CHAPTER -III
PROFILE OF PRIVATE HOSPITALS IN KOLHAPUR DISTRICT

3.1 Introduction:

Generally, we talk about speeding up the process of socio-economic transformation but less we do for human capital formation. Even in an age of high-tech, the proverb- “Health is above Wealth,” is found relevant. The policy makers bear the responsibility of making available to the masses at least the basic medical facilities. The medical and paramedical personnel serving hospitals bear the responsibility of helping the policy makers and hospital managers in this endeavour. The social organization and private sector bear the responsibility of energizing the process. However the masses fail in getting the minimum healthcare facilities. Of course, the state exchequer has been found allocating huge money for healthcare services but results in a true sense are found very disappointing. It is against this background that we talk about hospital management.

In the present day world, we find the leading private hospital assigning due weightage to aesthetic management. This focuses our attention on the management of surroundings and premises. We can’t negate that healthy, beautiful, attractive and hygienic surroundings contribute substantially to the quick recovery of patients. The behavioral management requires due place to make possible an in depth study of behavioral profile of different categories of personnel and users.\[1\]

The hospitals are now essentially established all over the world to provide for the treatment of diseases and injuries, to provide maternal and child care, as well as to provide care and treatment for the persons suffering degenerative diseases specially those who have aged and suffer from senility. These persons are incapacitated and need shelter and attention which a modern day hospital is expected to provide. The concept of a hospital needs to be enlarged to include not only the control of diseases, the various pathologies, but also the promotion of health and maintenance of physical, mental and social well-being of an individual who is an important constituent of a society. Therefore, it is desirable that the enlarged concept of hospital should be the one, which will not only cover the traditionally associated functions of preventive and curative medicine, but will also lay more stress on outpatient service and home treatment.
The hospital thus, should serve the whole community and take care of its health and prevent all diseases. Its role is to save human life, prevent disabilities, detect the diseases at an early stage and treat them with all proven therapeutic measures. As health is a fundamental right of a person and of community at large, the hospital services should be integrated with the society in such a manner that is become an integral part of the society and satisfies its human needs, as well as, its financial, administrative and social requirements. In other ward, hospitals are expected to take up community health program in cooperation with medico-social organizations and even private practitioners of the area, who act as family physicians and treat patients in their homes. These program should be need based and should take into account the social, cultural, economical and religious back ground of the population.

The World Health Organization (WHO) committee suggested that the hospital should not be developed as only the place where sick persons are treated. On the other hand, they advocated that most of the conditions can be adequately managed by private or general practitioners in patients own homes. It is he, who is in a strong position as primary health care physician to cater to health needs of the community and can be of great help to public health services. The hospital treatment is though expensive, yet it is not possible to weigh its cost against the value of human health.

3.2 Concepts and Definition of Health and Hospital:

*Concept of Health:*

Health is a very significant and vital factor to identify that a country is prosperous and happy. Promotion of health is essential to national progress. Nothing could be of greater significance than the health of the people in terms of resources for socio-economic development. In short, it is stated that health is a yardstick on which a country’s progress or deterioration can be measured. The promotion and protection of the health of people is essential to sustained socio-economic development. It contributes to a better quality of life and to world peace.

The health situation in the developing countries including India is quite discouraging. The problems of health are also becoming more and more complicated on account of pollution, nutritional deficiency, shortages and mal-distribution of trained staff, insufficient financial and material resources, and uncontrolled growth of population. There is a great potential in India to solve the present and emerging health problems. This needs firm determination to solve health problems based on proper
management and optimum utilization of available human resources. A report on the World Social Situation, New York, 1975- indicated “a growing awareness has emerged the need for a more efficient administration, management and delivery of health care services, which will have to be more adapted to local conditions.”

The concept of health has physical, mental and social dimensions. Thus, with the advancement of medical science and technology the ability of the medical community to treat illness has dramatically improved. But it appears the diseases growth in the modern world have always outpaced the growth of knowledge and adapted nature of medical science

**Definition of Health:**

The World Health Organization (1946) has defined that concept of health as a “State of complete physical, mental and social well being not merely absence of diseases and infirmity.”

Sigerist, a well known medical sociologist observes that: “Health is not simply the absence of diseases; it is something positive joyful attitude towards life and cheerful acceptance of the responsibility that life put on the individuals.”

According to ‘Winslow’ defines that “health includes preventing diseases prolonging life, promoting physical health and efficiency.” For the achievement of these objectives, the private practitioner and Government agencies should contribute much for the development of health administration which has a very complex, broad and comprehensive scope and nature.

According to Victor Fuchs (1987) says- “Health can be defined according to criteria such as life expectancy for work, need for medical care or ability to perform a variety of personal and social function.”

Thus, health is a social responsibility ‘In and Out’ of the community. As per the above definitions, it is understood that the aim and objective of health and medical science is to help achieve such a well-being that one can function at his choice not only as an individual, but also as a useful member of the family, social groups and community. The concept of community health is total health for total men. Therefore, the service planned to provide health care are to include promotion, prevention, curative, restorative and rehabilitative. All these services are to be provided, organized and integrated in a unified manner.
**Concept of Hospital:**

At the outset, we go through the concept of hospital. With a change in the time cycle, it is natural that we find a change in the concept and perception. Yesterday, the hospitals were considered to be “alms houses” which were endowed for the support and lodging of the poor. These houses were set up as a charity institution to take care of sick and poor. Today, we consider hospital a place for the diagnosis and treatment of human ills, for the extent a centre also helping bio-social research. [6]

Biomedical knowledge has recorded phenomenal progress in the 20th century, providing new vistas for preventing and diagnosing, understanding and treating diseases as also for maintaining health. In this environment, ‘hospitals’ though originally emerged as an interstitial institution in the community health care have now grown in to complex and dynamic institutions of the society. In other word, “A hospital is an institution which is operated for the medical, surgical or obstetrical care of in-patients and which is treated in a hospital by the appropriate authority.” [7] In short, today hospital means an institution in which sick or injured persons are treated.

A hospital is different from a dispensary, a hospital being primarily an institution where inpatients are received and treated, while a main purpose of a dispensary is distribution of medicine and administration of outdoor relief. But for the sake of human resource management study in private hospitals, we considered dispensary is synonymous to hospital.

**Definition of Hospital:**

Let us study a few definition of the term ‘hospital’. The word ‘hospital’ is derived from the Latin word “hospitalis” which comes from ‘hospes’, meaning a host. The English word ‘hospital’ comes from the French word “hospitale,” as do the words ‘hostel’ and ‘hotel’, all originally derived from Latin. The three words hospital, hostel and hotel, although derived from the same source (common root), are used with different meanings. [8] The term ‘hospital’ means an establishment for temporary occupation by the sick and the injured. It is a place or institution in which sick or injured persons are treated.

1. According to WHO (World Health Organization) in 1956 defined-“Hospital as an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and
preventive and whose out-patient services reach out to the family in its home environment, the hospital is also a center for the training of health workers and for bio-social research.” [9]

2. According to the Directory of Hospitals in India, 1988- “A hospital is an institution which is operated for the medical, surgical or obstetrical care of inpatients and which is treated as a hospital by the Central/ State Government / local body or licensed by the appropriate authority.”

3. As per Dorland’s Illustrated Medical Dictionary defines- “A hospital as an institution suitably located, constructed, organized, staffed to supply scientifically, economically, efficiently and unhindered, all or any recognized part of the complex requirements for the prevention, diagnosis and treatment of physical mental and the medical aspects of social ills, with functioning facilities for training new workers in many special professional, technical and economical fields, essential to the discharge of its proper functions and with adequate contacts with physicians, other hospitals medical schools and all accredited health agencies engaged in the better-health program.”

4. Blakiston’s New Gould Medical Dictionary (McGraw-Hill, New York, 1956, P-560) describes a hospital as- “An institution for medical treatment facility primarily intended, appropriately staffed and equipped to provide diagnostic and therapeutic services in general medicine and surgery or in some circumscribed field or fields of restorative medical care, together with bed care, nursing care and dietetic service to patients requiring such care and treatment.”

5. According to a hospital in Steadman’s Medical Dictionary defined as-“an institution for the care, cure and treatment of the sick and wounded, for the study of diseases and for the training of doctors and nurses.”

6. According to Howard Barnum and Joseph Kurzin (1993: P-259) define the term hospital as “an image of a physical buildings in which services are delivered by a skilled staff. Traditionally, hospitals have provided a focus for the delivery of intervention requiring special personnel skills and equipment, monitoring of patients or containment of patients for therapeutic reasons. Most health care, however, actually takes place outside of hospitals in clinic, medical offices, pharmacies, schools and homes. Hospitals, by providing a
technical focal point for the referred delivery of skilled care, can magnify the effectiveness of non-hospital health care. “[10]

7. According to Rodney M. Coe-(1978: P-259) says that- “A hospital is first and foremost a place in which member of the community can obtain services designed to restore them to good health. More recently, it has become a place for rehabilitation of the physically disabled and a setting in which especially older members of the community can obtain services to restore partially the use of enfeebled limbs or vital organs worn from age. The modern hospital is also a place of learning, a center for the practical training of physicians and surgeons to be as well as other practitioners. At the same time advance in scientific knowledge of disease are often made in research conducted in the hospital setting. Yet the modern hospital is also very large and complex organization in the sociological sense of a recognizable hierarchy of statuses and roles, rights and obligations, attitudes, values and goals.” [11]

From the above definitions reveals that, “A hospital is an institution which possesses adequate accommodation and well-qualified and experienced personnel to provide services of curative, restorative and preventive character of the highest quality possible to all people regardless of race color, creed or economic status, which conducts educational and training programs for the personnel particularly required for efficacious medical care and hospital services, which conducts research assisting the advancement of medical service, and hospital services and which conducts programs in health education.”[12]

Of late, we consider hospital a major social institution for offering health care services and for offering a considerable advantage to both the patients and society. It is considered to be a place for the diagnosis and treatment of human ills and restoration of health and well-beings of those temporarily deprived of.

The aforesaid facts make it clear that hospital is complex social institution to sub serve the interests of society by offering preventive and curative Medicare services in addition to the educational and training facilities for the medicos and Para-medical personnel. The significant developments in the society have made possible a basic change in the concept and perception of hospitals.

Hospitals thus have come to be viewed as centers for promoting health, for preventing and curing diseases and also as having been expressly charged with satisfying the community’s health care needs. Broadly defined, the purpose of a
hospital is to apply appropriate health technologies and adopt healthcare services to meet the needs of the population it serves.

3.3 Classification of Hospitals (The Typology of Hospitals):

There are different types of hospitals serving the multi-faceted needs of the society. In a natural way, we find distinction in their structure, function and performance. This variation is due to their distinct nature and form. The classification is found based on different criteria as mentioned below:

I. Classification on the basis of Objectives:

Here the main objective of establishing a hospital is taken into consideration. Some hospitals are set up with the motto of imparting medical education, training and research facilities where as in some other hospitals; the prime attention is on health care or medical services. These types of hospitals are-

i) Teaching-Cum-Research Hospital: These hospitals are teaching based. They are found engaged in advancing knowledge, promoting the research activities and training the medicos and Para-medical personnel. The health care is their secondary objective. As for e.g.: AIIMS (All India Institute of Medical Science) New Delhi.

ii) General Hospitals: The general hospital also offer teaching and research facilities but these objectives are secondary. The main objective in the general hospitals is to provide medical care, as for eg: Different medical colleges and district and sub-divisional hospitals.

iii) Special Hospitals: The main objective of special hospital is to provide specialized medical services, these hospitals concentrate on a particular organ of the body or a particular disease. As for e.g.: ENT, Eye, Orthopedics, Pediatrics etc

II. Classification on the basis of Ownership:

On the basis of ownership or control, hospitals can be divided in to four categories, namely, Public hospitals, Voluntary hospitals, Private hospitals/ Nursing homes and corporate hospitals.

i) Public / Government Hospital: Public hospitals are those run by the central, state government of local bodies on non-commercial lines. These hospitals may be general hospital or specialized hospital or both. General hospitals are providing treatment for
common disease, where as specialized hospitals provide treatment for specific disease like Cancer, eye, infectious diseases, psychiatric ailments etc.

ii) Voluntary Hospitals- Voluntary hospitals are those which are established under the Societies Registration Act 1860 or Public Trust Act, 1882 of Central or State Government. They are run with public or private funds on a non-commercial basis. The board appoints an administrator and Medical Director to run such voluntary hospitals. These hospitals spend more on patient care than what they receive from the patients. Now day a trend among voluntary hospitals to charge reasonably high fees from rich patients and very little from poor patients. Donation and grants-in-aid from Government and public are the main sources of revenue for these hospitals. Thus, such hospitals run on a `no profit- no loss` basis.

iii) Private Hospitals / Nursing Homes- Private hospitals are owned by an individual doctor or group of doctors. They accept patients suffering from infirmity, injury, chronic disability etc. These hospitals are run on a commercial basis. Naturally, the ordinary citizen cannot usually afford to get medical treatment there. However, these hospitals are more popular due to the shortage of Government and voluntary hospitals.

iv) Corporate Hospitals- The latest concept is of corporate hospitals which are public limited companies formed under the companies Act. They are normally run on commercial lines. These hospitals may be either general or specialized or both.

III. Classification on the basis of Size:

There are variations in the size of hospitals. It includes 4 hospitals i. e. Teaching hospital, District hospitals, Taluka/ Tehsil/ Sub-divisional hospital and primary health center.

i) Teaching Hospital- The teaching hospital generally have five hundred beds which can be increased according to the number of students.

ii) District Hospital- The district hospitals generally have two hundred beds which can be raised to three hundred depending upon the population in a catchment area.

iii) Tehsil/ Taluka Hospital- Such type of hospitals generally have fifty beds that can be raised to one hundred beds depending upon the population in the catchment area.

iv) Primary Health Center- In this category we find six beds which can be raised to ten beds hospitals.
IV. Classification on the basis of Medicine or Path of treatment:

This is also a base for classification of hospitals. In this category we find difference in the nature and character of treatment in different hospitals. It includes-

i) **Allopathic**- It is a branch of medicine or treatment, in which treats with (Anti) opposite to the symptom.

ii) **Ayurvedic**- It is a branch of Indian medicine in which believing of `vata-pitta-cough`.

iii) **Homeopathic**- It is a branch of medicine in which treats with principles of similia similubus curenter.

iv) **Unani and others**- It is a branch of medicine which is derived from Arabic countries and treats with herbal medicine and Kuran and Pak principles.

v) **Naturopathy**- It is a branch of medicine in which treats with natural sources of medicine.

vi) **Electropathy**- It is a branch of medicine which treats with electro / galvanic current.

vii) **Accupuncture and Accupressure**- It is a branch of medicine which is derived from China. Puncturing and pressing specific point on body to treat the patients.

V. Classification on the basis of Nature and Location:

The directory of hospitals in India-1988 list the various types of hospitals-

i) **General Hospital**- Any hospital having two or more medical officers and which can offer inpatient accommodation and private active medical and nursing care for more than one category of medical discipline is term as General Hospital.

ii) **Rural Hospital**- Hospitals located in rural areas, permanently staffed by at least one or more physicians, who offer in-patient accommodation and provide medical and nursing care for more than one discipline is termed as Rural Hospital.

iii) **Specialized Hospitals**- Hospitals providing medical and nursing care primarily for one discipline or a specific disease of one system e.g.: TB, ENT, Eye, Orthopedic, Leprosy etc.

iv) **Teaching-Hospital**- A hospital to which a college is attached for medical / dental education. e.g.: Brown Hospital with Christian Medical College, Ludhiana.

v) **Isolation Hospital**- It is place in which treatment of patients who suffering from infections diseases requiring the isolation hospital.
VI. Classification according to length of stay of patients:

A patient stays for a short term in a hospital for treatment of diseases such as appendicitis or gastroenteritis. Where as, a patient may stay for a long-term in a hospital for treatment of diseases, such as cancer, tuberculosis etc. Thus, a hospital may fall either under the category of long term (chronic-care) or short term (acute care) according to the disease and treatment provided.
3.4 Nature and Scope of Hospital:

A society makes by human beings. Healthy human beings make a healthy society. However, every society has its share of unhealthy human beings. Disease, illness and invalidity may be a curse for society, but their victims certainly are not. They are as much a part of society as the healthiest of individuals.

In the past, an individual afflicted by a wound or disease was condemned to suffer and fend for himself. In those primitive days, the healthy never assisted or looked after the afflicted. The practice was to consider such an afflicted person a spent-force and no longer useful to society. Thus, complete isolation from society was the tragic lot of one who fell ill. No attempt was made to ascertain the causes and suggest cures for ailments. The belief then was that illness was caused either by evil spirits or was a punishment for one’s misdeeds. Later, the ‘tribe’ assumed the responsibility of looking after the sick that were considered victims of a magic spell, by appeasing or scaring away the evil spirits with a counter-curse. As civilization, advanced from the individual to the family, from family to the tribe and finally to the organized community, Society acknowledged a common responsibility towards the sick. It was only when civilization progressed that man sought to provide for the welfare of his fellow-beings (other than his own kith and kin) Illness creates dependency. The sick need medical treatment, nursing care and shelter. With the advent of the modern society, the institution developed to cater to the needs of the sick was the hospital.

A hospital as a health care organization has been defined in varied terms as an institution involved in preventive, curative, palliative or rehabilitative services. However, the definition given by WHO is quite exhaustive and exclusive, in which it is defined as, “an integral part of the medical and social organization of the community, the function of which is complete health care----- it is a center for training of hospital / health workers and provides facilities for bio-social research.”

Hospitals, these days, also provide bio-social research, teaching and training facilities for all members of the hospital and health team which includes not only doctors and nurses, but also Para-professional, Para-medical pharmacists etc. Operationally, a hospital could be viewed as consisting of service facilities for out-patient, in-patient, general wards, emergency, special wards, intensive care units
The emergence of private or corporate hospitals in the Indian health care sector is relatively recent. This trend has revolutionized the entire health care scenario in the country. Consequently, the hospitals have been functioning in a very competitive environment. It is now a well-established fact that hospitals that are dynamic, growth-oriented and which survive are the ones that give priority to the quality of services provided and surplus making most of these hospitals are professionally managed, with the objective of providing prompt, adequate, continuous and satisfactory services to the patient, because their prime consideration is providing quality health care, as well as earning profits.

Now a day’s hospitals are open 24 hours a day. Their personnel render services for the cure and comfort of patients. In the operation theatre, skilled surgeons perform life-saving surgery. In the nursery, new-born receive the tender care of trained nurses. In the laboratory, expert technicians conduct urine stool and blood test, vital to the battle against disease. In the kitchen, cook and dieticians prepare balanced meals that contribute to the patient’s speedy recovery.

A hospital aims at the speedy recovery of patients. That is why its rooms are well equipped with air-conditioner and call-bells and other devices. The telephone keeps the sick in touch with their relatives. Several hospitals have libraries, newspapers and barber services in the patient’s rooms. Many hospitals have provided television and radio sets for recreation of their patients. To save the precious time of the medical staff, secondary duties, like explaining the diagnosis and line of treatment to the patients and their attendants are entrusted to another section of the staff called ‘Medical Social Workers’. In hospitals, therefore, the endeavor is to provide the best possible facilities to the patients within the hospital’s resources.

3.5 Important Components of Private Hospital Organization:

We are well aware of the fact that the services offered by a private hospital are based on teamwork. These services provided by different components of private hospitals. The important components of private hospital organization are given below
(I) Medical Services:

The medical staff (doctors) is the backbone of private hospital organization. The ‘doctors’ is the most dominant group in the hospital, hence proper choice and retention of the doctors is extremely important for the smooth and competent functioning of a private hospital. The income generated in hospital depends to a large extent, on the doctors. The administrator has to manage this group of personnel very carefully. Doctors may be classified under three categories – specialized doctors, honorary specialized doctors and general doctors. A well trained and experienced doctor is the real asset of private hospital organization. Doctors have to work very sensitive and so constant tension exists. Their job is hard and full of stress and strain. Patients are struggling between life and death. Techniques and procedure, that are potentially hazardous in absence of due care, danger of errors etc.

General duties of doctors includes, diagnosis of illness or state of illness, instructions to patients, instruction to nurses or matron about the patient’s needs by way of medicines and other facilities, consulting the medical record of patients, consulting the other doctors regarding their patients and all the activities which are related to medical care. Over and above these doctors face many behavioral problems as they have to deal with human beings. [14]

Doctor is the head of private hospital organization he has to look after so many other things such as supervision, and control over personnel, purchasing, store keeping, kitchen, laundry, toilet, maintenance of equipments etc. Moreover hospitals are classified as service industry. As per the Industrial Disputes Act and other Government laws they have to create good relation between employer and employees in hospital.

(II) Nursing Services:

Nursing services is one of the greatest blessing of humanity and most effective team of the patient care. Nursing care is extremely important for good patient outcome. Good nursing services in the private hospital result from and are a part of coordinated administrative and clinical planning. Patients look to the hospital for courteous, gentle and considerate care, for security, for skillfulness, for cleanliness and for understanding personal interest. Therefore, the primary purpose of the nursing department is to give such a comprehensive, safe, effective and well organized
nursing care to patients as to accomplish these ends. Through it management and the medical staff can implement the total medical care programme.

The nurse is now considered as technical person who has to know a lot of procedures, some of these being life saving ones. Thus, she has to perform dual task of attending to the patient’s physical and psychological needs as well as carrying out required task and procedures in grave emergency. The responsibilities of nurses are quite heavy. Their job is tiring and full of stress and strain. In fact, a doctor spends a relatively short time with patients and depends upon the nurses to carry out all of his orders carefully. The functions of nursing services include three areas- (i) Bed-side nursing (ii) Other than bed-side nursing (iii) The time spent on visitors.

The managing the nursing staff faces many organizational behavioral problems. Doctors, patients and even their relatives are often inpatient with nurses. In nutshell, nursing service is dedicated service requires some basic necessities of life for those who are on this strenuous job.

(III) Ward Services:

A ward is the most important part of private hospital where the sick persons are kept for supervised treatment. It is also a nodal point for research in medicine and nursing field, training and teaching of medical, nursing and paramedical personnel. All these functions are carried out mostly in ward or depend on those personnel who spent most of their time in wards. Ward management requires specialized care by doctors, nurses and other paramedical staff. If ward management is proper, the patients are under good care and personnel in ward also are happy and satisfied.

A ward is that vital area of the hospital where amenities like physical, social and specially the quality medical care are made available to make the patients feel relaxed, assured and at home till they are discharged. The ward environment should ensure that the patients will to recover early is enhanced. The staff should win their confidence and shown not only sympathy but empathy and take care of the patients round the clock.

The size of ward depends on the kind of patients. Along with the medical and nursing personnel, ward sister or attendants play an important role in ward services. Ward attendants help doctors, nurses and technicians in the task of `care of sick.` They assist the patients for their movement and for the courses for this category of hospital personnel. Hence, they learn their job by trial and error. Ward attendants must have some kind of training before they join a hospital. Because even a small
error can lead to wrong diagnosis and wrong treatment causing a danger for the life of patients

(IV) Pharmacy Services:

Pharmacy means a making availability of all the drugs and pharmaceuticals needed for patients care, according to the hospital formulary, the right drug in the right formulation and dosage. This section is often combined the central sterilization and stores. The staff has to be well trained and has to be looked after properly at all levels by the pharmacist. The role of private hospital pharmacy in ensuring proper care in preparation, labeling, storage and distribution of drugs and sterilized material is of prime significance. Avoidance of any kind of error is the most important here. Private hospital in modern era cannot do without good and qualified pharmacist who has to supervised and control the performance of his subordinates. A well organized pharmacy will function effectively and contribute to the whole integrated hospital organization. A pharmacist renders a valuable service to medical staff. He will contribute to the education of nurses in the uses actions and dosage of drugs. It is his duty to have in stock at all times and adequate supply of the proper quality. Thus, a service of a qualified pharmacist is essential. 

(V) Pathology and Clinical Laboratory Services:

Today, in every medical practice requires more and more laboratory services. People have demand well and more precise diagnoses. So the importance of laboratory services cannot be over-estimated in the process of thorough diagnosis. The main functions of laboratory services are: - (i) to provide information to assist the physicians in their diagnosis, treatment and prevention of disease. (ii) to assist any training program and (iii) to conduct research. The laboratory services are also useful for having essential information in surgical, treatment in pre-operative and post operative tests.

Pathology and laboratory services should be under the direction and control of qualified and experienced physician. He should be the regular member of medical staff. Every effort must be made to make them feel that they are the integral part of whole organization. Laboratory staff should be well qualified and trained technicians. Improperly trained people tend to lower the confidence of medical staff and could lead to results, disastrous to the patient’s health and care.
(VI) Food Services and Housekeeping:

A modern private hospital exists as a physician’s workshop. A number of facilities are required to enable him to diagnose and treat patients. To provide efficient food services and good housekeeping is one of the important jobs of private hospital management. As a therapeutic measure it contributes directly through scientifically prepared nutrition’s diets, aimed at specific disease conditions. In hospitals persons have to stay for a variable period (short / long). So it has to provide all the services that a hotel does to its patients. Hospitals have to provide room services to all as often patients cannot leave the bed. Thus, the ‘hotel component’ of hospital is a challenging task and have as impact on the image of the institution. Sometimes private hospitals have to satisfy not only customers (patients) but to satisfy their friends or relatives by providing good housekeeping and food services.

Thus, to provide food properly in time and as prescribed to so many patients, to maintain cleanliness in the room and toilets etc. to look after the linen, the drapery and other furnishing, to see that water supply, air conditioning etc are satisfactory, are all matters of details and important for the patients who are away from home not by choice but out of necessity. To meet all requirements a good housekeeper and dietician with few trained employees under their control, properly oriented to hospital services are necessary.

(VII) Radiology Services:

In the era of specialization, the practice of modern medicine and surgery in private hospital are run through radiological services. The medical staff can utilize their abilities, skill and talent only if radiology services are adequately available. The role of radiology department is to assist in diagnosis through the use of radiography, fluoroscopy and radioisotopes and high voltage acceleration. The department should be under the control and direction of competent radiologist. He should have specific training and experience in his specialty. A radiology services have assumed an important role as diagnostic and therapeutic arm of private hospital.

(VIII) Engineering Services:

This is one area, with which the patient may not come into direct contact. However, the efficiency of this department has a definite bearing on the physical comfort of the patients and it lead to his progress. Engineering services includes water supply and drainage, boilers, laundry, air-conditioning and refrigerators, electric supply, electronic equipment etc. The responsibility of engineering services should be
assigned to a qualified and competent, well experienced engineer. These engineers possess the know-how to deal with sudden situations or emergencies arise. They have to organize some alternative arrangement to ensure that casual absence of staff member. The maintenance staff member is expected to attend to the complaint as early as possible, diagnose the fault and rectify it. The staff of engineering and maintenance department can build up good patient’s relations and improve the reputation of hospital organization by providing regular and uninterrupted service.

*(IX) Fire-fighting, Security and Safety:*

Private hospitals can be victims of fires, thefts and accidents. It would result in indiscipline, dissatisfaction and poor image of the hospital. Fire-fighting and security staff must be well-trained in preventive measures along with their routine task. The whole staff must be thoroughly familiar with the fire alarm system, and other accidental events in the hospital. The whole staff must be put under the control of specially qualified officer. The job responsibility of this departmental staff in hospital is different from the staff in an industrial organization. Because the hospital deals with people who are suffering and are anxious. They are not only the custodians of security but are also responsible for contributing (indirectly) to the welfare and happiness of the patients in many ways. They should learn to use special approach in discharge of their duties. They are like ‘armed forces’ having special and important role to play.

*(X) Out-patient Services:*

Out patient services constitute one of the important functions which most of the private hospitals under in their area encompassing attention to those patients who may not require use of a bed. Out patient department is the one where all patients except those who require emergency treatment, come for service in the private hospital. It is usual custom to restrict the OPD to morning and evening clinic, on all week days except Sunday or holidays. The main function of the OPD of private hospital is to provide diagnostic services, classify the patients and send them to appropriate disciplines and to provide treatment on external basis. Thus, the functions of outpatient services are to provide diagnostic, curative, preventive and rehabilitative services on an ambulatory basis to the people of the community.

The OPD should be conveniently located close to vital adjunct, services such as registration and medical records, admitting, emergency and social services. The emergency clinic is a major unit of the OPD. Here the attention of patients needs must be available round the clock every day of the year. Head of the OPD should have full
status as a head and participate in policy and program discussion and decision for the entire hospital organization in that capacity. He should be directly responsible to the administrator.\textsuperscript{[16]} In short, the outpatient service provides the main linkage of hospital with the community.

\textbf{(XI) Other Services:}

It includes casualty services, diagnostic services, financial services etc.

\textit{i) Casualty Services-} Casualty services provide immediate emergency diagnostic and therapeutic care to patients who have either suffered injuries by accidents of sudden attacks of illness. These patients require immediate attention and treatment. The atmosphere in the casualty department is often emotionally supercharged. The casualty service makes the first impression of the private hospital on the patients and relatives. The casualty must be located in the front portion of hospital, so that it is easily identified and approached by patients and vehicles.

\textit{ii) Diagnostic Services-} The hospital administrator should ensure that all the necessary resources are available for the smooth running of the diagnostic services. Scientific health care management requires the help of many diagnostic investigations. The diagnostic services department includes the professional and technological departments, which assist in the diagnoses and proper management of the patient or health problem. The most critical problem in running diagnostic services is the lack of trained manpower, problem of proper allocation of work and resources and more wastage and breakage.

\textit{iii) Financial Services-} It is equally important to improve the working efficiency of private hospital. Medical people are very poor in matter concerning the finance. They should take the advantage of the experts of finance in making budget, cost accounting and cost analysis of various activities of hospitals to find out how the maximum could be achieved at minimum cost. There has also to be proper planning and organization, staffing, direction and control of private hospital services. The financial management is help in planning and in improving the quality of services.

\section*{3.6 Functions of a Private (General) Hospital:}

A private hospital do not have to restrict their activities only up to providing curative measures, but have to provide health education to the community by which preventive methods will be utilized and also to work for future development of medical science by way of conducting research. So in capsulation the private hospital
has to provide preventive, curative, promotive, educative and research facilities. [17]

These functions of private hospital can be summarized as under:

I) Restorative:
   i) Diagnosis- In outpatient or inpatient services.
   ii) Curative and Preventive- Treatment of disease involving medical, surgical or special procedures.
   iii) Rehabilitation- Physical, mental, occupational and social.
   iv) Providing Emergency Services- Accidents, surgical and medical life threatening emergencies.

II) Preventive:
   1. Supervision of normal growth and development of the child through adolescence.
   2. Supervision of normal pregnancy and childbirth.
   3. Prevention of invalidity, both mental and physical.
   4. Control of communicable diseases.
   5. Prevention of prolonged diseases.
   6. Undertake occupational health training.
   7. Imparting health education to prevent diseases.

III) Educational:
   1. Undergraduate and post-graduate medical education including super-specialty courses,
   2. Post-graduate continuing education for general practitioners.
   3. Courses for nurses and midwives.
   4. Courses for medical social workers.
   5. Other allied professional courses, e.g.: Lab. technicians, ECG and radiology technician’s courses, health education, medical statisticians, blood transfusion officers training courses etc.

IV) Research:
   a) Physical, psychological and social aspects of health and disease-demographical and epidemiological research.
   b) Hospital Practices- Technical, administrative and human resource
   c) Research in primary health care and clinical trials of drugs.
3.7 Significance of Hospital Management:

Management science applies not only to industry and commerce but to all fields of employment. The fundamental principles and functions of management are universal. The apply to all areas of human activities, though the techniques and procedures of their application may differ, depending on the nature of work to be performed. Thus, good and professional management is essential for all the fields of human activity and the private hospitals are no exception. But in fact, the use of modern management techniques for the optimum utilization of scarce resources is widely accepted in the industry of our country, while its use in the area of public health, especially in private hospital administration, where the system suffers from paucity of resources has not had the same reception.[18]

We are a developing country and in private hospitals as very nicely described by Dr. V. Ramlingaswami. We have continued to follow the same administration which was left behind when we became independent. Hardly any change or developments have been made. The concept of health has changed, people’s expectations have also changed a great deal but we are still following the out dated technique and methods of administering in our hospitals.

Now a day private hospitals are becoming not only centers of cure but centers of promotion of health and prevention of diseases- a concept of community health. The private hospitals have not only in complexity buzzing with activity of team of expert and latest diagnostic apparatus and equipments but also in size and the patients that they can look after. This has added more and more difficulties rather than solving difficulties in hospital administration.

In a changing society private hospital management in its right perspective is very important. Moreover, private hospitals are very complex organizations with a variety of jobs to be performed by various medical and paramedical personnel. Interactions of heterogeneous groups constitute a great challenge to private hospital management. Besides this, the hierarchy in which, the staff members have to work is very sensitive and constant tension exists. Therefore, proper training is required at every level, where persons have to deal with other persons.

Medical care is the major function of any hospital organization. According to WHO defined “medical care as symbolize personal health care? It encompasses preventive, curative and rehabilitative measures.” Today, this medical care is no more
a one man show. It involves the services of a large number of persons, specialized in different areas. It also requires supporting services of paramedical persons and clerical personnel. Thus, it is a team work. There are different areas of work ranging from simple health checkup to detect disease, out patient examinations, conducting in-patients wards. Operation theatre, ICU, Laboratory, X-ray unit, CAT-scan etc. In addition to above, the hospitals have to arrange for good management of private hospital needs the same care and consideration which is essential for running a business organization.

It is important to note that good doctors may not always be good administrators. So utilization of expertise available from other fields is essential in some cases in the initial period. This is the only way to develop managerial competence amongst medical administrators. The problems of management are more acute and difficult in developing countries like India, Where the needs are disproportionately higher than the available resources. This is more true for private hospitals and the problems can be dealt with by adopting modern management techniques in private hospital organization.

3.8 Historical development of Hospital:

➤ Ancient Background of Hospital:

The hospital system had its origin in some form or other in many parts of the world well before the Christian era. The earliest evidence of institutionalized care for the sick dates back to about 1200 BC. Greeks had designated `Asclepius` as the God of medicine and his temple were used both as houses of workship and shelter for the sick. Patients were often ambulatory. Care in the Aesculapien Temple emphasized on the exposure to air and sunshine and a regimen of rest, relaxation, exercise, baths and proper diet. The temples were similar to modern-day spasm both mind and bodies were included in the recuperative process, while only limited medication was prescribed. In the year, from 460 to 370 BC Hipocrates a most prominent Greek physician was considered as a father of medicine and in his name “Hipocrates Oath” is being administered to every medical graduate before starting his profession. He was instrumental in separating medicine from religion and philosophy. He is credited with using rational approach to medicine, medical training gained importance, as did recognition of the environmental influence on health and disease. [19]
The hospital as an institution for the care of sick or wounded has its origin in the temples of antiquity of India, Greece, Egypt and Babylonia. These institutions were specially established for the treatment of the sick both in mind and body, at a very early period. The first hospitals evidencing modern features were found in ancient Egypt in about 600 BC, where medical care was often rendered in temples. Egyptian priest-physicians were among the first to prescribe practical drugs, and they perform limited surgery and set fractures. In later centuries, Moslem physicians even used in halation anaesthesia and pioneered the use of many new drugs. Moslem countries had asylums for the mentally-ill, a thousand years before such institutions appeared in Europe. In ancient China, free clinic for the sick were established very early and by 300 BC. Alms houses were established for deaf, mutes, cripples and the insane. The Buddhist hospitals come up later and were founded in each province by 6th century AD. [20]

In India, hospitals have existed from ancient times. Even in the 6th century BC during the time of Buddha, there were a number of hospitals to look after the crippled and poor. More such hospitals were started by Buddha’s devotees later on in different parts of India as well as out side of the country. Her (India’s) ancient religious scriptures proclaim among the duties of the king also the duty to promote the welfare of his subjects. In 324 BC Koutilya, depict in his “Arthashastra”- “Support to poor, to pregnant women, to their new born offspring, to orphans, to the aged, the infirm, the helpless and to those afflicted by natural calamities.” [21]

Emperor Ashoka, the Great, (273-232 BC) of Mouryan Dynasty in deed provided for systematic public health and medical services. During his regime, hospitals called “Chikitsa” were set up and Indian physicians become adept in surgery and medicine. Chikitsas were noted for their cleanliness, Patients remained overnight and care was provided by employees. Ayurveda was the main stream of treatment in India and the doctors practicing it were used to be called as ‘VAIDYAS’. Invasion of muslim ruler time and again negated the zeal of the native vaidyas for the investigation of Indian flora. The muslim rulers brought their own physicians called “HAKIMS” who followed greek system of medicines generally termed as `UNANI`. [22] In our Vedas Dhanwantari has been considered as a God of Health. Shushrut and Charak were the well known surgeon and physician. But after British Rule it was neglected and Allopathy, the Western Medicine enjoyed a patronage of the Rulers.
Christianity and Hospital:

The Christian era stressed humanitarianism. To relieve the distress of the unfortunate became in Christian concepts and important religious duty. Ecclesiastic hotels were built adjacent to churches so that priests could conveniently care for and offer solace to the patients. The oldest hospital in the Western Europe is the hotel Dieu in Paris. It was founded in 550 AD. and rebuilt in the 13th century. Its original construction separated individuals with different diseases and in various stages of recovery. There was a unit for convalescing maternity Patients, departments with specialized functions were directed by a department head and specific tasks concerned food, drugs, laundry and dressing of foul wounds.\(^{(23)}\) By AD 500 almost every city in the old Roman Empire had church related hospitals. These hospitals, mostly founded with donation from aristocracy, become the main agency for charity in middle Ages, administering to old and sick persons, orphans, abandoned children and pregnant women.

Later on in early 13th century St. Francis of Assisi and St. Thomas Aquinas gave further impetus to the Church supported hospital movement. Religious beliefs however superseded scientific knowledge in the treatment of patients. In other wards, In western countries, treatment to sick was connected with religious personalities and for a long time Nuns and Fathers of the various Missions and Churches were taking care of the sick persons. Throughout the long centuries until the end of Middle Ages (1450 AD), the Church and the state frequently were in conflict over the administration of social relief and charity work, including health care for the needy. While in Germany, several religious reforms were initiated following Martin Luther’s Augsburg Confession of 1530 and the work of Church related hospitals correspondingly streamlined, Father Vincent found patrons among the aristocracy and Royal Courts and Obtained large foundations for the establishment of hospitals, orphanages and foundling asylums. His Daughters of Charity trained in nursing were the forerunners of the modern social workers. In 1537, the English King Henry-VIII confiscated Church properties, which dealt a severe blow to Church-supported medical and hospital activity. Consequently, it becomes necessary for the state to provide other ways of caring for the sick.\(^{(24)}\)

The `Status of 1572` signed by Queen Elizabeth-I marked the final recognition that the Government was responsible for providing aid to people who could not maintain themselves. From 17th century onwards the historical development of
hospitals progressed in two distinct ways: the state supported and Church supported. Meanwhile, scientific medicine had been rediscovered during the Renaissance (14th to 16th centuries) Medicine also became increasingly separated from religion. It was during this period that the hospitals changed the orientation from a religion to medicine. \[^{25}\] 

Discovery by Lister, that Antiseptic could drastically reduce infection. Koch’s study about Tuberculosis, Louie Poster’s study with Rabbies and Cholera provided scientific reasons for ailments. In 1840 surgical Anaesthesia was brought into practice. In 1885 Roentgen invented the X-Ray. In 1900, Blood Tapping and in 1902 Electrocardiogram (ECG) was invented. Madam Curies Experiments with Radium for Cancer treatment and advancement in Microbiology helped detecting types of infection so that it could be treated with suitable antibiotics. In 1910 Rise of Modern Surgery, In 1920 Development of medical Specialties, in 1930, Theurapeutic advancement, in 1940 Pathological development, in 1960 and thereafter Super specialties, nuclear medical, computerized Tomography, Imaging Radiology, like CAT scan, Ultra sonography, MRI and Gama-camera etc. have been developed and with this sophistication and intricacy and complexity of the Hospital and Medical Science increased immensely. The Medical Technology and Electro Medical Inventions have developed very fast.

➢ History of Indian Hospitals (The Indian Traditions):

India is one of the oldest countries where places to treat the sick and elderly people were maintained in King Ashoka’s time that is BC 273 to 232. Charka and Sushrutha of ancient Indian were famous physicians. Medicine based on the Indian system was taught in the universities of taxilla and Nalanda, which contributed to the advances in Arabic medicine. The qualifications for hospital attendants and nurses as well as specifications for hospital equipment, utensils, instruments and diets have also been given. There is evidence to show that there were many hospitals in South India in the olden days, as observed in the Chola and Malakapuram edicts.

Gupta Emperors (320-605AD) actively promoted setting up of hospitals through state and individual philanthropic effort to provide free medicine, food and shelter to the sick. The practice was reigning high during Harshavardhan’s rule also (606-647). The account recorded by Chinese travelers Yuan-Chiang and Hieun-Tsiang authenticate the existence of a well developed system of medicine and hospital
care. In medieval period comprises the rule of Rajput Govt., Sultan’s regimes and Mughal administration.\textsuperscript{[26]}

Allauddin Khilji (1296-1316) and Mahamad Tughalak (1325-1350) did engage in sporadic public charity work. Similarly Akbar, the Great (1542-1605). Firmly set on its forward march. In 16\textsuperscript{th} century after arrival of Englishmen in India, the East India Company’s Governor Warren Hastings announced to promote the welfare of the people in the conquered territories. Modern education and public health thus were accepted as the company Government’s responsibilities. Hospitals which were initially meant for Europeans were augmented to treat Indians also. The use of the allopathic system of medicine, commenced in the same period with the arrival of European missionaries in south India.\textsuperscript{[27]}

The Portuguese organized hospitals of the European type at Calicut (Kerala), Goa and Southern (Chinnai) through missionary organization. They set up treatment centre and trained local men and women as dressers nurses etc. In the early stage, missions were financed by foreign sources, but later on when the people realized their value, local support and subsidies were available. Many doctors, after discharge from the services of East India Company, settled down in India as private practitioners. During the 17\textsuperscript{th} and 18\textsuperscript{th} centuries, there was a slow but steady progress in the growth of modern system of medical practice in India and the indigenous system was pushed to the background. In the 19\textsuperscript{th} century, modern medicine took firm root. Medical care based on this system spread all over India, mainly through the efforts of the missionaries. The Royal Commission of 1859 appointed to look into the health conditions of the Indian Army made recommendations for the improvement of health of civic population also. Over all, however the services provided for by the Government were too meager to serve the needs of the vast country and woefully inadequate in the rural areas.\textsuperscript{[28]}

\begin{itemize}
    \item \textbf{Contemporary Scenario of Indian Hospitals}
\end{itemize}

Health care system and its management have been changed from “Religious” concept to “Community” and from that to “People Oriented” and from that to “Consumer”. Where scientific management, tactics and skill is necessary to achieve optimum from available resources, After the British Rule the Western Medicine that Allopathy started getting known to the people through the affluent classes were the only fortunate to have an access to the same.
After the Alma-Ata Declaration of 1978 announcing “Health for All by 2000 AD” and after the adoption of the National Health Policy in 1983, hospitals in India started performing the function of providing primary health care inter-alias their catchments areas, through OPD (Out Patient Departments, Polyclinics and Referral clinic) and the OPD based outreach programs (Home-care Program, Community Health Camps, Domiciliary care, Mobile clinic etc) Today, five decades after independence, the term ‘hospital’ has attained a broad generic meaning that takes within its polyclinics, referral clinic, nursing homes, health centers, diagnostic centers. et al. [29]

Hospitals have now become an integral part of the social and medical organization of the community. These are now categorized in following types:

1) Private hospitals (Group of doctors and single doctors)
2) Charitable trusts hospital.
3) Govt. / Local Authorities hospital.
4) Hospital with medical college.
5) Corporate hospitals.

They are making increasing use of new medicines, new diagnostic techniques, new treatment procedures, therapies and research methods, indeed, the availability, quality and cost of hospital services will continue to be the matter of public concern in future also. Similarly, the Govt. enacted several laws to regulate the growing medical and hospital activities in the country. A brief review of these is offered below:

1. Medical Council of India- It is set up as statutory body under the provisions of India Medical Council Act. 1933. For the purpose of maintaining the standards of medical education in the country. It was replaced by the Act of 1956.
2. Dental Council of India- It is a statutory body set up under the Dentists Act 1948, for the purpose to regulate dental education and the profession of dentistry in the country.
3. Indian Nursing Council- It is also statutory body set up under the Indian Nursing Council Act. 1947. The main objectives of council is to regulation and maintenance of a uniform standard of training for nurses, midwives, auxiliary nurse midwives and health visitors.
4. Pharmacy Council of India- It was established in the year 1949 under the Pharmacy Act, 1948, and has been entrusted with the functions of prescribing
minimum standards of education to quality as a pharmacist, regulating these standards uniformly.

**Indian Health Committees:**

After independence there was rapid industrialization in the country, but at the same time there was continuous growth of population which caused a number of medical and health problems. Special efforts were therefore made to solve those health problems and set up various committees from time to time, as under:

1. In 1943 a committee was setup under the chairmanship of Sir Joseph Bhore, to work out an integrated system of health services in India.
2. In 1960, a committee was setup under the head of Smt. Renuka Ray, to examine all aspects of the school health programs in the country. Eg- Prevention of diseases, medical care and follow up services, nutrition and health education.
3. In 1961, the Mudaliar committee was appointed to review the progress made in medical relief and public health since the submission of the Bhore committee’s report, and to formulate guidelines and proposals for inclusion in the subsequent Five Year Plans.
4. In 1963, a special committee was setup, headed by Dr. M.S. Chadha, to chalk out a National Malaria Eradication Program
5. In 1965 the Dr. Mukherjee committee was appointed to reorganize Family Planning Administration.
6. In 1968, The Govt. set up a Jain committee to undertake a study of the working of different classes of hospitals in the country with view to improving the standard of medical care and developing sound guidelines for the future expansion of hospital services.
8. In 1975, the Srivastava committee was set up to report on medical education and manpower requirement.
9. In 1977, a committee to report on strengthening of the accidents and emergency services in hospital was set up under the Chairmanship of Dr.SS Sidhu by the Ministry of Health and Family Welfare.
10. In 1979, the Govt. appointed Bajaj committee to lay down the guidelines for staff, equipment, and space etc. for different sizes of hospitals.

11. In 1981, the Govt, appointed Dr. Mehata committee to review the status of medical education in India.

12. In 1986, The Ministry of Health and Family Welfare setup on expert Review committee called the Bajaj committee for health manpower planning and development with major emphasis on creation of additional facilities for vocational training.

3.9 Hospital as an Organization:

Hospital organization is a complex and an intricate organization. It may be small or big. Men of different strata, education, skill, philosophy, experience work together towards a common goal that is “Patient’s Care.” The function of the hospital is not merely curative, but also includes education, preventive and research. Highly sophisticated equipments is a need of today’s hospital and at the same time crude and routine things are also required.

The people working in the hospital are medical, non-medical, para-medical, highly skilled and qualified, either totally unskilled or semi skilled and either totally uneducated or partially education. The different people working there and connected with the hospital, have different expectations and some times contradictory to each other. Management thinks about the “Returns” and “Feather in its cap,” medical experts look to it “as a place to show their skill, develop their knowledge and make their fortune.” [30]

Para-medical and non-medical look to it as a place for their “Bread and Butter.” Patients look to its as a place to get immediate treatment either free or at least at minimum charges. Suppliers looks to it as a place of good market for dumping their goods and earning more, Community look to it as an image of their locality and a place of their right. The types of ownership of hospitals and their legal entities are also different such as (a) Government (b) Semi- Government (c) Local bodies (d) Individual Private (e) Partnership (f) Cooperative Society (g) Private Limited (h) Public Trust (i) Public Limited Company etc.

Thus as such by organization, function, entities, achievements, men, material and activities, the hospital organization has become more complex and unique organization. The organization of hospital exists to help in the functions of the
hospital to deliver optimally the services it provides. The organization depends primarily upon the objectives of the hospital. While certain objectives are similar, others can be different. There is a varying mix of objectives.

**Unique Feature of Hospitals Organization:**
A hospital organization differs from other organization in many ways:
1. Hospital renders mostly personalized service of care and treatment to the individual patient. The patient’s needs are always of greatest importance
2. Defining and measuring the output is difficult.
3. Much of the work in hospital is an urgent nature and cannot be postponed.
4. The work involved is felt to be more highly variable and complex than in other organization.
5. There is great diversity and variability in nature and volume of work, the hospital has to adjust to workload.
6. The work permits little tolerance for ambiguity or error.
7. There is a mix of professionals, skilled and semi-skilled workers and need of team work with self discipline.
8. Primary loyalty of hospital personnel belongs to the profession rather than to the organization.
9. Hospitals are becoming increasingly responsive to the health needs of the surrounding community.

3.10 Profile of the Kolhapur District
In this topic, the profile of Kolhapur District and geographical area of the study is being presented. It is divided into two sections:

(I) presenting the profile of Kolhapur District
(II) Presenting the profile of the private hospital in Kolhapur District.

(I) **Kolhapur District**
- **Historic Perspective/Origin of Kolhapur:** It is one of the oldest city in the country. It derives its importance from its past political association and its position as a great commercial, religious and educational centre.

**Ancient Times:**
The historicity of Kolhapur town is reliably traceable to the antiquity. In fact the, town is so old that in mythology, its origin is attributed to the creator Brahma
himself, after `Brahmapuri`, the old nucleus of the settlement that had prospered on the high bank of the river Panchaganga. In puranas, Kolhapur is mentioned as “Karaveera” after the legend that the Goddess Mahalaxmi used her mace (Kur) to lift and save her favourite retreat from the water of the Great Deluge. According to folklore, the names `Kolhapur` and `Karveer` have been derived after two demons, `Kolhasura and Karaveera` that were slain by the Goddess Mahalaxmi, Yet another analogy is that the name `Kolhapur` has been taken from the city`s one time king, Srigala (Sanskrit for `fox`, becoming `Kolha` in Prakrit) Rajawada maintains `Kolla` was the Goddess of `Kols` or `Kolas`, the aboriginal settlers of the area and kollas shrine was known as `Kolhapur`, the name degenerated into `Kolhapur`. Other explanations based on the topography of the region also are offered.

The city of Kolhapur has really grown out of a clump of original seven small villages: Brahmapuri, Lagmapur (today Uuttareshwar), Kesapur (Khol-Khandoba), Rankala, Padmala, Ravaneshwar and Laxmiwadi, settled nearly 2000 year ago. The frist three of these were on the southern bank of the river Panchaganga and the remaining four were near the numerous lakes in the area. Brahmapuri, the oldest one, had trade ties with the Roman Empire when it was at its zenith. Sometimes later during the reign of king Yadnya- Shatkarni of Satvahana Dynasty (106-113 AD). Brshmspuri village was gutted in a blaze and despite attempts at resettlement; it could never regain its last glory. Other villages were razed to ground in an earthquake that rocked the area in the early 8th century. The survivors regrouped in a single settlement in the vicinity of today`s Mahalaxmi temple that 1200 years later, has changed into a bustling, growing city spread over 66.82 Sq. km., a home of more than 4 lakh people.

Jain had arrived in Kolhapur in the 5th century AD. Soon the ruling Chalukya Dynasty adopted Jainism. In about 634 AD, Chalukya king Karnadeo begun the construction of a temple for the Jain deity Padmavati, but he could not dedicate it during his lifetime. Later on Chalukyas lost Kolhapur to invaders. Nearly five centuries later, shilahars and Chalukyas come together through a matrimonial alliance and king Gandharadivya of the shilahar Dynasty finally dedicated the temple to the Goddess Mahalaxmi in about 9th century AD. Mahant Vidhyashankar Bharati established on Panchaganga`s banks Matha of Shriingeri Peetha in the 13th century. The temple and the matha gave Kolhapur the distinction of being the `Dakshin Kashi`. [33]
Medieval Age:

In any case, the rulership history of Kolhapur region through its recorded past is much checkered. From first century BC onwards, it had successively been ruled by the Satawahanas (upto 218 AD), Rashtrakutas (218 AD), Western Chalukya (500-750 AD), again Rashtrakutas (750-975 AD) as also Kalyani Chalukya and Shilaharas (upto 1210 AD) finally, the Devgiri yadavs ruled over Kolhapur 1210 to 1306 AD. When they were vanquished by Malik Gafur, Subsequently, it changed hands between different Jahagirdar left the evidences of their conquest of Kolhapur in the stone-inscriptions strewn over the area.

18th Century onwards:

In 1659 Shivaji, the Great, wrestled the control of Panhala and Vishalgad Fort and of Kolhapur city along with it, from Bijapur Mughals and successfully defended its recapture by the Mughals and English. After the death of the Chhatrapati Shivaji, Aurangzeb captured Panhala and Vishalgad at the beginning of the 18th century, but he could not hold them for a long time because the second son of the Chhatrapati Shivaji, Rajaram who had succeeded his father after the death of his elder brother Sambhaji, took up Panhala fort which was for many years the virtual capital of Kolhapur State. In 1782 that Maratha Queen Tarabai had shifted the capital of the principality from panhala Fort to Kolhapur town. The garrison transit town thus changed into a seat of royalty and started to prosper as a religious, trading and military power centre. [34]

The accession of Rajarshi Shahu Chhatrapati to the throne when he was only ten years old, laid the foundation of a new modern era. His rule lasted 38 years from 1884-1922 and his authority extended to higher levels of socio-economic life of his subjects. In 1884, Kolhapur as a state had six sub-divisions, namely, Karveer, Panhala, Shirol, Ajara, Chandgad and Bhudargad. In addition, it had two Petas-Raybag (under Shirol) and Katkol (under Gadhinglaj)

No historically significant development took place during the later period, and the town continued to flourish under successive rulers. The Princely state of Kolhapur merged into the Indian Union on 1st March 1949 and become a district in the Bombay State. In the same period, Kolhapur District consisted- Shahuwadi, Hatkanangale, Shirol, Karveer, Radhanagari, Kagal, Bhudargad and Gadhinglaj Talukas and Panhala, Gaganbavada and Ajara Mahals. In 1956, with the reorganization of State, Chandgad Taluka was transferred from Belgaum District and it was included in Bombay State.
On 1st May 1960, State of Maharashtra comes into being and Kolhapur become its southern-most district. In 1961 the District had 9 Talukas and 3 Mahal with 1086 villages and 11 towns. During 1961-71 decade, Mahals were upgraded and the District comprised 12 taluka with 1093 villages and 11 towns. During the decade 1981-91 two villages from Chandgad Taluka were transferred to Sawantwadi Taluka and 53 villages- from Gaganbavada Taluka were transferred to the newly created Vaibhavwadi Taluka of Sindhudurg District. Thus in 1991, the district had 12 Taluka with 1203 villages (including 15 uninhabited villages) and 12 towns. The 12 talukas are Ajara, Bhudargad, Chandgad, Gadhinglaj, Gaganbavada, Hatkanangale, Kagal, Karveer, Panhala, Radhanagari, Shahuwadi and Shirol.

- **Topography of Kolhapur District**

As already seen, the origin of the word `Kolhapur` is controversial. The topographical explanation of the region the words `Kolla` and `Kholla` are derived from an original Kannada word meaning `Low ground`, Kholla also means a river valley, hence `Kolhapur` means a town situated in a river valley. The word `Koll` means a “low laying” trough between mountain ranges, a town situated in such a place being named `Kollapur` later changed into colloquial Marathi as “Kolhapur.”

Topographically the area of the district in majority is undulated especially the western portion. In the east there are several out crops and hillocks with larger plain area. It has four major hill ranges viz. sahyadri on the west, east, central and south. Famous forts like, Vishalgarh, Panhala, Bhudargad, Pargad, Samangad are located in this district. Similarly, there are major ghats viz. Anuskura, Amboli, Amba, Fonda, Kanjirda, Ramghat, Talghat, Rangana and Hanmanta in the district area.

- **Location and area:**

Kolhapur District is situated in the extreme southern part of Maharashtra State. It lies between 15° 43´ and 17° 17´ North latitude and 73° 40´ and 74° 42´ East longitude. It is bounded by Sangli District to the North, Belgaum District of Karnataka State to the East and South, and Ratnagiri and Sindhudurga District to the West. The Sahyadri Ranges to the west and the river Warana to the North form natural boundaries. The District lies between the basins of Krishna –Panchganga Rivers and is fed by a large number of tributaries, which originate in the western hilltops and flow over the slopes of sahyadri towards eastern part of the District except two minor streams in Bavada Tahsil. The area of Kolhapur District covers 7685
sq.km. with north-south length 160 kms. Where as, east-west length in 60 kms, out of this, 140.07 sq.kms, are covered by urban area and 7544.93 sq.kms. area by rural. It is about 2.5% of the total area of Maharashtra State. The District has 24th rank in the state in term of its size. The whole District is a part of the Deccan Table land and slopes towards the South East.\(^{[36]}\) In general, the physiographic of the district may be grouped into three parts:

1) The Sahyadri Hills- There are spread in a North-South direction along the Western boundary of the district at height between 800 to 1000 meters and are densely forested.

2) The Plateaux- There are situated to the East of the Sahyadri hills. They have a height of between 600 to 800 meters. In fact, there are the eastern slopes and off shoots of the sahyadri hills which are dissected by numerous streams and are partly covered with forest.

3) The River Valleys- A succession of river valleys draining the district towards the east characterizes the landscape of the district from the Warana Valley in north to the upper tributaries of the Ghatprabha in south.

(b) The Main Rivers:

All the rivers in the district originate from the Sahyadri Ranges in the West and flow in a eastward direction. The river Krishna flows only for a short distance through the district mainly on its boundary. The main rivers of the district from North to South are the Warana, the Panchaganga, the Dudhganga, the Vedganga and Hiranyakeshi. The Punchganga commands a large drainage area through its main tributaries, the Kasari, the Kumbhi, the Tulshi and the Bhogawati. The District is thus blessed with 12 rivers.

(c) Climate:

The climate in the Kolhapur district is generally temperate on the western part; near the Sahyadris it is always cooler than the eastern part, which is liable to hot winds during the month of April and May. The year may be divided in to three period- Hot weather from March to May, rainy period from June to October and cold weather from November to February.

(d) Rainfall:

The Kolhapur District gets rain from South-West as well as the North-East monsoons. The quantum of rainfall received decreases rapidly from West to East. The range between the maximum and the minimum rainfall is large. The average annual
rainfall within the district varies widely from about 600 mm in the East to 6000 mm in the West. Hence, three broad rainfall divisions may be defined as:

1. The western zone receiving heavy and assured rainfall.
2. The middle zone receiving moderate but fairly regular rainfall.
3. The eastern zone receiving low, irregular and uncertain rainfall.

(c) Temperature:
In winter, although the day temperatures remain higher than the monsoon season, the mean minimum temperature is lowest and it ranges from about 14º C to 16 º C. There is a rapid rise in temperature in March, reaching the maximum in April. Daily minimum temperatures above 38 º C and thunder storms are fairly frequent in April and May.

- District Administrative Set up
  For administrative purpose, the district is divided into four sub-divisions, namely, Karveer, Ichalkaranji, Radhanagari and Gadhinglaj and 12 Talukas. There were major changes in the administrative setup of Maharashtra immediately after 1981 census resulting into increase of two division and four districts. Pune division includes five districts. Kolhapur is a part of Pune division underwent some administrative changes.

  The Kolhapur District now has 12 taluka and 1203 villages spread over- Karveer (128) Panhala (130) Hatkangale (60) Shirol (53) Kagal (86) Gadhinglaj (95) Chandgad (145) Ajara (96) Bhudargad (108) Radhanagari (121) Bavada (39) and Shahuwadi (142)

  An administrative officer of State Government looks after the development and regulatory functions in the district and taluka level too.

- Economic Profile of the District:
The economic profile of the district comprises agriculture as a cropping pattern, minerals, industries, forests, fisheries, trade and commerce, tourism etc.

  1. Agriculture Cropping Pattern:
The Kolhapur district agriculture cropping pattern is influenced by topography in general and rainfall and type of soil in particular. There is no uniformity in agriculture cropping in Kolhapur District. It differs from region to region, in respect of quantity of rainfall and types of soils. The talorite soils in Bavada, Panhala, Radhanagari and Shahuwadi taluka are fit for raising hill millets alone. Paddy however is grown on them in the villages. Brown soils (Light black soils) are found
in the Hatkangale, Karveer, Radhanagari taluka and some parts of Bhudargad taluka. The Ajara taluka are rich and fertile soils, Therefore rice, jawar, and groundnuts are grown in Karif season. Sugarcane and vegetables are grown, where irrigation facilities are available.

Medium to deep soils are found in the Tahsils of Gadhinglaj, Hatkangale, Kagal, Karveer and Shirol. These soils are quite fertile and yield good crop of jowar and groundnut in Kharif season. These soils are open to irrigation of paddy, sugarcane and vegetables which are grown on them successfully

II. Minerals:

The major portion of Kolhapur District is covered with ‘Deccan Trap’. Bauxite is the chief mineral of economic value in Kolhapur District. It occurs in large quantities as laterite capping in the hills along the eastern margin of the district. Irregular nodules of the Kankar occur in the district. This on burning yields good lime, Copper, Gypsum, Iron and Kaolin. The are found in small quantities. Bauxite is known to exist at several places. Like Gargoti, Waki, Dhangaarwadi, Rangewadi, Udegiri, Chandgad and Radhanagari. The quantity of bauxite is good and is suitable for producing aluminium. In addition to that bauxite, the minerals like building stone of good quality, Ocher gypsum and iron ore occur at certain places in the district.

III. Fisheries:

There is no concentration of fishing villages in the district, as are found in the coastal district. Fishing is carried out in many natural lakes, dams, weirs irrigation tanks, reservoirs and perennial ponds. Vam, Vadshi, Alkut, Dandvam, Mhasheed, Catla, Rohu, Mirgal, Valshivada, Shingalu and Gorami are a few of the important fish in the district. However, fishing does not provide a fulltime job; hence fishermen are obliged to work as farm laborers and construction workers.

IV. Forests:

The total area under forest is about 1,65,545 hectares distributed in about 489 villages mostly in the western hilly areas, which is about 21.5% of the total land area of the district. Out of the all talukas in the district only 4 Talukas (Chandgad, Bhudargad, Radhanagari and Shahuwadi) together account for nearly 69.18% of the total forest area. However, about half of this area is barren and without three covered, thus the actual forest is only about 11-12% of the total land area. Firewood, timber and the Hirda fruit (used for extracting tannin) are the main marketable products from
these forests. The minor forest produce are shikekai, honey, wax, Karvi and Tembhurni leaves etc.

IV. Trade and Commerce:

Kolhapur had been a transit town of repute for centuries; as a result, trading and commercial occupation had proliferated and prospered. The real fillip to the city’s commerce, however, came during Chh. Shahu’s reign with the setting up of a jaggery market at Kolhapur in 1905, when the state invited out-of-state traders to settle in the city on the promise of freehold land, tax exemptions and preferential treatment.

Gradually, the commerce, and on the availability of soft finance through the growing cooperative movement, commerce’s companion activity, Banking, Hospital services prospered. Presently, there are 676 / 700 branches of public sector, scheduled and cooperative banks and about fifteen hundred (small and big) Hospitals functioning in all the major towns and villages of the district.

Shetakari sahakari sangh limited (a farmer’s cooperative union) was established in 1939, today it hold the coveted position of being the largest consumer cooperative in Asia as well as owns the largest cooperative departmental stores chain in Maharashtra. Cooperative credit the liberated common people from the clutches of the money lenders. The spirit of cooperative and mutual assistance among the people eventually gave impetus to the growth of sugar factories. Perennial availability of river water and efficiently harnessed irrigation potential have made agriculture the dominant economic activity in the district, and in its wake, several agro-industrial activities have grown, eg: processing of agriculture produce, and milk and food-processing.

Kolhapur City being the district head quarters has turned in to a large trading and financial center. It has the second largest regulated market for agriculture produce in the state. The district is also famous for producing “Kolhapuri Chappals,” the popular ‘beach-wear’ in Europe and America and “Kolhapuri Saaz”, a neck ornament popular with country wide women folk. Now days Wall Mart trading systems are coming up in major cities like Kolhapur.

The chief export of the district are rice, sugar, chili-power, tobacco, jaggery, cloth, engineering goods etc. while medicines, groceries, machinery spares, cotton yarn, building material etc are the chief items of import. Distribution of goods beyond the wholesale markets is done at market places, and weekly bazaars at different
places. Prominent trade center in the district are Kolhapur, Gadchinglaj, Ichalkaranji, Shirol, Jaysingpur, Kagal, Malakapur and Vadgoan

**TALUKAWISE BRIEF PROFILE:**

1. **Shahuwadi:**

   The Shahuwadi taluka has the largest area (1043.50sq.kms) in the Kolhapur district and located 32 km north-west of Kolhapur. The taluka head quarter is at Shahuwadi which is situated on the Kolhapur-Ratnagiri highway at the distance of 40 kms from Kolhapur. The famous Vishalgad fort in the taluka is crowning the Gajapur hill about 70 kms north-west of Kolhapur. It is 3200 feet long and 1040 feet broad. The walls, gateways and tower are almost entirely ruined. Besides the old mansion of the Kolhapur Pratinidhi the Chief building is a masque with a tomb to Hajrat Malik Rehanzir 17 feet long by 15 feet broad and 8 feet high. This mosque is visited both by Hindus and Musalmans. The fort is watered by the Bhopal and Ardha Chandra (half moon) reservoirs and by a cistern. Till 1844 Vishalgad continued to be the head quarter of the Kolhapur Pratinidhi. In 1844 as the fort had been occupied by the rebels, it was dismantled and the Pratinidhi’s head quarter was moved to Malkapur. There are large number of the remains on the fort and is visited by large number of people. Malkapur is one of the important towns in Shahuwadi taluka located on the left bank of the Sali River and close to the Kolhapur-Amba pass road. It has two Chief Temples built of stone and mortar viz. Visvesvara and Bhimasankar. There is a Govt. dispensary in the center of the town and few private hospitals available for public health.

   In this taluka, there is a Kasarde village in which a famous temple of Dhopeswar whose image is said to be Svayambhu (selfmade). It is said that Dhopeswar issued an order forbidding any one digging up the treasure and it has never since been touched. In taluka there is scenic water fall known as “Barki Fall” is a unique feature. In this
taluka there are 133 villages, divided into 5 blocks/revenue circles. viz. Bedasgaon, Amba, Malkapur, Sarud and Bambavade. The researcher has selected the 5 villages i.e., Shahuwadi, Malkapur, Bambavade, Sarud and Shittur tarf Warun from taluka for data collection of 11 private hospitals. The Map No.3.1 shows the private hospitals from selected villages in a Shahuwadi taluka.

2. Panhala:

Panhala, the head quarters of Panhala tahsil is the best health resort in Kolhapur District. It is located 19 kms north-west of Kolhapur and famous for its fort and as a hill station. It has very impressive natural scenery. The climate is very delightful, the days are cool and nights are fresh. Large numbers of peoples come and stay here. The fort was originally built by Silahara King probably in 11th century. It is famous for its freedom from Cholera chiefly because of its plentiful supply of pure iron-charged water. The fort remained important throughout the history. It has two parts Panhala for killa Panhala, also called as Huzur Bazar on the hill top and the suburbs of Raviwar, Mangalwar and Guruwar and Ibrahapur at the fort. The hill top is pleasantly broken and adorned with cliffs, pools and shady springs.

One of the major features of Panhala taluka, is that It is too rich with industrial units and health centers. There are two cooperative sugar factories and biggest Warana Udyag runs various industrial, Banking, Health and Service units under cooperative nature. The Panhala taluka is famous for the temple of Jyotiba, which was built in 1730 by Ranajirao Shinde. A fair is held in the month of Chaitra which begins on the full moon day. More than a lakh of people from Karnataka and Maharashtra attend the fair. A Pandav dara cave of Panhala taluka is famous, which is located at 9 kms towards west of Panhala, has 12 Buddhist caves cut in a ridge.

Panhala taluka has 130 villages which are divided in to 5 block or revenue centers viz. Kodoli, Panhala, Kotoli, Bajar Bhogaon, and Kale. The researcher has
selected 8 private hospitals from 6 villages (Panhala, Kodoli / Warana, Kotholi, Asurle, Kale, and Porle) in Panhala taluka. The Map No. 3.2 shows the private hospitals from selected villages in a Panhala taluka

3. Hatkanangale:

Hatkanangale is a taluka head quarter located 26 kms east of Kolhapur. This taluka is rich with industrial, communication, trade, transport, health facilities, agriculture and tourism too. Ichalkaranji, a large town of Hatkanangale taluka, the place is famous for handloom products. It is called as Manchester of Maharashtra. Balkrishnabuva Ichalkaranjikar, the famous classical singer belongs to this place. As such the town is the great patron of classical music.

In this taluka a village Kumbhoj is 7 kms away from taluka place, is a famous Jain Santhana called as Shri Atishaya Kshetra of Bahubali’s. There are ancient Jain Temples on hillock. The area is beautifully developed and visited by large number of people. Similarly, a village Aalate in Hatkanangale taluka, located 19 kms towards north-east of Kolhapur the place was famous for preparation of red colour made from “Alata,” hence the name. The village has Shiva Temples one of which is located in an ancient cave, probably dedicated to Jainism converted sometime in medieaval period to Shivaism. There are three inscriptions in the temple. Vadgaon, village in Hatkanangale taluka, is famous for a memorial of great Maratha Sardar Dhanaji Ghorapade of Sambhaji’s time who troubled Aurangzeb throughout his career.

Khochi or Khodshi in taluka Hatkanangale, is known for the temple of Kshetrapal and Jogeshwari built by Sultanrao Shinde in 1680. A large fair is held in the month of Chaitra. Lastly, Hupari in this taluka, located 16 kms south-east of Kolhapur is famous for manufacture of silver ornaments. The place has two late medieaval temples. The Hatkanangale taluka has three sugar factories and five textile industries under cooperative base.

The total population in Hatkanangale is 709628 (2001) which is next to Karvir
taluka. There are 58 villages in Hatkanangale taluka which are divided into 5 revenue circles viz. Vathar Vadgaon, Vadgaon Kasba, Hatkanangale, Ichalkaranji and Hupari. The researcher has selected 12 private hospitals from 6 villages i.e., Hatkanangale, Ichalkaranji, Vadgaon, Hupari, Pattan Kadoli and Rukadi in this taluka for collection of required data. The Map No. 3.3 shows the location of the selected villages in Hatkanangale taluka for survey of private hospitals.

4. Shirol:

Shirol taluka is one of the popular talukas of Kolhapur district, where there are major historical and tourist places. It has taluka head quarter located about 45 kms east of Kolhapur. Wadi Narasimha known as Narasobachi wadi is located 5 kms south of Shirol. A taluka head quarter is a famous religious place visited by a large number of people throughout the year. It is the place of Narasimha Saraswati Swami considered as an incarnation of Dattatreya. The village has number of temples. In this taluka “Khidrapur” a place located 65 kms towards south-east of Kolhapur is famous for its ‘Shiva Temple’ called Koppeshvara temple built in 12th century AD to which Yadava king Singhana had made donations as revealed from the inscription located near southern entrance. The inscription was carved after the victory over this area by Yadavas but temple was constructed during the reign of shilahar of Kolhapur.

Jaysingpur and Kurundwad are the main towns of Shirol taluka and they are located 5 kms towards north and south of Shirol. Jaysingpur town is situated with master plan under the direction of Chhatrapati Shahu Maharaj. It has big marketing center (Bazar peth) of Tobacco, Jaggery and Ground nut. Where as Kurundwad is a place of historical importance. The taluka has one cooperative and one private sugar factory. There are also numbers of oil mills along with industrial estate.

The Shirol taluka has 54 villages, which are divided into seven revenue circles viz. Jaysingpur, Shirol, Nandani, Shirdhon, Kurundwad, Nrusinhawadi and Dattawad.
The researcher has covered 11 private hospitals from six villages i.e., Shirol, Jaysingpur, Kurundwad, Nandani, Takali and Akkiwad. The Map No.3.4 shows the hospitals of selected villages in Shirol taluka.

5. Bavada:

Bavada, a taluka head quarter, is located at 54 km away towards south-west of Kolhapur. This is a small taluka of Kolhapur district, because it has the lowest number of villages, households, less population density and smaller area in sq. kms as compared to the other talukas. Gagan Bavada is one of the fifteen forts built by Bhoja Raja of Panhala (1178-1209). It lies on a peak of the Sahyadri range more than 2500 feet above the sea. The fort rises sharply and is very difficult to approach. The hill and the country around were formerly thick with forest, which has now largely disappeared. About 1.5 km to the east of the fort lies the taluka place, the town of Bavada. It is from Bavada town, there are two famous Ghats viz. Karul and Anuskura Ghat run towards western side. Every year in Chaitra a fair is held in honour of Shri Rama. The fair is said to have been established on the advice of the Saint Ramadas by Rachandra Nilkanth Amatya, the founder of the Bavada Jahagir family. Besides the above fair, a Urus, is held in honour of Gaibi Saheb, twice a year.

This taluka is economically backward, geographically hilly and remote, but rich with natural resources. There is only one private sugar factory and some few private hospitals are available in taluka. There are 39 villages in taluka which are divided into two blocks or revenue circles viz. Salwan and Bavada. The researcher has selected 7 private hospitals from 5 villages i.e., Bavada, Salwan, Sheloshi, Tisangi and Dhondawade (Parkhandale) in taluka for data collection. The following Map No. 3.5 indicates the private hospitals from selected the villages in Bavada taluka.
6. Radhanagari:

Although Kolhapur district is one of the industrially advanced districts in the Maharashtra state, Radhanagari taluka of Kolhapur district is backward in the industrial sector and some what forward in the agricultural and irrigation sector. Radhanagari is a taluka head quarter, located at 48 kms south-west of Kolhapur. The western part of taluka is covered by Sahyadrian range along its western boundary. The taluka is full of natural scenery and free from any environmental pollution. The area of taluka is 892.30 sq. km. and which has three irrigation Dams viz. Tulasi dam, Kalamawadi dam and Radhanagari dam. Among them Radhanagari Hydroelectric Project is related to irrigation and electricity built on Bhogavati river in 1954 having 5000 ml. rain. The Radhanagari dam has historical importance because it was initially constructed by Chhatrapati Shahu Maharaj. The strengthening and extension of dam work is being done which will increase the capacity. Beside the dam there is one famous lake known as “Laxmi Lake” As per the tourism point of view, Radhanagari taluka has natural beauty with wild animals in “Dajipur Forest” (Dajipur Abharannya) zone. This forest is declared as “Bison Abhayrannya” by the state government and there is a arrangement of bastion to reconnoiter the wild animals with their natural position. The taluka has limited health and educational facilities.

Radhanagari taluka has 114 villages, which are divided into five blocks or revenue circles viz. Kaulav, Walwe Tarle, Radhanagari and Saravade. The researcher has selected 7 villages i.e., Radhanagari, Kasaba Tarale, Saravade, Walwe, Thikpurl, Rashiwade and Solankur for data collection from 7 private hospitals from those villages. The following Map No. 3.6 shows the private hospitals from selected villages in a Radhanagari taluka.
7. Karvir:

Karvir is one of the most popular taluka places in Kolhapur district. It is the main taluka place of Kolhapur. It is also famous for “Karvir Niwasini” i.e. Mahalaxmi Temple adored by all the Hindus. It is full of ancient remains all over the town and monuments. It has got a museum of Department of Archaeology located in town hall where antiquities from the Brahmapuri excavation are displayed. Another museum of state government and named after Shri Chandrakant Mandhare the great fine artist and painter, has the collection of beautiful paintings done by Mandhare himself. Besides Mahalaxmi Temple there are Old Palace, Shalini Palace, Town Hall, Koti-tirtha, Ganapati Temple without pillars, Jain Math, Khasbahg Maidan, Panchaganga Ghat, Rankala Tank and number of other monuments and locations. Kotayayani Park (at Balinge) of Karvir taluka located 8kms south of Kolhapur is famous for Katyayani Temple, probably the only one in Maharashtra and also famous for its natural setup. It is much older and visited by large number of people. Similarly, Kaneri is a place of Karvir taluka located 15 kms south of Kolhapur. It is one of the important lingayat museums too. Bid village of Karvir taluka is famous for Bideshwara Temple of 13th century AD when, a local chieftain controlling Panhala had his head quarter here. It is located 14 kms south-west of Kolhapur on river Tulshi, large number of ancient remains are still seen in the village. There are two industrial estates in taluka viz. Gokul Shiragaon and Shiroli and more number of banking, educational, hospitals and services organizations in Karvir taluka.

Karvir taluka has 125 villages, which are divided into eight blocks or revenue centers i.e., Kuditre, Nigave Dumala, Mudsingi, Kaneri, Ispurli, Haladi, Beed and Sangrul. The researcher have selected 15 private hospitals from 8 villages viz. Kolhapur, Bhogawati/Parite, Wadange, Sadoli, Haladi, Gandhinagar, Shiroli and Kerli in the Karvir taluka for data collection. It includes both rural and urban villages; where there are private allopathic IPD (In Patients Department) hospitals are
available. The Map No. 3.7 indicates the private hospitals from selected villages in Karvir taluka.

8. Kagal

Kagal is a taluka of Kolhapur district which is located 18 kms away towards south-east of Kolhapur on Pune-Bangalore National Highway. Kagal is a taluka headquarter. It has three medieval mansions and few temples. The river Dudhganga is a natural gift to Kagal taluka for its agricultural and industrial development. It is a birthplace of great social reformer Chhatrapati Shahu Maharaj. The availability of five star industrial estates is a unique characteristic of Kagal taluka. There are also two cooperative sugar factories in taluka along with various small and big industrial units. In Kagal taluka a village Kapashi is located 39 kms towards south of Kolhapur the place is famous for the leather Chappals specially called Kapashi Chappals. It has got a temple built in the memory of the wife of Santaji Ghorpade, the great Maratha warrior of Sambhaji’s time. As per census 2001 the total population of Kagal taluka is 248237 and sufficient private hospitals are available in taluka for health services of people.

Kagal taluka has 86 villages, which are divided into five blocks or revenue centers viz. Kagal, Siddhanerli, Pimpalgaon Bk., Murgud and Kapashi. The researcher has selected 6 villages i.e., Kagal, Murgud, Kapashi, Lingpur, Bidri and Sangar for data collection from 11 private hospitals in the said villages. The Map No. 3.8 shows the location of the selected villages in Kagal taluka for survey of private hospitals.

9. Gadhinglaj:

Gadhinglaj taluka (16°-10’ N and 74°-20’ E) is located at 72 kms south-east of Kolhapur. This taluka is one of the trading and developing centers in the Kolhapur
district. Gadhinglaj town is the head quarter of taluka, which lies on the left bank of the Hiranyakesi River close to the Sankeshwar-Amboli highway. The river flows from west to east on the outskirts of the town. The town is a center of trade for the agricultural produce of the surrounding villages. There is a Govt. hospital and many private hospitals in the town and surrounding villages too. In this taluka there is one cooperative sugar factory and many other small industrial units. Gadhinglaj suffered greatly during the long wars at the close of the 18th century (1773-1810) especially at the hands of the Patwardhan Konherao and the Desai’s of Nippani. The Chief temple in honour of Kaleswar is in the center of the town and about 5 kms towards north of Gadhinglaj is a temple of Bahiri, where every February-march a fair is held attended by thousands of people. About, 25 kms away south from Gadhinglaj there is a monument of great senapati or Maratha warrior Prataprao Gurjar known for its historical importance.

The fort of Samangad is situated nearly 10 km away towards south-east of taluka head quarter and has several remains to see. Samangad was probably a Rashtrakuta fort. In 1676, Samangad was thoroughly repaired by Shivaji. Though, one of the smallest of Shivaji’s forts, Samangad was strongest one. The fort is now in a dilapidated condition. Bhimsagiri (Gadhinglaj taluka) a group of 2 or 3 temples lies about a thousand yards west of Samangad. The Chief is Bhim’s temple which has a stone built gabhara or the inner hall shrine with a quadrangular vestibule or man-dap. Near Bhim’s temple stands the temple of Chaloba.

Gadhinglaj taluka has 91 villages which are divided into five blocks or revenue circles viz. Gadhinglaj, Dundage, Halkarni, Mahagaon and Nesari. The researcher has selected 12 private hospitals from 6 villages i.e., Gadhinglaj, Mahagaon, Nesari, Batkanagale, Kadgaon, and Halkarni in this taluka for data collection. The Map No. 3.9 shows the private hospitals from selected villages in a Gadhinglaj taluka.
10. Ajara:

Ajara taluka is a lush green taluka in the Western Ghat, which is located 102 kms south-west of Kolhapur on Sawantwadi-Kolhapur highway. The town Ajara a taluka head quarter which has two famous temples called Ravalnath and Ramlinga or Ramtirth, one Rozari Charch and dilapidated fort. Ravalnath temple is completely renovated; Ramlinga temple is located in a picturesque environment enhanced by pond and a waterfall. A fair is held on Mahashivratri. The place is famous because from here beautiful scenery along the Vengurla creek can be enjoyed. This taluka is also known for bauxite deposits and special rice market known as ‘Ghanasal rice’. Basically Ajara taluka is a backward, hilly and remote taluka, but sound with different natural resources. The taluka place Ajara is located at the confluence of the holy rivers: Hiranyakeshi and Chitra. The renowned educationist late Hon. J. P. Naik the renowned botanical scientist, late Hon. S. L. Ajarekar and reputed Marathi Author late Hon. Shivajirao Sawant hailed from the Ajara Tahsil. Ramtirth, a holy place with charming surroundings, is 2 km away from Ajara. The well known Chitri Dam is 8 Kms and the famous hill station Amboli is 30 kms away from Ajara. In this taluka there is one cooperative sugar factory and one cooperative textile factory.

The total area of Ajara taluka is 548.80 sq. km and there are 96 villages with 27000 households in taluka. The total villages of taluka are divided into three revenue circles i.e. Uttur, Maligre and Ajara. The researcher has selected 6 villages viz. Ajara, Bhadavan, Gavase, Uttur, Madilage and Watangi for data collection from 9 private hospitals. The Map No. 3.10 shows the private hospitals from selected villages in Ajara taluka.
11. Bhudargad:

Bhudargad is one of the talukas of Kolhapur district and it is named after the famous fort located 58 km south of Kolhapur. The town Gargoti is a taluka headquarter of Bhudargad taluka. A reputed educational institute “Mouni Vidyapeeth” had established in Gargoti by the renowned educationist late Hon. J. P. Naik. The fort name itself the taluka name as a ‘Bhudargad’ taluka. Bhudargad is one of the Kolhapur forts and which was dismantled in 1844 under the advice of the Bombay Govt. It is 2600 feet from north to south and 2100 feet from east to west, and is enclosed by broken stone and mortar wall with two gate ways. It has a small habitation. At the fort of the hill are two hamlets and one of which a small market is held every Monday. Before the repairing of the fort, the hill of Bhudargad had sacred shrines of Kedarling, Bhairav and Jakhrubai with a hamlet at the foot of the hill inhabited by the priests who performed the service of the deities and managed their festivals. In 1667 the fort was repaired and put in excellent order by Shivaji. In 1844 the garrisons of Bhudargad and Samangad revolted and closed their gates. On 13th Oct. 1844 Bhudargad was taken by British forces and dismantled. ‘Patgaon’ a famous village in Bhudargad taluka is located 14 kms from taluka place is known for Mouni Maharaj. There are few more ancient remains including Yadav temples. There is a cooperative sugar factory and a medium dam project at Patagaon is the recent development units for taluka economy. This taluka is much closed to sahyadry ghat range and sound with natural and human resources. But except government health centers very few private hospitals are available in taluka. It has 114 villages which are divided into four blocks or revenue circles viz. Koor, Gargoti, Karedwadi and Kadgaon. The researcher has selected 8 private hospitals from 4 villages i.e., Gargoti,
Pimpalgaon, Mudhal-titta and Shengaon in this taluka for data collection. The Map No.3.11 shows the private hospitals from selected villages in a Bhudargad taluka

12. Chandgad:

Among the 12 talukas of Kolhapur districts, Chandgad taluka is one which is situated in the south part of Kolhapur district at a distance of 125 Kms from district head quarters and is located on the border of Karnataka and Goa State. It is rich with huge natural resources but poor with infrastructure facilities. It comes under remote zone because about \( \frac{2}{3} \) part of the taluka is hilly and mountain slopes. Chandgad taluka has the highest number of villages as compared to the other talukas in the district. Chandgad is the head quarter of Chandgad taluka. This is famous for the temple of Ravalnath of Medieval period. Chandgad has a ruined mud fortlet or gadhi. In 1827 the gadhi was described as a place of no strength, useful only to protect the persons and property of the inhabitants during incursions of predatory horse. There are four rivers i.e., Tamraparni, Ghataprabha, Markndye and Tilari and three forts i.e, Pargad, Gandhrwagad & Kalanandigad is a unique feature of the taluka. Pargad fort is built on a peaked hill in sahyadri about 2000 feet above sea level and located 45 kms west of Chandgad. The ascent to the fort is steep by rock-cut steps. The fort which is about forty acres in area is mostly out of repair. A temple of Bhavani and two broken pieces of cannon are the only other remains in the fort. In 1844 Pargad and Chandgad were threatened by insurgents, but a timely reinforcement of irregulars saved them. Gandharvgad was built about 1724 by Nag Savant, the 2nd son of the great phond Savant of Savantwadi. It is located 7 km east of Chandgad and 34 kms west of Belgaum has few remains of the fort.

The taluka has two sugar factories (Cooperative & Private) and two industrial estates. It has one Govt. hospital for the people called as “Grameen Rugnalaya” 6 primary health units, many private hospitals are available. There are 156 villages in Chandgad taluka, which are divided into 5 revenue circles i.e., Chandgad, Date, Kowad, Turkewadi and Here. The researcher have selected 8 villages viz. Chandgad, Naganwadi, Adkur, Halkarni, Mangaon, Kowad, Kudnur and Here from the taluka for data collection of 9 private hospitals. The following Map No. 3.12 shows the private hospitals from selected villages in Chandgad taluka.
Table No. 3.1: Administrative Divisions of Kolhapur District-I
(With Area, number of villages & towns and population according to the census of 2001)

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<tr>
<th>Prant No.</th>
<th>Name of Taluka or Peta</th>
<th>Area in sq. km.</th>
<th>No. of Villages</th>
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<td>12</td>
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<td>156</td>
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<td>3523162</td>
</tr>
</tbody>
</table>

(Source: Indian Census 2001)
Table No.3.2: Administrative Divisions of Kolhapur District-II

(With Number of Household, Population density, Sex ratio, Percentage of SC & ST and Percentage of Literacy according to the census of 2001)

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Taluka name</th>
<th>No. of Household</th>
<th>Population Density</th>
<th>Sex ratio</th>
<th>Percentage SC</th>
<th>Percentage ST</th>
<th>Percentage Male</th>
<th>Percentage Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Shahuwadi</td>
<td>36000</td>
<td>169</td>
<td>1049</td>
<td>11.52</td>
<td>0.17</td>
<td>81.08</td>
<td>53.83</td>
<td>66.93</td>
</tr>
<tr>
<td>02</td>
<td>Panhala</td>
<td>47000</td>
<td>419</td>
<td>921</td>
<td>12.58</td>
<td>0.13</td>
<td>86.21</td>
<td>61.36</td>
<td>74.16</td>
</tr>
<tr>
<td>03</td>
<td>Hatkanangale</td>
<td>142000</td>
<td>1164</td>
<td>911</td>
<td>14.10</td>
<td>0.59</td>
<td>89.12</td>
<td>70.66</td>
<td>80.25</td>
</tr>
<tr>
<td>04</td>
<td>Shirol</td>
<td>71000</td>
<td>707</td>
<td>941</td>
<td>15.06</td>
<td>2.32</td>
<td>89.33</td>
<td>70.59</td>
<td>80.15</td>
</tr>
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<td>Bavada</td>
<td>6000</td>
<td>116</td>
<td>969</td>
<td>13.90</td>
<td>0.35</td>
<td>75.29</td>
<td>46.01</td>
<td>60.74</td>
</tr>
<tr>
<td>06</td>
<td>Radhanagari</td>
<td>37000</td>
<td>211</td>
<td>946</td>
<td>10.48</td>
<td>0.24</td>
<td>85.40</td>
<td>56.67</td>
<td>71.33</td>
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<tr>
<td>07</td>
<td>Karvir (Kop)</td>
<td>184000</td>
<td>1351</td>
<td>917</td>
<td>13.58</td>
<td>0.36</td>
<td>91.04</td>
<td>74.71</td>
<td>83.16</td>
</tr>
<tr>
<td>08</td>
<td>Kagal</td>
<td>51000</td>
<td>453</td>
<td>949</td>
<td>13.20</td>
<td>0.15</td>
<td>85.70</td>
<td>61.08</td>
<td>73.58</td>
</tr>
<tr>
<td>09</td>
<td>Gadhinglaj</td>
<td>46000</td>
<td>449</td>
<td>1016</td>
<td>10.70</td>
<td>0.65</td>
<td>83.96</td>
<td>60.07</td>
<td>71.81</td>
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<tr>
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<td>Ajara</td>
<td>27000</td>
<td>221</td>
<td>1082</td>
<td>08.44</td>
<td>0.24</td>
<td>82.58</td>
<td>57.45</td>
<td>69.37</td>
</tr>
<tr>
<td>11</td>
<td>Bhudargad</td>
<td>31000</td>
<td>225</td>
<td>995</td>
<td>10.03</td>
<td>0.32</td>
<td>86.14</td>
<td>59.89</td>
<td>72.92</td>
</tr>
<tr>
<td>12</td>
<td>Chandgad</td>
<td>35000</td>
<td>190</td>
<td>1033</td>
<td>09.42</td>
<td>1.07</td>
<td>80.74</td>
<td>53.29</td>
<td>66.67</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>713000</strong></td>
<td><strong>455</strong></td>
<td><strong>949</strong></td>
<td><strong>12.76</strong></td>
<td><strong>0.61</strong></td>
<td><strong>87.47</strong></td>
<td><strong>66.02</strong></td>
<td><strong>76.93</strong></td>
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</tr>
</tbody>
</table>

(Source: Indian Census 2001)

(II) Profile of the private hospitals in Kolhapur District

As like monetary and other things, the health condition is equally important for the survival of human being. But in ancient period people were unaware about their health conditions, only those who were literate use to take proper care and knowledge about health and hygiene. Similarly, the occurrence of contagious diseases like Cholera, Plague, Malaria etc., was very grave throughout the country. People use to suffer from the contagious diseases and heavy death toll was occurred. Ayurveda was in practice, few Vaidya’s use to treat the patients, but it was inadequate.

After the arrival of Englishmen in India in 16th century, the Governor of East India Company announced some policies to promote the status of health and welfare of the people in the conquered territories. They introduced the modern education and public health. The actual growth of hospital in Kolhapur district ranges after 1850 AD. The use of allopathic system in medicine commenced from the same period with arrival of European missionaries in Kolhapur district. The first dispensary in the district was opened in 1847. Before that, there was a ‘Ayurveda’ stream of treatment and the doctors practicing it were used to be called as ‘VAIDYAS’ The muslim rulers brought their own physicians called ‘HAKIMS’ who followed Greek system of
medicines generally terms as ‘UNANI’. In this way “Shushrut and Charak” were the well known surgeons and physicians in district.

In 1883 a new building for the hospital was constructed and in the same building, hospital was started with the named as “Prince Albert Edward” hospital. It was popular the name as “Darbar Hospital.” The same is renamed as “Chhatrapati Pramilaraje Hospital” (CPR) now. The town’s reputation as a medical centre in Western Maharashtra made a humble beginning in 1883 with establishment of CPR Hospital. Basically, at the beginning this hospital was started with merely 100 beds and 5 sections or departments. But now a day (After 125 years) the entire structure of CPR hospital has been changed drastically. At present there are 665 beds and more than 25 diagnose facility sections or department in the hospital. It is situated on a Poona-Bangalore National Highway-4 and central place of Kolhapur head quarter. In 1896 Chhatrapati Shahu Maharaj opened a new hospital in Kolhapur (Karveer) and Hatkangale; in these hospitals a separate section for women was started.

In 1858 a separate health department was started in Kolhapur to eradicate small-pox problem. Gradually the department grew and changed with several new additions and systems for solving the problems of health and hygiene. Local bodies and private charitable organizations help to carrying out the various schemes and plans to develop hygienic atmosphere to establish healthy society. To control the diseases spreading all over the district eradicate and maintain such situation and diseases do not erupt, family planning, family welfare, health education, public health laboratories to facilitate the common people, all these work are being carried out by the government and private hospitals. Though the establishment of CPR was the beginning of hospitals in Kolhapur district, some of the private hospitals were come into existence after CPR. But least information was available about the facts and figures of the same. Soon after independence the Bombay Government gave more stress on expansion of medical education, as a consequence gradual development took place towards the establishment of private hospitals by young and educated doctors. It was heard from oldage doctors of Kolhapur, by 1956 there were 13 private hospitals, out of which 8 hospitals had IPD facility with 3-7 bed capacity, where as rest of five hospitals had only OPD services.

From 1961 to 1980 not considerable number of private hospitals, but the growth of hospital organization in the private sector had been started for the period of 1981-2000 and since then continued to show an increasing trend. At present there are totally
1452 private hospitals with over 12000 beds admitting more than 150000 patients each year and giving treatment to an un-estimated number of out-door patients. These hospitals can be categories according to rural and urban hospitals as well as according to the General, Special and Multi-special hospitals.

3.11 HRM in Hospital and Contemporary Perspective of HR:

A hospital’s success is largely dependent on the quality and work efforts of its employees, therefore, the function of human resource management are critically important to the efficient and effective operations of such organization. Yet, environmental forces affecting health services delivery are causing changes that will alter the personnel management function in the future and the organization’s view of its human resources.

HRM IN HOSPITAL: Human resource management is composed of the wide range of activities, program and policies related to acquisition and retention of human resources in hospital as well as their eventual exit from it. Conceptually, these activities can be viewed from a time flow incorporating multiple phases. As shown in fig-3.2

<table>
<thead>
<tr>
<th>Human Resource------Acquire</th>
<th>Retain</th>
<th>Exit</th>
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<tbody>
<tr>
<td>Manpower planning</td>
<td>Performance appraisal</td>
<td>Pre-retirement counseling</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Employee placement</td>
<td>Exit interviewing.</td>
</tr>
<tr>
<td>Selection</td>
<td>Training and Development</td>
<td>Out placement</td>
</tr>
<tr>
<td>Orientation</td>
<td>Discipline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Career Counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health and Safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Services Delivery &amp; Legal Environment</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Hospital Organization and Management: By Kurt Darr.*

Human resource management in hospital is different today from twenty years ago, not only in terms of role and process but, more importantly, in terms of an approach and philosophy toward human resources. \[37\] The evolution has not been smooth, but it has been progressive.
**CONTEMPORARY PERSPECTIVE OF HR:** Today, progressive hospital embraces the “human resource perspective” that describes their approach to personnel management. It includes following attributes-

1. Employees are the principle component in accomplishing organizational objectives.
2. The value of employee cannot measure in terms of the cost of employing them. But in terms of the investment in training and development and job experience.
3. Organizations and employees have reciprocal obligations to and interest in each other; they both gain from these relationships.
4. Employer and employee share goals that make for greater employee identification and involvement with the organization.
5. There is a permeating climate of mutual respect, positive interaction, and desire to improve organizational effectiveness and efficiency, that is individual organizational work results by improving employee quality of work life.
6. There is a managerial attitude receptive to changing modifying and evolving organizational arrangements and job design to accommodate and capitalize on the interest and needs, abilities and skills of employees as opposed to force fitting them into rigid structure.

- **The staff of Hospital Work in Teams:**
  1. Patient Care Team- Doctor, nurse, pharmacist, workers, dietician and others.
  2. Investigation Team- Laboratory and radiology technician, nurse, pathologist, microbiologist and radiologist.
  4. Coordination Team- Coordination of the work of each team and each member of the team is important to achieve the objectives.
3.12 Models of Hospital Human Resource Management:

By examining the evolution of personnel management in hospitals, it is possible to highlight implications of the human resources perspective as it exists now and to predict changes to come. To do so, four evolutionary models are presented. For the sake of convention and description, they are labeled the (1) Personnel (2) Labor Relations (3) Human resource and (4) Matrix models. It is shown as under-

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Approach to personnel management</td>
<td>Benign neglect or indifference</td>
<td>Containment of external forces.</td>
<td>Human resource perspective (Focus on people as resource)</td>
<td>Modified human resources perspective</td>
</tr>
<tr>
<td>Role</td>
<td>Record keeping</td>
<td>Cope</td>
<td>Intervention (For change)</td>
<td>Intervention (For organizational survival)</td>
</tr>
<tr>
<td>Process</td>
<td>Simple functional (not integrated)</td>
<td>Fully functional</td>
<td>Integrative functional</td>
<td>Creative functional</td>
</tr>
<tr>
<td>Organizational Philosophy about employees</td>
<td>Neutral (Employees are just another resource)</td>
<td>Conflict and confrontation</td>
<td>Collaborative cooperative (Employees &amp; organization-mutual interest)</td>
<td>Competitive Participative</td>
</tr>
<tr>
<td>Predominant strategy</td>
<td>Inactive compliance</td>
<td>Reactive</td>
<td>Proactive</td>
<td>Innovative</td>
</tr>
<tr>
<td>Influence on Organizational Policy</td>
<td>Minimal</td>
<td>Increasing</td>
<td>Enhanced</td>
<td>Greater</td>
</tr>
<tr>
<td>Acceptance by managers and staff</td>
<td>Minimal</td>
<td>Necessary</td>
<td>Enhanced</td>
<td>Greater</td>
</tr>
</tbody>
</table>

Source: Hospital Organization and Management: By Kurt Darr.

3.13 Conclusion:

Hospitals have now become highly complex organizations due to rapid changes in the field of medical science and technology. Hospitals are fast becoming the centers of not only cure but of promotion of health and prevention of disease, therefore hospital management has become very important in such changing society. The hospitals offer different types of services, such as the medical services containing line services, supportive services, auxiliary services and the peripheral services,
medical education and training and research facilities. The education, training and research facilities help hospitals in developing professionally sound hospital personnel. A hospital deals daily with the life, suffering, recovery and death of human beings. For the direction and running of such a hospital its personnel need a particular combination of knowledge, understanding, traits, abilities and skills. A hospital output are measured in terms of successful treatment of patients and patient satisfaction while inputs includes workload on medical and paramedical staff as well as the use of medical and laboratory equipments, and hence there is little scope for monetary computations. Any successful hospital management technique should therefore, aim at economic and optimum utilization of resources, better distribution of services and maximum satisfaction of patients. In short, effective delivery of health care services would depend largely on the nature of education and training towards community health of all categories of medical personnel and their team work.

Against this background the information relating to existing position of health care (hospitals) facilities in Kolhapur district is as below. There are totally 1452 private hospitals with over 12000 beds, admitting more than 150000 patients each year and giving treatment to an un-estimated number of out-door patients. These hospitals can be categories according to rural and urban hospitals as well as according to the General, Special and Multi-special hospitals.

There are 472 rural hospitals and 980 urban hospitals with total number of 2904 doctors are running these private hospitals in the Kolhapur district. Similarly, there are 1067 General Hospitals, 315 Special Hospitals and 70 Multi-special Hospitals in the district. So far as the path of treatment (types of pathies) are concerned, totally 656 hospital units / centers are available in district such as Ayurvedic (356), Homeopathic (275), Electropathic (15), Naturopathic (4), Accupuncture (3), Physiotherapy (3) etc. for providing treatment to different patients.
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