysis of the major requirements for training managers and administrators in agriculture suggested that a training program should aim at enhancing their capability to understand specific situations, to orient action, and to use effectively a problem solving approach. A research on training needs of extension specialists, concluded that the training needs of the ESs pertaining to all major areas showed be fulfilled by imparting in-service/refresher training, after every two years, particularly in the deficient items. A research carried out on training program for self employment-trainee perception on its impact concluded that it could serve as a stepping stone

for her to start a small scale business. The training also gave them a feeling of self esteem and confidence in their innate abilities. A study on Executives Training Philosophies, concluded that “Pursuit of Learning”: this particular philosophy reflected the attitude that training could improve an organization by showing people how to pull together. The second philosophy was “justification” and the underlying attitude with this philosophy was that people would eventually recognize the contributions of training; they considered that trainer was like a teacher who battles against ignorance. The third dominant philosophy was “achievements integration” which reflected the attitude that organizations were changing and training teaches people how to cope with change. The least preferred training philosophy was “escapism” which reflected the underlying attitude that there was no real future for trainers. The present study revealed that the executives strongly believed that continuous learning is vital and would help in improving their performance in organizations.

Impact of training programs in HRD activities in PSU, a study by *Chimum (2011)*, revealed that the employees were aware of the training facilities offered by the company. It also explained that training had impact on workers attitude, which meant that employees felt to work for the benefit of the organization if they found training for their benefit. A study in Jindal Steel and power Ltd by *Suman(2008)*, on training and development need analysis for ushering change revealed that training was needed for a number of reasons like opportunities, strengths, new directions, problems, impending change and career development. Training needs identification and evaluation, a study of Indian organizations by *Prarthana & Pooja(2007)*, revealed that all the organizations studied had a fairly progressive HR set up and a training set up and seemed to have realized the importance of training for employees and the organization. Employment status of displaced workers: an effect of training, a case study by *Tulika (2006)*, showed that the types of training which had been given to the displaced workers was not much effective for the workers to get the appropriate job. *Bharat, Samanta, Sandhya & Vijender (2006)*, Management training needs of Agricultural scientists of Indian Council of Agricultural Research showed that the prominent training needs pertained to IT and computer applications, statistical application for data analysis, communication and presentation skills, technical and scientific writing, research project management, evaluation and impact assessment. Evaluation of executive training at NLC Ltd-a case study by *Selvam & Panchalan (2003)*, revealed that training program of the respondent’s organization was generally effective. *Anuradha (2003)*, studied the designing of a human resource development training for a development organization. Burnout and training satisfaction of medical residents in Greece-a study by *Pavlos, Nikolaos & Athanasios(2010)*, study provided data on the prevalence of burnout syndrome among Greek residents and their dissatisfaction with residency training and job insecurity, both of which were associated with burnout subscales. The present study indicated that the gradual limitation of working hours would be a short-term measure that might not significantly alleviate resident burnout levels if it is not supplemented by concurrent long-term reforms of residency training in combination with novel patterns of care management, stress reduction programs and other systemic interventions. Relationship between training and learning was seen by *Elena (2001)*. *Scott, David, James & Mark (2000)*, studied the selection and training for integrated manufacturing, the moderating effects of job characteristics and the findings indicated that aspects of integrated manufacturing were positively associated with higher levels of selection and training for technical and problem solving skills.

*Kailash, Sunita & Prasad*, evaluated training effectiveness and customer satisfaction in Tata Steel and the results revealed that organizations must pay attention to the functioning of in-house training establishment in order to make them more effective so that the organizational as well as individual objectives are fulfilled. The results showed a decline in the satisfaction level of participants and their immediate supervisors. Training effectiveness and transfer of learning on the job, was also moderate. Training had its impact to improve performance but participants felt that training was not related to career advancements. *Singh & Joe (2002)*, undertook a study to assess how private club managers perceived the relative effectiveness of alternative training methods to attain specific types of training objectives. It indicated that one to one training was the preferred method to attain all objectives except interpersonal skill and development. Executive training and development was studied by *Savita (2002)*. A study on training motivation and participation *Patil & Meenakshi (2005)*, was conducted to identify factors that influenced the training participation of employees. Training as an effective HRD technique in banking sector-an opinion survey by *Raju (2005)*, was conducted on the various aspects of training viz Management attitude, selection process, quality of training, impact

on individuals, impact on productivity and post training assessment in different categories of banks in Coimbatore.

### **Sample Organizations At A Glance**

Since hospitals are a widespread and an important sector of the society and this sector continuously deals with both, its own human resource and humans from outside the organization, to be managed and handled tactfully. So the study on this sector is important. The sample organizations include; 1) SKIMS Soura Srinagar & 2) SMHS Hospital Srinagar.

Sher-i-Kashmir Institute of Medical Sciences Srinagar. The Institute was partially commissioned on 5th December 1982. Sher-i-Kashmir Institute of Medical Sciences is a post graduate Institute for training, research and patient care. With this objective, various committees appointed by the Government of Jammu and Kashmir identified the specialties in which postgraduate and post doctoral courses would be undertaken. By an act of Legislature on 19th August 1983, Institute of Medical Sciences was granted a deemed University status. Sher-i-Kashmir Institute of Medical Sciences was conceived with the following objectives: To provide facilities of specialized medical care and particularly develop super specialties that would provide tertiary health-care. To provide need oriented education in medical sciences and clinical research. To develop a referral linkage between the primary, secondary and tertiary health-care Institutions of the State to achieve an optimum health delivery system. The State Government under the 5th and 6th plan grants earmarked for the Institute, as the planning commission approved of it as a plan project, provided the funds for construction and equipping the Institute.

Shri Maharaja Hari Singh (S.M.H.S) Hospital, Srinagar. The S.M.H.S Hospital was established in 1948 at Karan Nagar in the heart of Srinagar city as a Government-owned General Hospital to provide patient care to needy patients. Primary and secondary medical care in the major specialties of Medicine, Surgery and Gynaecology was made available to the general public on OPD and Inpatient basis. In 1959, after the inauguration of Government Medical College on the same campus, S.M.H.S hospital became a major teaching institution imparting undergraduate and postgraduate medical training in all allied specialties of Medicine, Surgery and Gynaecology. In the 1970's, as medical services became more specialized and differentiated, separate hospitals were established for specialties like Obstetrics and Gynecology and Orthopaedics etc. The shifting of the concerned departments coincided with the expansion and differentiation of the major specialties of Medicine and Surgery. Currently patient care services are offered in the specialties of Medicine, Surgery, Anaesthesiology, Radio diagnosis and Imaging, Ophthalmology, ENT, Dermatology and Radiotherapy. Facilities also exist for the Super specialties of Cardiology, Gastroenterology, Neurology, Urology, Cardiothoracic surgery and Paediatric surgery. These are supported by well organized and fully equipped diagnostic, therapeutic and support service departments. There is a separate Laboratory services block which undertakes routine, specialized and super specialized investigation.

### **Objectives Of The Present Study**

- 1) To study the existing status of HRD Mechanisms in the sample study organizations i.e.(a)SKIMS Soura Srinagar (b)SMHS Srinagar,
- 2) To analyze the impact of existing HRD Mechanisms in the sample study hospitals,
- 3) To examine the perceptual difference in the opinion of Medical, paramedical and ministerial/supporting staff and
- 4) To draw conclusions and to provide result oriented guidelines and suggestions to the sample study hospitals for improvement of their existing HRD Mechanisms.

### **Hypothesis**

In consonance to the above objectives, the hypotheses formulated for the present research are as under:

1. HRD Climate in the sample study organizations is not satisfactory.
2. HRD Mechanisms in the hospitals is not satisfactory.
3. There is a difference in the perception of medical and Para medical staff towards HRD Mechanisms in the two organizations.

	Staff	(A) SKIMS			(B) SMHS			A+B	
		Total HR	Served	Responded	Total HR	Served	Responded	Total Served (A+B)	Total Received
1	Medical	766	50	50	181	50	50	100	100
2	Para Medical	1519	66	54	512	75	71	141	125

### Research Approach And Design

The tool used for obtaining the information was a 'Structured Non Disguised Questionnaire', a questionnaire was designed keeping in view both major and minor objectives of study. A close format questionnaire was used. Closed format questions offer many advantages in time and money. Questionnaire was used to measure the organizational ethos. This questionnaire is proposed by Dr. Udai Pareek. It consisted of two Sections and 39 statements. Sec "A" consisted of 38 statements, the rating for each to be done on a scale from 5 to 1, (5)=Almost always true, (4)=Mostly true, (3)=Sometimes true, (2)=Rarely true, (1)=Not at all true. Sec "B" sought for suggestions and name, gender, age, pay scale, designation of the respondent.

Simple Random Sampling Method (SRSM) was used to cover employees from Medical, Administrative, Supportive and Technical cadres in the sample selected organizations. A sample of 100-125 was targeted from each organization covering -**Doctors** including HOD's, Professors, Associate Professors, Asst Professors, Lecturers-**Officers** including Administrative Section, Materials Management, Library etc-**Engineers** including Civil, Electric, Mechanic, Architect-**Nurses** covering Superintendents, Nursing aids-**Others** covering Operators, Attendants, Technicians, Technologists, Drivers, Gardeners and other fourth class employees. Thus the total sample for the study was 225.

### Questionnaire Served and Response Rate:

#### Data Analysis And Interpretation

#### Testing of hypothesis (H1)

TABLE 1: Existing status of HRD Climate in the sample selected organizations (No. 225).

St · No	Statements	SKIMS (No. 104)			SMHS (No. 121)		
		M.S	S.D	%age	M.S	S.D	%age
1	The top management in health care sector goes out of its way to make sure that employees enjoy their work.	2.57	1.172	39.25	3.01	1.165	50.25
2	The top management on this organization believes the human resources are an extremely important resource and that they have to be treated more humanly.	3.34	1.252	58.5	3.50	1.089	62.5
3	Development of the subordinates is seen as an important part of their job by the managers/officers in health care sector.	3.08	1.243	52	3.07	1.148	51.75
4	The personnel policies in this organization facilitate employee development.	3.05	1.257	51.25	3.28	1.192	57
5	The top management in health care sector is willing to invest a considerable part of their time and other resources to ensure the development of employees.	2.60	1.153	40	2.93	1.270	48.25
6	Senior officers/executives in this organization take active interest in their juniors and help them to learn their job.	2.94	0.974	48.5	3.23	1.230	55.75
7	People in the health care sector lacking confidence in doing their job are helped to acquire competence rather than being left unattended.	2.84	1.208	46	3.09	1.072	52.25

8	Managers in this organization believe that employee's behavior can be changed and people can be developed at any stage of their life.	2.7 7	1.192	44.25	3.1 3	1.008	53.2 5
9	People in this organization are helpful to each other.	3.2 1	1.076	55.25	3.4 7	1.148	61.7 5
10	Employees in the health care sector are very informal and do not hesitate to discuss their personal problems with their supervisors.	2.9 3	1.225	48.25	2.9 4	1.227	48.5
11	The psychological climate of the health care sector is very conducive for any employee interested in developing himself by acquiring new knowledge and skills.	2.9 2	1.086	48	2.9 4	1.280	48.5
12	Seniors guide their juniors and prepare them for future responsibilities/roles that they are likely to take up.	3.2 2	1.343	55.5	3.3 7	1.253	59.2 5
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.0 8	1.252	52	2.9 6	1.158	49
14	Promotion decisions in this organization are based on the suitability of the promotee rather than on favoritism.	3.0 2	1.393	50.5	3.1 2	1.345	53
15	There are mechanisms in this organization to reward any good work done or any contribution made by employees.	2.4 9	1.344	37.25	2.8 2	1.265	45.5
16	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.7 6	1.326	44	3.1 3	1.271	53.2 5
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.1 5	1.221	53.75	3.1 6	1.126	54
18	People in health care sector do not have any fixed mental impressions about each other.	3.0 4	1.131	51	3.1 7	1.267	54.2 5
19	Employees in this organization are encouraged to experiment with new methods and try out creative ideas.	2.8 6	1.295	46.5	2.6 5	1.346	41.2 5
20	When an employee in health care sector makes a mistake, his supervisors treat him with understanding and help him to learn from such mistakes rather than punish him or discourage him	2.9 2	1.146	48	2.9 5	1.161	48.7 5
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.8 9	1.088	26.89	2.9 0	1.261	47.5
22	When behaviour feedback is given to employees in health care sector, they take it seriously and use it for development	3.1 4	1.194	53.5	3.1 1	1.175	52.7 5
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.8 8	1.275	47	2.9 6	1.158	49
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.6 4	1.131	66	3.7 9	1.156	69.7 5
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.3 0	1.069	57.5	3.3 1	1.176	57.7 5
26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.6 5	1.022	66.25	3.5 7	1.109	64.2 5
27	People trust each other in this organization.	2.9 4	1.148	48.5	3.2 0	1.100	55
28	Employees in health care sector are not afraid to discuss or express their feelings with their supervisors.	3.1 1	1.182	52.75	3.1 2	1.127	53
29	Employees in health care sector are not afraid to discuss or express their feelings with their subordinates.	3.0 2	1.132	50.5	3.1 2	1.112	53
30	Employees in health care sector are encouraged to take initiative and do things on their own without having to wait	2.4 1	1.204	35.25	2.7 2	1.097	43

	for instructions from their supervisors.						
31	Delegation of authority to encourage juniors to develop and handle higher responsibilities is quiet common in this organization.	2.58	1.103	39.5	3.06	0.951	51.5
32	When seniors in health care sector delegate authority to juniors use it as an opportunity for development.	3.30	0.954	57.5	3.40	0.988	60
33	Team spirit is of high order in this organization.	3.32	1.264	58	3.60	1.172	65
34	When problems arise in health care sector, people discuss these problems openly and try to solve them rather than keep accusing each other behind their backs.	2.84	1.167	46	3.07	1.283	51.75
35	Career opportunities are pointed out by juniors to senior officers in this organization.	2.81	1.175	45.25	2.72	1.097	43
36	The health care sector's future plans are made known to the managerial staff to help them to develop their juniors and prepare them for future.	2.89	1.079	47.25	3.17	1.113	54.25
37	This organization ensures employee's welfare to such an extent that the employees can save a lot of their mental energy for work purposes.	2.51	1.106	37.75	2.69	1.023	42.25
38	Job rotation in health care sector facilitates employee development.	3.57	1.260	64.25	3.25	1.362	56.25

Notes

1. Scoring Scale: Almost always true=(5),mostly true=(4),sometimes true=(3),rarely true=(2),not at all true=(1)
2. M.S=Mean Score
3. S.D=standard deviation
4. %=percentage to mean score.

**Figure 1: Statement wise existing status of HRD Climate in sample study organizations**

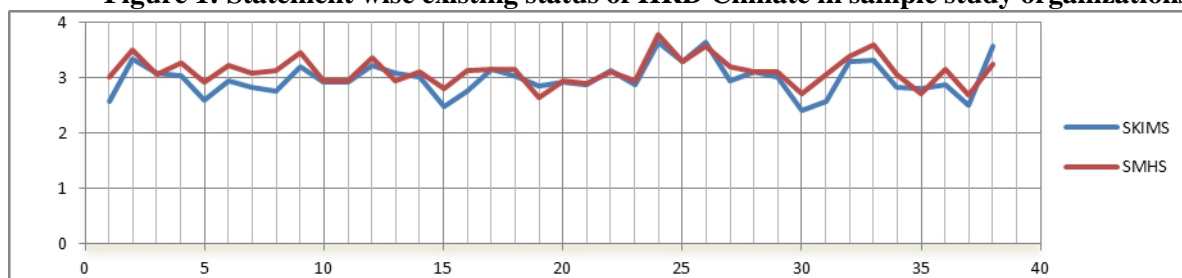


Table 1 shows the existing status of HRD Climate in SKIMS and SMHS. It is revealed from the table that HRD Climate in the two organizations is not satisfactory, though the existing Climate in the organizations is average. The overall mean score of SKIMS is 2.989(49.73%), while as the mean score of Climate in SMHS is 3.123(53.078%) which is comparatively greater than that of SKIMS. Table 1 shows that SKIMS recorded highest mean values of 3.64(66%), 3.65(66.25%), and 3.57(64.25%) against statements 24, 26 and 38 respectively i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”, “Employees are sponsored for training programs on the basis of genuine training needs in health care sector” and “Job rotation in health care sector facilitates employee development”. On the other hand SMHS, recorded the highest mean values of 3.79(69.75%), 3.57(64.25%) and 3.60(65%) against statements 24, 26 and 33 respectively i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”, “Employees are sponsored for training programs on the basis of genuine training needs in health care sector” and “Team spirit is of high order in this organization”. The table also reflects that the lowest mean value of SKIMS recorded against statement No 21 scored a mean score of 2.89(26.89%) viz,

“Weaknesses of employees in this organization are communicated to them in a non threatening way”. The rest of the statements scored in SKIMS show average response. Some of the statements show approximately the same mean scores for both the organizations i.e. statement No. 3, “Development of the subordinates is seen as an important part of their job by the managers/officers in health care sector” scored mean score of > 50%(3.08 & 3.07), statement No. 10, “Employees in the health care sector are very informal and do not hesitate to discuss their personal problems with their supervisors” scored mean score of >48%(2.93 & 2.94), statement No. 11, “The psychological climate of the health care sector is very conducive for any employee interested in developing himself by acquiring new knowledge and skills” scored mean score of >48%(2.92 & 2.94), statement No. 17, “Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism” scored mean score of >53%(3.15 & 3.16), statement No. 20, “When an employee in health care sector makes a mistake, his supervisors treat him with understanding and help him to learn from such mistakes rather than punish him or discourage him” scored the score of >48%(2.99 & 2.95), statement No. 22, “When behavior feedback is given to employees in health care sector, they take it seriously and use it for development” scored the mean of >52%(3.14 & 3.11), a mean score of >57%(3.30 & 3.31) and >52%(3.11 & 3.12) was scored for statement No.25 and 28 i.e. “Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt” and “Employees in health care sector are not afraid to discuss or express their feelings with their supervisors”. To test the level of significance, Z test was conducted and it was concluded from table 2, that Z calculated is less than Z tabulated so H1 i.e. “HRD Climate is not satisfactory in the sample study organizations”, is accepted at 5% level of significance.

**TABLE 2:** Existing status of HRD Climate in the sample study organizations with Z values.

St · n o	Statements	SKIMS (No. 104)		SMHS (No. 121)		M.S diff	Z value	Lev el Of Sign if
		M. S	S.D	M.S	S.D			
1	The top management in health care sector goes out of its way to make sure that employees enjoy their work.	2.57	1.172	3.01	1.165	-0.441	-2.822	0.05
2	The top management on this organization believes the human resources are an extremely important resource and that they have to be treated more humanly.	3.34	1.252	3.50	1.089	0.003	0.016	0.05
3	Development of the subordinates is seen as an important part of their job by the managers/officers in health care sector.	3.08	1.243	3.07	1.148	-0.168	-1.050	0.05
4	The personnel policies in this organization facilitate employee development.	3.05	1.257	3.28	1.192	-0.233	-1.425	0.05
5	The top management in health care sector is willing to invest a considerable part of their time and other resources to ensure the development of employees.	2.60	1.153	2.93	1.270	-0.338	-2.075	0.05
6	Senior officers/executives in this organization take active interest in their juniors and help them to learn their job.	2.94	0.974	3.23	1.230	-0.289	-1.966	0.05
7	People in the health care sector lacking confidence in doing their job are helped to acquire competence rather than being left unattended.	2.84	1.208	3.09	1.072	-0.254	-1.658	0.05
8	Managers in this organization believe that employee’s behavior can be changed and people can be developed at any stage of their life.	2.77	1.192	3.13	1.008	-0.363	-2.444	0.05
9	People in this organization are helpful to each other	3.21	1.076	3.47	1.148	-0.26	-1.740	0.05
	Employees in the health care sector are very informal	2.9	1.225	2.9	1.227	-	-0.58	

10	and do not hesitate to discuss their personal problems with their supervisors.	3		4		0.009		0.05
11	The psychological climate of the health care sector is very conducive for any employee interested in developing himself by acquiring new knowledge and skills.	2.9 2	1.086	2.9 4	1.280	- 0.019	- 0.121	0.05
12	Seniors guide their juniors and prepare them for future responsibilities/roles that they are likely to take up.	3.2 2	1.343	3.3 7	1.253	- 0.151	- 0.870	0.05
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.0 8	1.252	2.9 6	1.158	- 0.118	- 0.736	0.10
14	Promotion decisions in this organization are based on the suitability of the promotee rather than on favoritism.	3.0 2	1.393	3.1 2	1.345	- 0.105	- 0.573	0.05
15	There are mechanisms in this organization to reward any good work done or any contribution made by employees.	2.4 9	1.344	2.8 2	1.265	- 0.328	- 1.883	0.05
16	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.7 6	1.326	3.1 3	1.271	- 0.373	- 2.149	0.05
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.1 5	1.221	3.1 6	1.126	- 0.003	- 0.020	0.05
18	People in health care sector do not have any fixed mental impressions about each other.	3.0 4	1.131	3.1 7	1.267	- 0.127	- 0.786	0.05
19	Employees in this organization are encouraged to experiment with new methods and try out creative ideas.	2.8 6	1.295	2.6 5	1.346	- 0.203	- 1.147	0.10
20	When an employee in health care sector makes a mistake, his supervisors treat him with understanding and help him to learn from such mistakes rather than punish him or discourage him.	2.9 2	1.146	2.9 5	1.161	- 0.027	- 0.177	0.05
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.8 9	1.088	2.9 0	1.261	- 0.007	- 0.040	0.05
22	When behavior feedback is given to employees in health care sector, they take it seriously and use it for development.	3.1 4	1.194	3.1 1	1.175	0.037	0.232	0.05
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.8 8	1.275	2.9 6	1.158	- 0.084	- 0.516	0.05
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.6 4	1.131	3.7 9	1.156	- 0.141	- 0.920	0.05
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt.	3.3 0	1.069	3.3 1	1.176	- 0.016	- 0.106	0.05
26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.6 5	1.022	3.5 7	1.109	0.084	0.584	0.10
27	People trust each other in this organization.	2.9 4	1.148	3.2 0	1.100	- 0.026	- 1.706	0.05

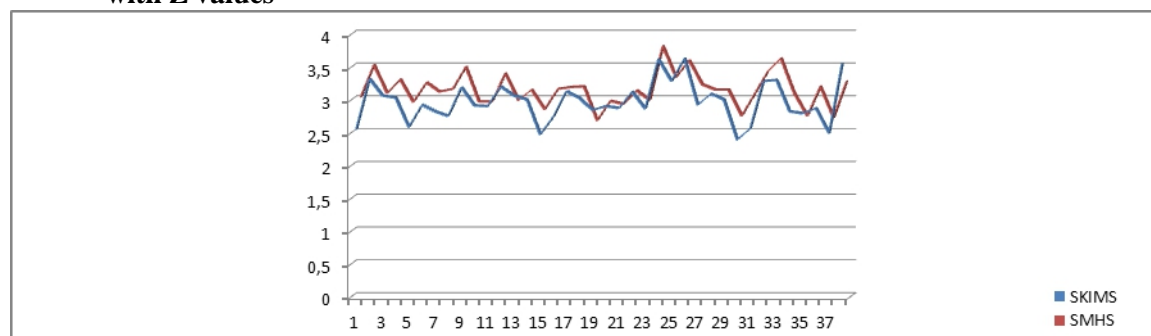


28	Employees in health care sector are not afraid to discuss or express their feelings with their supervisors.	3.11	1.182	3.12	1.127	-0.010	-0.064	0.05
29	Employees in health care sector are not afraid to discuss or express their feelings with their subordinates.	3.02	1.132	3.12	1.112	-0.096	-0.643	0.05
30	Employees in health care sector are encouraged to take initiative and do things on their own without having to wait for instructions from their supervisors.	2.41	1.204	2.72	1.097	-0.306	-1.991	0.05
31	Delegation of authority to encourage juniors to develop and handle higher responsibilities is quiet common in this organization.	2.58	1.103	3.06	0.951	-0.481	-3.472	0.05
32	When seniors in health care sector delegate authority to juniors use it as an opportunity for development.	3.30	0.954	3.40	0.988	-0.107	-0.822	0.05
33	Team spirit is of high order in this organization.	3.32	1.264	3.60	1.172	-0.286	-1.760	0.05
34	When problems arise in health care sector, people discuss these problems openly and try to solve them rather than keep accusing each other behind their backs.	2.84	1.167	3.07	1.283	-0.230	-1.395	0.05
35	Career opportunities are pointed out by juniors to senior officers in this organization.	2.81	1.175	2.72	1.097	0.089	0.585	0.10
36	The health care sector's future plans are made known to the managerial staff to help them to develop their juniors and prepare them for future.	2.89	1.079	3.17	1.113	-0.271	-1.847	0.05
37	This organization ensures employee's welfare to such an extent that the employees can save a lot of their mental energy for work purposes.	2.51	1.106	2.69	1.023	-0.185	-1.300	0.05
38	Job rotation in health care sector facilitates employee development.	3.57	1.260	3.25	1.362	-0.319	1.815	0.10

## Notes

1. Scoring Scale : same as in table 1
2. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.
3. 0.05= statement is accepted at both 5% & 10% level of significance,0.10= statement is accepted at only 10% level of significance
4. H1 is accepted at 5% level of significance.

**Figure 2: Statement wise existing status of HRD Climate in sample study organizations with Z values**



## Testing of hypothesis (H2)

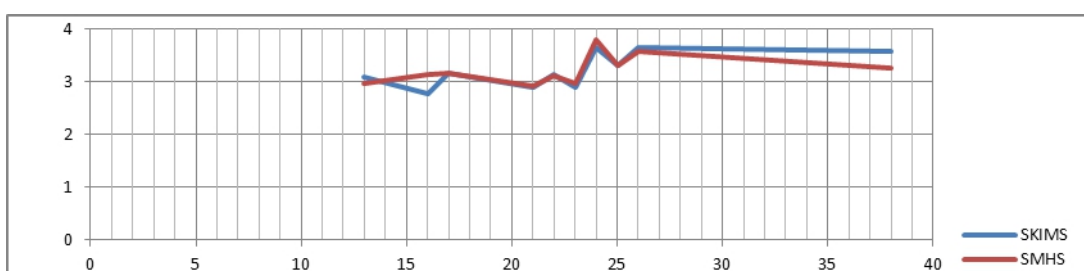
**Table 3: Existing status of HRD Mechanisms in the sample study organizations.**

St · No	Statements	SKIMS (No. 104)			SMHS (No. 121)		
		M.S	S.D	%age	M.S	S.D	%age
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.08	1.252	52	2.96	1.158	49
16	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.76	1.326	44	3.13	1.271	53.25
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.15	1.221	53.75	3.16	1.126	54
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.89	1.088	26.89	2.90	1.261	47.5
22	When behaviour feedback is given to employees in health care sector, they take it seriously and use it for development	3.14	1.194	53.5	3.11	1.175	52.75
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.88	1.275	47	2.96	1.158	49
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.64	1.131	66	3.79	1.156	69.75
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.30	1.069	57.5	3.31	1.176	57.75
26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.65	1.022	66.25	3.57	1.109	64.25
38	Job rotation in health care sector facilitates employee development.	3.57	1.260	64.25	3.25	1.36	56.25

Notes

1. Scoring Scale : same as in table 1
2. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.

**Figure 3: Statement wise existing status of HRD Mechanisms in the sample study organizations.**



**TABLE 4: Existing status of HRD Mechanisms in the sample study organizations with Z values.**

St · no	Statements	SKIMS (No. 104)		SMHS (No. 121)		M.S diff	Z value	Signi fLev el
		M.S	S.D	M.S	S.D			
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.08	1.252	2.96	1.158	0.12	0.736	0.10
16	When an employee in the health care sector does good work his supervising officers take special care	2.76	1.326	3.13	1.271	-0.3	-2.149	0.05

	to appreciate it.					7		
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.15	1.221	3.16	1.126	-0.01	-0.020	0.05
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.89	1.088	2.90	1.261	-0.01	-0.042	0.05
22	When behavior feedback is given to employees in health care sector, they take it seriously and use it for development	3.14	1.194	3.11	1.175	0.03	0.232	0.05
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.88	1.275	2.96	1.158	-0.08	-0.516	0.05
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.64	1.131	3.79	1.156	0.15	-0.920	0.05
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.30	1.069	3.31	1.176	-0.01	-0.106	0.05
26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.65	1.022	3.57	1.109	0.08	0.584	0.10
38	Job rotation in health care sector facilitates employee development.	3.57	1.260	3.25	1.36	0.32	1.815	0.10
	<b>Total</b>	<b>3.20</b>		<b>3.21</b>				<b>0.05</b>

## Notes

1. Scoring Scale : same as in table 1
2. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.
3. 0.05= statement is accepted at both 5% & 10% level of significance,0.10= statement is accepted at only 10% level of significance
4. H2 is accepted at 5% level of significance.

**Figure 4: Statement wise existing status of HRD Mechanisms in sample study organizations with Z values**

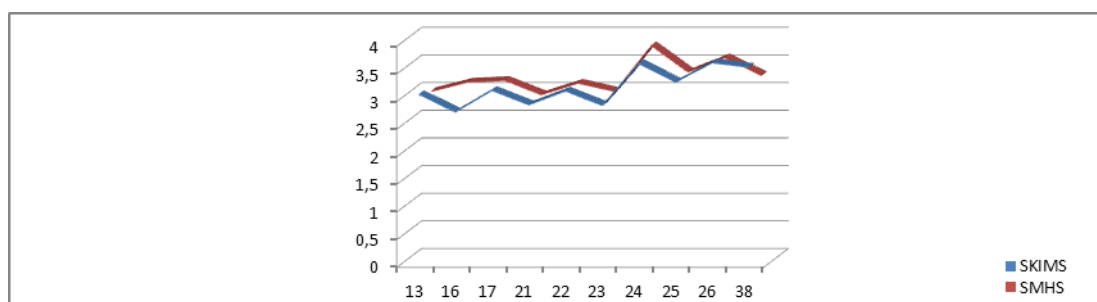


Table 3 and 4 reveals that the mean score for HRD Mechanisms in the sample study organizations falls within an average range of scale with mean > 3. While analysing T&D and Performance Appraisal system separately, it is found that the overall environment for T&D is satisfactory in the two organizations, with a mean score of 3.412(60.3%). Statement 26 i.e. “Employees are sponsored for training programs on the basis of genuine training needs in health care sector”, scores the largest mean score of 3.65(66.25%) for SKIMS and second largest score of 3.57(64.25%) for SMHS. Statement 24 i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend”, scores the highest mean score of 3.79(69.75%) for SMHS. Statement 38 scores the next highest mean score of 3.57(64.25%) and

3.25(56.25%) for SKIMS and SMHS i.e. “Job rotation in health care sector facilitates employee development”. Statement 13 scores the least mean score of 3.08 (52%) and 2.96(49%), i.e. “The top management in the health care sector makes efforts to identify and utilize the potential of employees”. On the other hand, Performance Appraisal System is found to be average in both the hospitals with a mean score of 3.06(50.15%). Statement 17, i.e. “Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism”, scores the highest mean score of 3.15(53.75%) and 3.16(54) for PAS in sample study organizations. Statement 22 scores the next comparable mean score of 3.14(53.5%) and 3.11(52.75%) i.e. “When behavior feedback is given to employees in health care sector, they take it seriously and use it for development”. Least mean score of 2.76(44%) and 3.13(53.25%) is scored by statement 16, i.e. “When an employee in the health care sector does good work his supervising officers take special care to appreciate it”.

Comparing the two mechanisms, the data reveals that, though both the mechanisms are found to be average but Training and Development (3.412) is valued and practiced more than PAS (3.006). Comparing the scores of the two organizations, it is found that there lies a difference in the value of two mechanisms, with SKIMS scoring a comparatively higher score of 3.448() with respect to SMHS scoring a score of 3.376() for T&D. It reveals that SMHS does not encourage T&D to the extent SKIMS does. SMHS cores a higher score of 3.052() in comparison to SKIMS scoring 2.96() for PAS, revealing that PAS should be encouraged in SKIMS.

Using Z test for evaluating the significance level, it was inferred from the table 4, that HRD Mechanisms in SKIMS and SMHS falls under an average level. So H2 i.e. “HRD Mechanisms is dissatisfactory in the sample study organizations” is accepted at 5% level of significance.

**Testing of hypothesis (H3)**

**Table 5:** Perception of Medical and Para medical staff towards HRD Mechanisms.

St. No	SKIMS						SMHS					
	Medical(No.50)			Par Medical(No.54)			Medical(No.50)			Para Medical(No.71)		
	M.S	S.D	%age	M.S	S.D	%age	M.S	S.D	%age	M.S	S.D	%age
13	3.02	1.204	50.5	3.13	1.304	53.25	3.24	1.080	56	2.76	1.177	44
16	2.84	1.448	46	2.69	1.210	42.25	3.26	1.275	56.5	3.04	1.270	51
17	3.24	1.170	56	3.07	1.272	51.75	3.32	1.133	58	3.04	1.114	51
21	2.88	0.849	47	2.91	1.278	47.75	3.10	1.055	52.5	2.76	1.378	44
22	3.20	1.178	55	3.09	1.217	52.25	3.16	1.076	54	3.07	1.246	51.75
23	2.82	1.320	45.5	2.93	1.242	48.25	3.06	1.058	51.5	2.89	1.225	47.25
24	3.58	0.992	64.5	3.70	1.253	67.5	4.16	0.955	79	3.52	1.217	63
25	3.42	1.108	60.5	3.19	1.029	54.75	3.70	1.015	67.5	3.04	1.212	51
26	3.42	1.052	60.5	3.87	0.953	71.75	3.64	1.174	66	3.52	1.067	63
38	3.62	1.338	65.5	3.52	1.193	63	3.66	1.189	66.5	2.96	1.409	49

**Figure 5:** Statement wise existing status of HRD Mechanisms in sample study organizations.

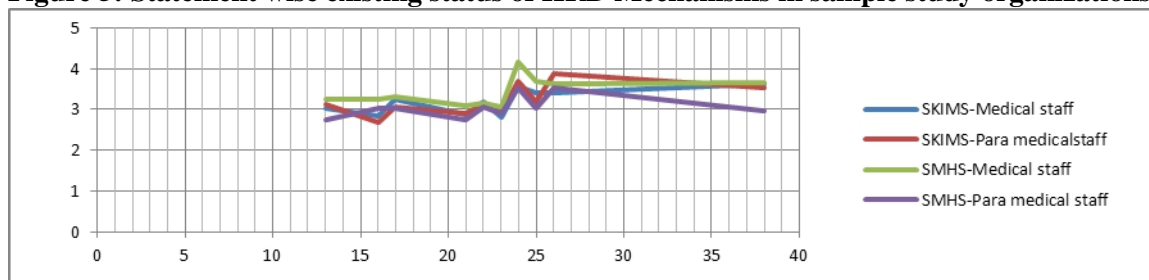


Table 5, represents the HRD Mechanisms, with respect to managerial and non managerial staff in the sample study organizations. The table represents that the perception of medical and Para- medical staff towards HRD Mechanisms, falls in the average range of scale. The overall mean values of medical group in SKIMS are 3.204(55.1%) as revealed from table 3, which falls under average range of scale. The table also reveals that the overall mean values of Para-medical staff in SKIMS also falls under an average level with the mean score of 3.21(55.25%). The mean score of medical staff in SMHS is 3.43(60.75%) which falls in a satisfactory range of scale and the inverse applies for the Para-medical staff of SMHS with a mean score of 3.06(51.5%), which indicates average level of HRD

**Mechanisms.** The medical and Para-medical staff of SKIMS scored less value than the medical and par- medical staff of SMHS. Medical staff of SKIMS scored the highest mean score of 3.62(65.5%) for statement 38 i.e. “Job rotation in health care sector facilitates employee development” and the medical staff of SMHS scored the highest score of 4.16(79%) for statement 24 i.e. “When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend” and the same statement scored the highest score of 3.52(63%) for Para medical staff of SMHS. Statement 26 i.e. “Employees are sponsored for training programs on the basis of genuine training needs in health care sector” scored the highest score of 3.52(63%) and 3.87(71.75%) for Para medical staff in SMHS and SKIMS respectively. On the other hand, least score of 2.82(45.5%) and 3.06(51.5%) was scored by medical staff of SKIMS and SMHS respectively for statement 23 i.e. “Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues”. Mean score of 2.69(42.25%) was scored by Para-medical staff of SKIMS for statement 16 i.e “When an employee in the health care sector does good work his supervising officers take special care to appreciate it” and the Para medical staff of SMHS scored the least score of 2.76(44%) for statements 13 and 21 i.e. “The top management in the health care sector makes efforts to identify and utilize the potential of employees” and “Weaknesses of employees in this organization are communicated to them in a non threatening way”.

**TABLE 6:** Existing status of HRD Mechanisms for medical staff in the sample study organizations with Z values.

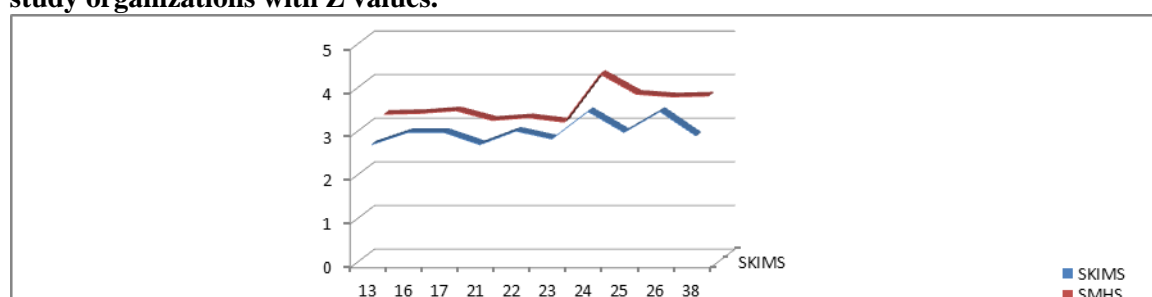
St no	Statements	SKIMS (No. 104)		SMHS (No. 121)		M.S diff	Z value	Leve l Of Signi f
		M.S	S.D	M.S	S.D			
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.02	1.204	3.24	1.080	-0.22	-0.962	0.05
16	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.84	1.448	3.26	1.275	0.42	-1.540	0.05
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.24	1.170	3.32	1.133	0.08	-0.347	0.05
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.88	0.849	3.10	1.055	0.22	-1.149	0.05
22	When behaviour feedback is given to employees in health care sector, they take it seriously and use it for development	3.20	1.178	3.16	1.076	0.04	0.177	0.05
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.82	1.320	3.06	1.058	0.24	-1.003	0.05
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.58	0.992	4.16	0.955	0.58	-2.979	0.05
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.42	1.108	3.70	1.015	0.28	-1.317	0.05
26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.42	1.052	3.64	1.174	0.22	-0.987	0.05

38	Job rotation in health care sector facilitates employee development.	2.6 2	1.338	3.66	1.189	- 1.0 4	- 0.158	0.05
	<b>Total</b>	<b>3.1 0</b>		<b>3.43</b>				<b>0.05</b>

Notes

5. Scoring Scale : same as in table 1
6. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.
7. 0.05= statement is accepted at both 5% & 10% level of significance, 0.10= statement is accepted at only 10% level of significance
8. H2 is accepted at 5% level of significance.

**Figure 6: Statement wise existing status of HRD Mechanisms among Medical staff in the sample study organizations with Z values.**



**Table 7: Existing status of HRD Mechanisms among Para medical staff in the sample study organizations.**

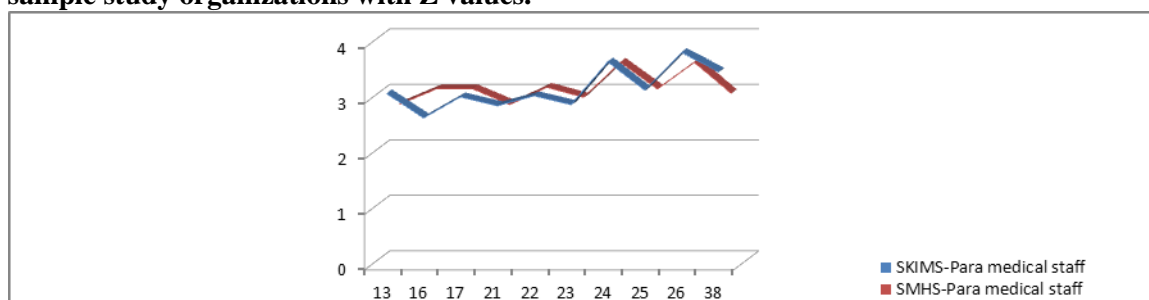
St no	Statements	SKIMS (No. 104)		SMHS (No. 121)		M.S diff	Z value	Leve l Of Signi f
		M.S	S.D	M.S	S.D			
13	The top management in the health care sector makes efforts to identify and utilize the potential of employees.	3.1 3	1.304	2.7 6	1.177	0.3 7	1.658	1.10
16	When an employee in the health care sector does good work his supervising officers take special care to appreciate it.	2.6 9	1.210	3.0 4	1.270	- 0.3 5	- 1.589	0.05
17	Performance Appraisal reports in this organization are based on objective assessment and adequate information and not on favoritism.	3.0 7	1.272	3.0 4	1.114	0.0 3	0.146	0.05
21	Weaknesses of employees in this organization are communicated to them in a non threatening way.	2.9 1	1.278	2.7 6	1.378	0.1 5	0.609	0.10
22	When behaviour feedback is given to employees in health care sector, they take it seriously and use it for development	3.0 9	1.217	3.0 7	1.246	0.0 2	0.100	0.10
23	Employees in this organization take pains to find out their strengths weaknesses from their officers and colleagues.	2.9 3	1.242	2.8 9	1.225	0.0 4	0.173	0.05
24	When employees in health care sector are sponsored for training, they take it seriously and try to learn from the programs they attend.	3.7 0	1.253	3.5 2	1.217	0.1 8	0.820	0.10
25	Employees in this organization when returning from training programs are given opportunities to tryout what they have learnt	3.1 9	1.029	3.0 4	1.212	0.1 5	0.696	0.10

26	Employees are sponsored for training programs on the basis of genuine training needs in health care sector.	3.87	0.953	3.52	1.067	0.35	1.897	0.10
38	Job rotation in health care sector facilitates employee development.	3.52	1.193	2.96	1.409	0.56	2.353	0.10
	<b>Total</b>	<b>3.21</b>		<b>3.06</b>				<b>0.10</b>

Notes

1. Scoring Scale : same as in table 1
2. M.S: mean score, S.D: standard deviation, M.S diff: difference between mean scores.
3. 0.05= statement is accepted at both 5% & 10% level of significance,0.10= statement is accepted at only 10% level of significance
4. H2 is accepted at 5% level of significance.

**Figure 7: Statement wise existing status of HRD Mechanisms among Para medical staff in the sample study organizations with Z values.**



Using Z test for evaluating the significance level, it was inferred from table 6 and 7 that there lies a significant difference in the perception of medical and Para medical staff of the sample study organizations. Medical staff encourages HRD Mechanisms more than Para medical staff. Hypothesis 3 is accepted at 5% and 10% level of significance.

### Conclusions And Suggestions

It can be concluded from the findings that HRD Climate and HRD Mechanisms in SKIMS and SMHS is not satisfactory. An overview of the study is that,

- HRD Climate in SKIMS and SMHS is found to be average.
- There is difference in the HRD Climate of the two organizations.
- HRD Climate in SMHS is better than that of SKIMS.
- HRD Mechanisms in the sample study organizations falls within an average range of scale.
- There is a satisfactory environment for Training and Development in the two organizations.
- Training and Development is imparted only after assessing the need for it.
- Performance Appraisal System is found to be average in both the hospitals.
- Training and Development is valued and practiced more than PAS in the two organizations.
- SMHS does not encourage T&D to the extent SKIMS does.
- Medical staff of SKIMS scored less value than the medical staff of SMHS and inverse applies for the Para medical staff of the two organizations.
- Medical staff of SKIMS encourages job rotation which helps develop the employees.
- When the medical staff of SMHS is sponsored for training, they take it seriously and try to learn from the programs they attend.
- Medical staff of SMHS Hospital is less dissatisfied than medical staff of SKIMS but Para medical staff of SKIMS is less dissatisfied than Para medical staff of SMHS.

HRD Climate and HRD Mechanisms should be encouraged in both the organizations as it forms a prime element of any organization. SKIMS and SMHS should focus more on developing HRD Climate and HRD Mechanisms in the organization to ensure satisfaction of their HR so that the effectiveness and productivity of the organizations is enhanced. The top management in the health care sector should make efforts to identify and utilize the potential of employees. Both the organizations should encourage Training & Development but SMHS should focus more on this

mechanism than SKIMS. Medical staff of both the organizations should take pains to find out their strengths and weaknesses from their officers and colleagues which the research reveals is lacking in them. Good work done on the part of Para medical staff in SKIMS should be taken care of and encouraged by seniors. The top management in SMHS should make efforts to identify and utilize the potential of employees. Care should be taken while appraising the employees and in communicating the weaknesses of the employees to them in a non threatening way.

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