

# Training Need Identification of Front Office Executives of Rajiv Gandhi Cancer Institute & Research Centre

**A Dissertation Proposal for**

**Post-Graduate Diploma in Health and Hospital Management**

**by**

**Silki Anand  
Roll No. 50**



**International Institute of Health Management Research**

**New Delhi**

**March 2012**



## RAJIV GANDHI CANCER INSTITUTE AND RESEARCH CENTRE

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### CERTIFICATE OF INTERNSHIP COMPLETION

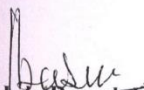
Date: 30/04/2012

#### TO WHOM IT MAY CONCERN

This is to certify that **Ms. Silki Anand** has successfully completed her 3 months internship in our organization from December 19, 2011 to March 19, 2012. During this intern she has worked on "Training need identification of Front office executives" under the guidance of me and my team at Rajiv Gandhi Cancer Institute & Research Centre.

Comments *Ms. Silky has made a sincere effort to complete the assigned project*

We wish her good luck for her future assignments.

  
Sqn. Ldr. Basudeb Sen  
Head HR

Assistant Leader Basudeb Sen (Retd.)  
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### Certificate of Approval

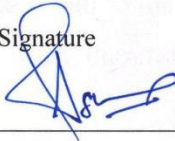
The following dissertation titled "**Training Need Identification of front office executives**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

Signature

Anupama Sharma



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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ms. Silki Anand** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**Training Need Identification of front office Executives**" in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**. This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Faculty Mentor: *Dr. Lawan Jung*

Organizational Advisor: *Dr. Basudeb Sen*

Designation: *Associate Professor*

Designation: **Head HR**

IIHMR

RGCI & RC

New Delhi

Rohini, New Delhi

Date *8/5/12*

Date : 30/04/2012



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A dissertation submitted in partial fulfillment of the requirements for the award of  
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International Institute of Health Management Research

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## **Abstract**

### **Training Need Identification of Front Office Executives of Rajiv Gandhi Cancer Institute & Research Centre**

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**Silki Anand**

#### **Introduction**

Front office staff is the First point of contact between the hospital and the community and can make or mar the reputation of the hospital. Any job requires a person to meet certain standards. Standards are levels of expertise or skills one has to comply with to do a job properly. The front office staff have prescribed guidelines of job description given to them. From literature review it is found that, patients are not satisfied with rude and ignorant behaviour of front office staff (1) and HODs has recommended some areas where training is required

The present study aimed to identify training needs of front office staff in order to satisfy patients and increase job efficiency of the employee which will directly lead to the growth of the Organization.

#### **Methodology**

All the 55 front office executives of Rajiv Gandhi Cancer Institute and Research centre were included in the study. The study is descriptive in nature with both aspects of Qualitative and Quantitative research methodology. Questionnaire and Observational approach were used to identify training needs of front office staff.

#### **Results and Findings**

From the perception of front office staff, it is found that Immediate training is required for Interpersonal skills specially focusing on irritation which they gets by Query raised by

number of patients together. Subsequent training is required for financial and other Counseling , Stress Management and no training is required for rapport building, Interdepartmental Co-ordination, Crisis management, Team work, Job Knowledge However the researcher Observation is saying that immediate training is required for personal grooming, Interpersonal relations. Subsequent training is required for financial counseling, Inter departmental co-ordination and no training is required for job knowledge (except financial counseling)

## **Conclusion**

Training need identification is important from both the organizational point of view as well as from an individual's point of view. In this study it is found that immediate training is required for Interpersonal skills and Personal grooming. Subsequent training is required for Inter departmental co-ordination, Communication skills, Job Knowledge and Stress Management. However training is not required for Team Work.

## **Acknowledgement**

I take immense pleasure in thanking Dr. A.K. Dewan, Medical Director and Dr. Amitabh Sandilium, Medical Superintendent, Sqn. Ldr Basudeb Sen, Head HR , RGCI for having permitted me to carry out this project work in their esteemed organization.

I wish to express my deep sense of gratitude to my Mentor and Guide, Sqn. Ldr Basudeb Sen, Head HR, RGCI for his able guidance and useful suggestions, which helped me in completing the project work in time. I also wish to express my deep sense of gratitude to Mr Pawan Kumar Taneja, my Mentor and Guide from International Institute of Health Management Research, Delhi for his timely and able guidance in the conduct of this project work.

This study would have been impossible without the invaluable help from the staff of front office who went out of their way to help me in identification of training needs. Words are inadequate in offering my thanks to all the staff of front office for their encouragement and cooperation in carrying out the project work.

Finally, yet importantly, I would like to express my heartfelt thanks to my beloved parents for their blessings, my friends/classmates for their help and wishes for the successful completion of this project.

***Silki Anand***



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## **Part 1**

### **Internship Report**

#### **Introduction to Organization and its Profile**

##### **Rajiv Gandhi Cancer Institute & Research Centre –**

Rajiv Gandhi Cancer Institute & Research Centre is a Unit of Indraprastha Cancer Society which is a non-profit public society managed by a group of socially responsible, selfless, philanthropists. Indraprastha Cancer Society was formed in the year 1994 under the society's registration act, 1860. The main objectives of the Society include

- Cancer patient care,
- scientific research on all aspects of Cancer patient care,
- Scientific research to investigate the incidence, prevalence, distribution, cause, and symptoms of Cancer and to promote its cure.

RGCI started functioning on 1st July, 1996 after a soft opening was done by Hon'ble Smt. Sonia Gandhi. It was formally inaugurated by the then President of India, Dr. Shankar Dayal Sharma, in the presence of Smt. Sonia Gandhi and other dignitaries, on 20th August, 1996.

RGCI was initially started as a 152 bedded hospital. Since then it has been growing steadily and has till date never looked back. Presently it is a 241 bedded hospital, with state of the art facility for the diagnosis and treatment of cancer and is recognised as one of the premium Institutes not only in northern India but also in the entire country.

Since its inception, the institute has proven to be a Centre of excellence and has registered more than one lakh, twenty five thousand patients coming from India and abroad. This number is continuously on a rise. A large number of patients from Nepal, Bangladesh, Srilanka, and other neighbouring countries are also utilizing the facilities of the Institute.

#### **Specialities In Rajiv Gandhi cancer Institute.**

The various specialities in Rajiv Gandhi Cancer Institute are

- Multispecialty Clinic / Tumour Board- Multispecialty Clinics or Tumour Boards are forums for the interdisciplinary care of cancer patients, especially those with difficult management problems or unusual manifestations of cancer. They provide a mechanism for reaching a consensus on treatment through the empirical process of testing our opinions against one another and through facts.
- Surgical Oncology- Surgical oncologist can provide unique surgical expertise in surgical cases unfamiliar to general surgeons. Surgical Oncology department comprises of the following Sub units.
  - Head & Neck unit.
  - Breast & Thoracic unit.
  - Gastro Intestinal & Hepatobilliary.
  - Genitourinary Services.
  - Reconstructive Services
  - Neuro-Onco Surgery Services
  - Musculoskeletal services
  - Paediatric Surgical Oncology
- Uro and Gynae Oncology- The unit deals with all kinds of cancers in urology and is doing all the surgeries one can contemplate in urological oncology i.e. radical nephrectomy, extended radical nephrectomy, radical prostatectomy, radical cystoprostatectomy with Ileal Neobladder/ conduit, retroperitoneal lymph node dissection, ilioinguinal lymph node dissection HIFU for Carcinoma Prostate and many more.
- Radiation Oncology- Radiation Oncology refers to the treatment of cancer patients using radiation, which could be X-rays or Gamma rays. The department is equipped with state of the art Linear Accelerators, Simulator, High Dose Rate Remote after - loading Brachytherapy system, dedicated treatment planning computers, and Mould Room to fabricate lead shields and templates in house.

Department has been networked to CT scan and MRI with DICOM compatible image transfer capability.

- **Medical Oncology-** Department of Medical Oncology at Rajiv Gandhi Cancer Institute & Research Centre offers state of the art treatment modalities including autologous and allogeneic Bone Marrow Transplant. There is a substantial patient workload, which is taken care by highly qualified and experienced Medical Oncologists and Haematologist who work full time for this institute only.
- **Paediatric Haematology & Oncology -** The Department of Paediatric Haematology and Oncology at RGCI is unique in India as it offers comprehensive oncology care to all children up to the age of 18 years. It is a place where doctors send some of their most challenging and sick patients. The department has a dedicated team of experts in the field of paediatric haematology / oncology. The team constituted by experienced paediatric oncologists, haematologist, paediatric onco-surgeon, radiation oncologist, paediatric oncology residents and nurses, Child psychologist and playroom teacher work hard to ensure that best care is delivered to every child.
- **Bone Marrow Transplantation-** Rajiv Gandhi cancer institute has a 4 bedded, HEPA filtered transplant unit and a dedicated team of renowned transplant specialists and hemato-oncologists. Bone marrow transplant programme started in RGCI in 2001 and since then more than 100 transplants has been performed placing RGCI among leading transplant centres in India. Transplant is an expensive treatment, requires lot of resources but in RGCI cost of a transplant has been very affordable as compared to other private sector hospitals.
- **Neuro-Oncology-** The Neuro-Oncology team at RGCI & RC seeks to offer patients with brain tumours and their families a full spectrum of innovative, advanced treatments with a coordinated, team-bases approach dedicated to maximizing quality of life. The team focuses on brain and spinal cord tumours, including glioblastoma and other gliomas, primary central nervous system lymphoma, and metastases. They are also expert in managing the neurologic complication of cancer and its treatment. The team of neurosurgeon, neurologist, radiation oncologist, nurses, social workers, nutritionists, and others work to care

patients, to achieve higher cure rates and longer survival, and to chart the course of treatment for patients.

- Intensive Care Unit (ICU) - Intensive care unit is a 14- bedded unit. The unit handles more than 1200 admissions annually. The ICU is well equipped with all the necessary modern and sophisticated invasive monitors, ventilators and other necessary equipment's. The patient care involves clinical decision making according to well laid down protocols and check-lists. A dedicated team of Intensivists, Anaesthesiologists and Physicians is present in the ICU with visiting Cardiologist, Nephrologist and Chest Physicians to provide multidisciplinary care.
- Physiotherapy- In Rajiv Gandhi Cancer Institute & Research Centre restorative services are provided to cancer patients in all stages of treatments, as these may have lasting effects on physical and cognitive functions resulting in impaired functional ability. Clinically effective therapeutic modules are tailored and implemented to take quality care of special needs of cancer patients.
- Radiology Department- A well-equipped department which compares with the best in the world, with turnaround time for all reports less than 24 hours. Principal strengths are image guided interventions and crisp clinically oriented reporting practice that the clinicians love.
- Diagnostic and Interventional Gastroenterology
- Department of Laboratory services- the following categories of services are available in the Department of laboratory services-Bio-Chemistry, Clinical Pathology, Haematology, Immunology, Microbiology, Serology, Histopathology, Cytopathology, Immunochemistry
- Department of Nuclear Medicine- The department of nuclear medicine is one of the state of the art nuclear medicine facility offering both diagnostic and therapeutic facilities. It is equipped with a GE Millennium MG Dual Head Gamma Camera with (SPECT) tomographic facilities & Siemens Bio Graph (PET-CT) Hi resolution PET with slice CT scanner.
- Anaesthesiology and Pain Management- Anaesthesia Department of Rajiv Gandhi Cancer Institute & Research Centre is well equipped with latest machines to meet

the needs of all types of cancer patients and for surgeries lasting for long hours. The clientele range from the paediatric to the geriatric age group. The hospital has eight major OT's, three minor OT's and a 28 bedded post-operative ward. The department is equipped with latest Anaesthesia work stations and monitoring systems.

The department is running a pain clinic which provides pain relief to cancer patients. Treatment modalities such as neurolytic nerve / plexus blocks and neuroaxial opioid therapy are being offered in terminally ill patients.

- **MRI Department-** MRI (Magnetic Resonance Imaging) Department, now a component of the integrated “Centre of Imaging Services” of the Institute is an exclusive facility that the Institute boasts of creating at the inception in 1996 with the sole purpose of harnessing vast potential of MRI in cancer, has been a success.
- **Preventive Oncology-** Preventive Oncology Department primarily focuses on creating awareness among the public about the need to screen for early detection of cancer. Preventive Oncology OPD provides screening for three most common cancers (Breast, Cervix, and Oral cancers) at highly subsidized rates.
- **Telemedicine-** With the active participation from the telemedicine department in RGCI , Samjhana Laboratory is providing healthcare and consultation services to individual patient for consultant opinion, diagnosis and treatment with the application of Telemedicine in Nepal.

Telemedicine comprises of document sharing, video-conferencing, remote monitoring of vital signs. The main crucial part of Telemedicine is Video Conferencing.

### **Departments Visited**

I visited various departments of the hospital and studies their process flows during the induction period of the training. The departments visited along with their process flows are



## **MINOR OPERATION THEATRE**

Location- Old Building- First Floor.

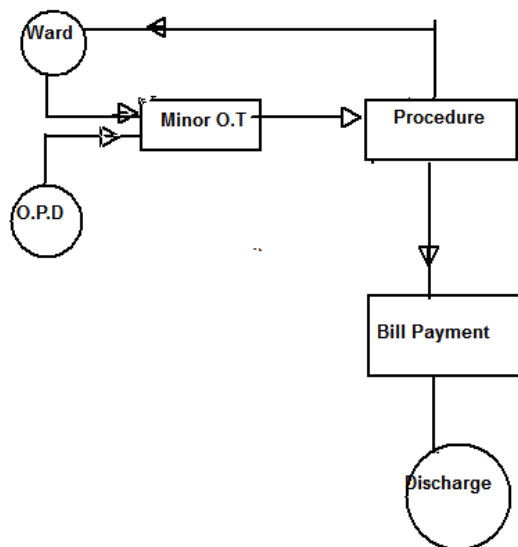
Incharge- Ward Secreatry

Staffing-

- Nurses- 3 staff in morning,3 come in afternoon- total 6 nurses,3 remain in evening
- Ward Boys
- House Keeping Staff.

Timing – 7:30 a.m. to 7:30 p.m.

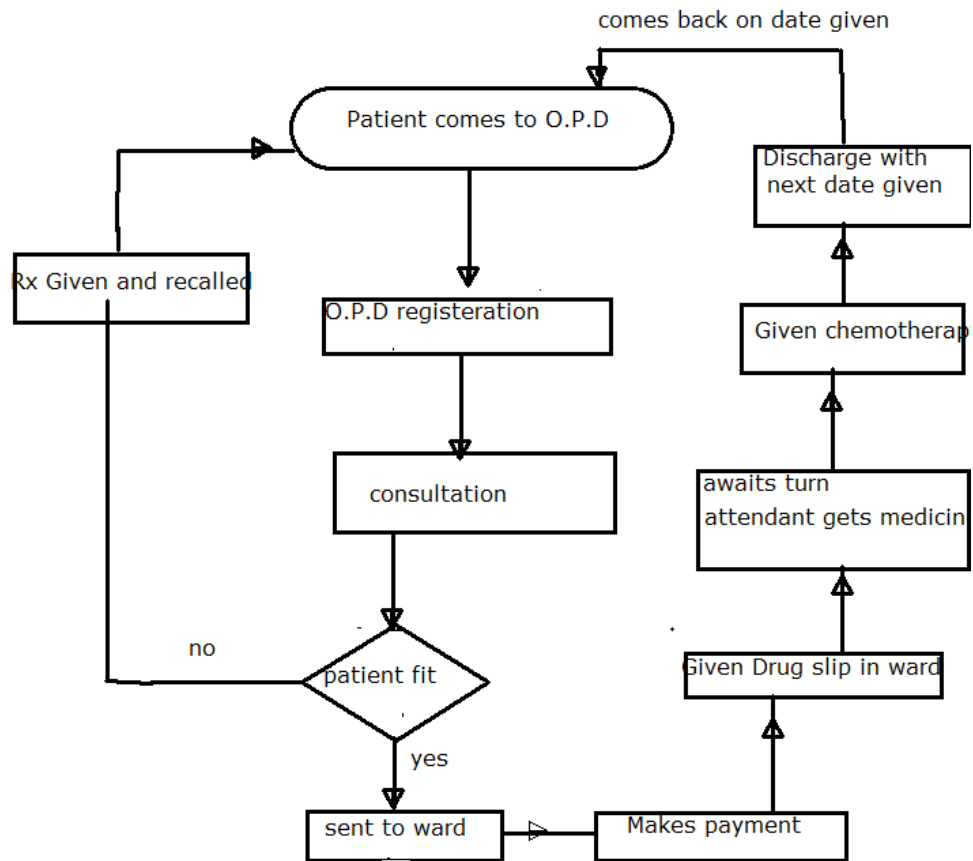
Duties of Nursing supervisor are Scheduling patient, Co-ordination between patient arrival, doctor timing and Operation theatre preparedness, File movement – to and from Minor Operation theatre and sending patient for billing before discharge. Patient Flow:-



## **DAY-CARE**

Location- New Building , First Floor.

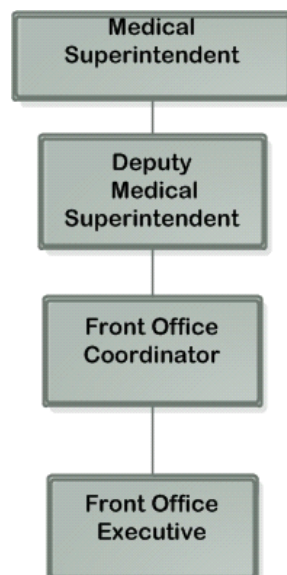
Timing- 8:30 a.m to 10:30 p.m.



The procedures being done in day-care are Chemotherapy, Blood transfusions and Port Flushing

The patient Scheduling and bed distribution is based on First Come First Serve basis.

### **FRONT OFFICE**



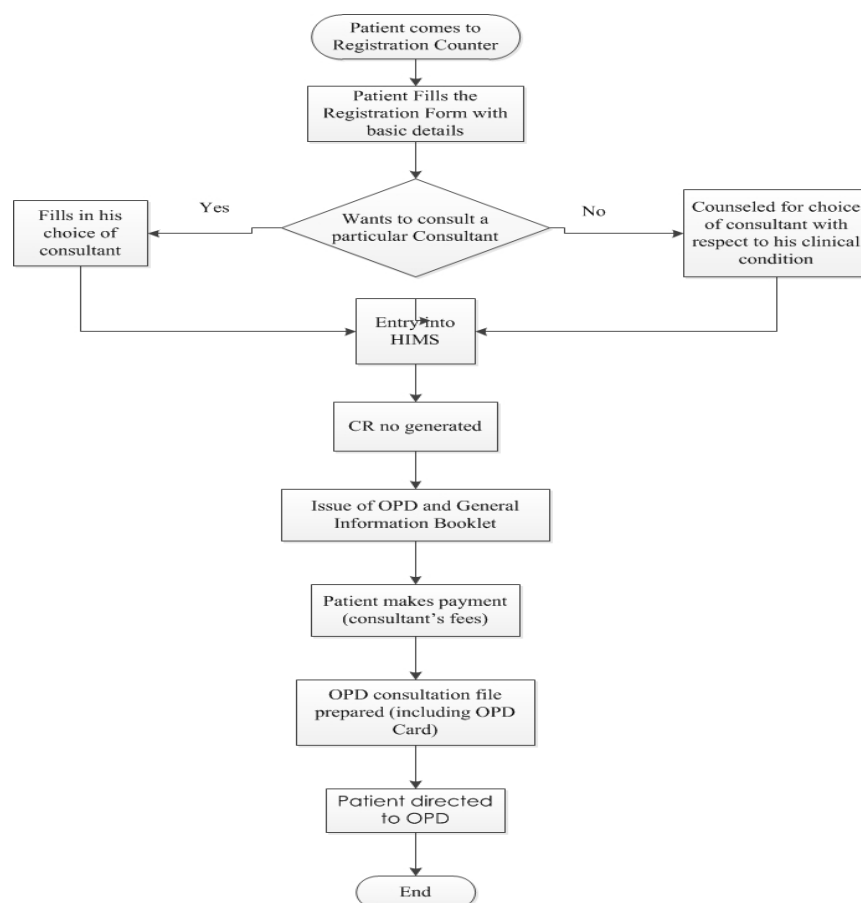
The organogram of the front office of RGCI & RC

Functions performed at the front Office are

- Registration-
  - Registration of personal details of all new patients into the system
  - Issue of OPD booklet and general information booklet to the patient
- Collection of consultant fees
  - Issue of registration card
  - Preparation of OPD file of new patients
  - Deciding about the right specialty / doctor that the patient should see
- Reception/Appointment
  - Answering patient queries
  - Giving Prior appointments for OPD consultation
  - Providing financial estimates to the patients
  - Pre-admission counseling
- Admission
  - Preparation of admission documents for patients advised admission after ascertaining the bed category desired and deposit of advance
  - Dispatch of In Patient file to the ward concerned
  - Updating the admission list in the HIMS
  - Issue of attendant and visitor passes
  - Receiving transfer notes and updating in HIMS.
  - Accommodating patients in wards who are shifting from SICU

Job Description of Front Desk Executives-

- Attending to patient/relative queries
- Appointment booking
- Providing Financial estimates
- Pre admission counseling
- Managing In-Patient Referrals
- Generation of CR No., OPD consultation cards and In Patient files ;
- Preparation of admission documents
- Billing (consultant fees)
- Coordination with OPD,IPD and Medical Record Department
- Issue of visitors passes
- Updating the system regarding patient movement/transfer details



## **MEDICAL RECORD DEPARTMENT**

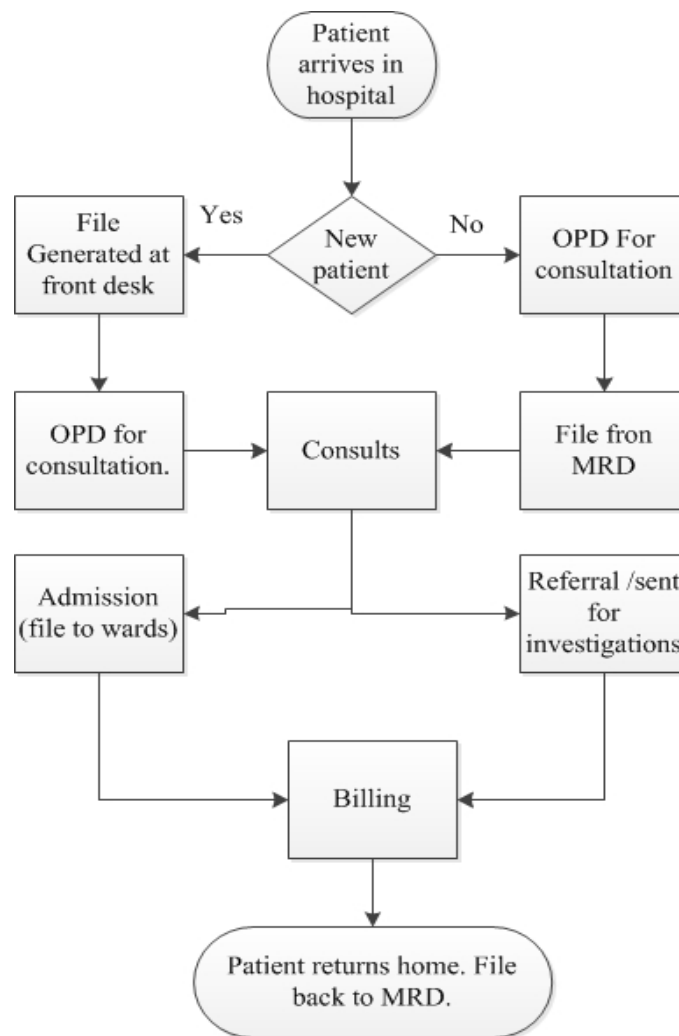


The organogram of the MRD department

Medical Record Department is located in the basement of the old building.

Functions of the Medical Records Department are-

- Storage and retrieval of medical records for patient care and other authorized use
- Completion of medical records after an inpatient has been discharged or died
- Coding diseases of patients discharged or having died
- Compiling statistics of various data & services
- Providing case summary of Medico-Legal cases to police authorities & patients on written request
- Providing medical information to insurance agency on prescribed form of insurance company on written request by deceased nominee/insurance authorities
- Reporting notifiable diseases to DHS on monthly basis
- Death Registration
- Issue of medical certificates



#### Record Retrieval-

- Prior appointment list comes to MRD a day before
- Without appointment – Request received from OPD (File retrieval time =30-40 minutes for non appointment)
- Records arranged according to CR No. in ascending order

#### Retention Period-

- One Year for OPD patients
- Five Years for IPD patients
- Medico-Legal cases- Forever

## **FOOD AND BEVERAGES (F&B)**

Kitchen is located on the ground floor of the old building. It caters to the indoor patients, doctor dining hall and the staff dining hall. In addition the food and beverages which are available in the pantry are outsourced from a local bakery.

The functions of the F&B department are as follows-

- Patient Meal Service
- Attendant Room Service
- 24 hours services for the visitors' and staff at Coffee shop.
- Staff Meals
- Organizing In-house Functions, CMEs, Parties, Meetings.

The various processes taking place in the Food and Beverages department (F&B department) and the staff responsible for their checks are-

Roles of Dieticians-

- Diet Prescription and Diet Counseling.
- Diet Service – Liquid Diet Service
- Solid Diet Service - Normal , Soft
- Nutritional Assessment within 24hrs of admission and reassessment for all the patients
- Nutritionally risk group is identified and special nutritional plan is prepared.
- Reassessment is done for patients on special diets only as and when the diet is changed.
- Care of Patients – Therapeutic Diets, foods appropriate for patients condition.
- Patient and family education during the time of discharge for in patients, diet chart is provided to patients.

- Diet counseling is given to Patients as and when it is required.

## **MANAGERIAL TASKS DURING INTERNSHIP**

**Planned and organized Induction trainings for new employees:** For Induction training, I prepared Quiz paper, co-ordinate with faculties to get confirmation of their coming, F&B manager for tea, snacks and lunch arrangement, Housekeeping manager for proper cleaning and chief security officer for transport. At the day of Induction training, I involved participants in small group activities to make them comfortable in new environment and to remove their hesitation and shyness. I collected training feedback form from each of the participants at the end of the day and analysed it and put in the Induction schedule file for the records.

**Maintaining training records of all the employees:** Collected training calendar from all the departments for the year 2012. Reviewed training history cards of all the employees to check whether ongoing training is there or not.

**Coordinated a workshop on achieving management excellence** for senior level managers and senior consultants supported by Dr. Reddy's foundation for health education. I collected workshop feedback form from each of the participants and analysed it and presented to the Head HR of RGCI & RC.

**Planned and organized Soft skills training** for senior level managers, Nurses, Executives, and other support staff for the period of April-2012 to March-2013 with the Head HR and DRFHE.

## **REFLECTIVE LEARNING DURING INTERNSHIP DURATION**

I want to correlate my internship learning with the module Human Resource development which I have studied in my post graduation.

Human Resource is invaluable asset of any organization with infinite capacity. The success of any technology / system greatly lies on the competent and skilled human resource behind.

- Department of Human Resource Development is an integral but distinctive part of Management of RGCI&RC.



- The department is concerned with employees and their relationship with the Management of the hospital.
- The H.R department is located at minus – 1 basement of the new building.

**The functions of HR Department are as follows:**

- A. Planning
- B. Organizing
- C. Directing
- D. Controlling

**Quality policy of Department of Human Resource Development is to :**

- Ensure availability of wider scope for career advancement of employees.
- Establish desirable working relationship of employer with employees and also employee with employee.
- Inculcate self respect, conducive working relationship amongst the work force, ensuring efficiency and justice, being inseparable components of the HR Management.

**The Objectives of HR Dept are:-**

- To ensure Effective utilization of available resources i.e. manpower and material.
- To establish organizational structure commensurating with the authorities and responsibilities.
- To generate optimum opportunity for development and advancement of employees through Training and Development.
- To respect each employee as a human being by providing services and welfare activities.
- To identify and satisfy common needs.

- To set individual / group goals in a manner that motivates to feel responsible / committed.
- To satisfy basic needs of employees/staff and to keep morale high.
- To implement ISO Systems & NABH standards.

## **STEPS TO COMPLETE RECRUITMENT AND PLACEMENT PROCESS**

- Shortlisting of C.Vs
- Interview & Selection
- Issue of Intent Letter
- Completion of Joining Formalities
- Medical Examination & Fitness Report
- Ushering to the concerned Department and introduction with the HOD (Head of Department)
- Completion of Joining Report
- Registration for Biometric Attendance.
- Issue of Appointment Letter and ID Card.
- Completion of the personnel files.
- Updating data in Payroll and HMS System.

## **I - CARD**

- I-Card is issued to all the employees at the time of joining. It is a important document should be secured carefully against loss / misplacement.If I-Card is lost it should be reported to Nearest Police Station and the HR department.Fresh I-Card will be issued by the HR Dept on receipt of application from the employee and a copy of police report (wherever practicable)

## **WORKING SCHEDULE**

The employees of this Institute works on *two types of Shifts* -

A. Straight Shift -: 09:00AM to 05:30PM(Six days a week)

B. Rotational Shift -: As per the duty roster.

## **UPDATION OF PERSONAL DATA**

*Changes in personal data* such as-: Address, Contact no., Marital status, Educational qualification, Professional qualification, Experience etc. are to be *intimated in writing to the HR Department* for updating personnel records

## **SECURITY DEPOSIT**

One Month's Gross Salary is deducted from all employees from the *1<sup>st</sup> salary payable*.

(a) Clinical Assistants and SR/JR and Medical Officers -: *Six* equal Installments.

(b) All other Support Staff -: *Twelve* equal Installments.

Security deposited is refunded at the time of: Resignation, Termination and Superannuation.

## **PUNCTUALITY**

It is an integral part of discipline. All employees should report for his / her duties regularly and as per the scheduled time. *Late coming upto 15 minutes maximum 03 times in a month* with prior permission of the HOD is allowed. An employee, who reports late for duties in excess of three occasions in a month, shall forfeit half day casual leave or salary for each additional 3 late coming or fraction thereof limited up to 15 minutes. However, full casual leave or salary will be forfeited for late coming in excess 15 minutes. Employees having reported for duty and found absent from place of work shall be deemed to be absent from duty

## **PROBATION/ CONFIRMATION**

All New Recruits / joiners are placed for six months probation from date of joining. The purpose for probation is for evaluating their performance matching with the expectations as explained and expected at the time of selection.

The following steps are taken during probation period:

- The performance and behavioral pattern is closely monitored by their supervisor / HOD
- Guided / counseled to live up-to the expectation of the management wherever required.
- The employee's overall evaluation is reviewed to determine their confirmation, extension or discontinuation.

## **PAY AND ALLOWANCES**

*Monthly Emoluments comprises of :-*

- Basic Salary
- House Rent Allowance (HRA)
- Medical Allowance
- Uniform & Washing Allowance (Applicable to nursing staff)
- Head Nurse/ Charge Nurse Allowance
- Personal Allowance
- Special Allowance
- Specialist Allowance
- Cash Allowance
- Newspaper/Periodical Allowance
- Car/ Conveyance Allowance

***Salary is paid through Bank Transfer, usually on the last working day of the month.***

## LEAVE ENTITLEMENTS

Sl.No.	Cat. Emp.	EL (Earned Leave)	CL (Casual leave)	SL (Sick Leave)	ML (Maternity Leave)
01	CA/SR/JR and RMO	30	N.A.	N.A.	N.A.
02	All other staff (reg./Cont.)	Min. 22	07	07	12 weeks

**All Regular employees are eligible for the following benefits -:**

- Employees Provident Fund
- Leave Travel Allowance (LTA) – Equivalent to one month's basic salary in a year.
- Gratuity
- Employees State Insurance scheme in respect of employees in receipt of gross monthly salary up to Rs15000/ pm

**The following medical benefits are admissible to the *employees on regular role* -:**

### NON-ONCOLOGY

- Non oncology emergency cases are treated free of charge.
- Free OPD Services for self and dependent family members and specialist opinion within the Institute
- Free Diagnostic procedures for self and dependent family members.

## ONCOLOGY CASES

- Free treatment to employees, their spouse and children below 21 years except Radiotherapy and IMRT.
- 50% discount for the parents and children above the age of 21 years.

## IPD FACILITIES

- (i) Consultants, Managers - Single Room  
and Resident Doctors
- (ii) A.M., Exe., S/N ,Tech. - Two bedded Room  
& Clerical Staff
- (iii) Nursing Aide & Other Staff - General Ward

## APPRAISAL

The Objective of the Appraisal system is to:-

- Identify the needs for Training & Development
- Plan training as per the needs
- Assess growth avenue for the prospective employees
- Determine scope for promotion and quantum of increment.

Appraisals is done for *confirmation of a probationer, Annually or As and when required*

Methods for Appraisals are:-

- *Self appraisal* by the employee
- Counseling session and *appraisal by the HOD / Immediate superior.*
- *Identification for training and development needs*
- *Recommendations of the HOD.*

## **EMPLOYEE'S RIGHTS**

Broadly the Employees Rights include the following elements :-

- Minimum Wages
- Employees Leave
- Employees Provident Fund
- E S I Cover as per rule
- Gratuity

## **EMPLOYEE'S SATISFACTION**

The following steps are taken to ensure Employee's Satisfaction at RGCI&RC :-

- Conducive working environment
- Desirable working relationship with employer and employees and employee with employee.
- Respect
- Recognition
- Reward
- Open Door Policy to address /Redress grievance, if any
- Revision of pay structure / salary corrections
- Annual increment
- In House Medical Cover
- Training and Development program for career growth.

## **Part 2**

### **Dissertation on “Training Need Identification of Front Office Executives of Rajiv Gandhi Cancer Institute & Research Centre”**

#### **Chapter 1 - Introduction**

##### **Training Need Identification:**

A training need identification can be defined as determining the gap between what an employee must be able to do and what he or she is currently doing. A training needs identification (also called a “training needs analysis”) therefore identifies the gap between what the job expects an employee to do, on the one hand, and what the employee is actually doing, on the other. A training needs analysis discovers whether there is a discrepancy or conflict between what an employee ought to be doing and that which he or she can do.

Before training design issues are considered, a careful needs analysis is required to develop a systematic understanding of where training is needed, what needs to be taught or trained, and who will be trained. Unless such a needs assessment has been adequately performed it may be difficult to rationally justify providing training. Such a needs assessment should enable an explanation to be given on why the training activities should be done, and also show that training is, in fact, the best solution for the performance problem or development need. A needs assessment can be an important tool for any trainer or organization planning a programme or course. Accurate needs assessment can help develop a programme or course based on the real needs of the people that it is serving. As time is often limited in training programmes, courses which takes learners’ needs into account can ensure that what is most useful for learners is covered.

Any job requires a person to meet certain standards. Standards are levels of expertise or skills one has to comply with to do a job properly. Whenever one does not meet the required standards, the need for training arises. Training based on such a need (or needs) will then aim to address that need, and by eliminating it, will supply the employee with the skills to do the job properly (i.e., according to the standards set for that job).

##### **Different Levels at which TNI is to be Conducted**

Identification of training needs can be done at three levels to ascertain three kinds of needs: -



- **Organisational Needs**

These concern the performance of the organisation as a whole. Here identification of training needs is done to find out whether the organisation is meeting its current performance standards and objectives and if not, exploring ways in which training or learning might help it to do so. Sometimes organisational training needs are also identified when the organisation decides that it has to adopt a major new strategy, create a new product or service, undergo a large-scale change programme, or develop significant new relationships, such as joining with others to form new partnerships.

- **Group Needs**

Since working in groups and teams have become very much prevalent in today's corporate world that is why nowadays there is increased emphasis given on team effectiveness and team performance. So training needs are nowadays even identified at the group level. Training needs here are concerned basically with the performance of a particular group, which may be a team, department, function, sub-unit, or so on. Information about this group's performance may identify areas of need - which, again, may be for training or other interventions. It is used to find out how efficiently a particular team or group goes about its business and meets its current objectives.

- **Individual Needs**

These concern the performance of one or more individuals (as individuals, rather than as members of a group). Here identification of training needs is about finding out to what extent individuals need to learn or be trained in order to bring their current performance up to the required level as a result of changes in methods and processes that call for new competencies and skills.

**What kinds of training needs are there?** The individual needs may be personal, performance-related or career-related, and will include needs, amongst others for:

- Updating knowledge, skills and job-related competences
- Increasing job satisfaction and the fulfillment of personal goals
- Making decisions about career choices and career progression;

- Identifying personal strengths and weaknesses; identifying and achieving work values and work targets;
- Developing communication, personal effectiveness and life skills;
- Improving qualifications;
- Individual learning and self-development;
- Building self-awareness, self-confidence and motivation.

### **What perceptions do people have of these needs?**

Education and training needs, as opposed to a **basic** needs such as the need for food, are often difficult and complex things to understand – for example, looking at the list above, think how complex a set of needs are present in a person wanting to build self-awareness, self-confidence and motivation! A further complication is that people may not be aware that they are in need. Hence trainers often talk of four different types of educational and developmental needs:

- ☐ Felt
- ☐ Expressed
- ☐ Normative
- ☐ Comparative.

**Felt needs** are the needs that people perceive themselves. Felt needs are often defined as being what people really want and that they consciously feel. However, felt needs are often likely to be constrained by what people perceive as being possible and available. Employees are more likely to buy into training programmes if they are seen as meeting felt needs.

**Expressed needs** are felt needs that are outwardly and publicly expressed or demanded. Sometimes, however, needs are expressed in less obvious ways, for example, if an employee feels his or her needs are not being met he or she may resign or ask to be transferred without clearly expressing or demanding the meeting of the needs in the current job situation. People may also express needs without really feeling that they are essential.

**Normative needs** are those seen as desirable against an external standard proposed by

the organization or institution and are sometimes expressed in formal standards. Such standard represents a minimum level of adequacy (as defined by the employer or authority). If employees are found below this standard they can be defined as being in need.

**Comparative needs** are when individuals and organizations are compared with others. Those found to be lacking are then defined as being in need. This is similar to normative needs in that the needs are defined by employers or experts 'from above'.

### **1.1 The Problem Statement**

From different survey (1) it is found that patients are not satisfied with rude and ignorant behaviour of front office staff. Front office staff is the most important part of any hospital/ health care system. They are the first point of contact with the patient. All patients get the first impression of the hospital from the way front office executives present themselves in front of the community. They are the first point of contact between the hospital and the community and can make or mar the reputation of the hospital. So it's very important to identify training needs of them in order to satisfy patients and increase job efficiency of the employee. It helps the organization to increase the skill level of front office staff and helps the patients/Attendants leave with a smile and a feeling that they have been well taken care of.

### **1.2 Rationale of the Study**

Training in General Administration like front office is being ignored in the hospital. Because they are not directly involved in the patient care. However Medical professionals and Paramedical staff were getting training by the Quality Manager of the Hospital. This training was more inclined towards technical prospects than soft skills. Rajiv Gandhi Cancer institute is one of the oldest cancer care centers in Northern India. The institute has already registered more than one lakh, twenty five thousand patients coming from India and abroad. This number is continuously on a rise. As a result of the imbalance between the demand and supply in cancer care, the patient load in the hospital is increasing day by day. So there must be staff who are trained enough and have ability to

overcome the above situation. Front office staff is the first point of contact with the community so it is necessary to identify what training they are in need to satisfy the patients as well as to improve their job efficiency. They are the face of the hospital and deals with almost all departments during their daily course of work. Training them will not only help in developing balanced growth ,improving job performance of an employee but can also increase the productivity of the overall hospital. So, this will lead to Human resource strengthening and Strong organizational structure (as organization structure consist of Human resource only). Instead of Hiring people from hospitality industry for front desk for dealing effectively & efficiently with people, it is important to retain the existing employees by giving them periodic well structured training.

### **1.3 Review of Literature:**

Training need identification is a tool utilized to identify what educational courses or activities should be provided to employees to improve their work productivity. Here the focus should be placed on needs as opposed to desires of the employees for a constructive outcome.

Appraisals Assessment from personal files of all the employees of front office executives is done. The HOD's has recommended the areas where training is required in training and development part of Performance Appraisals form. These recommendations were Communication Skills, Inter-Personal Skills, and Problem Solving, Time Management, Stress Management, Team Work and Motivational skills. It is used as one of the secondary data to develop the Questionnaire.( Annexure 3)

A training needs assessment is one of the most basic and common forms of assessment used by HRD professionals in the workplace. Needs assessments help determine when training is the answer – and when it is not. Assessment insures that training programs have relevance to the people being trained. A needs assessment provides the information that is usually necessary for designing training programs.

A patient satisfaction survey was conducted in 25 District or Area Hospitals managed by the Andhra Pradesh Vaidya Vidhana Parishad (APVVP) (1). The study obtained feedback from patients and, in case the patient could not be interviewed, the attendant, using a modified version of the Patient Satisfaction Questionnaire-III originally developed by Ware and others (3). Altogether 1179 persons were interviewed, including 237 attendants,

at the rate of about 40-50 patients per hospital. In each hospital, patients were identified by stratified random sampling. Stratification was on the basis of sex and wards. Most patients had already stayed for more than three days in the hospital and were drawn from all areas of hospital service including surgical, medical and maternity wards. Overall, the level of patient satisfaction in APVVP was about 65% of what could be achieved. Corruption appears to be very highly prevalent and was the top cause of dissatisfaction among patients. Other important areas of hospital services contributing to patient dissatisfaction were poor utilities like water supply, fans, lights, etc., poor maintenance of toilets and lack of cleanliness, and **poor interpersonal or communication skills**. 76% of target population were satisfied with Communication skills but 72 % were satisfied with Inter-Personal Skills. Patient satisfaction has been an important issue for health care managers. Various studies have developed and applied patient satisfaction as a quality improvement tool for health care providers. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. This measurement has developed along with a new feature: the patient's perspective of quality of care. Various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care. With the help of the study, it is found that Inter-Personal Skills of the Hospital Staff are poor while technical skills found to be sound to satisfy patients.(13)

According to **Communication Skills Pilots Training Needs Analysis Reporting(4)** It is widely acknowledged that effective communication skills are central to the delivery of high Quality health care and a decisive factor in determining patient satisfaction, compliance and Recovery (Cancer Plan 2000) However, user based studies continue to suggest that there is much scope for improvement in practice (National Cancer Alliance 1996) and the conclusions of the National Audit office (2005) which state that a high percentage of all complaints made by patients and families relate to a perceived failure of effective communication, rather than to issues of clinical competence. The programme has been set up to develop and evaluate a co ordinate, whole systems approach to teaching and enhancing communication skills specifically linked to End of life care.

Mount Vernon Cancer Care Network was selected as a pilot site for Eolc. Training Need Identification facilitated the need of training, planning of training activities and evaluation. Three Questionnaires were developed and get it filled by employers, trainers and care providers of Eolc respectively. Other methods like interview, meeting were also conducted. And after the analysis it is found that front office staff is not well understood by the trainers of Eolc and most of them are referred to Mount Vernon Cancer Care Network

According to **the report on workforce training needs analysis project HRDC contract U780193 (5)** -The Industrial Educational Cooperative's (IEC's) original application to Human Resources Development Canada (HRDC) in 2001 was for funding to conduct research and development of "soft skills" training programs in our community. Our long-term objective was, and still is, to raise the level of people skills within Sarnia-Lambton. After discussion with HRDC, it was agreed to narrow the scope and start by conducting a community-wide "soft skills" training needs analysis. The focus of this phase of the project was primarily on leaders, managers, and supervisors in the local workforce who could provide information on the prescribed training needs of the ~~ir~~respective employees. Survey, Interviews, Co-ordinators were used to collect the data. By including all sectors (different organizations) in the needs analysis, ultimately all workers in the community will benefit from the identification of training needs arising from the community soft skills survey. It was found that top training needs identified from the survey include team/work group skills, stress management, conflict management, time management, communication skills, and decision making & problem-solving skills. From the findings, it is clear that research of skill development strategies, training programs, and delivery systems is a critically important next step. Hence the IEC is requesting HRDC to consider funding of the "second phase" of this project. Some performance problems can be addressed by training. Some problems training can't fix. Training isn't the answer to a problem when it's used to cover up the symptoms (6). A needs assessment avoids misdiagnosing a non-training problem as a training problem.

The Aim of **Hennesy-Hicks training needs analysis questionnaire and manual** for use at a local level to identify training and development needs is to identify training needs at the individual, group or organizational level and to prioritize these training needs (7-8). It is used as a large survey of the training needs of nurses and midwives in hospitals and primary health care in Indonesia. A total of 856 nurses and midwives from hospitals and

community settings, 40 first-line managers from hospitals and community settings (the functional managers who manage or co-ordinate a specific grade in hospital wards or health centers) and 54 senior managers in district offices, health centres and hospital management participated in the study. Each grade group of 25 and one first-line manager (one manager for 25 participants in each grade) completed a questionnaire and participated in a focus group. They were able to think deeply about the content of their own job roles, their own performance and productivity and to discuss this with their peers.

Hence it is being reviewed that identification of training needs is important from both the organisational point of view as well as from an individual's point of view. From an organization's point of view it is important because an organization has objectives that it wants to achieve for the benefit of all stakeholders or members, including owners, employees, customers, suppliers, and neighbours. These objectives can be achieved only through harnessing the abilities of its people, releasing potential and maximizing opportunities for development. Therefore people must know what they need to learn in order to achieve organizational goals. Similarly if seen from an individual's point of view, people have aspirations, they want to develop and in order to learn and use new abilities, people need appropriate opportunities, resources, and conditions. Therefore, to meet people's aspirations, the organization must provide effective and attractive learning resources and conditions. And it is also important to see that there is a suitable match between achieving organizational goals and providing attractive learning opportunities. Hence Training is crucial for organizational development and success. It is fruitful to both employers and employees of an organization. So, in a hospital industry it is very important to identify needs of soft skills and technical training of front office staff to satisfy patients, increasing productivity and efficiency of staff and overall hospital by giving training to them.

**Importance of training:** Training, in the most simplistic definition, is an activity that changes people's behavior. Increased productivity is often said to be the most important reason for training. But it is only one of the benefits. Training is essential not only to increase productivity but also to motivate and inspire workers by letting them know how important their jobs are and giving them all the information they need to perform those jobs (9). So, why would an organization not welcome and seek out the value-added benefits resulting from training? Training is not always the answer to performance problems. Brandt Sakakeeny, training industry analyst for Solomon Smith Barney believes that training can be a great investment and training can be a waste of money (6). Training is indeed a waste of money when the desired behavior does not occur. Gupta acknowledges that not all performance problems can be addressed by training. In many cases, non-training interventions are necessary (10). The key is to identify what problems can be attributed to training deficiencies and, once that is accomplished, to insure that the right training is implemented. Bartram and Gibson, in their Training Needs Analysis Toolkit agree. Without the right training, employees can be the organization's biggest liability. Trained effectively, however, they can become your biggest asset (11). It adds another ingredient for success – support after training. He states, "The most effective programs train workers in new behaviors and then train managers to support employees as they apply learning daily (12). Support and endorsement from management can greatly enhance training results. One can conclude that training is not always the answer, and when it is the answer, it has to be the right training.

Training is big business. In 1998, American companies spent \$60 billion on training (6). So, how does an organization train effectively so that the investment results in growth and success? To make training count, it must be matched directly to the needs of the organization and people in it. Training employees is an essential activity for all organizations. Training provides employees with the key knowledge and skills that they need to perform their job.

**Imparting training to workers can be a tremendous drain on time and resources (13-14) But there are ways that skill-based training can positively affect the employees and the organization. These are as follows:-**

**Training increases employee productivity.** In addition to learning how to complete new tasks and take on more responsibility, employees can learn advanced techniques to help them complete everyday tasks more efficient.



**Training reduces attrition.** Employees who don't receive guidance or have difficulty learning the ropes are much more likely to leave your company. Employees are less likely to leave if they have the opportunity to learn new skills and keep up within their industry.

**Training improves job satisfaction.** Investing time and money in employees' skills makes them feel valued and appreciated, and it challenges them to learn more and get more involved in their jobs. Higher job satisfaction ultimately results in reduced turnover and higher productivity.

**Training aids in the recruiting process.** If you're committed to training, you'll be more willing to hire a desirable candidate who lacks a specific skill. Training also makes the organization more attractive in the eyes of potential employees because it shows them that they have room to grow and accept new challenges. In addition, training existing employees could reduce the need to hire new staff.

**Training rewards long-time employees.** It helps in promotion of existing employees who have learned new skills and are ready to take on new challenges.

**Training reduces the need for employee supervision.** Not only does skill-based training teach employees how to do their jobs better, but it also helps them work more independently and develop a can-do attitude.

**Fewer accidents-** Errors are likely to occur if the employees lack knowledge and skills required for doing a particular job. The more trained an employee is, the less are the chances of committing accidents in job and the more proficient the employee becomes

**Improves morale of employees-** Training helps the employee to get job security and job satisfaction. The more satisfied the employee is and the greater is his morale, the more he will contribute to organizational success and the lesser will be employee absenteeism and turnover

**Increased productivity-** Training improves efficiency and productivity of employees. Well trained employees show both quantity and quality performance. There is less wastage of time, money and resources if employees are properly trained.

## **1.4 Objective**

The general objective of this study is to identify training needs of front office executives of **Rajiv Gandhi Cancer Institute & Research Centre**

The specific objectives are:

1. To understand the perception of front office staff towards training needs
2. To observe training needs of front office staff.

## **Chapter 2 – Data and Methods**

### **THE RESEARCH DESIGN/METHODOLOGY:**

#### **STUDY DESIGN**

The study is descriptive in nature with both aspects of Qualitative and Quantitative research methodology

#### **STUDY POPULATION**

##### **Sampling Unit:**

Sampling unit for the study was Front office executives of Rajiv Gandhi Cancer Institute and Research centre.

##### **Sample Size:**

All the 55 front office executives were included in the study. The sample is taken from staff working at reception, Help desk, Admission Counter, Medical OPD, Surgical OPD, Radiation OPD, Radiology, MRI, Nuclear Medicine, Laboratory Services and EPABX.

##### **Sampling Method:**

Purposive sampling was done to understand the perception and assessing the training needs of the staff of front office.

**Period of Study:** January-February 2012

## **DATA COLLECTION METHODS**

**Survey Approach:** A survey consists primarily in asking questions and compiling the responses obtained. It focused on the entire population. The questionnaire tool was used to collect the data.

**Questionnaire:** - It is par excellence and one of the most effective methods for training needs identification, and is accordingly one of the most commonly used. It was developed with the help of HOD's recommendations in Appraisal form, Job Description of front office staff and observing the work flow of the system. For each employee identical questionnaires were used to assess the training needs of front office staff. It contains total 13 Questions. All the Questions were objective and framed so that they could be answered easily. The number of questions was limited so that it could not take much time. The focus of 13 questions was on Job Knowledge, Communication Skills, Inter personal skills, Team work, Stress Management and Inter-departmental Co-ordination and personal grooming. I have spent one day in each department which comes under front office to observe their work processes. After understanding the work flows, I finalize the Questionnaire. I visited once again in each department and get the questionnaire filled by front office staff whenever they get free. and also observed them directly with the help of checklist prepared by me.

### **Observational Approach:**

Checklist was used for direct observation. It was having 4 components including Communication Skills, Personal grooming, Interpersonal skills and Inter-departmental co-ordination. The checklist is a useful supplement to interviews and observations. Through it, more reliable information can be obtained and the data got are quantifiable. This facilitates evaluation of the effectiveness of training programme. Target group were observed based on the four skills. These were based on four point scale -Excellent, Good, Average and Poor.

## **DATA ANALYSIS**

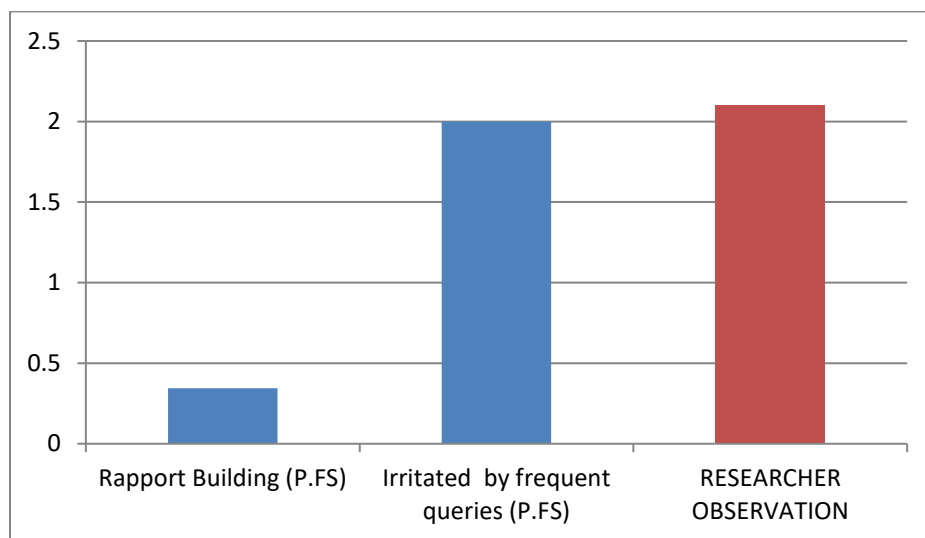
Questionnaire was based on four point scale- Always, Often, Sometimes and rarely. Ordinal Scale is converted into numerical scale. Always scored as 0, often scored as 1, sometimes scored as 2 and Rarely scored as 3. The Checklist used for direct observation was based on four point scale-Excellent, Good, Average and Poor. Excellent scored as 0, Good scored as 1, Average scored as 2 and poor scored as 3. The Data so collected is analyzed into Microsoft Excel 2007. After getting mean score of every question of Questionnaire and Direct observation, bar graph is made. The graphs are compared with researcher observation and staff perception regarding training needs. There is immediate need of training If mean score is equal or more than two, Subsequent training is required if mean score is 1 and less than 2 and no training is required if mean score is less than 1.

## Chapter 3- Results and Findings

In the literature review the researcher has observed that the HOD has recommended 8 skills in which training is required in training and development part of performance appraisal form. Out of the eight skills four were found lacking in most of the front office executives. These are Communication Skills, Interpersonal Skills, Stress Management and Team work.

With the Help of Questionnaire and direct Observation:

### **PERCEPTION OF FRONT OFFICE STAFF (P.FS) VS RESEARCHER OBSERVATION REGARDING INTERPERSONAL SKILLS.**



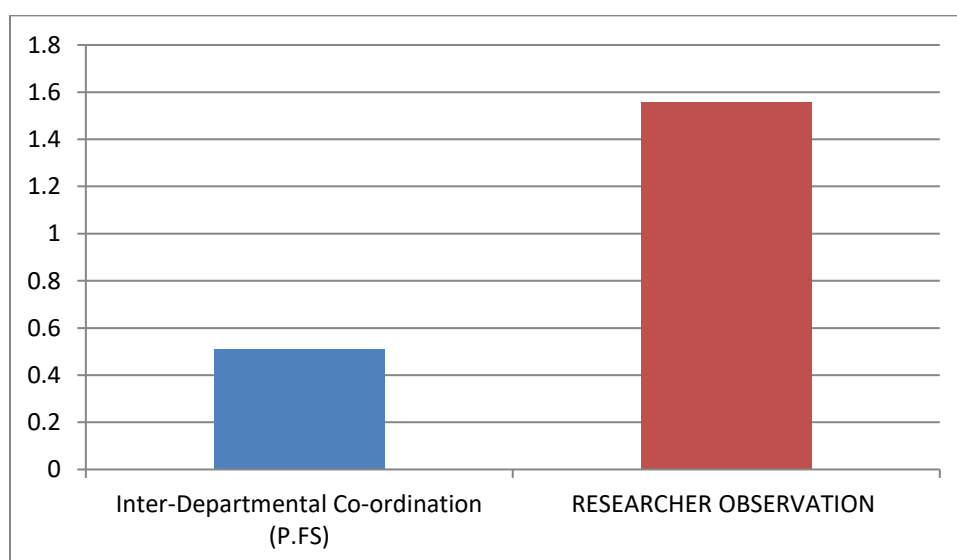
**Figure 1**

Interpersonal skills are the “Master Key” to success of any organization. It relates to the ability to interact with people in their daily lives, to motivate and influence them effectively in positive and predictable ways. Management rates this ability more vital than intelligence, decisiveness, knowledge or any other technical skills. Especially in hospitals, these skills become more and more important to individuals at every levels, because 85% of the success can be attributed to their interpersonal skills with a cascading impact on the whole organization.

To establish rapport with Patients/Attendants and outside the organization, certain personal qualities like, warmth, empathy, genuineness, unconditional regard, non-defensiveness, cheerfulness, etc are identified as prerequisite to the staff in health-care profession. To maintain a strong relationship in communicative situations, they need to take care of reciprocation, gestures & postures, enthusiasm in interaction, self-presentation and also the tone of voice in their conversations.

Interpersonal skills have found to be one of the skills lacking in front office staff according to the appraisal form assessment. It is also one of the factors responsible for patient dissatisfaction, which we have discussed in different patient satisfaction survey (1). Figure 1 illustrates the mean score of rapport building is 0.4 ,irritated by frequent queries is 2 which shows that training is not required in rapport building while immediate training is required to get them rid of the habit of irritation due to number of patients together. This is according to perception of front office. However according to the observation of researcher on interpersonal skills, immediate training is required. The front office staff were able to build rapport with patients/Attendants when they come one by one but gets irritated by queries raised by number of patients together.

#### **PERCEPTION OF FRONT OFFICE STAFF (P.FS) VS RESEARCHER OBSERVATION REGARDING INTER-DEPARTMENTAL CO-ORDINATION.**

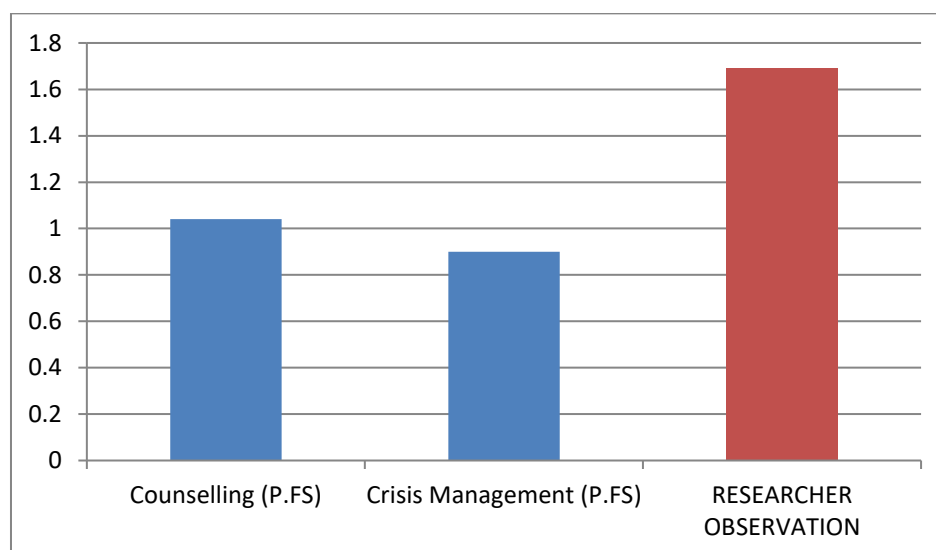


**Figure 2**

Interdepartmental Co-ordination: In a complex organization structure like of a hospital, one should be very particular about inter departmental co- ordination. In full cycle of a patient's treatment at a hospital, he has to go through many departments right from admissions till the time of discharge. Sometimes poor inter departmental Co-ordination results in a bad experience of patient at the hospital which reduces the patient satisfaction and ultimately affects the business.

Figure 2 illustrates that mean score of perception of front office staff towards Inter-Departmental Co-ordination is 0.5 which shows that they do not require training. However the mean score of researcher observation is 1.5 which shows that subsequent training is required for Inter- Departmental Co-ordination. The observation was on the basis of delay in file from MRD to OPD and lack of Coordination between ward Secretary and front office staff

#### **PERCEPTION OF FRONT OFFICE STAFF (P.FS) VS RESEARCHER OBSERVATION REGARDING COMMUNICATION SKILLS.**



**Figure 3**

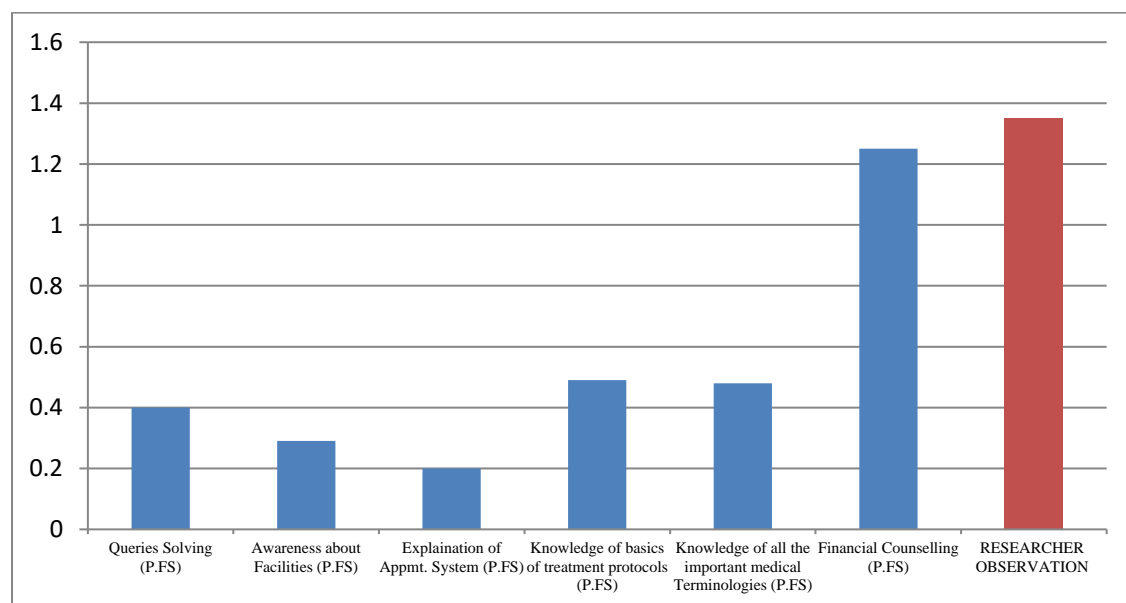
A communication skill is the ability to use language (receptive) and express (expressive) information. It is the process by which two or more persons come together to exchange



ideas and understanding amongst themselves. It includes three attributes. Continuous in time, Interactive between People, Transmission of facts, thoughts, ideas, interpretations, desires and emotions.

Communication skills have found to be one of the skills lacking in front office staff according to the appraisal form assessment. It is also one of the factors responsible for patient dissatisfaction, which we have discussed in patient satisfaction survey (1). Figure 3 illustrates that mean score of perception of front office staff towards the counseling given by them in order to satisfy patients is 1.1 which shows that they require subsequent training on it. While mean score towards Crisis Management is 0.9 which shows that training is not required on it. However the mean score of researcher observation is 1.7 which shows that subsequent training is required for communication skills.

#### **PERCEPTION OF FRONT OFFICE STAFF (P.FS) VS RESEARCHER OBSERVATION REGARDING JOB KNOWLEDGE.**



**Figure 4**

Job description of front office staff includes registration, Appointments, Admissions, Counselling of patients, suggestions of patients, referral of patients, Inter departmental co-ordination, give correct and transparent information and so on. Job Knowledge is very

important component for patient satisfaction. The staff must follow prescribed guidelines for the above components in order to satisfy patients and for the growth of the individual.

Figure 4 illustrates that the mean score of query solving, awareness about facilities, explanation of appointment system, knowledge of basics of treatment protocols, knowledge of all the important medical terminologies financial counseling is 0.4, 0.3, 0.2, 0.5, 0.5,1.3 respectively. According to the perception of front office staff towards job knowledge, training is not required except for financial counseling. However the mean score of researcher observation is 1.3 which shows that subsequent training is required for communication skills.

## OTHER SKILLS



**Figure 5**

Front office staff of Hospital often requires coping with some of the most stressful situations found in any workplace. They deal with Patients /Attendants suffering from Cancer , overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths; all of these contribute to stress. Figure 5 illustrates that mean

score of perception of front office staff having good relations with team members is 0.4 while mean score for stress management is 1.6. So, it is shown that no training is required for team work while subsequent training is required for stress management. Personal Grooming is the process of making yourself looks neat and attractive. It involves all the aspects of your body: Overall Cleanliness Hair. Nails. Teeth. Uniform/attire Make-up Your credibility. Some of the perceptions people can form solely from your appearance are However the mean score of researcher observation for personal grooming is 1.3 which shows that immediate training is required for Personal Grooming. They have uniform in place but come in untidy appearance, Negative facial expressions and poor body language.

## **Chapter -4 Conclusions and Recommendations**

### **CONCLUSIONS**

Training need identification is important from both the organizational point of view as well as from an individual's point of view. The front office staff is the first point of contact in the hospital so it is very important to identify what training they are in need to satisfy the patients. Patient satisfaction survey and HOD's recommendations have elicited that training is required in communication skills, Interpersonal skills, Stress Management and Team work. In this study it is found that immediate training is required in Interpersonal skills and Personal grooming. Subsequent training is required in Inter departmental co-ordination, Communication skills, Job Knowledge and Stress Management. However training is not required for Team Work.

### **RECOMMENDATIONS**

1. There should a session organized once a week in which any one of the department, will give presentation about their roles and responsibilities to other departments.
2. Front office staff should also be encouraged to share their specific episode of experience with a particular patient so as to discuss it in a case study manner amongst other employee.
3. Various training sessions by professionals from the field of personality development and behavioral sciences should also be organized for the front office staff from time to time followed by Training Effectiveness.
4. Provide group therapy for front office staff as they are dealing with cancer patients, chronic illness, and death.
5. Front office coordinators should organize a class to update their staff about revised estimates of treatment protocols given in the Hospital.
6. Soft skills Training for personal grooming and Inter-personal relations should be organized for front office executives. These two were in category of immediate need. Hence Initiative has been taken by the hospital to improve these skills.

7. Plan Annual Training Calendar for soft skills which are in subsequent need with external agency followed by training effectiveness on time to time.

8. Training Executive of the hospital should organize a session once in a month to cover basics of the soft skills. It should be followed by the training effectiveness on regular basis.

## Chapter-5 References

1. Prasanta Mahapatra, Srilatha. S, Sridhar.P.A Patient Satisfaction Survey in Public Hospitals. **Journal of the Academy of Hospital Administration**
2. Praful B. Desai (2001), "Cancer Control Efforts in the Indian Subcontinent", Jpn J Clin Oncol 2002;32 (Supplement 1) S 13-S16.
3. Hays RD, Davies AR, Ware JE; Scoring the Medical Outcomes Study Patient Satisfaction Questionnaire: PSQIII.MOSmemorandum, Rand Corporation, Santa Monica, 1987, Unpublished; reproduced in Wilkin and others, 1992
4. Anil Garcia. Communication Skills Pilots Training Needs Analysis Reporting
5. Joanne Crawford, Human Resources Development Canada. "Final Report:Workforce Training needs analysis project hrdc contract u780193 "new ways to improve services in indonesia. A text book and guide - first edition.
6. Rosner, R. (1999, May). Training is the answer ... but what was the question? Workforce, 78, 42-50.
7. Hicks, C and Hennessy, D (2000).An alternative methodology for skill mix review: A pilot case study with a primary health care team. Journal of Interprofessional Care 14(1) 59 – 74.
8. Hennessy D, Hicks C, Kawonal Y and Hilan A (2006). A methodology for assessing the professional development needs of nurses and midwives in Indonesia: Paper 1 of 3.Human Resources for Health 4(8) url: <http://www.human-resources-health.com/content/4/1/8>
9. Gent, Michael J. and Gregory G. Dell'Omo. "The Needs Assessment Solution." Personnel Administrator, July 1989: 82-84.
10. Gupta, K. (1999).A Practical Guide to Needs Assessment. San Francisco: Jossey-Bass/Pfeiffer.
11. McGehee, W. and P-W. Thayer. Training in Business and Industry. New York: Wiley, 1961.

12.Diana M. Osinski and Janice A. Miller, SPHR. "Training Need Assessment" February 1996 : Reviewed July 2002

13.Castley, R.J.O. (1996). The sectoral approach to the assessment of skills needs and training requirements, *International Journal of Manpower*, 17(1), 56-68.

## Questionnaire for Training Need Identification

Name (Optional)

Employee Code

Designation

Gender

SL. No	Parameters	Always	Often	Sometimes	Rarely
1	I am able to build rapport with Patients and their attendants				
2	I am able to solve all queries raised by Patients/Attendants				
3	I am familiarized with all the facilities available in the hospital				
4	I can explain the Appointment system to an extent to satisfy the attendants' queries				
5	I know the basics of treatment protocol given in the hospital				
6	I am familiarized with all important medical terminologies used in the hospital				
7	My crisis management skills are effective				
8	I am able to explain estimates and revised estimates of treatments provided in the hospital				
9	I get irritated by queries raised by a number of patients together				
10	I am able to satisfy patients and their attendants by counselling given by me				
11	I am having good rapport with my team members				
12	I get stressed by my work				
13	I am able to co-ordinate with different departments efficiently.				

Date:

Signature:





## APPRAISAL FORM ANALYSIS

Front Office STAFF	Motivation Skills	Communication Skills	Team Work	Stress Management	Time Management	Inter- Personal Skills	Problem Solving	Computer Literacy
Staff 1		√				√		√
Staff 2	√	√	√	√	√	√	√	√
Staff 3	√	√	√	√		√	√	√
Staff 4	√	√	√	√		√	√	
Staff 5		√		√	√	√	√	
Staff 6		√	√	√		√		√
Staff 7		√		√		√		
Staff 8		√		√	√	√	√	
Staff 9	√	√		√		√		
Staff 10			√	√	√			√
Staff 11				√			√	
Staff 12		√	√	√	√			
Staff 13				√				√
Staff 14	√			√		√	√	√
Staff 15		√	√		√	√		√
Staff 16		√		√		√		√
Staff 17					√	√		
Staff 18	√					√		
Staff 19						√		
Staff 20			√		√	√	√	√
Staff 21	√	√		√		√		
Staff 22				√				
Staff 23	√	√	√				√	
Staff 24					√			
Staff 25			√					
Staff 26			√					

Staff 27			√	√				
Staff 28	√	√	√	√	√			√
Staff 29								
Staff 30		√	√				√	
Staff 31	√			√				√
Staff 32						√		√
Staff 33			√	√		√		√
Staff 34		√				√		√
Staff 35						√	√	
Staff 36				√		√		√
Staff 37	√	√				√		
Staff 38			√	√		√		
Staff 39		√	√			√		√
Staff 40						√		
Staff 41						√	√	
Staff 42		√	√			√		
Staff 43	√			√		√		
Staff 44						√		
Staff 45		√		√		√		
Staff 46						√	√	√
Staff 47		√						
Staff 48								
Staff 49		√	√					
Staff 50						√		
Staff 51	√			√		√		
Staff 52		√				√		
Staff 53						√	√	√
Staff 54		√				√	√	

Staff 55	v	v	v					
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### Checklist for Direct Observation

<b>Front Office Staff</b>	<b>Communication Skills</b>	<b>Inter Personal Relations</b>	<b>Inter-Departmental Co-ordination</b>	<b>Personal Grooming</b>
1	Excellent	Good	Average	Poor
2				
3				
4				
5				
So on.....				