

“IMPACT OF CHILD CARE LEAVE ON MEDICAL CARE AT TERTIARY CARE TEACHING INSTITUTE: A CRITICAL REVIEW.”

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Abstract: **Background:** Leave means when an employee stays away from the working environment for genuine reasons with approval from Institutional Authority. It may be granted for casual purpose, planned activity, on medical ground or in extra ordinary circumstances. An organization offers different types of leave to help their employees rejuvenate and deal with their life's little downturns. The Child Care Leave (CCL), which was first introduced by the VI Central Pay Commission (CPC), is granted to women employees having children below the age of 18 years, for a maximum period of 2 years (i.e. 730 days) during their entire service. This leave creates a provision for the recipients to essentially take care of up to 2 children and provide for their basic and specific needs. The present study was conducted with the aim to measure impact of child care leave on medical care at tertiary care teaching institute.

Objective: The objective of the study is to assess impact of CCL in relation to practical problems faced by the nursing administrators/ administration in managing the ward and requirement of additional nursing personnel to compensate the shortage. **Methodology:** A retrospective study was conducted on 300 nursing personnel of pre-identified areas during the period of 1st June, 2017 to 15th September, 2017. A total of 90 nursing personnel among 300, who had taken CCL in the last 2 years & 3 months i.e. 1st January, 2015 to 31st March, 2017, were taken into consideration for the purpose of CCL study.

The inconvenience faced by nursing administrators of the pre-identified areas was recorded by personal interviews. **Results:** 90 out of 300 nursing personnel availed CCL during last two years. The study reveals that 64.44% (n=58) took leave for Exam Preparation (mostly boards), 17.77% (n=16) for medical care of child, 10.02% (n=9) for Child Care, 6.66% (n=6) breast feeding & 1.11% (n=1) others. In many areas, overburdening of the nursing personnel created conflict among their colleagues and also showed resentment towards the Nursing Administrator/ Hospital Administration. Some of the nursing administrator often hinted towards misuse of CCL. **Conclusion:** CCL availed by nursing personnel caused problems, as no substitute was available during that period. **Recommendations:** Procedure to sanction the CCL should be reviewed and granted on genuine ground. Reliever should be provided during the period of CCL.

Keywords: Child Care Leave (CCL), Leave.

Introduction: Leave means to stay away the employee from the working environment for the genuine reasons with the approval of institutional Authority. It may be granted for a casual purpose or a planned activity or on medical ground or in extra ordinary conditions. Organization gives different types of leave to their employees to recharge their batteries and to deal with life's little downturns. There are many types of leave which is given to the state as well as central employee like Casual leave(CL), Earned leave(EL), Child care leave(CCL), Half pay leave(HL), Maternity leave(ML) etc. When it comes to gender roles that are non-exploitative to everyone, a change in institutions can do more than what is popularly imagined. Studies show that those who do not pay a hefty amount for childcare or eldercare have a higher risk of unsteady employment and workplace absenteeism because they need to take care of their family members (Matthews, 2006)¹. Over the past decades, both women and men are working longer hours outside of the home. Studies have shown that parents with reliable childcare are better able to get and maintain jobs and are able to work longer hours and earn more money (National Women's Law Center, 2013)¹. Although childcare affects most families economically, low income families spend a larger portion of income on childcare (Dinan, 2009)¹.

When CCL was first introduced by the VI CPC it generated considerable interest as it represented a positive measure benefiting women employees. It also took a while to stabilise and it is seen that as many as five amendments/clarifications were issued within a short period of time. As it stands, it is meant for women employees "for taking care of up to two children below 18 years of age whether for rearing the children or looking after their needs like examination, sickness etc." It is treated akin to Earned Leave and is sanctioned as such. It may not, however, be granted in more than three spells in a calendar year. In the first two years of its implementation the experience was that women employees tended to treat this as Casual Leave or an extension of the same, and the resultant frequent absences caused disruptions at work. To address this, in September 2010, a clarification was issued stipulating that CCL may not be granted in more than three spells in a calendar year and also that it may not be granted for less than 15 days at a time. However, the latter stipulation was subsequently withdrawn and as per the latest clarification issued on 5 June, 2014 the government has decided to remove the requirement of minimum period of 15 days CCL. It has been brought to the notice of the Commission that the capping of maximum three spells in a calendar year has, to some extent, addressed the problems relating to disruption of work. Notwithstanding that, in the course of discussions with various stakeholders, the sense that has come across is that what was introduced as a welfare measure to help employees in times of need is seen as a benefit that has to be availed simply because it exists. There is, therefore, a palpable need to bring in some inhibiting feature so as to ensure that only genuinely affected employees avail of this scheme. Towards this end the Commission recommends that CCL should be granted at 100 percent of the salary for the first 365 days, but at 80 percent of the salary for the next 365 days. In making this recommendation the Commission has also kept in mind the fact the concept of a paid (whether 100% or 80%) leave solely for child care for a period of two years, is a liberal measure unmatched anywhere else².

In **Dr. Kanchan Bala vs State of Haryana**, a single bench of the Punjab and Haryana Court has allowed the petitioner to be granted child care leave despite the plea of the government that there were insufficient number of medical specialists available in the hospital, with only one other medical specialist available other than the petitioner³. In the study by **Wen-Jui Han et al**⁴ it was seen leave laws are associated with significant 5.4 percentage point increase in leave-taking in the birth month (a growth of 13 percent relative to the base rate of 41.5 percent), a significant 8.7 point rise in the month after birth (16 percent above the base rate), and a marginally significant 5.6 point increase (20 percent above the base rate) in the second month. "It is made clear to all concerned that the Child Care Leave cannot be claimed as a matter of right and no one will be entitled for grant of CCL at the cost of interest of this institution"⁵.

Hospital is a Labour and cost intensive organization and approximately 60-70% recurring budget of government owned hospital is consumed for the salary of human resource. Managerial efficiency dictates to achieve maximum output by utilizing minimum input in optimum utilization of manpower. Nursing component deployed in any speciality ward is approximately 50-60% of total manpower

strength of the ward. They deliver direct medical/nursing care⁶. Due to shortage of personnel this leaves may affect the normal functioning of the indoor ward (IPD), Outpatient services (OPD) and other patient care services of the hospital. Currently, there is no study about the impact of Child Care Leave, if any, on patient care services. There was need to Measure the magnitude and type of impact, Evaluate the current status of child care leave availed by Nursing personnel and problems faced due to it. In view of above, it was thought to conduct a study in SGPGIMS with the following objectives **1) To estimate the total number of nursing personnel who availed CCL during the last 2 years in Pre-identified wards, 2) To calculate the number of CCL availed by each nursing personnel so for and to identify reasons quoted for the leave, 3) To study Practical problems faced by other nursing personnel in the ward due to shortage of personnel going for CCL, 4) To develop the mechanism to ensure that, there is no misuse of CCL based on findings of the study.**

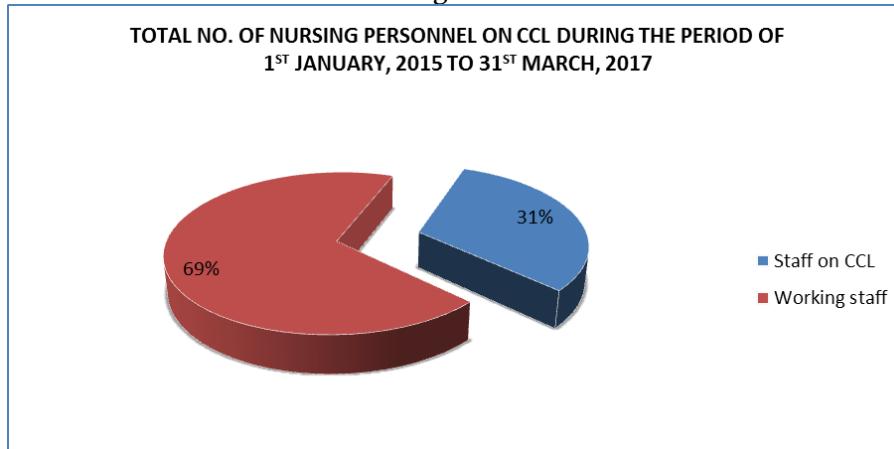
Methodology: This retrospective study was conducted from 1st June, 2017 to 15th September, 2017 in Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow. The data was obtained from the Convenience sample of 300 nursing Personnel in the pre-identified wards. List of all the nursing personnel who has taken CCL in last two years and 3 months i.e. 1st January, 2015 to 31st March, 2017 was obtained from the respective Nursing In-charges and the details of CCL availed by nursing personnel of the pre-identified areas was collected from personal file (service book) from Administrative Section. The data collected included number of days & reasons to avail CCL. All the document review was done which was submitted to avail CCL. The inconvenience faced by Sister In charges of the pre-identified wards was noted by Personal Interviews. The interviews included questions regarding their opinion about misuse of CCL by nursing Personnel in their ward, the inconvenience faced by the sister in-charges in duty adjustments and thereby its effect on patient care if any.

Results & Discussion: The Sanjay Gandhi Post Graduate Institute of Medical Sciences (S.G.P.G.I.M.S.), Lucknow, Uttar Pradesh, India a pioneer medical institute and tertiary care super speciality hospital is known for using modern and innovative management techniques. In 2016 hospital catered 91,346 New Patients, 3,73,003 Old Patients, 11,522 Surgeries, 535 Open Heart Surgery, 31,85,816 Investigations, 141 Kidney Transplants and 11 Bone Marrow Transplants. The Revenue generated (paid by highly subsidized treatment charges) in the year 2015 was Rs. 48,56,00,000 (\$ 7550303). There is around 1500 nursing staff with approximately 1200 being permanent and rest on contractual basis.

1. Total Amount & Frequency of CCL Availed by Nursing Personnel

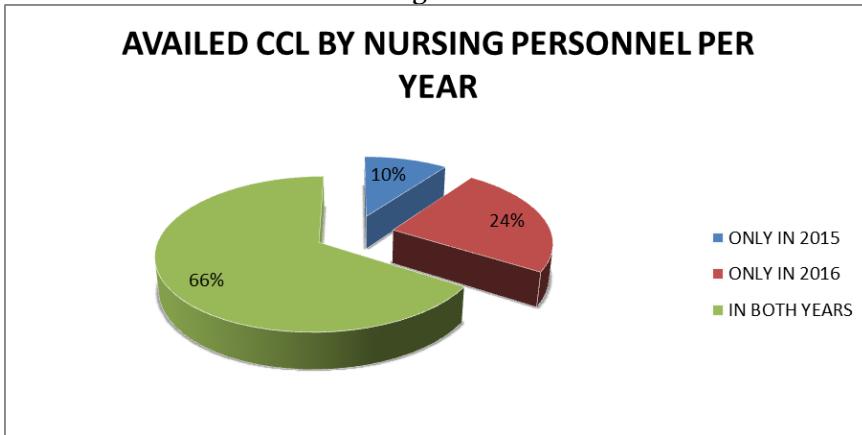
- The study revealed that out of total **300 nursing personnel** working in the pre-identified area **90 (31.46%) availed CCL during the period of 1st January, 2015 to 31st March, 2017** .(FIG. 1)

Figure 1



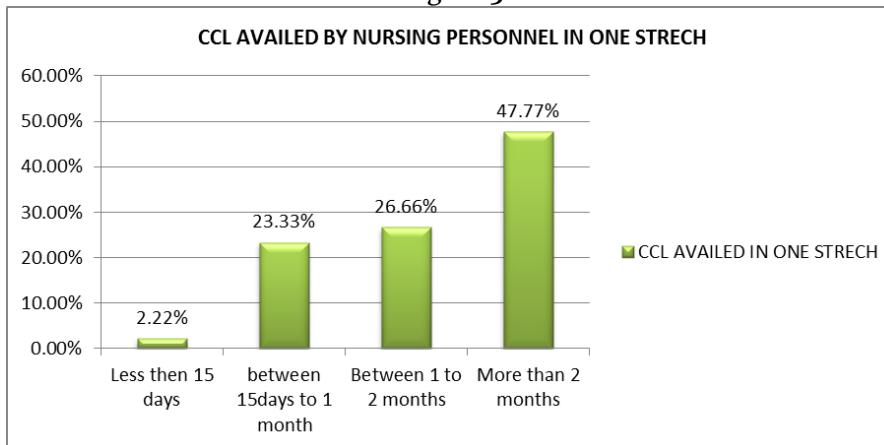
- In the **first year** (i.e. between 1st January, 2015 and 31st December, 2015) **10% (n=9)** whereas in the **second year** **24% (n=22)** nursing personnel availed CCL. **66% (n=59)** nursing personnel availed CCL in **both the years** (i.e. in 2015 and 2017).(FIG. 2)

Figure 2



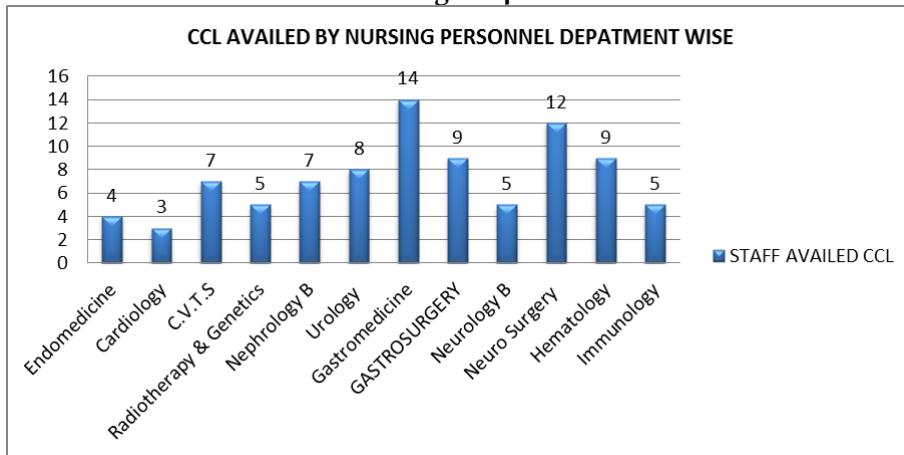
- It was also observed that 47.77% (n=43) of nursing personnel had availed CCL of **more than 2 months**, 26.66% (n=24) had availed CCL **between 1 to 2 months**, 23.33% (n=21) had availed CCL for **15 days to 1 month** and only 2.22% (n=2) had availed CCL **less than 15 days** during the study period. (FIG. 3)

Figure 3



- This study also indicated that **most of the CCL** was availed by the Nursing Personnel of **Gastro-medicine followed by Neurosurgery** then subsequently Gastro-surgery, Haematology, urology and other departments. (FIG. 4)

Figure 4



2. Reasons quoted for CCL

- The reasons for the leave were identified as
 - Exam Preparation, Child Care, Breast Feeding & Medical Care** of child.
 - It was observed that **64.44% (n=58)** Personnel took CCL for the **Exam Preparation** of their child, mostly for the board examination, **10.02% (n=9)** for **Child Care**, **6.66% (n=6)** for **Breast Feeding**, **17.77% (n=16)** for **Medical Care** of child & **1.11% (n=1)** for **other reasons** .(FIG. 5)
- During critical evaluation of the service book, it was found that **22.22% (n=20)** nursing staff **did not provide either adequate or relevant amount of documentary proof** for availing CCL (FIG. 6) still the administration was reluctant to sanction CCL.

Figure 5

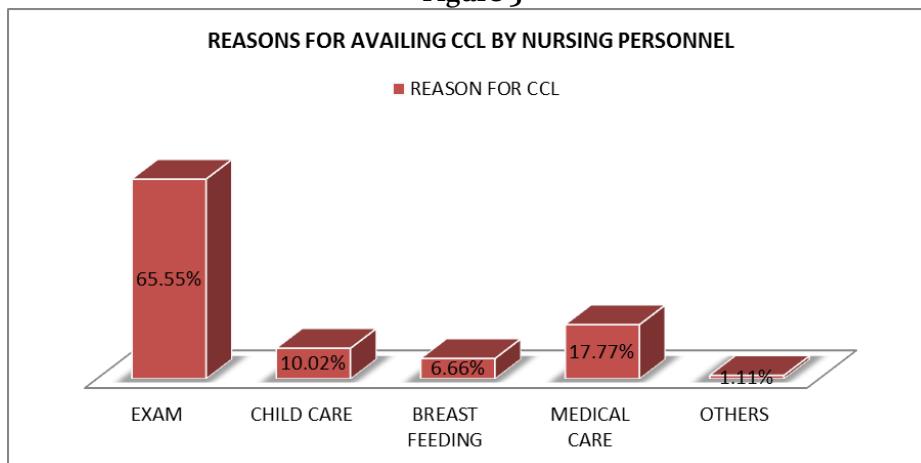
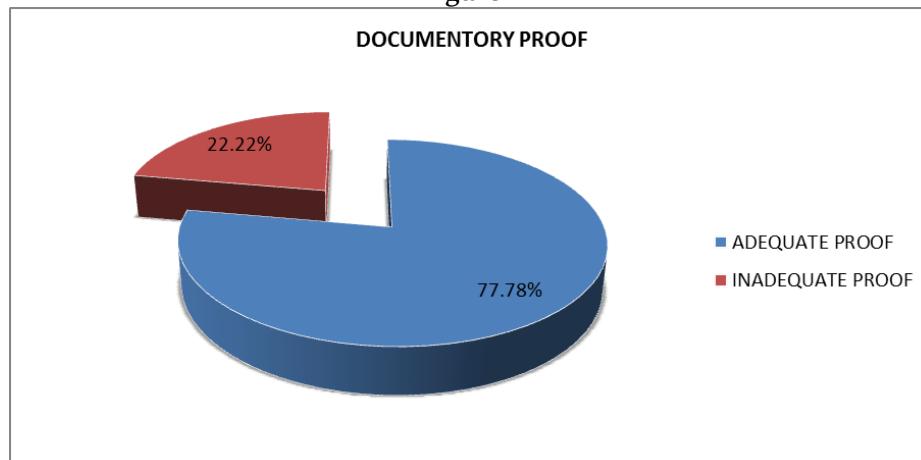


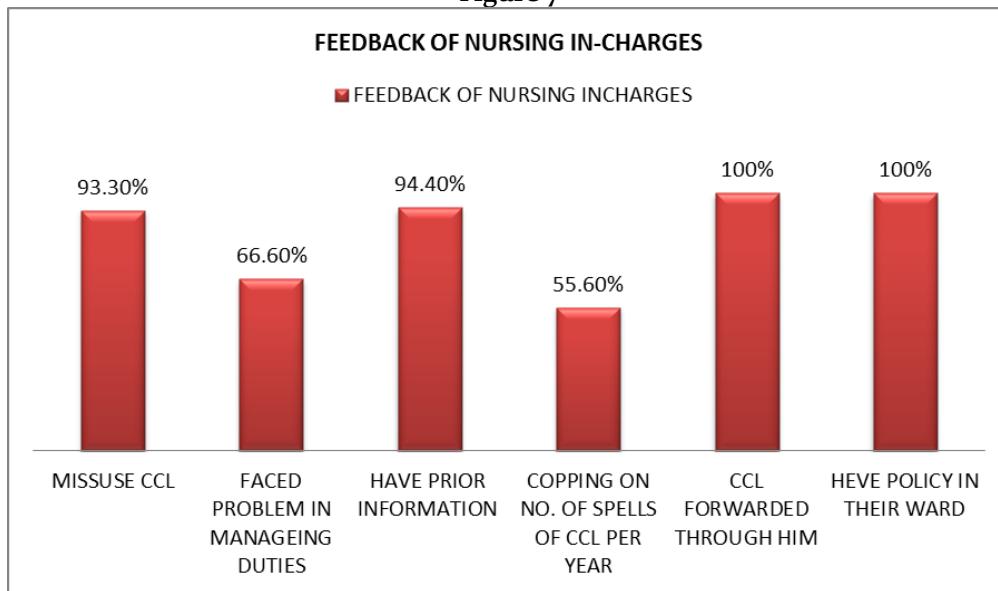
Figure 6



3. Feedback from Nursing In-charges (I/C)

- The feedback obtained from the Nursing I/Cs in Personal interview indicated that **they faced difficulty** in adjusting duties for the duty roster, as CCL was availed at very short notice & for a longer duration.
- According to **93.3%** Nursing I/Cs, the **CCL was misused** by nursing personnel. **66.6%** Nursing I/Cs **faced problems in adjusting duties** of the nursing personnel. **94.4%** Nursing I/Cs said that nursing personnel **informed in-charges prior to submitting Application** for the CCL. **100%** Sister In charges agreed that all the applications for CCL was **forwarded through them** .(FIG. 7)
- In many areas it was observed that, personnel was over-burdened and this created conflict among their colleagues, the overburdened personnel also showed resentment towards Sister In-charge and Hospital Administration.

Figure 7



4. Suggestions from Sister In-charges

- 55.6% said that there should be capping on number of spells of CCL per year.
- 100% Sister in-charge said that they have a policy in their ward and there should be a limit on sanction of CCL.

Conclusion: The debate over whether it is a change in rules and laws that leads to a corresponding change in society or vice versa is a continuing one. The order is case-specific. While government introduced Child Care Leave for the benefit of working mothers, difficulties faced by an organization more specifically in healthcare setting to compensate the manpower is the ground reality. This study draws our attention to the point that though CCL has benefited most of the working mothers but it has also been misused by some as many claim it as matter of right. Most of the Nursing personnel in the study gave the reason of CCL as exam preparation of child mostly board examination, the reasons were not supported by adequate and appropriate documentary proof. In a Tertiary care Hospital like SGPGIMS which caters 5000 admission per year with a bed occupancy 83% it is difficult to adjust the duties of nursing personnel with limited resources and unfair to put burden on other nursing personnel which may cause patient care to suffer. Therefore, benefit to be distributed judicially.

Recommendations: After critically analysing the results it was found that CCL affects normal functioning of the ward which is indirectly related with the patient care services. So it is recommended that:

1. There must be set protocol for submission of Supporting Document or Document of Proof (In case of Examination -Examination Date sheet duly signed by principal of that school, Medical certificate provided by designated medical officer of same institute/Hospital, child age to be considered in case of reason stated as child care) along with the application.
2. Central rules and regulation must be circulated to all ward in-charge so that they have a clear idea of child care leave.
3. There should be limit of maximum number of leaves and at a given point of time how many nursing personnel should go on leave.
4. Upper limit of age of child and total days of CCL to be availed should be reviewed by Govt.

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