

**A STUDY OF HOUSEKEEPING STAFF IN  
HOSPITALS BEFORE AND AFTER NABH  
ACCREDITATION**



By

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Reg. No: AM15SOC010

DEPARTMENT OF SOCIOLOGY AND CENTRE FOR RESEARCH

ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

MARCH 2017

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Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of*  
*the requirements for the award of the degree of Master of Arts in Sociology*

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Staff Supervisor



MARCH 2017



Dr. Sajitha J. Kurup

Head of Department

# **CERTIFICATE**

I certify that the thesis entitled “**A STUDY OF HOUSEKEEPING STAFF IN HOSPITALS BEFORE AND AFTER NABH ACCREDITATION**” is a record of research work carried out by Ms. FELICIA C. F, under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology.



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ERNAKULAM

MARCH 2017

# DECLARATION

I, FELICIA C. F hereby declare that the thesis entitled "A STUDY OF HOUSEKEEPING STAFF IN HOSPITALS BEFORE AND AFTER ACCREDITATION" is a record of independent research work carried out by me under the supervision and guidance of Ms. Linda Therese Luiz. I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associate ship or other similar title.

ERNAKULAM

MARCH 2017

  
**Felicia C.F.**

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Last but not the least, I wish to thank my parents, my husband and my sweet little child, and also my friends, relatives without whose co-operation I would not have been able to complete this project.

**FELICIA C. F**

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# INTRODUCTION

# CHAPTER-1

## INTRODUCTION

In our society, there are a number of groups who are suffering from many difficulties. There are hierarchical divisions in our society. There are many manual workers in our society, facing physical and mental problems and there is gender-based discrimination. For my project, I studied about the conditions of housekeeping staff in some hospitals. Among them, a majority were women. I decided to do this study as my husband was working at an NABH-accredited hospital. The housekeeping staff is not very educated but the staff I met were very smart and energetic.

### NABH

NABH (National Accreditation Board for Hospitals and Healthcare Providers) is an accreditation for hospitals for the quality of their healthcare. NABH is a constituent board of Quality Council of India (QCI) which works under the guidance of the Ministry of Commerce. It was set up in 2006 to establish and operate accreditation programmed for healthcare organizations. NABH is equivalent to JCI {joint commission international accreditation} and other International standards including Australian Council on Healthcare Standards, the Japan Council for Quality in Health Care, HAS: Haute Authorite de Sante and the Assurance in the United States. Its standards have been accredited by ISQUA the apex body accrediting the accreditations hence making NABH accreditation at par with the world's most leading hospital accreditation.

Organizations like the QCI and its NABH have designed an exhaustive healthcare standard for hospitals and healthcare providers. The first edition of standards was released in 2006 and after that the standards has been revised every 3 years. Currently the 4th edition of NABH standards, released in December 2015 is in use.

This standard consists of stringent 600 plus objective elements for the hospital to achieve in order to get the NABH accreditation. These standards are divided between patient-centered standards and organization-centered standards. To comply

with these standard elements, the hospital will need to have a process-driven approach in all aspects of hospital activities – from registration, admission, pre-surgery, peri-surgery and post-surgery protocols, discharge from the hospital to follow-up with the hospital after discharge. Not only the clinical aspects but the governance aspects are to process driven based on clear and transparent policies and protocols. In a nutshell, NABH aims at streamlining the entire operations of a hospital.

The first hospital to be accredited by NABH was the 'Malabar Institute of Medical Sciences (MIMS), Kerala', a 650 bed multispecialty hospital in Calicut, in 2007. Till date more than 350 hospitals in India have achieved accreditation by NABH. Among public hospitals, Gandhinagar General Hospital was the first to get NABH accreditation in 2009. (<https://www.google.co.in/nabh.co/>)

In Ernakulam there are many hospitals that have NABH accreditation. A majority of the NABH hospitals provide multi-specialty facilities for patients. The NABH comes to hospitals once every year. So hospital authorities take classes and give awareness programmes for all the staff to prepare them for it. There are different classes and awareness programmes for different groups of workers related to their jobs in the hospital. Almost all the staff has the information about the NABH before they come.

Also, the authorities are conscious about the construction of the hospital, the hygiene of the hospital and the atmosphere of the hospital. These hospitals should also be hygienic and take enough measures to protect from the spread of diseases. In this the housekeeping staff has a major role in hospitals. The staff must have a good attitude and quality behavior towards the patients as well as the hospital.

### **Health in the Kerala model of development**

Kerala has very good primary health care system at very low prices. The health care system is considered as a principal factor to attaining the high level of health status in Kerala. From the formation of the state, our health care system was one of the best priorities. So, that was useful to the people. In our Kerala, the health care system was divided into 3 facilities. That is, Allopathy, Ayurveda and homeopathy. And public, private, co-operate sector.

According to 2000 census, we can see the major health indicators in Kerala. With respect of the Allopathy, which comprises 36.9% of total facilities and 94.2% of total

beds, the public sector owns 23.3% of the facilities and 39.5% of the beds, while the private sector owns 75.8% of the facilities and 58.3% of the beds. (Naba, 2003)

Historically, before the formation of state, the services are provided by private hospital such as, missionary hospitals. The recent trends, the private hospitals are more profit enterprises than the public hospitals. Technological development had to take greater changes in the health care system. These developments which leads to the economic growth in Kerala.

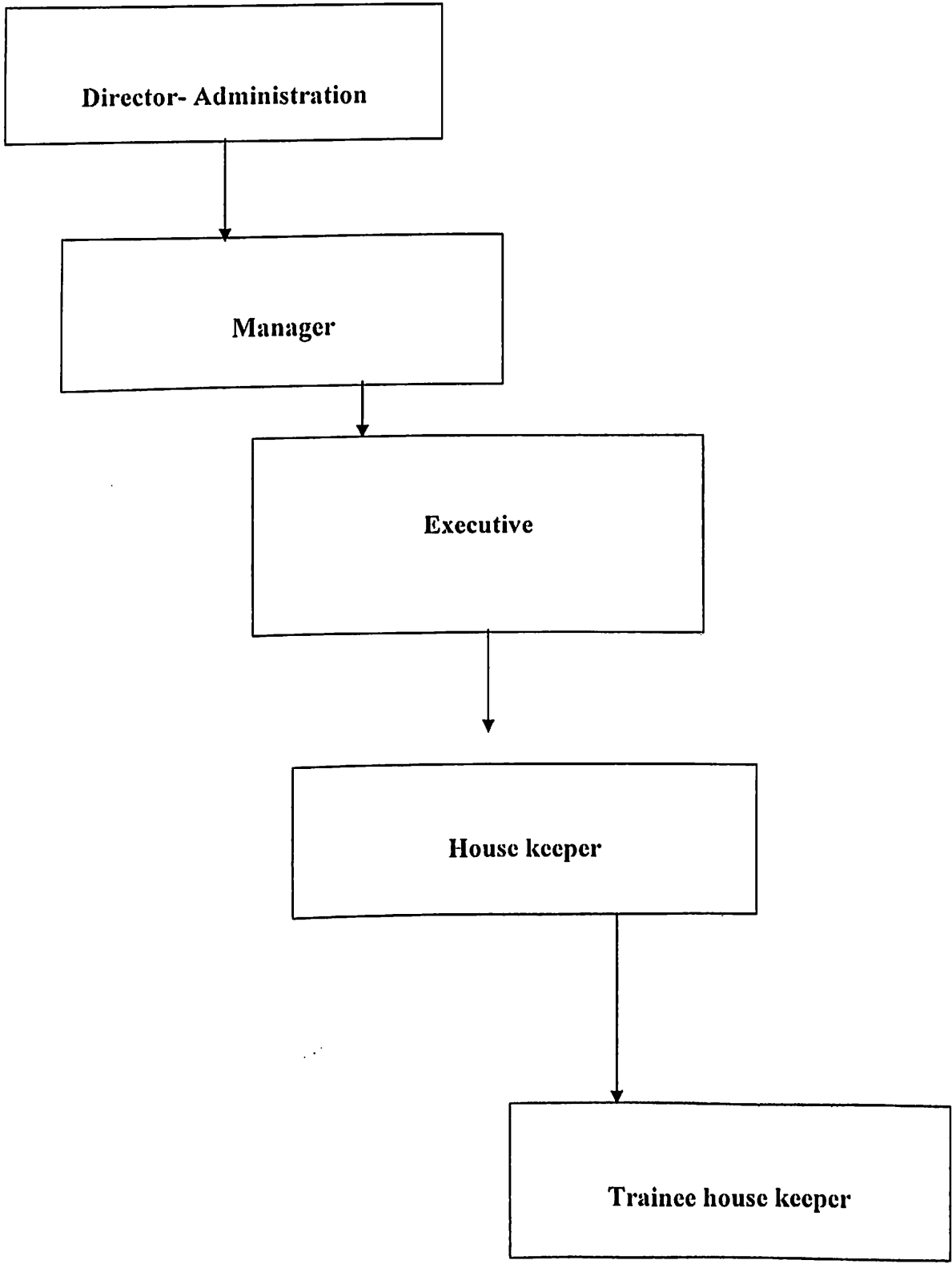
### **Healthcare in Kerala – Contemporary Scenario**

Kerala has one of the most qualified professionals in each and every field of medicine including allopathy, ayurveda and homeopathy. In allopathy, the medical facilities in Kerala are world-class, especially at some multi-specialty hospitals in Ernakulam. Some hospitals in Kerala offer world-class medical facilities and also the best qualified doctors and good infrastructure. Foreigners come to Kerala not just as tourists, but also as 'medical tourists', visiting our world-class hospitals as well as other tourist and pilgrim destinations. This flow of money can contribute to the economic conditions of Kerala. Hospitals also get more money through this. But this leads to another problem if the hospitals are getting money but workers are not getting any benefit.

Various hospitals get more benefit through NABH accreditation but workers with low wages are always miserable, especially the housekeeping staff. They have a lot of work in the hospitals but their salaries do not increase much. They get some bonus during Onam and special days at hospitals. But that does not mean an increment in their wages. Therefore I wanted to find out about the conditions faced by the housekeeping staff in hospitals before and after the NABH accreditation.

### **Hierarchies in Hospitals**

In every hospital there is a hierarchy of departments and positions. The housekeeping department provided health care support facility.



## **Housekeeping Services**

The hospital housekeeping services comprises of activities related to cleanliness, maintenance of healthy environment and good sanitation services keeping the hospital premises free from pollution. The scope of service provided by the housekeeping department, as a health care support facility, is the daily provision and maintenance of a clean, safe and hygienic environment for patients, visitors and employees. It is the responsibility of all members of the housekeeping department management and supervisory team to ensure appropriate cleaning and sanitation services are provided for all areas, throughout the hospital.

### **Hospital Housekeeping Duties and Responsibilities**

- Clean hospital floors and surfaces using prescribed cleaning methods and procedures
- Mix appropriate proportions of cleaning and disinfecting materials following safety protocols
- Dust, mop and sweep patients' room, nurses' and surgical units and administrative offices
- Make beds using clean and disinfected linen and replenish supplies such as towels, blankets.
- Clean and disinfect patients bathroom and public restrooms
- Clean mirrors and windows along with polishing fittings and fixtures
- Collect dirty laundry from patients' rooms and deliver them to washing areas
- Distribute clean linen and hospital / surgical gowns to appropriate floors
- Take and address patients' complaints regarding housekeeping services
- Empty trash receptacles and ensure proper compaction of surgical waste according to hospital policies.
- Create and maintain inventory of cleaning supplies and equipment
- Inform housekeeping supervisor of any cleaning equipment that may need repair or replacement
- Mix appropriate quantities of cleaning liquids and chemicals in accordance to safety procedures set by the hospital management
- Inform housekeeping supervisor about any building hazard and assist in addressing it

- Maintain a clean and organized storage area for cleaning equipment and supplies
- Iron, fold and store clean laundry after tagging it with room numbers
- Maintain adequate stock of cleaning supplies.

### **Hospital & Hotel Housekeeping Differences**

Cleanliness in a hospital is of rather more importance than in a hotel. Most guests at a hotel are likely to be in reasonable health. Cleanliness and infection control are closely linked in the public mind, but there are important distinctions to be made. Cleanliness contributes to infection Control, but preventing infections requires more than simple cleanliness. Cleanliness produces a pleasant, tidy, safe environment that makes us feel better.

### **Hospital Cleaners**

Cleaners/housekeepers in health care facilities follow stringent and detailed cleaning procedures that vary depending on the type of facility and the specific area in which they work. Hospital housekeeping staff must have specialized knowledge specific to a health care site and unit where they work, and are required to follow complex and exacting cleaning protocols. They are very conscious of the risks involved in their work and of the very serious consequences of making an error.

The work of housekeeping and cleaning staff in health care facilities cannot be easily compared to the work performed by housekeeping staff in hotels. It differs in a number of respects including the standards of cleanliness required, the complexity and technical sophistication of the physical environment and health hazard risks for housekeeping/cleaning staff. In addition, the contact with patients makes the work of housekeepers in hospitals quite distinct from housekeepers in hotels.

### **Hotel Cleaners**

Cleaning standards in hotels are radically different from those in health care facilities, and this in itself makes the nature of hospital cleaning substantially different. The range of hazards health care workers encounter is simply not comparable to work



hazards in hotels. Room attendants (those who clean the rooms) tend to get back injuries and injuries associated with repetitive motion, but they are not routinely exposed to the hazards from patients or from dangerous substances. Also, since they have little contact with hotel guests, they experience few incidents of harassment and virtually no incidents of violence.

The healthcare environment plays a role in transmission of microorganisms that may cause infection and therefore potentially has a role in prevention. Proper environmental cleaning reduces environmental contamination thus can reduce the risk of transmission of infection.

**REVIEW OF THE  
LITERATURE**

## CHAPTER 2

# REVIEW OF LITERATURE

Mencher and Saradamoni's article, 'Muddy Feet, Dirty Hands: Rice Production and Female Agricultural Labor' (2012), has created an important data base relating to women's economic activities and the greater contribution of women in the Agricultural works. It demonstrates the manner in which the different themes.

The conditions of employment was directly affected the women. Here again it depends on the size of the holding of her permanent employer. The marital status also affected the women. They say that when women are widowed or if her husband is not physically able to work regularly, this can affect the amount of jobs. In another ways, Marriage always puts some responsibility and also some restrictions towards family. Women are more able to do everything in family and in employment sector. This is the attitude the society towards women. In some cases, young girls after puberty or in the early years of marriage often avoid going far away from home in search of work. Women after a certain age that less opportunities to get to do work outside. Some exceptional cases more vigorous women who can work harder, Inequality between men and women discrimination in all around the world. In the society women have no voice to express their agency. Because already existing the gender discrimination in the society.

Some women are not free from their family and social obligations which every woman has to deal with. But they do not enjoy any kind of entertainments. Even if a woman is not feeling well, if there is no any other person take caring for her, she would often force herself to work. The question whether there are some women who will or can do any kind of work, as opposed to other who can only do certain types of work.

Most of the women I observed during my study, they are still happy with this job. They have some sort of emotional feeling about their work. So, they are wanted to empower.

**Emotion work** is understood as the art of trying to change in degree or quality an emotion or feeling. It may be defined as the management of one's own feelings or

as work done in a conscious effort to maintain the well being of a relationship; though some would reserve the term emotion work for work upon the self alone, as opposed to emotion work on others. Emotion work also involves the orientation of self/others to accord with accepted norms of emotional expression: emotion work is often performed by family members and friends, who put pressure on individuals to conform to emotional norms. Arguably, then, an individual's ultimate obeisance and/or resistance to aspects of emotion regimes are made visible in their emotion work. ([https://en.Wikipedia.org/wiki/emotion work](https://en.Wikipedia.org/wiki/emotion_work))

**Care** is someone whose job involves helping people who have particular problems or special needs, for example in a care home. A health care worker is someone who works in a hospital or health centre. Health workers are people whose job it is to protect and improve the health of their life. Together these health workers, in all their diversity, make up the global health workforce. Health workers are people whose job it is to protect and improve the health of their communities. Together these health workers, in all their diversity, make up the global health workforce. Health workers to be all people engaged in actions whose primary intent is to enhance health. The global health workforce is conservatively estimated to be just over 59 million workers. Housekeeping staff- The process of keeping a hospital clean and sanitized is usually very complex one. There is much that needs to be considered when hiring housekeeping staff in a hospital. Since the aim is to ensure a clean environment which is conducive to the services provided by a hospital, it important to hire staff that knows how to manage cleaning services in a hospital environment. ([Www.Skillsforcare.org.uk](http://www.Skillsforcare.org.uk))

Cdr. Jose Varghese who was the Director of Support Service Department at Rajagiri Hospital gave me the NABH guide book to Accreditation Standards for Hospitals; [4th edition] Dec 2015. This book was very useful to me and it contained 11 chapters; they are:

1. Access, Assessment and Continuity of care [AAC].
2. Care of patients [COP].
3. Management of Medication [MOM].
4. Patient Rights and Education [PRE].

5. Hospital Infection Control [HIC].
6. Continuous Quality Improvement [CQI].
7. Responsibilities of Management [ROM].
8. Facility Management system [IMS].
9. Human Resource Management [HRM].
10. Nursing Care.

# **METHODOLOGY**

## CHAPTER 3

# METHODOLOGY OF THE STUDY

Methodology is the logic of scientific investigation. Methodology provided the design of research. Methodology is the arts of applying the most suitable procedure to study a particular activity.

### **Selection of the topic**

The topic was selected out of my personal experience. My husband is working at an NABH-accredited hospital as ESI-assistant at account department, and I have seen him struggling a lot. He suggested that I should study the NABH hospitals and I started thinking about it. At last I selected it as my research area but there was a problem. As I am a sociology student, whatever topic is selected must be on sociological or social aspects. This was why I selected the housekeeping staff in hospitals for my study. I have made an attempt to study the conditions of housekeeping staff in various hospitals in Ernakulam before and after the NABH accreditation. There major trends were studied to find out the difference in the workload of housekeeping staffs at their workplace before and after they became NABH-accredited hospital.

### **Statement of the Problem**

The NABH accreditation had some visions, missions and scope. They are focusing on the patient safety and quality of care through the process of self and external evaluation. For getting this accreditation hospitals had to follow some standards. The purpose of this study was to find out the conditions of housekeeping staffs in various hospitals before and after the NABH accreditation.

### **General objectives**

The general objective of this study was to find out the differences in the conditions of housekeeping staff in hospitals before and after NABH Accreditation.

### **Specific objectives**

1. To find out the socio-economic profile of the respondents.
2. To find out the differences in the income levels of staffs before and after the NABH accreditation.
3. To find out the differences in the workload of housekeeping staffs at their workplace before and after the NABH accreditations
4. To analyze the working relationships and interaction of the respondents.
5. To find out housekeeping staffs views about the NABH accreditation

### **Definition of Concepts**

- NABH: National Accreditation Board for Hospital and Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and council of operate accreditation and allied programs for healthcare organizations.
- Housekeeping staff: Housekeeping staffs is doing basic cleaning tasks in a house, hotel or other locations, or the department of employees who manage and perform cleaning tasks.
- "Hospital environmental services workers perform many repetitive duties that require strength and agility." Environmental services workers play an important role in hospital safety.

### **Research Design**

The present work is designed to study the conditions of housekeeping staffs in various hospitals, before and after NABH accreditation. The research design is exploratory research. Because, the exploratory research is an introductory study of an unfamiliar problem about which the researcher and peers have little or no knowledge.

### **Variables**

Anything that has a significant influence on the study is called variables. Whatever is assumed to be the cause is called independent variable and whatever is assumed to be effect is called dependent variables. The variables included in this study are age, income and years of experience of the respondents.



## **Universe of the Study**

The researcher took the housekeeping staff in different NABH hospital in Ernakulam, as the universe of the study.

### NABH hospitals in Ernakulam

1. General hospital Ernakulam- (around 400 staffs)
2. Rajagiri hospital chunangamvely- (around 150 staffs)
3. Ernakulam medical centre- (around 300 staffs)
4. lakeshore Hospital Maradu- (around 200 staffs)
5. Aster Medcity Kochi- (around 200 staffs)
6. Lourdes Hospital Kochi- (around 200 staffs)

### **Sampling method and sample size**

The technique of random sampling is adopted. The sample size that I have taken is 100 respondents for the research. I have seen the number of NABH hospitals in Ernakulam district and took five NABH hospitals and from each hospital list.....randomly twenty staff were selected.

### **Tool of data collection**

The researcher used interview schedule for collecting data.

### **Some experiences of data collection**

As part of my project firstly I went to a private hospital for taking the permission to collect data using the interview schedule. But the Director of the hospital rejected my request letter. So I went to the General Hospital for taking the permission to collecting the data as part of my project. When I met the superintendent they give the permission for doing interviews among the housekeeping staff in General Hospital. They give me the NOC, in which they permitted 240 hours of interviews. They wanted the final copy of my project, for the purpose of recording. The Health Improvement Control (HIC) department, Nursing Superintendent and Junior Superintendent these persons are very supportive to me and also the NABH

office staff in General Hospital. These staff don't have an academic background... but they are hardworking people. They were very kind and have feeling, emotions like other peoples.

In my observation, I have more freedom at the General Hospital. When I entered the Hospital, it felt like my family. The staff gave me care, love and confidence. Sr. Vanaja, the head of HIC department helped me a lot. Under her control and her guidance I started my data collection. She introduced me to the various wards of housekeeping staff at GH.

On the very next day I went to Rajagiri Hospital. This hospital was entirely different from General Hospital. I felt very comfortable. The structure of the hospital was very beautiful. Rajagiri hospital was started only 2 years ago by the CMI congregation of priests. The General Manager of the hospital told me that some of the questions would not be permitted to be asked to the housekeeping staff at the Rajagiri Hospital but they give the permission for taking interviews as part of my project. I met Cdr. Jose Varghese who was the Director of Support Service Department there as well as other staff. Mr. Paul who worked as an administrator, directs me.

After this I visited Lakeshore Hospital. When I entered the Hospital I had no idea what to do. I search the administer office, then I meet Mr. Rony sir, he is the head of housekeeping department. He was very pleasant, joyful & energetic person. He told me meet Mr. Subhash, the supervisor of housekeeping department. He helping a lot, he gives me the full support. His co- workers also gave me the full support. There are around 110 housekeeping staff working in Lakeshore Hospital. Housekeeping department is under the control of Naipuniya welfare services. It provides contract based services... They also provide their services in different sectors. That is; Medical trust hospital, Lisie hospital, international airport, etc...

3 months earlier they had got NABH accreditation, and in my observation Lakeshore Hospital to provide the best healthcare services and their technological using also best services. Already they presented their services at international levels. The Lakeshore Hospital and Research Centre has gained international acclaim for being a high class health care entity. The professional expertise and excellent technological abilities of this hospital makes it a preferred health care destination for domestic as well as international patients. Ernakulum- Angamaly arch diocese is

coordinating the entire welfare services of Naipuniya. In lakeshore hospital, one housekeeping staff asked a question, that is "will we get any kind of benefit from this interview ...? I was suddenly scared because of this type of question but I answered her saying that "In my college, a group of teachers will select an excellent project and publish it and if it is my project then society will understand the real problem of housekeeping staff in hospitals, before and after NABH Accreditation." Then she said to me that your project is going to be the best project in your college..." I was very happy and I thanked her for her blessings. All the housekeeping staff at that hospital supported and helped me very much. I will never forget the feedback of this hospital.

**ANALYSIS  
AND  
INTERPRETATION**

## CHAPTER 4

### ANALYSIS AND INTERPRETATIONS

The analysis and interpretations of data is the heart of any report. After the data has been collected, the researcher forced on the analysis and interpretation. Analysis means critical examination of assembled data and the purpose of interpretation is to highest the meaning of research finding by linking them to other available knowledge.

The primary data collected was analyzed through SPSS software. Analysis was done using tables were used to give a meaning interpretation to the study.

Table no: 4:1

#### AGE OF THE RESPONDENTS

Age	Percentage
25-35	19%
35-45	47%
45-55	25%
55-65	8%
65-75	1%
Total	100%

From the above table we can analyze that the majority of the respondents are belonging to 35-45. The majority are belonging to that group because the job is demanding high physical activity.

Table no: 4.2

**RELIGION OF THE RESPONDENTS**

Religion	percentage
Hindu	57%
Muslim	26%
Christian	16%
others	1%
total	100%

From the table we can analyze that the majority of the respondents are belonging to religion of Hindu 57%. Most of the Hindu respondents are belonged the lower caste peoples. Comparatively Hindu and Muslims respondents the Christian respondents are fewer workers in both government and the private agencies. In Hindu religion the workers are majority belonging to lower castes. It is because the work of housekeeping considered as a lower one among the society.

Table no: 4:3

**CASTE OF THE RESPONDENTS**

Caste	Percentage
Syrian	8%
Latin	8%
Islam	26%
Pulaya	16%
Veduva	4%
Divara	4%
Ezhava	25%
Paraya	5%
Araya	2%
Others	2%
Total	100%

From the above table we can understand that the majority of the respondents are belonging to the Hindu religion. The table shows that, the Hindu caste respondents are belonging to highest rate in this table. The minority of the respondents are Christians and Muslims. Islam caste is majority respondents from the both government and private hospital.

**Table no: 4:4**

**MARITAL STATUS OF THE RESPONDENTS**

Marital status	Percentage
Yes	97%
No	3%
<b>Total</b>	<b>100%</b>

From the above table we can analysis, the majority respondents married. So, we can understand that for the smooth running of the family, money is an important factor. So they work in a housekeeping staffs at hospitals. Majority respondents had not done higher studies. So, they preferred these types of jobs.

**Table no: 4:5**

**PLACE RESIDENCE OF THE RESPONDENTS**

Place of residence	Percentage
Rural	56%
Urban	44%
<b>Total</b>	<b>100%</b>

From the above table we can analysis the majority of the respondents are belonging to the rural of place residence. So, we can understand from the table, rural respondents have more preferably these kinds of jobs. Especially, women comparatively, urban respondents are very low than the rural respondents. Now, the urban peoples are giving more importance to white collar jobs. So, here the table shows that 44%

respondents are belonging to the urban place of residence. Poor people are also living in the same areas. They have also to wish and want to better standard of living conditions.

**Table no: 4:6**

**FAMILY MEMBERS OF THE RESPONDENTS**

Family members	Percentage
2-4	62%
4-6	37%
6-8	1%
<b>Total</b>	<b>100%</b>

From the table we can analysis the majority of the respondents of family members are belonging to the 2-4 members. So, we can understand that, more members have more expenses in today's society. 4-6 members are belonging to the 2nd position of the table.

**Table no: 4:7**

**NUMBER OF CHILDREN OF THE RESPONDENTS**

No: of children	Percentage
1-2	58%
2-3	31%
3-4	1%
Nil	10%
<b>Total</b>	<b>100%</b>

From this table shows that most of the respondents have very less no: of children. so, we can understand that there will be less responsible when less number of children rather than other respondents.



Table no: 4:8

**WORK EXPERIENCE OF THE RESPONDENTS**

Work experience	frequency	Percentage
Below 5 yrs	55	55%
5 yrs - 10 yrs	36	36%
10 yrs - 15 yrs	9	9%
<b>Total</b>	<b>100</b>	<b>100%</b>

This table shows the most of the respondents have very short experiences and few have highly experiences from their work place. More experienced respondents have more knowledge about NABH accreditation.

Table no: 4:9

**THE WORKING SECTOR OF THE RESPONDENTS**

Working sector	Frequency	Percentage
Public sector	42	42%
Private sector	58	58%
<b>Total</b>	<b>100</b>	<b>100%</b>

This table shows that there is a huge difference between both sectors. We can understand that, majority respondents are women. So, most of the private sectors enquiring unskilled workers, and they got preference the housewives. So, here we can see the high rate of private sectors.

Table no: 4:10

**POSITION OF WORK OF THE RESPONDENTS**

Position of work	Percentage
Pay-ward cleaning staff	2%
Grade 2 employer	2%
Cleaning staff	38%
Housekeeping staff	58%
Total	100%

An interesting thing that can be observed, there are also hierarchal division among the respondents. The first two categories are employed by government and other is appointed by contract based.

Table no: 4:11

**THE FAMILIARITY ABOUT NABH OF THE RESPONDENTS**

Familiarity about NABH	Percentage
Yes	100%
Total	100%

Almost all respondents have well known familiarity about NABH accreditation. So, 100% of the respondents had full understood about NABH.

Table no: 4: 12

**DISTRIBUTION SHOWING IS THE PATIENTS ARE SATISFIED ABOUT NABH.**

	Percentage
Highly satisfactory	39%
Satisfactory	49%
Somewhat satisfactory	12%
Total	100%

The table shows that the majority patients have satisfied due to NABH accreditation. In both sectors we can see the multi- specialty facilities. Because of NABH; NABH provided the better quality of healthcare.

Table no: 4:13

**WORKING DAYS OF THE RESPONDENTS**

Working days	Percentage
Ordinary days	68%
Week ends	32%
Total	100%

This table shows that the respondents have 68% working days. So, it may be the respondents have more workload in ordinary days. Majority respondents say they have increases the working, due to NABH accreditation.

**Table no: 4:14**

**DISTRIBUTION SHOWING WHETHER THE WORKS WHICH CHANGES  
DUE TO THE NABH ACCREDITATION**

	Percentage
Yes	97%
No	3%
Total	100%

From the table shows that majority respondents said that there will be some changes occurred in their works. Few of them say there was no changes happened in their works.

**Table no: 4: 15**

**DAYS OF LEAVE IN MONTH OF THE RESPONDENTS**

No : of leaves	Percentage
Monthly 3 off	40%
Monthly 1 off	60%
Total	100%

This table shows the respondents have less no: of leaves, some their leaves already fixed. But anyone take leave without the consent of superior; that leaves consider as loss of pay. So, most of respondents don't take leaves.

Table no: 4:16

**NIGHT SHIFT OF RESPONDENTS**

Night shift	Percentage
Yes	68%
No	32%
Total	100%

The above table shows that the respondents who are doing work in also night. During night shift their work increases when compare to day shift. Few of them say they have no night shift.

Because, these respondents have well are experienced than others.

Table no: 4:17

**DISTRIBUTION SHOWING WHETHER THE RESPONDENTS  
RELATIONSHIP BETWEEN CO-WORKERS**

	Percentage
Yes	100%
Total	100%

The above table shows that the respondents have highly satisfied with their present life.

Almost all respondents say they maintain good relationship with co-workers. There will be no behavioral changes due to NABH. Otherwise, their relationship became too much strong.

Table no: 4:18

**TYPES OF UNIFORMS OF RESPONDENTS**

Types of uniforms	Percentage
1 uniform	16%
2 uniform	84%
Total	100%

From the table shows that 84% respondents have 2 uniforms. These uniforms to identify the respondent in which hospital. And also majority respondents say these 2 uniforms are the after effect of NABH.

Table no: 4:19

**ANY SALARY CHANGES HAPPENS DUE TO NABH OF RESPONDENTS**

Changes in salary	Percentage
Yes	32%
No	68%
Total	100%

From the table shows we can see the very accepts in this data. So, the most of the respondents there was no increment on salary. Majority respondents say there was change in working hours, changes in workload and so on. But there is no change in salaries.

**Table no: 4:20**

**BENEFITS OF RESPONDENTS DUE TO NABH**

<b>Benefits of the respondents due to NABH</b>	<b>Percentage</b>
<b>Yes</b>	<b>13%</b>
<b>No</b>	<b>87%</b>
<b>Total</b>	<b>100%</b>

From the table shows that the respondents doesn't get any kind of benefits from the hospitals. Compare to public hospital, the respondents get some benefits from private hospitals. But the public hospital most of the respondents are under the contract based.

**Table no: 4:21**

**DISTRIBUTION SHOWS WHETHER THE RESPONDENTS HAVE GET THE BONUS**

	<b>Percentage</b>
<b>For onam</b>	<b>100%</b>
<b>Total</b>	<b>100%</b>

From the table shows 100% respondents have highly satisfied. In every sector in hospital as well as other sector the worker get the bonus once every year. Most of the respondents happy with these kinds of bonus.

**Table no: 4:22**

**DISTRIBUTION SHOWS WHETHER HOSPITALS TO EXPENSES THE HEALTH TREATMENTS OF RESPONDENTS**

	Percentage
Yes	12%
No	88%
Total	100%

This table shows that 88% respondents say, hospital management doesn't any kind expenses to meet the health treatments of workers. 12% respondents say, hospitals are able to meet the expenses to health treatments of workers. In my opinion; Private hospitals are give some treatments towards the respondents than the public hospitals.

**Table no: 4:23**

**DISTRIBUTION SHOWS WHETHER ANY BENEFITS (ESI, PF) ARE PROVIDED BY HOSPITAL**

	Percentage
Yes	100%
Total	100%

This table shows that the respondents are highly satisfied with their benefits like ESI, PF. These Benefits provided by hospitals. Both the private and public hospital should be giving these kinds of benefits to the respondents.



**FINDINGS  
AND  
CONCLUSION**

# CHAPTER 5

## FINDINGS AND CONCLUSION

The study was conducted to find out and assess the condition of the housekeeping staff in hospitals before and after the NABH accreditation. The main objective is to find out the socio-economic background of housekeeping staff in NABH hospitals and also to analyze the difference in income before and after NABH. The study also analyzes the difference in workload and working relationships in hospitals.

### **Socio-economic Profile**

The first objective of the study was to find out the socio-economic profile of the respondents. The majority of the staff belonged to the age group 35 to 45, who are generally very healthy. Manual labour needs physical, mental and psychological stability.

At GH I saw different categories of housekeeping staff. The appointment patterns are also different. That is, contract based, KHWS, through employment exchange, etc. The new block staffs are coming from poor background. Majority respondents are illiterates.

In terms of religion, a majority of Hindus were working as housekeeping staff in the hospitals. The majority came from lower class families. Their economic condition is very poor. Comparatively there was more female staff than male staff. Almost all the staff come from nearby places or suburban places. A majority of the staff belong to the age group of 35-45 though there are also some who are above 60 years.

### **Difference in income before and after NABH**

The second objective of the study was to find out the difference in income before and after the NABH. When the hospital got NABH accreditation, which is an award from the healthcare organization. The hospital authorities got benefits, but the

workers do not seem to get any kind of benefits. They work in the hospitals with low wages.

In hospitals there are some hierarchies among the housekeeping staff. When the NABH team left, except in one hospital, the supervisor and the other heads of departments have some increment in salary due to NABH accreditation while the housekeeping staff did not get a change in their salaries.

### **Difference in Workload**

The third objective of the study was to find out the difference in workload. Majority of the housekeeping staffs reply to me, in very systematic manner. In my study, to focused on the before and after the NABH accreditation so, most of the respondents says that, there are some difference in their jobs. Mostly it focused in the duty list. Before the NABH, the housekeeping staffs enjoyed the free time and also they spend with friends. But also they have workload in hospitals. After the NABH, most of the respondents say that they have no time to free time and always attended the work at workplace. Because of that, NABH gives the multi-specialty facilities to hospitals.

I thought that their conditions are very poor conditions, and they get a very low income. Many factors such as health-related factors, psychological factors, cultural factors and economic factors affect their lifestyle. The housekeeping staff is aware about themselves. And they take into account their own hygiene while dealing with patients. The housekeeping staff is very organized and punctual at their workplace. They have different work shifts. Those who work in night shifts have certain health issues. They have a lack of time. They are not able to do their daily obligations.

All housekeeping staff at Rajagiri comes under Support Service Department. In this hospital, the housekeeping staff appointment is based on contract. Most of the housekeeping staff appointment is outsourced.

The management of Lakeshore Hospital and Research center changed recently and now, they started contracting a new building. Then they are trying to gain the JCI accreditation.

## **Working relationships**

The fourth objective of the study was to find out the working relationship between the co-workers. Majority peoples are says, their working relationship are smoothly running. The supervisors and staffs, staffs and co-workers have to maintain the good relationship. Most of peoples come from the low class family. They always keep the good behavioral attitudes. So, they are such kind peoples and also they keep the relationships in mind. As my view, most of the respondents are very intimate to me. I can feel it in this way, their intimacy keeps in inside in the mind but doesn't show it outside.

## **Opinion about NABH**

At the General Hospital when I went to the pay ward for taking interviews, ward in charge, gave me her valuable points about NABH, saying "The old General Hospital has changed. Earlier, when the patients entered the hospital, they would close their nose, because very dirty smell came from the wards, corridor, etc." But now the patients of general hospital are highly satisfied. "They said that, General Hospital has changed into a private hospital." Doctors, nurse, and other staffs are highly experienced. They provide the best healthcare and good treatment.

Then I went to medical ward of male & female for taking interviews. There I met a housekeeping staff. When I asked him what he knew about the NABH he said to me "3 months before the NABH visit, we had already started the preparations; the internal auditing term was taking class, and during the classes they said that, cleaning staffs are more important, and that's why we got the NABH accreditation... but still in this time he have no opportunities for interacting with them."

Some housekeeping staff at GH had no idea about the NABH accreditation. When I went to the Ortho ward and the Cancer ward in the 'new block', most of the cleaning staff were new. Because of that they had little idea about the NABH. But a few staff said that they knew about NABH, but did not have more information about the accreditation. In the time of NABH, doctors, nurses, staffs and others are very busy. They have very little time to spend with their family. All staff has the strict schedules, during the NABH.

But in General Hospital, the staff spoke about visible changes that occurred after NABH Accreditation. In General Hospital, NABH Accreditation helped to establish several changes. After NABH, the technology is well developed, the communication change via intercom. This is the positive impact of NABH Accreditation in General Hospital. There are so many wards in G H hospital, in each ward have the check list, and the check list is a great contribution of NABH accreditation.

For the accreditation they started preparing well. Every activity is done in a systematic manner. The Superintendent as a head of General Hospital designed meetings and internal auditing. Monthly meetings are conducted. Ward MO is in charge of each ward. They attended the meeting, and then they presented their needs, suggestions, etc. Each and every person is more duty conscious.

Miss Saritha, assistant of Cdr. Jose in the Support Service Department at Rajagiri helped me a lot and shared her experiences from this hospital. She told me, now each and every staff was very busy to participate in the study. Rajagiri Hospital would come to international level, after the NABH Accreditation, she said. Then she told to me, their policy was to provide the "patient safety first".

## CONCLUSION

To conclude, in my study most of the respondents are women. Today those women are more empowered. They have to manage the whole family, to take care the patients in very best. NABH provided the quality of the healthcare system. In housekeeping sector, NABH gives more advanced facilities to hospital. Similarity patients have get benefits from the NABH like multi-specialty facilities, advanced healthcare system and so on.

# **BIBLIOGRAPHY**

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1. [https:// www.google.co.in/nabh.co](https://www.google.co.in/nabh.co)
2. [https:// www.healthcareers.nhs.uk/explore-roles/domestic-services/housekeeper](https://www.healthcareers.nhs.uk/explore-roles/domestic-services/housekeeper)
3. [https:// www.jstor.org/stable/ 20001335](https://www.jstor.org/stable/20001335). 23/4/2017
4. [https:// www.linkedin.com/pulse/hospital-hotel-housekeeping differences](https://www.linkedin.com/pulse/hospital-hotel-housekeeping-differences)
5. Nabae, Koji, 2003, "*The healthcare system in Kerala- its past accomplishments and new challenges*" pdf.
6. [https:// www.niph.go.jp/ journal/ data](https://www.niph.go.jp/journal/data)
7. NABH guide book to accreditation standards for hospitals, 4th edition, Dec, 2015
8. [www.skillsfocare.org.uk](http://www.skillsfocare.org.uk)
9. Swaminathan, Padmini, 2012, "*muddy feet, dirty hands and valuing work*", orient blackswan private limited and economics and political weekly 2012
10. <https://en.wikipedia.org/wiki/emotionwork>

# **APPENDIX**



# A STUDY OF HOUSEKEEPING STAFF IN HOSPITALS BEFORE AND AFTER NABH ACCREDITATION

## INTERVIEW SCHEDULE

1. പേര് :
2. വയസ്സ് :
3. മതം :
4. ജാതി :
5. കല്യാണം കഴിച്ചതാണോ? :
6. വീട് എവിടെയാണ്? :
7. വീട് അടുത്താണോ? :
8. വീട്ടിൽ ആരെല്ലാം ഉണ്ട്? :
9. വീട്ടിൽ നിന്ന് ആരെല്ലാം ജോലിക്ക് പോകുന്നുണ്ട്? :
10. കുട്ടികൾ എത്ര പേരാണ്? :
11. കുട്ടികൾ പഠിക്കുകയാണോ? :
12. എത്ര വർഷമായി ഇവിടെ ജോലി നോക്കുന്നു? :
13. നിങ്ങളുടെ ഇവിടുത്തെ സ്ഥാനം എന്താണ്? :
14. NABH നെ കുറിച്ച് അറിയാമോ? :
15. NABH എന്ന ഈ മാറ്റത്തിൽ രോഗികൾ സംതൃപ്തരാണോ?
16. നിങ്ങളുടെ ജോലി ഭാരത്തിൽ മാറ്റം സംഭവിച്ചിട്ടുണ്ടോ?  
ഉണ്ട്                    ഇല്ല
17. ഈ മാറ്റത്തിനെക്കുറിച്ച് പറയാമോ?
18. NABH വന്നതിനുശേഷവും, മുമ്പുള്ള സമയക്രമീകരണങ്ങൾ പറയാമോ?
19. ഏതെല്ലാം ദിവസങ്ങളിലാണ് നിങ്ങളുടെ ജോലി സമയം കൂടുന്നത്?
20. മാസത്തിൽ എത്രദിവസം നിങ്ങൾക്ക് അവധി കിട്ടും?

20. നിങ്ങൾക്ക് Night Shift ഉണ്ടോ?
21. Night Shift ആഴ്ചയിലാണോ? മാസത്തിലാണോ?
22. സഹപ്രവർത്തരുമായുള്ള ബന്ധം എങ്ങനെ?
23. NABH - നടപ്പിൽ വന്നതിനുശേഷം ഈ ബന്ധത്തിനു വല്ല മാറ്റം സംഭവിച്ചിട്ടുണ്ടോ?
24. Superior മായിട്ടുള്ള ബന്ധം എങ്ങനെയാണ്?
25. Uniform ഉണ്ടോ? NABH - നടപ്പിൽ വന്നതു മുതൽക്കാണോ?
26. എത്രതരം Uniform ഉണ്ട്?
27. ഈ മാറ്റത്തിനെക്കുറിച്ച് അഭിപ്രായം എന്താണ്?
28. NABH - നടപ്പിൽ വന്നതിനുശേഷം നിങ്ങളുടെ ശമ്പളത്തിൽ കാര്യമായ വ്യത്യാസം വന്നിട്ടുണ്ടോ?
29. ഉണ്ടെങ്കിൽ അത് ഗുണപരമായ വ്യത്യാസം ആണോ?
30. ഈ മാറ്റത്തിന്റെ ആവശ്യമുണ്ടോ?  
 ഉണ്ട്                      ഇല്ല                      Specify.....
31. ആശുപത്രിയിൽ നിന്ന് നിങ്ങൾക്ക് ആനുകൂല്യങ്ങൾ കിട്ടുന്നുണ്ടോ?
32. ക്രിസ്മസ്സിനും, ഓണത്തിനും മാത്രമാണോ നിങ്ങൾക്ക് ബോണസ് കിട്ടുന്നത്?
33. ആശുപത്രിയിൽ നിന്ന് നിങ്ങൾക്ക് ചികിത്സാചിലവ് കിട്ടുന്നുണ്ടോ?
34. നിങ്ങൾക്ക് മാത്രമാണോ കിട്ടുന്നത്? അതോ കുടുംബത്തിനും കിട്ടുന്നുണ്ടോ?
35. ESI, PF ഇങ്ങനെയുള്ള ആനുകൂല്യങ്ങൾ കിട്ടുന്നുണ്ടോ?