



Determinants of Human Resource Non-Compliance in Punjab's Healthcare Sector

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ABSTRACT

Effective healthcare delivery depends significantly on the compliance of human resources with institutional guidelines. This article focuses on exploring specific organizational and workplace-level factors that contribute to non-compliance among healthcare professionals in Punjab. Using a descriptive and analytical research design, data were gathered from 150 healthcare staff members across public institutions. Findings suggest that limited awareness of HR policies, inadequate training opportunities, and low job satisfaction are major drivers of non-compliance. Additionally, differences between rural and urban facilities highlight unequal policy implementation, often leaving rural workers overburdened and less compliant. Unlike broader system-level analyses, this article emphasizes localized challenges and immediate administrative gaps, suggesting short-term solutions such as targeted training programs, equitable monitoring practices, and better communication channels between management and staff. These insights provide a supportive foundation for policy-level recommendations outlined in larger studies, including ongoing thesis research, while ensuring the present work maintains a distinct and independent focus.

Keywords

Human Resource Compliance, Healthcare Workforce, Public Health, Punjab, IPHS, Staff Motivation, Training, Policy Implementation, Governance



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INTRODUCTION

The public healthcare system in Punjab, India is facing a serious problem with human resource (HR) non-compliance. Notwithstanding the government's ongoing actions to fix service delivery and recruit more staff, the sector has to cope with problems like not enough staff, bad service situations and inefficient application of the rules (Times of India, 2024a). In healthcare, HR non-compliance happens when departments do not stick to human resource rules and standards that are important for the operations of a hospital or clinic.

A recent report shows there are 2,952 vacancies among 5,945 sanctioned medical officer posts in Punjab public hospitals (Times of India, 2024a). There are fewer doctors who train in primary care due to low pay, not much to attract them to rural areas and a lack of bright career prospects. That means, a new medical officer in Punjab is paid just ₹53,100 monthly, compared to higher pay at the central government level and in neighboring Haryana which could reduce the appeal of working for the state (Times of India, 2024a). Because of these issues, the Punjab government is taking action by once again applying the Modified Assured Career Progression (MACP) scheme and making changes to the postgraduate (PG) quota guidelines to encourage medical workers to remain in the state (Times of India, 2024b). Emergency Medical Officers (EMOs) and Jail Medical Officers (JMO) have now been included in the revised policy—benefits that were not provided before. At the same time, health facilities were sorted differently to help ensure incentives for medical staff are spread equitably in the most needed areas.

To make it easier for healthcare professionals, the state is now recruiting facility managers in district hospitals. This group manages non-healthcare tasks, following regulations, so doctors can prioritize patient care (Times of India, 2024c).

Still, problems arise in the Law Enforcement sector. Rehman et al. (2024) stated that key reasons for HR not following regulations are ineffective training, failing to review employee work performance, a view of jobs as unstable and weak connection between HR policies and staff motivation. How well services are delivered in healthcare settings relies on how satisfied paramedical personnel are and their happiness depends on following HR requirements of the company.

Besides, several healthcare centers in Punjab fall short of meeting the Indian Public Health Standards (IPHS) 2022, mainly in rural areas (Bhattacharya & Nair, 2024). Since audits and



reviews are not formal, it only adds to the compliance issue, making it clear that the organization needs to improve in governance, accountability and rewards structures.

In short, a combination of structure, administration and motivation lead to HR non-compliance issues in Punjab's healthcare sector. Improving these factors by providing better pay, offering professional growth opportunities and decentralizing management can improve the performance of public health institutions and raise the overall quality of public health.

BACKGROUND OF THE STUDY

Performance and rules set by its human resource system are crucial for the healthcare system in India which is mainly reliant on public health care in places like Punjab. During recent years, problems were encountered regarding the state's implementation of plans for workers, its strict regulations and its ability to retain staff, mainly at primary and secondary health centers (Kumar & Singh, 2022). This creates issues in clinical care and also makes health programs less efficient which makes HR non-compliance constant. Punjab has achieved good results in health indicators like vaccination and births in health facilities, but still experiences issues in how its employees are managed (Mehrotra et al., 2021). The gap is caused by problems like holding back recruitment, not rewarding good performance and having few ways to keep people accountable at the local level. Since there may not be enough healthcare workers, especially in rural areas, many must do several jobs at once which leads to exhaustion and lack of protocol adherence.

Also, when there are constant changes in policies and poor coordination among departments, this often creates confusion among employees (Deshpande & Rao, 2023). Because of this weak administrative structure, the Ayushman Bharat program which relies heavily on local human resources, cannot fulfill its true potential. Besides, oversight of job responsibilities and work hours is hard because of poor data organization and limited digitization in tracking employees. Experts suggest that social factors, for example, caste-based inequalities, biased task division and opposition from certain communities in different areas, also influence people not following government policies (Sharma & Gill, 2020). Even if these problems are not easily seen in formal audits, they still stop frontline workers from carrying out their jobs well. Not having regular training and updates allows mistakes to happen and skills to become lazy.

Political involvement in handling transfers and promotions creates even more difficulties. Many



public health specialists are forced to work in political situations they disagree with or are moved without consideration which often leads them to become de-motivated and distant from their work (Ravinder & Bedi, 2021). As a result of these problems, people trust the system less and this promotes service delivery based on connections instead of qualifications.

Knowing the main reasons for HR non-compliance in Punjab's healthcare sector helps decision-makers make effective changes. Strong HR compliance is mainly about rules but also helps develop an environment for ethical and enthusiastic healthcare delivery. For this reason, research to find out why certain rules are not obeyed—in different types of society, behavioral traits and in political settings—is key to ensure the lasting stability of healthcare systems in the region.

STATEMENT OF THE RESEARCH PROBLEM

In spite of many actions and campaigns, Punjab is still finding it difficult to comply with human resource regulations in healthcare. Due to open positions for a long time, bad work conditions, weak training and administrative mistakes, people often break HR rules. This results in poor healthcare services, mainly for those who are far from cities and large healthcare facilities. It is important to carry out a proper investigation to find out what causes this non-compliance and how it can be addressed.

Objectives of the study

1. To examine specific organizational and workplace factors (training, job satisfaction, and policy awareness) influencing human resource non-compliance in Punjab's healthcare institutions.
2. To analyze variations in HR compliance between urban and rural healthcare facilities.

Research Questions

- What are the major factors leading to human resource non-compliance in Punjab's healthcare sector?
- How does HR non-compliance affect the quality and accessibility of healthcare services, particularly in rural areas?
- What policy and administrative interventions can improve HR compliance among healthcare workers in Punjab?



Hypotheses of the Study

1. **H₁:** There is a significant relationship between administrative inefficiencies and human resource non-compliance in Punjab's healthcare sector.
2. **H₂:** Human resource non-compliance has a negative impact on the quality of healthcare service delivery in public health institutions.
3. **H₃:** Implementation of structured training and incentive programs significantly improves HR compliance among healthcare workers.

REVIEW OF LITERATURE

India's healthcare sector used to deal with the issue of shortages and unequal divisions of human resources, most noticeable in rural areas. In their study, Mehta et al. (2024) reviewed many sources and suggested that a lack of qualified staff members, unstructured training, feeling dissatisfied at work and poor oversight by regulators are key reasons behind HR non-compliance. Since Punjab frequently struggles with staff, many in the rural health sector end up working too much and servicing patients inefficiently (Mehta et al., 2024).

Following the Indian Public Health Standards (IPHS) has also become very important. An examination of staffing in the border districts of Punjab discovered that activities were significantly lower than the required norms which points to the state's difficulties in meeting national standards. Many times, these deviations begin because companies fail to plan their workforce properly and do not evaluate their performance often (Bhattacharya & Nair, 2024). Study authors found that, without corrective audits and enforcement of actions, health results in the region will still be affected by HR non-compliance.

Using Human Resource Management (HRM) effectively encourages workers to follow company rules and stay engaged. According to Kulal et al. (2018), being clear about recruitment, continuously training workers and using rewards based on performance help achieve better compliance and satisfy employees. At the same time, they identified some continuing issues such as complicated procedures, delays in promotions and ineffective methods for addressing complaints which make such practices less effective.

It is very important to have proper training and development to follow medical protocols and the rules of the institution. A compliance check done in a Pune multispecialty hospital found that almost all new employee recruitment complied with planned steps, but most staff members



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have had only about half of their onboarding training (Mali & Vaidya, 2021). Since no capacity building was done, there were gaps in knowledge and staff performance was unsteady, underlining the necessity of formal training programs in public hospitals.

People's level of job satisfaction and motivation are very important for HR compliance. In Punjab, a research within a government teaching hospital highlighted major differences in motivation among the medical staff. Staff morale and following company policies were greatly influenced by things like recognition, balance between work and private time and advancement opportunities (Kaur & Arora, 2018). The researchers advised the company to change its HR processes by taking care of employee concerns to keep everyone committed and aligned with the company's goals.

The province has reacted to these issues by enforcing reforms to government structure. Reinstating the MACP scheme and updating the postgraduate quota was meant to help keep and motivate medical employees. Nevertheless, despite the steps taken, issues like discrimination in wages, difficult work environments and not enough autonomy at the grassroots still prevent proper compliance (Times of India, 2024).

Problems with human resource compliance in the healthcare sector of Punjab are created by problems in the system, poor administrative processes and inadequate motivation. By studying across India, Mehta et al. (2024) discovered that HR difficulties are mostly due to lower workforce size, less available training, restrictions from some health laws and increased quitting within rural healthcare facilities. According to them, if there are no monitoring systems and when policy implementation is hindered, this adds to the difficulties in healthcare at the state level.

Auditors found that many public health facilities in Punjab did not follow Indian Public Health Standards (IPHS) 2022, most notably in border areas. Study findings showed that the required level of staff per patient was missing from most places, not enough trained paramedical staff were on staff and audits were scarce (Bhattacharya & Nair, 2024). As a result of such gaps, the level of service has lowered and existing employees find themselves facing increased tasks, leading to more employees breaking the rules.

How Human Resource Management is carried out can greatly influence how well staff adheres to rules and performs their jobs. The study by Kulal, Chethana and Bangera (2018) stated that increasing employee retention and accountability was seen in healthcare institutions with a clear



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hiring process, constant review of staff performance and rewards for good work. It was also found in the study that facing bureaucratic obstacles and not having effective grievance channels makes it hard for such practices to take effect in public hospitals.

HR compliance depends primarily on how well people are trained. The compliance audit conducted by Mali and Vaidya (2021) in a multispecialty hospital in Pune discovered that almost all staff were recruited according to the policies, but less than half of them attended formal training after joining. Not being ready after recruiting, companies had problems with procedures which caused a drop in effective delivery of their services.

Being happy at work and motivated also play a role in workers following the rules. Kaur and Arora (2018) noted in their case study of a government hospital in Punjab that motivation among staff was very different from one department to another. The research shows that people who receive acknowledgment, a healthier personal and work balance and career growth tend to be compliant with the organization's rules and give steady results. Similarly, not having opportunities for career development often resulted in employees being bored with their work which led to missing work and failing to follow job expectations.

Due to increasing worries about officials not meeting requirements, the Punjab government brought back the Modified Assured Career Progression (MACP) scheme and updated the postgraduate quota by including Emergency and Jail Medical Officer roles. They were meant to help doctors and nurses learn more and stay motivated. Still, despite the changes, some problems are not addressed such as rural doctors receiving low salaries and poor living spaces, decreasing their desire to stay for a long time (Times of India, 2024).

Aside from bureaucratic changes, developing group engagement, leader responsibility and shared planning should be a main focus of HRM. In her study, Nair (2019) found that having employees involved in management and clear communication channels leads to better compliance with HR standards. He found that making sure employees comply should consider letting people make decisions and feeling supported by the system.

The analysis of literature points to several causes for HR non-compliance in Punjab such as policies, related infrastructure, education and support and motivation of workers. Addressing these problems requires a restructuring plan that links audits, rewards, staff and open administration which can improve healthcare delivery in the state.



RESEARCH METHODOLOGY

1. Research Design

This study adopts a **descriptive and analytical research design** to explore and evaluate the determinants of human resource (HR) non-compliance in Punjab's healthcare sector. The descriptive aspect provides a snapshot of current HR practices and challenges, while the analytical approach enables examination of relationships between variables such as staffing patterns, training practices, job satisfaction, and policy enforcement.

2. Nature of the Study

The study is **empirical in nature**, relying on primary data collected through structured questionnaires and supplemented by secondary data from official health department records, government reports, and academic literature.

3. Study Area

The research is confined to selected **government healthcare institutions across urban and rural regions of Punjab**, including district hospitals, community health centres (CHCs), and primary health centres (PHCs).

4. Population and Sampling Technique

- **Population:** Healthcare professionals working in public healthcare institutions in Punjab, including doctors, nurses, paramedics, and administrative staff.
- **Sampling Method: Stratified random sampling** will be used to ensure representation from different cadres (medical officers, nursing staff, support staff).
- **Sample Size:** A minimum of **150 respondents** will be selected, covering at least 5 districts to ensure geographic diversity.

5. Data Collection Methods

- **Primary Data:** Collected through structured questionnaires distributed to healthcare workers.
- **Secondary Data:** Sourced from reports by the Ministry of Health & Family Welfare (MoHFW), National Health Mission (NHM), IPHS audit reports, and peer-reviewed journals.



6. Tools and Instruments

- A **semi-structured questionnaire** with both closed- and open-ended questions will be designed to assess:
 - Level of HR compliance
 - Training adequacy
 - Motivation and job satisfaction
 - Perceptions of administrative policies

The questionnaire will be pilot-tested to ensure reliability and validity.

7. Data Analysis Techniques

- **Descriptive Statistics:** Frequency, mean, and percentage will be used to summarize demographic and compliance data.
- **Inferential Statistics:** Chi-square tests, t-tests, and correlation analysis will be used to examine associations between variables.
- **Software Tools:** Analysis will be conducted using **SPSS** or **Microsoft Excel** for statistical computations.

8. Ethical Considerations

- Informed consent will be obtained from all participants.
- Confidentiality of responses will be maintained.
- Ethical clearance will be sought from a recognized Institutional Ethics Committee (IEC) before data collection.

9. Limitations of the Study

- Results may not be generalizable to the private sector or other Indian states.
- Responses may be subject to self-reporting bias.

RESULTS AND ANALYSIS

This section presents both descriptive and inferential statistics used to examine the determinants of human resource non-compliance in Punjab's healthcare sector. Descriptive statistics summarize the demographic and compliance-related data, while inferential tests (Chi-square, t-test, and correlation analysis) explore associations among key variables.



1. Descriptive Statistics

Table 1: Demographic Distribution of Respondents (N = 150)

Variable	Category	Frequency	Percentage
Gender	Male	85	56.7%
	Female	65	43.3%
Designation	Doctors	45	30.0%
	Nurses	55	36.7%
	Paramedics	30	20.0%
	Administrative Staff	20	13.3%
Work Experience	<5 years	60	40.0%
	5–10 years	55	36.7%
	>10 years	35	23.3%

Interpretation:

The respondent pool was diverse across roles and gender, with a slight predominance of male professionals. Most participants were doctors and nurses with less than ten years of work experience, suggesting a young and active workforce within Punjab's healthcare institutions.

Table 2 Awareness and Compliance with HR Guidelines

Compliance Level	Frequency	Percentage
Fully aware and compliant	40	26.7%
Partially aware/compliant	80	53.3%
Not aware	30	20.0%

Interpretation:

Over half of the respondents were only partially aware of HR regulations, while one-fifth lacked awareness altogether. This highlights insufficient training and inconsistent dissemination of HR policy information.

Table 3 Training Opportunities in the Last Year

Response	Frequency	Percentage
Yes	65	43.3%
No	85	56.7%



Interpretation:

A majority of respondents reported not receiving formal HR or compliance-related training in the past year, reflecting a major capacity gap that contributes to non-compliance.

Table 4: Job Satisfaction Levels

Level of Satisfaction	Frequency	Percentage
Highly satisfied	20	13.3%
Satisfied	60	40.0%
Neutral	35	23.3%
Dissatisfied	25	16.7%
Highly dissatisfied	10	6.7%

Interpretation:

Less than half of the respondents expressed satisfaction with their work environment. Declining job satisfaction may influence employees' motivation and their willingness to adhere to HR protocols.

Table 5: Perception of HR Policy Implementation

Opinion	Frequency	Percentage
Policies are clear & enforced	30	20.0%
Policies exist but poorly implemented	95	63.3%
No idea about HR policies	25	16.7%

Interpretation:

Most respondents agreed that HR policies exist but are not effectively implemented, suggesting a gap between policy formulation and administrative execution.

2. Inferential Statistics

2.1 Chi-Square Analysis

Table 6: Chi-Square Test: Designation and HR Compliance Awareness

Variable Pair	χ^2 Value	df	Sig. (p)	Result
Designation $\times$ Compliance Awareness	9.82	3	0.021	Significant
Gender $\times$ Compliance Awareness	1.12	1	0.292	Not Significant

Interpretation:

A significant association exists between designation and HR compliance awareness ($p < 0.05$), indicating that doctors and nurses are more aware of HR policies compared to administrative

and paramedical staff. No significant relationship was found with gender.

2.2 t-Test Analysis

Table 7: Independent Sample t-Test: HR Compliance by Work Location

Group	Mean (M)	SD	t-value	Sig. (p)	Result
Urban healthcare institutions	3.58	0.64	2.87	0.005	Significant
Rural healthcare institutions	2.91	0.73	—	—	—

Interpretation:

The mean HR compliance level in urban areas is significantly higher than in rural facilities ($p < 0.01$). Urban employees likely benefit from better supervision, resources, and institutional monitoring systems.

2.3 Correlation Analysis

Table 8: Correlation Between Training, Job Satisfaction, and HR Compliance

Variables	Training Frequency	Job Satisfaction	HR Compliance
Training Frequency	1	—	0.46**
Job Satisfaction	—	1	0.39*

Note: $p < 0.01$, $p < 0.05$

Interpretation:

Training frequency shows a strong positive correlation with HR compliance ($r = 0.46$, $p < 0.01$), and job satisfaction has a moderate positive correlation ($r = 0.39$, $p < 0.05$). This implies that well-trained and satisfied employees are more likely to comply with institutional HR policies.

3. Summary of Findings

- Awareness and compliance levels are uneven across cadres, indicating poor policy communication.
- Over half of respondents lacked formal HR training opportunities in the last year.
- Moderate job satisfaction and weak policy implementation emerged as key contributors to non-compliance.
- Chi-square and t-test results confirmed significant relationships between job designation, work location, and compliance levels.
- Positive correlations between training, satisfaction, and compliance suggest that investing in employee development directly improves adherence to HR norms.



DISCUSSION

The findings of this article highlight that **human resource non-compliance is strongly influenced by immediate workplace realities** such as lack of training opportunities, uneven awareness of HR policies, and job dissatisfaction. Unlike broader studies that focus on system-level governance or policy reforms, this analysis reveals **localized, ground-level challenges** faced by healthcare professionals in both urban and rural facilities.

The study shows that non-compliance is more severe in rural areas due to workforce shortages and poor monitoring structures. Additionally, political influence and administrative inefficiencies indirectly affect compliance, but their impact is more visible when combined with workplace-level issues such as heavy workloads and lack of recognition. These results are consistent with earlier research highlighting HR policy weaknesses, but the current article emphasizes **practical short-term measures** (e.g., focused training and communication improvements) that can be applied without waiting for large-scale reforms.

By narrowing its focus, the article provides **complementary insights** that support wider thesis research on system-level determinants. This ensures that the contribution of the article is unique, emphasizing **micro-level analysis** of compliance challenges.

CONCLUSION AND RECOMMENDATIONS

This article concludes that **human resource non-compliance in Punjab's healthcare institutions arises primarily from organizational and workplace factors** such as limited training, unclear policy communication, and low motivation among staff. While governance reforms and systemic policy changes are essential, they require long-term planning. In contrast, the issues identified here call for **immediate, localized interventions**, including regular training sessions, fairer monitoring practices, and stronger channels for staff feedback.

The contribution of this article is therefore distinct from broader thesis research. It provides **actionable, short-term recommendations** that health administrators can adopt at the institutional level while larger policy reforms are still in process. By maintaining this supportive but separate focus, the article avoids duplication of thesis objectives and strengthens the overall research narrative.



Recommendations

Based on the findings of the study, the following recommendations are proposed to enhance HR compliance in Punjab's healthcare system:

1. **Strengthen Training and Capacity Building:** Regularly require all healthcare staff to take training and refresher sessions. Nursing programs should teach clinical skills as well as administrative tasks, how to conduct themselves and ethical expectations.
2. **Develop Real-Time Monitoring Systems:** Set up a digital HR Information System (HRIS) so that everything to do with attendance, transfers, training and performance can be seen live.
3. **Policy Implementation Audits:** Regularly get third-party assessments done to check how well the HR policies are put into practice, specifically for IPHS and MACP initiatives.
4. **Incentivize Rural Service:** Provide financial and non-financial rewards (such as housing, insurance and training) for those working in remote and rural regions.
5. **Promote Transparent Administrative Practices:** Reduce the influence of politicians by making sure that recruitment, transfers and promotions are based on ability and that there are standard ways to handle issues and complaints.
6. **Improve Work Environment and Staff Motivation:** Encourage people to appreciate one another, offer constant feedback and take part in team activities. Give healthcare workers an opportunity to talk about their issues, share ideas for improvement and be recognized for their good work promptly.
7. **Address Sociocultural Barriers:** Encourage people to appreciate one another, offer constant feedback and take part in team activities. Give healthcare workers an opportunity to talk about their issues, share ideas for improvement and be recognized for their good work promptly.
8. **Decentralize HR Governance:** Allow local health administrators to take more responsibility for HR management, but check their progress with regular evaluations and compliance checks.



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