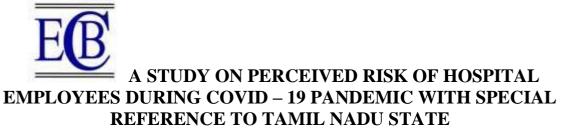
ISSN 2063-5346



¹D. Hemalatha. ²Dr. S. Jambulingam

¹Research scholar, Dept. of Business Administration Annamalai University, Chidambaram, Tamil Nadu.

²Research supervisor, Associate Professor Dept. of Business Administration Annamalai University, Chidambaram, Tamil Nadu.

Abstract

The COVID-19 pandemic has significantly impacted the healthcare industry, including multispecialty hospitals in Tamil Nadu, India. This paper examines the impact of the pandemic on human resource management (HRM) practices in these hospitals. The study is based on a comprehensive review of the literature and primary data collected through surveys and interviews with Professionals and HR personnel in multispecialty hospitals in Tamil Nadu.

The study found that HRM practices in multispeciality hospitals in Tamil Nadu have been significantly impacted by the COVID-19 pandemic. The COVID-19 pandemic has placed hospital employees at the forefront of the battle against the virus, exposing them to a multitude of perceived threats. This abstract explores the perceived threats faced by hospital employees during the pandemic. The primary threats identified include an increased risk of exposure to the virus, a shortage of personal protective equipment (PPE), uncertainties surrounding the novel virus, and the subsequent emotional and mental health impact. Hospital employees have faced elevated levels of stress, anxiety, and burnout as they navigated through the challenges of working in a high-risk environment with limited knowledge about the virus. Additionally, social stigma and discrimination towards healthcare workers have exacerbated the perceived threats. Inadequate support and resources, such as staffing shortages and limited healthcare infrastructure, have further contributed to the perceived threats experienced by hospital employees. Understanding these perceived threats is essential for healthcare systems and policy makers to effectively address the needs of hospital employees, provide them with the necessary support and resources, and ensure the well-being of these vital frontline workers.

Keywords: Impact of the pandemic, increased risk, perceived threats, healthcare systems and hospital

INTRODUCTION

The COVID-19 pandemic has had a profound impact on healthcare systems worldwide, with hospital employees playing a crucial role in managing and treating patients affected by the virus. These frontline workers have faced challenges uncertainties, numerous and including a perceived risk to their personal safety and well-being. Understanding the perceived risk experienced by hospital employees during the COVID-19 pandemic is essential to recognize the unique challenges they have encountered and develop effective strategies to support them.

This study aims to explore and analyze the perceived risk of hospital employees during the COVID-19 pandemic. By examining the subjective experiences and perspectives of healthcare workers, this research seeks to shed light on the psychological, emotional, and occupational implications of working on the frontlines of the pandemic. The study will various dimensions investigate the of perceived risk, including concerns related to exposure to the virus, availability of personal protective equipment (PPE), uncertainties surrounding the virus, and the impact on mental health and well-being.

The research will employ a mixed-methods approach, combining quantitative surveys and qualitative interviews to gather comprehensive data on the perceived risk of hospital employees. A diverse sample of healthcare workers, including doctors, nurses, technicians, and support staff, will be included in the study to capture a wide range of perspectives and experiences.

The findings of this study have important implications for healthcare organizations, policymakers, and stakeholders involved in supporting and protecting hospital employees during public health crises. By identifying the specific areas of perceived risk, interventions and strategies can be developed to address these concerns effectively. This research aims to contribute to the existing body of knowledge and serve as a foundation for future initiatives aimed at improving the well-being and resilience of hospital employees in times of crisis.

In conclusion, the study on the perceived risk of hospital employees during the COVID-19 pandemic provides a valuable opportunity to gain insights into the challenges faced by frontline healthcare workers. By understanding their experiences, healthcare systems can better address the needs of these individuals, enhance support mechanisms, and ensure the delivery of high-quality care while safeguarding the well-being of hospital employees.

PERCEIVED THREAT OF HEALTHCARE WORKERS DURING COVID-19 PANDEMIC

During the COVID-19 pandemic, hospital employees have faced various perceived threats related to their work. These threats can include concerns about personal safety, exposure to the virus, the potential for contracting the disease, and the impact on their overall well-being. Here are some of the perceived threats that hospital employees have faced:

1. Increased risk of exposure: Hospital employees, including doctors, nurses, and other healthcare workers, have been at the frontlines of the pandemic. They have faced a higher risk of exposure to the virus due to their close proximity to infected patients.

2. Lack of personal protective equipment (PPE): In the early stages of the pandemic, there were shortages of PPE, including masks, gloves, gowns, and face shields. This created anxiety and fear among healthcare workers, as they were concerned about their own safety and the risk of transmitting the virus to their families and communities.

3. Uncertainty about the virus: COVID-19 was a new and rapidly evolving disease, and healthcare professionals had limited information about its transmission, severity, and treatment options in the early stages. This lack of knowledge added to the anxiety and perceived threat among hospital employees.

4. Emotional and mental health impact: Hospital employees faced immense pressure and stress during the pandemic. They witnessed significant suffering and loss, worked long hours, and faced the fear of infecting themselves or their loved ones. These factors contributed to increased levels of stress, anxiety, burnout, and emotional exhaustion.

5. Social stigma and discrimination: Some

healthcare workers faced stigmatization and discrimination due to their work with COVID-19 patients. Fear and misinformation in the community led to negative attitudes towards healthcare workers, which further added to their perceived threat.

6. Inadequate support and resources: Hospital employees may have felt a lack of support from their employers and healthcare systems, including insufficient staffing, limited access to testing, and inadequate healthcare infrastructure. These challenges increased their perceived threat and added to the overall burden they faced.

It's important to note that the perceived threats experienced by hospital employees may vary depending on factors such as the level of community spread, availability of resources, and local healthcare systems. Efforts to address these concerns have included providing adequate PPE, mental health support, education, training, and prioritizing the well-being of healthcare workers.

NEED FOR THE STUDY

Even though there is a large number of government hospitals and primary health centers, it is seen that the majority of the population mainly depend upon the private hospitals. It is because of the fact that the government hospitals suffer from a lot of problems like the lack of an adequate number of the qualified number of doctors, nurses, Paramedical staff, lack of appropriate infrastructure like laboratories, equipment, lack of proper care and unsatisfactory attitude towards the patients and so on. This huge dependence and influx of people to the private hospitals has led to a booming rise in the number of private hospitals. Today, Chennai City is one among the city which have the largest number of private hospitals in Tamilnadu. As the number of private hospitals increased considerably, some other problems and events began to take hold. The prime reason for these problems is mainly due to the lack of Government regulations and laws in the private sector. Some of these problems include: Unforeseen work atmosphere, Increased Workload due to pandemic protocol, 24 X 7 work requirements, family separation and life threat, Inadequate Compensation and Benefits.

REVIEW OF LITERATURE

Beijer et al., (2019) wrote that with the growing number of studies investigating employee perceptions of HR practices, the field of SHRM is challenged with monitoring how cumulative insights have developed. Extant SHRM literature has examined the employee perspective on HRM using different theoretical angles, resulting in a variety of conceptual models studied that include employee perceptions of HRM as an antecedent, mediator, or outcome.

Wang et al. (2020) but extend their work by mapping and integrating the literature on how employee perceptions of HR practices are conceptualized, what type of theoretical perspectives have been used, as well as how this construct has been measured. On the basis of this, we formulate recommendations for future research that we suggest is central to a deeper understanding of how employees perceive HRM.

Bolbanabad et al. (2019) found that Weak organizational coordination, inefficient intersectoral relationships and conflicted and parallel decisions were among other challenges in this area. According to the present results. the coordination and management of health human resources were poor among different sectors of the medical universities and the supervisory organizations during COVID-19. Some of these problems can be caused by the complex nature of the health systems. For instance, in a qualitative study, the participants declare that the cooperation, coordination and teamwork were not occurred appropriately among healthcare members the same as family physicians.

Donnell (2019) described that maintaining an adequate healthcare workforce is critical to ensuring a safe working environment for healthcare professionals (HCPs) and safe patient treatment. Due to HCP exposures, illness, or the necessity to care for a family member at home as the COVID-19 pandemic proceeded, staff shortages (Centres for Disease Control and Prevention, Staff 2021). recruitment, turnover, retention, training, and development were all negatively impacted during the pandemic. Other issues that wreaked havoc on health care employees were safety concerns, violence, stigma, and

digitization.

OBJECTIVES OF THE STUDY

The major objectives of this study are as follows:

i) To evaluate the effects of pandemic situations in the HR methods of Recruitment, Training and Development, Remuneration, Welfare Facilities and working conditions in the selected multispecialty hospitals of Tamilnadu;

ii) To determine the challenges faced by the employees of the hospitals with respect to the factors like Work Demand, Work-Family Conflict, Job Satisfaction, Psychological Rewards and Employee Loyalty during and aftermath of Covid – 19 Pandemic;

HYPOTHESES OF THE STUDY

Following are the major research hypotheses that are formulated, which are related to Human Resources Management in Multispecialty hospitals of Tamil Nadu.

H1: There exists a direct and significant relationship between the strategic human resource management followed by the hospitals and demographic profile of the respondents

H2: Socio-economic profile of the customers have a significant relationship with HR methods in the selected Multispecialty hospitals of the state The 400 sample respondents were selected from the clusters of HR employees of different multispecialty hospitals of Tamil Nadu state. The respondents and the sample were selected at random from the clusters. The questionnaire was distributed to the employees who gave willingness to participate in the survey.

DATA ANALYSIS AND INTERPRETATION

PERCEIVED RISK OF RESPONDENTS DURING COVID – 19 BREAKOUT

Work Demand

Seven Variables of Work Demand were analysed with this method. The interpretations drawn from the results of the KMO measure of sampling competence and Barlett's test of sphericity indicates that application of factor analysis was appropriate for the collected information. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy for the data was 0.88 which is significant at 0.01 level of tests. The results of this exploratory factor analysis was provide d in Table 8 infers a one-factor solution with Eigen value more than one explaining 94.56% of the total variance. All these seven variables weighed down in a same factor, namely Work Demand. The factor loadings ranged from 0.93 to 0.97. Further the variables have adequate communalities. Thus, all these seven variables were engaged as they revealed different criteria of work demand COVID during 19

Table 8: Factor scores with Eigen values and total variance for Work Demand Variables Initial Extraction 939 1 have to bear the negative sentiment of patients or their relatives. 1.000 1 do not have sufficient time to meet patients' and their relatives demandsdue to 1.000 .963 COVID - 19 crisis I am unsure of the extent of patients' conditions or treatments that Ishould 1.000 .946 reveal to them Wearing PPE consists of a mask, eye shield, shoe cover, gow and glovescause 1.000 .944 inconvenience to.

Research Methodology

| Wearing PPE consists of a mask, eye shield, shoe cover, gown and glovesis so warranted in the pandemic situation | 1.000 | .929 |
|--|-------|------|
| Excessive duties in the workplace prevent me from attending to patientsdue to pandemic. | 1.000 | .932 |
| Deaths toll due to Covid-19 affected the moral of health careProfessionals | 1.000 | .966 |

Source: Primary Data

KMO and Bartlett's Test

| | Initial Ei | igenvalues | | Extraction Sums of Squared Loadings | | | |
|-------------------------------|------------|--------------------|-----------------|-------------------------------------|---------------|-----------------|--|
| Component | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | |
| 1 | 6.619 | 94.564 | 94.564 | 6.619 | 94.564 | 94.564 | |
| 2 | .138 | 1.966 | 96.530 | | | | |
| 3 | .091 | 1.294 | 97.823 | | | | |
| 4 | .066 | .944 | 98.767 | | | | |
| 5 | .048 | .679 | 99.446 | | | | |
| 6 | .027 | .389 | 99.835 | | | | |
| 7 | .012 | .165 | 100.000 | | | | |
| Extraction M | ethod: Pri | incipal Componen | t Analysis. | | | | |
| Kaiser-Meye | r-Olkin M | leasure of Sampli | ng Adequacy. | | | 88 | |
| Bartlett's Test of Sphericity | | Approx. Chi-Square | | | 5751.927 | | |
| | | | Df | | | 19 | |
| | | | Sig. | | | 000 | |

Thus, on the basis of factor analysis, a single-factor analysis solution for Work Demand was identified and the same is confirmed using confirmatory factor analysis.

Work-Family Conflict

Seven Variables of Work Family Conflict were analysed with this method. The interpretations drawn from the results of the KMO measure of sampling competence and Barlett's test of sphericity indicates that application of factor analysis was appropriate for the collected information. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy for the data was 0.88 which is significant at 0.01 level of tests. The results of this exploratory factor analysis was provided in Table 9 infers a one-factor solution with Eigen value more than one explaining 97.145% of the total variance. All these seven variables weighed down in a same factor, namely Work and Family Conflict. The factor loadings ranged from 0.95 to 0.99. Further the variables have adequate communalities. Thus, all these seven variables were engaged as they revealed different criteria of work and family conflict during COVID – 19.

| | | | | | | Initial | Extraction |
|--|--|---------------------|-----------------|---------------|----------------|---------|------------|
| The burden o | f work du | e to pandemic cris | sis affects dom | estic life | | 1.000 | .955 |
| The time occupies by job due to pandemic makes it difficult to fulfillother responsibilities | | | | | | 1.000 | .955 |
| The burden o | f work aff | fects personal life | and personal h | ygiene | | 1.000 | .967 |
| Work life ba blace. | lance dera | iled due to exces | sive workload | and long st | ays inthe work | 1.000 | .976 |
| Quality work | life is not | maintainable due | to the panden | ic crisis | | 1.000 | .979 |
| Family members was supportive during the hectic work schedule | | | | | | 1.000 | .982 |
| Lack of unde place conflict | | with family meml | pers subsequer | t frustration | leadsto work | 1.000 | .987 |
| Fotal Variar | ice Explai | ined | | | | | |
| | Initial Eigenvalues Extraction Sums of Squar | | | | | red Loa | adings |
| Component | Total | % of Variance | Cumulative % | Total | % of Varian | | mulative |

| 1 | 6.800 | 97.145 | 97.145 | 6.800 | 97.145 | 97.145 |
|---|-------|--------|---------|-------|--------|--------|
| 2 | .094 | 1.341 | 98.486 | | | |
| 3 | .042 | .606 | 99.092 | | | |
| 4 | .029 | .417 | 99.509 | | | |
| 5 | .018 | .263 | 99.773 | | | |
| 5 | .010 | .145 | 99.918 | | | |
| 7 | .006 | .082 | 100.000 | | | |

KMO and Bartlett's Test

| Kaiser-Meyer-Olkin Measure of Sampl | .88 | |
|-------------------------------------|--------------------|----------|
| Bartlett's Test of Sphericity | Approx. Chi-Square | 6751.927 |
| | df | 19 |
| | Sig. | .000 |

Thus, on the basis of factor analysis, a single-factor analysis solution for Work and Family Conflict was identified and the same is confirmed using confirmatory factor analysis.

Job Satisfaction

Five Variables of Job Satisfaction were analysed with this method. The interpretations drawn from the results of the KMO measure of sampling competence and Barlett's test of sphericity indicates that application of factor analysis was appropriate for the collected information. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy for the data was 0.86 which is significant at 0.01 level of tests. The results of this exploratory factor analysis was provided in Table 10 infers a one-factor solution with Eigen value more than one explaining 96.31% of the total variance. All these five variables weighed down in a same factor, namely Job Satisfaction. The factor loadings ranged from 0.94 to 0.98. Further the variables have adequate communalities. Thus, all these five variables were engaged as they revealed different criteria of job satisfaction during COVID – 19.

| Table 10: Factor scores with Eigen values and total variance for Job Satisfaction | | | | |
|---|--------------------|--|--|--|
| Variables | Initial Extraction | | | |
| Colleagues are cooperative during the crisis | 1.000 .982 | | | |
| Physicians are cooperative during the job | 1.000 .975 | | | |

| The hospital work stress | provides o | opportunities for s | ocial contact at | work to cor | ne outfrom the | 1.000 | .955 |
|-------------------------------|---------------------|--------------------------------------|-------------------|-------------------------------------|-------------------|-------|----------|
| Hospital adm ease work pla | | n provides opport | unities to intera | act with oth | erdisciplines to | 1.000 | .960 |
| | | n provides opport job requirement | unities to intera | act with fac | ulty toget better | 1.000 | .944 |
| Total Variar | nce Expla | ined | | | | 1 | |
| | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | |
| Component | Total | % of Variance | Cumulative % | Total | % of Varianc | | nulative |
| 1 | 4.815 | 96.306 | 96.306 | 4.815 | 96.306 | 96. | 306 |
| 2 | .080 | 1.593 | 97.899 | | | | |
| 3 | .070 | 1.401 | 99.301 | | | | |
| 4 | .024 | .485 | 99.786 | | | | |
| 5 | .011 | .214 | 100.000 | | | | |
| Extraction M | lethod: Pri | ncipal Componen | t Analysis. | <u> </u> | | | |

Source: Primary Data

KMO and Bartlett's Test

| Kaiser-Meyer-Olkin Measure of Sampling | .859 | |
|--|--------------------|----------|
| Bartlett's Test of Sphericity | Approx. Chi-Square | 6345.324 |
| | df | 25 |
| | Sig. | .000 |

Thus, on the basis of factor analysis, a single-factor analysis solution for Job Satisfaction was identified and the same is confirmed using confirmatory factor analysis.

CONCLUSION

The perception of employees of Multispecialty hospitals recruitment and selection. The t-test of the variables are significant at % level. This shows that there is important difference between the mean responses given by the respondents towards Recruitment and Selection, the null hypothesis is rejected. This shows that the employees working in Multispecialty hospitals in Tamil Nadu are facing restrained stress. The employees admitted that the recruitment and selection is more than that they expected, they found little time for other activities and most of them get burned out of their job demands. They also agreed that there is enough time for

Recruiting probation or temporary employees. Eventually, the process considered very complex in the hiatus. The perception of employees of Multispecialty hospitals towards remuneration. The t-test of the variables are significant at % level. This shows that there is important difference between the mean responses given by the respondents towards Remuneration, the null hypothesis is rejected. This shows that the employees working in Multispecialty hospitals in Tamil Nadu are facing restrained stress. The employees accepted that the cost to the company is not reduced for their impeccable service rendered for their profession. They also admitted that there is no increase even of minimum criteria in increase of their periodical payments.

REFERENCES

- Mohammadi Bolbanabad J, Mohammadi Bolbanabad A, Valiee S, Esmailnasab N, Bidarpour F, Moradi G. The Views of Stakeholders about the Challenges of Rural Family Physician in Kurdistan Province: A Qualitative Study. Iranian Journal of Epidemiology. 2019; 151: 47– 56.
- O'Donnell R. The HR Challenges Shaping the Healthcare Industry. 2019;1– 6. Available from: https://www.zenefits.com/workest/hrchallenges-in-healthcare- industry
- 3. Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 global epidemic. JAMA. 2020;32315:1439–1440. doi: 10.1001/jama.2020.3972.
- 4. Ahmed T, Khan MS, Thitivesa D, Siraphatthada Y, Phumdara T. Impact of employees engagement and knowledge sharing on organizational performance: Study of HR challenges in COVID-19 pandemic. Hum Syst Manag. 2020;394:589–601.

- 5. Ali M, Ali B, Nazeer M. COVID-19 Challenges and Human Resource Management in Organized Retail Operations. Utop y Prax Latinoam. 2020;25.
- Arnetz JE, Goetz CM, Arnetz BB, Arble E. Nurse reports of stressful situations during the COVID-19 pandemic: qualitative analysis of survey responses. International Journal of Environmental Research and Public Health. 2020; 1721: 8126. pmid:33153198
- Heath C, Sommerfield A, von Ungern-Sternberg BS. Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: a narrative review. Anaesthesia. 2020;7510:1364–1371. doi: 10.1111/anae.15180.
- 8. Lu H., Stratton C.W., Tang Y.W. Outbreak of pneumonia of unknown etiology in Wuhan China: the mystery and the miracle. J Med Virol. 2020
- 9. https://www.thehindu.com/news/cities/Tir uchirapalli/siddha-treatment-centres-forcovid-19-to-come-up-in-alldistricts/article32248537.ece.
- https://indianexpress.com/article/cities/ch ennai/covid-19-in-tamil-nadu-updates-6505934/.