CHAPTER – VI

CONCLUSION
6.1 INTRODUCTION

Healthcare plays an important role in our lives. It affects the way we live together and the expectations we have for our standard of living. Health is a matter of concern to the humanity. The ultimate performance and progress of any civilized society depends upon the state of the health of its citizens.

During the last two decades of the 20th century, medical science has made unprecedented progress that surpasses the achievement of the past 1000 years. The 21st century is the century of knowledge and development. Multiple, but very powerful forces are imminently accelerating the need for transformation of healthcare delivery. The future will undoubtedly witness revolutionary changes, new horizons opened up by the cutting-edge of science. We need to coalesce the efforts of the entire scientific community to commit ourselves to fulfilling this vision in a socially relevant and participatory mode.

People value life and expend enormous resources to maintain it. Investing in health should be considered as an investment in HRD to enhance the productivity of a nation. Hence, among all the issues of public service in our country, health is perhaps the most dominant one. The Human Development Report – 2005 of UNDP released shortly in the past has drawn special attention to the nation’s awful public health profile and to the apprehension that the Millennium Development Goals would not be met. Despite economic resurgence, healthcare for the masses has been a story of continued apathy and neglect in our country. Even today, less than 25 percent of our people have access to health institutions in the public sector. Good private healthcare is limited to a small segment of population of our society which can afford for it. While virulence of diseases continue, the majority are left to fend for themselves. The quality of public health institutions, specially in semi-urban and rural areas, leaves much to be desired. As such, health issues have come to the forefront of the national agenda and the recent launching of National Rural Health Mission (NRHM) is an acknowledgment of the overriding priority of this issue.
Management of any segment of the health service system should be determined by and shaped around the life patterns and value systems of the population to be served. Every citizen needs to enter the healthcare system within a reasonable time and with the certainty that the appropriate level of care for him is available. Hospitalization ought to be reserved to the greatest extent for patients whose conditions require highly qualified staff and complicated apparatus whereby the quality levels of hospitals and other healthcare facilities have to be made distinct. Thus, the concept of patient centred care is taking root in healthcare. For hospitals, this is a paradigm shift. Processes hitherto designed around the disease or physicians or hospital staff are now being redesigned keeping services to patients in mind. This also means that the patient will be more involved with the healthcare providers. Delivering outstanding patient care in the most safe and efficient manner through streamlined processes is the number one priority for health sector management. This is a common goal for many healthcare organizations. The respondents in this study have opined that the management of hospitals should be dedicated to providing an outstanding experience of patients by harnessing advanced technologies, attracting renowned physicians, employing the very best people in their fields and instituting the processes and procedures to ensure the highest levels of quality and safety – all in the pursuit of providing excellent service within a caring environment.

Serving and meeting patients’ needs, higher expectations of patients, rising healthcare costs, ageing population, easy access to information and continual advancement in technologies are some of the areas that tell upon the effectiveness of services of public hospitals in Orissa. In consideration of the above, the researcher has undertaken this study with the objectives of assessing the level of satisfaction of indoor and outdoor patients in public hospitals and to study the efficiency of hospital staff in managing different services for the patients. This piece of research also aims at studying the reactions of patients about the standard of cleanliness of hospitals and about the availability of hospital materials, drugs, food, investigational facilities and other allied services.

The present study is mainly based on primary data collected through structured questionnaire from both indoor and outdoor patients and doctors serving
in both rural and urban areas. Secondary data have also been used in some places of the study. Samples have been obtained through stratified random sampling techniques. Responses collected have been edited and tabulated. For analyzing the data, different statistical tools like percentages, chi-square test, significance test (t-test) etc. have been used.

The present study is organized into six chapters. The first chapter introduces the topic of the research, outlines the objectives, hypothesis, research design, methodology and lastly, the limitations of the study.

The second chapter presents the historical perspective of public hospitals in India and Orissa as well as a brief profile of public hospitals in Orissa. This chapter also discusses briefly about health planning, management and programmes in India vis-à-vis Orissa.

The third chapter examines the various types of services provided by public hospitals in Orissa.

The fourth chapter analyses the functioning of public hospitals as regards their management and administration, manpower planning, financing, etc.

The fifth chapter analyses and interpretes the primary data collected from urban and rural respondents or patients across sex, occupation, education and income and also from doctors, nurses and ancillary staff serving in public hospitals in rural and urban areas.

The sixth and last chapter summarises the findings and observations; and suggestions have been recommended to government and policy makers for overcoming the deficiencies and lacunae in the management of the health sector in Orissa.
6.2 MAJOR FINDINGS

- There is a huge rush of patients in the OPDs of public hospitals. Patients come from long distances to the hospitals and spend much time in observing various formalities in OPD such as registration, consultation with the doctors, availing various investigation facilities, getting medicines, etc.

- The respondents of higher income group and high education background do not spend more time in the queue and they manage to be disposed of within a period of 30 minutes.

- There is some sort of favouritism or influence working in attending to some patients in the queue for which the rural, uneducated, low income female patients are neglected whereas it is also revealed that registration procedure in public hospitals is less time consuming in both urban and rural areas.

- There is somewhat efficient management of OPD in quick disposal of patients. It takes less than 15 minutes time or disposing a patient by a doctor for consultation and advice.

- Respondents from both urban and rural areas stated that more than one hour was required for medical investigation in OPD of public hospitals.

- The response from urban and rural population was that the management of supply of medicines in OPD was not systematic. Rural respondents had stated that they took more than one hour to collect medicines unlike their urban counterparts.

- It was revealed in the study that nearly 70 percent of both urban and rural respondents bought medicines from outside sources as medicines supplied by the public hospital were not adequate.

- It was found that nearly 70 percent of urban and rural respondents had to go to private clinics for their treatment on the advice of doctors in OPDs of public hospitals. This is not a good practice and it gives a very wrong
• Many times, due to huge rush of patients or negligence of doctors, diagnosis is not made properly in OPDs. About 40 percent each of rural and urban respondents stated to have suffered due to such wrong diagnosis in OPD.

• In order to avoid the huge rush in OPD, patients do not come in a queue and get favoured attention of doctors in OPD. Majority of respondents with low level of education and income in both urban and rural areas and irrespective of sex had much dissatisfaction and had an unpalatable feeling for the favouritism shown by doctors.

• Almost 70 percent of the urban respondents have responded that they availed of OPD facilities usually for the primary investigation and consultation. But for further treatment, they took the help of private clinics and hospitals.

• Regarding pattern of healthcare expenditure, the conducted survey showed that total health expenditure by female respondents is more than that of male respondents in rural areas as compared to their counterparts in urban areas.

• In rural areas, due to ignorance and attitude of economising expenditure and more so due to personal relationship with quacks added with frequent and long absence of doctors in rural hospitals, patients get their health checked-up with the quacks. 81 percent of rural respondents depended on quacks and 69 percent of the female respondents followed the same path.

• In Orissa, there is an absolute shortage of doctors in public hospitals. As a result, the hospitals are run by the paramedical staff. As high as 78 percent of rural respondents stated that they were treated by the paramedical staff in public hospitals. This is due to Orissa Government’s failure in motivating the doctors to serve in rural hospitals, especially in KBK (Kalahandi, Bolangir, Koraput) districts. Even by announcing lucrative incentives to allure them for the purpose, the Government of Orissa does not appear to have achieved much towards solving this crisis.
• About availability of medicines, 54 percent of urban and 46 percent of rural respondents were not satisfied. Regarding the service of paramedical staff, 64 percent of urban and 36 percent of rural respondents were also not satisfied. However, regarding water and sanitary facilities and waiting arrangement, more rural respondents were dissatisfied than their urban counterparts. So also, in the case of the behaviour of hospital staff, 48 percent of urban and 52 percent of rural respondents were not satisfied. The respondents with lower education and income fell a victim to the rough behaviour of hospital staff.

• Regarding choosing the OPD services, 49 percent of rural respondents stated to have confidence in government hospitals. Hardly 15 percent of urban respondents stated to have confidence in government hospitals whereas 30 percent of urban respondents preferred OPD services due to their poor financial condition.

• Getting admission into the public hospital as an indoor patient is not an easy task because of many formalities involved in it. Patients, both male or female and belonging to both urban and rural areas have stated that getting admission into the hospital as an indoor patient was really difficult.

• As regards the experience of the patients in the ward before the treatment starts, 75.10 percent of urban and 66.40 percent of rural respondents reported that they had to wait for quite some time or a very long time before they were made comfortable in their beds.

• As regards the sources of information, it was revealed that patients with higher education level and higher income level depended less on the information desk and more on doctors and staffs of public hospitals to know about the admission and treatment facilities. 64.80 percent of urban and 81.20 percent of rural respondents depended on “information desk” or “doctors” as their reliable source of information irrespective of their income, education, occupation, sex, etc.
• As regards the manner of responses given by the people at the source of information, 72.9 percent of urban respondents had the view that they got a polite response from the information desk whereas only 51.8 percent of rural respondents have said so.

• It was perceived that respondents with moderate income level availed indoor patient services in public hospitals whereas respondents with high income level resorted to private nursing homes and super speciality clinics for their treatment.

• The present study found that urban respondents and people with lower education and income levels were in the habit of giving tips to hospital staff with the hope of getting timely attention for services.

• The indoor patients in urban area are more aware and are in a more favourable position than their rural counterparts in getting medicines from the hospital source.

• Due to heavy rush in public hospitals and poor infrastructure, the patients were found lying on floor and waiting in queue for getting a bed. More or less, respondents of all categories stated that they faced difficulties in public hospitals in getting beds.

• Public hospitals were not normally as clean as private sector hospitals. 66.5 percent of urban and 81.9 percent of rural respondents are of the opinion that beds and linens are not clean in public hospitals.

• The male respondents were in a favourable position than the female respondents in getting timely treatment in IPD. More than 90 percent of both urban and rural respondents stated that doctors were not available soon in the IPD for their treatment. Further, the respondents with very low income, education and agriculture as occupation felt to have been ignored as doctors were not available in time for their treatment.
• As regards timely availability of nurses, urban respondents along with all other categories stated that nurses were not providing good services and were not making themselves timely available for giving services to the patients in IPD.

• As regards the difficulty of "medicines not available from the hospitals", it was observed that a huge majority of respondents across all categories did not get the supply of required medicines by the hospitals for their treatment as indoor patients.

• Patients normally had less access to doctors as compared to their access to nurses and other staff in public hospitals. The behaviour of doctors towards patients were viewed to be good but not excellent by about 52 percent respondents each from urban and rural sector.

• As regards the difficulty faced by patients in emergency room, the result revealed was that more urban respondents and males in general had the opinion that the doctors were not available on time when their services were needed.

• Most of the emergency drugs were not found available in public hospitals along with some equipments like trolley, stretcher, etc. for immediate shifting of patients to any other beds or emergency rooms. It was viewed by almost all patients from all cross sections that there was deficiency in services to emergency patients in public hospitals.

• As regards opinion on hospital food, 85.7 percent of total respondents across area or sex were not satisfied with the quality of food.

• The doctors stated that inadequacy of number of beds was an acute problem for public hospitals. There was a wide gap between demand and supply of beds which posed a constant threat to hospital authorities and was the reason for their failure in admitting patients for indoor services.
• A majority of doctors and hospital staff, i.e., 62 percent in urban area and 80 percent in rural area have stated that the essential medicines were mostly not available in public hospitals.

• A larger proportion of the respondents, i.e., 61 percent of urban and 53 percent of rural doctors showed their dissatisfaction as to the quality of drugs and other hospital materials used for the treatment of patients.

• Quite a large number of doctors have agreed that there was irregular supply of drugs and also stated the quota to be insufficient.

• 67 percent of rural doctors have stated that breakdown of equipments happens more in their hospitals as doctors and auxiliary staff could not be spared for training for handling and maintenance due to shortage of staff.

• 45 percent of doctors in urban areas have preferred “Good” as their choice for cleanliness standard of OPD and cleanliness standard of the Wards. A major proportion, i.e., 72 percent urban and 84 percent rural respondents are happy with the cleanliness standard of OT.

• 75 percent of the total staff other than doctors in urban and 69 percent in rural have stated that doctors are not normally available in the hospital.

• 37 percent urban and 68 percent rural doctors had the view that the paramedical staff are not available during their visit for which the doctors face difficulties in managing the services in the wards.

• 61 percent of urban and 82 percent of rural doctors have admitted that they faced difficulty in the casualty. The patients in the casualty of both rural and urban hospitals are forced to suffer for this which leads to untoward incidents in the hospitals.

• 89 percent of urban and 91 percent of rural doctors have stated that they had no inclination for private practice. The patients however held the opposite view on this issue.
• 89 percent of urban and 90 percent of rural doctors have stated not to have advised the patients to go to private clinics when patients sought their suggestion.

• Quite a large number of doctors, i.e., 93 percent in urban hospitals and 96 percent in rural hospitals viewed that government's health budget was inadequate. The views of doctors on this front in both urban and rural hospitals were more or less similar.

• 99 percent doctors in rural and 94 percent doctors in urban hospitals had the opinion that facilities given to them were inadequate for which the government doctors often had to go on long leave and join private hospitals.

• A larger proportion of respondents, i.e., 69 percent doctors in urban and 61 percent doctors in rural hospitals are unhappy with the distribution of duty hours in the event of shortage of staff shortage in public hospitals.

• 87 percent urban doctors and 71 percent rural doctors stated that they needed more security due to the growing resentment among the friends and the relatives of patients on the occasional ineffectiveness of the treatment of doctors and staff and deficiencies in the services of pubic hospitals taken together.

• A large portion of respondents, i.e., 78 percent urban and 88 percent rural doctors opined that hospital infrastructure was not suitable for patient's care.

• Doctors in rural hospitals faced less legal problems for their nature of duty as against the same of the urban doctors which is due to ignorance of rural patients or their attendants as to the laws relating to health services.

6.3 TESTING OF HYPOTHESES

$H_1$ : Patients with high education, income and occupation react sharply to the deficiencies in services than the patients with low income, education and occupational background.

• Out of the total urban and rural respondents, 34 percent of higher educational level, i.e., Graduation and above and 65 percent with income level of
15,000/- or more per month have expressed their dissatisfaction on the OPD services regarding quick disposal of the patients (Table 5.12).

- 35.5 percent of respondents from high income group, i.e., above 15,000/- per month have reacted for a great delay in getting them registered as OPD patients as compared to only 22.5 percent of respondents with low income, i.e., below 10,000/- per month (Table 5.13).

- On the issue of time taken for consultation with doctors, about 31.6 percent of respondent with higher income level and 19.8 percent of respondents with higher education level have stated that excess time is being consumed by OPD doctors to dispose them of. Whereas only 15.8 percent of respondents of lower income group and 10 percent of respondents with lower educational qualification have stated so. (Table 5.14).

- 67.5 percent respondents of very high income category and 60.6 percent respondents of very high education level get advice from hospitals for collecting medicines from outside sources. There is sharp reactions of respondents with high income and high occupational background about non-availability of medicines from hospital source (Table 5.20).

- Treatment is inadequate as per the opinions of respondents with higher income groups and with a higher educational background. (Table 5.38).

- 92 percent of respondents with very high income level, i.e., 15,001/- – 20,000/- have sharply reacted to the quality of hospital food as against only 2.10 percent of respondents with very low income level, i.e., below 5000/- (Table 5.47).

- 96.80 percent graduates and 87.50 percent of post graduate respondents are of the opinion that there is much delay in starting the treatment in IPD. (Table 5.52).

Thus, the hypothesis "Patients with high education, income and occupation react sharply to the deficiencies in services than the patients with low education, income and occupational background" holds good.
\( H_2: \) Urban patients are more satisfied than their rural counterparts with the services/facilities provided by the public hospitals.

- Hardly 15.2 percent of urban respondents have expressed their satisfaction and confidence in government doctors as against 49.3 percent rural respondents. There is a significant difference in the opinions of urban and rural respondents at this front (Table 5.7).

- As regards the patients' level of satisfaction towards the policy of visit of wards by the doctors, only 4.80 percent of indoor patients in urban hospitals have shown their satisfaction as against the same of 9.10 percent of their rural counterparts (Table 5.37).

- Nearly 65 percent of urban respondents are not at all satisfied as against 45.80 percent of rural respondents with the facilities provided by the hospitals for the attendants. (Table 5.46).

Thus the hypothesis "Urban patients are more satisfied than their rural counterparts with the services/facilities provided by public hospitals" does not hold good.

\( H_3: \) Public hospitals in general are not tidy and clean.

- As low as 7.10 percent of urban and 3.60 percent of rural respondents have ranked the cleanliness standard of public hospitals as "excellent". This shows that a large proportion of them do not agree to the statement (Table 5.44).

- Cleanliness of linens and beds in public hospitals is not properly maintained as it is done in private hospitals. 66.5 percent of urban and 81.9 percent of rural respondents are of opinion that linens are not clean and are changed only when required (Table 5.45).

- 61 percent urban and 63 percent rural doctors have stated that cleanliness standard of OPD is somewhat good and acceptable (Table 5.65)

- As regards cleanliness standard of wards, 68 percent of urban and 73 percent of rural doctors do not view it as excellent. Almost a similar view has been
expressed regarding the cleanliness standard of OT and sanitary facilities (Table 5.65).

Hence, the hypothesis “Public hospital in general are not tidy and clean” holds good for both urban and rural respondents.

H₄: Urban patients are more aware and privileged in getting services from public hospitals than their rural counterparts.

- About 70 percent of urban respondents take less than 15 minutes time for registration in the outdoor as against about 60 percent of rural respondents with the same view which indicates the greater awareness among urban respondents (Table 5.13).

- In case of unavailability of doctors in public hospitals, the patients may have to exercise the option of getting treatment by paramedical staff. Respondents as low as 12 percent from urban sector have stated in favour of this statement whereas quite a higher proportion, i.e., 78 percent from rural sector have stated so (Table 5.22).

- Around 14.10 percent of urban respondents have stated that they get all medicines from public hospital’s store whereas only 2.30 percent of rural respondents have stated so. In urban area, the indoor patients are more aware (Table 4.48).

- About 11.60 percent of respondents in urban area have denied the non-availability of doctors in emergency room whereas only 0.50 percent of rural respondents gave the same opinion indicating awareness of urban people in availing privileges for them (Table 5.56).

Thus the hypotheses “urban patients are more aware in getting services from public hospitals than their rural counterpart” holds good.

H₅: The doctors and paramedical staff of public hospitals are sincere in attending the patients and serving them better.

- 23 percent of urban and 81 percent of rural respondents depend mostly on quacks for their treatment (Table 5.21)
• Only 12 percent of urban patients have stated that they are treated by paramedical staff instead of doctors as against the same view given by 78 percent of rural respondents. (Table 5.22).

• 75.10 percent of urban and 66.40 percent of rural respondents have stated that they had to wait either for a long period of time or for a tolerable period of time for being given facilities by the hospital staff to feel comfortable in bed for further treatment. (Table 5.33).

• As low as 4.80 percent of urban and 9.10 percent of rural respondents have expressed satisfaction on this issue leaving a huge proportion of respondents dissatisfied. (Table 5.37).

• Even though there is a significant difference in the opinion of urban and rural respondents, still then 45 percent to 60 percent of respondents each of area-wise and sex-wise have pointed out the indifferences and insincerity of night duty staff (Table 5.40).

• More than 90 percent of respondents of each of the urban and rural sectors have expressed their dissatisfaction on the availability of doctors in time. (Table 5.53).

• Availability of nurses by the bed side of a patient is the fountain head of hope for quick recovery. But many times the patients and their attendants express hopelessness because nurses are not available when their services are needed. (Table 5.54)

• On the issue of immediate availability of doctors to the patients coming to the emergency room, there is a significant variation in the opinions of urban and rural respondents. However, 88.40 percent of urban and 99.50 percent of rural respondents have shown their dissatisfaction with the lack of immediate services by doctors. (Table 5.56).

• In rural hospitals, 68 percent of rural doctors have stated that the paramedical staff are not available during their visit of wards and for this they face difficulty in managing various services (Table.5.67).
Thus the hypothesis "The doctors and paramedical staff of public hospitals are sincere in attending the patients and serving them better" does not hold good.

\( H_6 : \) Government has provided adequate staff and other facilities for doctors and staff in public hospitals

- 62.5 percent of urban and 68 percent of rural respondents have stated that the number of doctors in OPD is inadequate (Table 5.19).

- As regards the adequacy of doctors in IPD, about 51 percent of urban and 70 percent of rural respondents have stated it to be inadequate. (Table 5.43).

- 93 percent of urban and 96 percent of rural doctors have stated that health budget is inadequate to provide facilities to doctors (Table 5.73).

- 94 percent of urban and 99 percent of rural doctors have viewed that the service facilities given to the government doctors are very much inadequate. (Table 5.74).

- Dissatisfaction of doctors on the issue of duty hours goes a long way in influencing their sincerity in serving the patients properly. 69 percent of urban and 61 percent of rural doctors have shown their unhappiness towards the duty hours set for them. (Table 5.75).

- 53.80 percent of urban doctors and 80.30 percent of rural doctors have stated that there is inadequacy of doctors and staff in public hospitals (Table 5.80).

As such the hypothesis "Government has provided adequate staff and other facilities to doctors and staff in public hospitals" does not hold good.

\( H_7 : \) All required medicines and medical investigation facilities for treatment of patients are available in public hospitals.

- Nearly 54 percent of urban and 46 percent of rural respondents are dissatisfied with the services of OPD of public hospitals as they do not get good medicines from there. (Table 5.9).

- For X-ray services, patients had to depend on outside sources. (Table 5.41).
• From among total respondents, 45.4 percent of urban and 59.2 percent of rural respondents have stated that they got very few medicines from the hospitals (Table 5.48).

• Indoor patients do not get all medicines from the hospital source as supply of medicines has become inadequate. (Table 5.55).

• As regards non-availability of emergency drugs and hospital equipments like stretchers, trolleys, etc., 75.70 percent of urban and 99.80 percent of rural respondents have stated in favour of the statement and shown their dissatisfaction on the treatment of emergency cases. (Table 5.57).

• 62 percent of urban and 80 percent of rural doctors and hospital staff have stated that essential medicines are mostly not available in public hospitals. (Table 5.61).

• 61 percent of urban and 53 percent of rural doctors have stated against the quality of drugs available in public hospitals (Table 5.62).

• Many important medical equipments in public hospitals are lying defunct due to faulty handling by inexpert, inexperienced and untrained technicians (Table 5.64).

Thus the hypothesis “All required medicines and medical investigation facilities for treatment of patients are available in public hospitals” does not hold good.

6.4 SUGGESTIONS

Suggestion from IPD Respondents

• In rural areas the behaviour of the information desk need to be more polite.

• Persons with less education and with agricultural occupation should be more assertive in demanding services from the public hospitals as these hospitals run on tax-payers’ money.

• The government should increase the number of beds in indoor departments of public hospitals and increase the facilities in these hospitals.
• More emphasis should be given on cleanliness of public hospitals particularly in rural areas. The public-private participation (PPP) should also be extended to PHCs, district hospitals and rural health centres.

• In public hospitals, the administration should consider the patients as their customers and they should handle them in a better serviceable manner.

• The behaviour of hospital staff need to be improved.

• Various awareness and training programmes should be organized by the hospital authorities in frequent intervals for creating awareness of doctors and staff to deal with patients in a serviceable manner.

• The food can be bettered by taking some user charges from patients. Food quality should be maintained as per the advice of dieticians.

• Indifference of night duty staff towards the indoor patients should be dealt with strict administrative measures.

Suggestions from OPD Respondents

• The pharmacist’s counter needs proper management to avoid undue delay as most of the rural people loose their wages for the entire day for inordinate delay caused in availing OPD services.

• Health budget should be increased to provide essential and other medicines for the patients in public hospitals.

• As regards the suggestion for “Improvement of services and facilities in OPD”, some important suggestions are received from urban and rural respondents including male and female. The suggestion are ranked in order of weightage given by respondents. “More staff needed” ranks “1” by both urban and rural respondents. Rank “2” is shared by “Availability of doctors” and “Quick supply of medicines and test reports”. It is worth mentioning here that “Lesser waiting time” is ranked “3” by both urban and rural respondents. “More budgetary provision for Public hospitals” is
ranked “4” by urban respondents while “Better infrastructure and sanitary facilities” is ranked “4” in case of rural respondents. “Establishing health facilities closer to residence” is ranked “5” in case of rural respondents while “Availability of doctors” is ranked “5” by urban respondents.

- It may be suggested that people from urban and rural areas should repose more confidence in public hospitals. The doctors and hospital staff should be sincere to meet the expectations of public as it is a service sector.

Suggestions from Doctors and Auxiliary Staff

- Efforts should be made to remove administrative weakness in regulating the activities of paramedical staff in rural areas.

- The procedure of procurement of medicines and other hospital materials and their handling in hospital stores must be sincerely and honestly done on a scientific basis looking to the need of the patients.

- The practice of unauthorized absence of doctors and staff should be discouraged on all hands.

- Orissa government’s health budget should be increased looking to the demand for services and the responses of both the patients and doctors.

- The Government of Orissa should take steps to fill-up the vacant posts. The Government should reform the system of distribution of duty hours in a manner convenient to both the individual doctors and the management of the hospitals.

- The government should provide more security to doctors whose lives and services are invaluable for the society.

- The important suggestions include increased health spending by the government, restructuring public health system to increase accountability, promoting social health insurance, linking upgradation of health facilities to reform the hospital management, financing and accountability systems.
establishing more PHCs in tribal areas, converting all block PHCs into CHCs, outreach services in inaccessible areas by provisioning mobile health units, strengthening medical audit and innovative mechanisms to check exploitation and malpractices, etc.

### 6.5 RECOMMENDATIONS

During the course of this research, quite a few issues emerged which if resolved would certainly improve the management of the public hospitals in Orissa. Some of the more important issues which were confronted in this research have been listed here as recommendations. On a more and wider constitutional and social welfare perspective, the Government of Orissa and authorities of health department should address the following issues which are critical to the management of services of public hospitals in Orissa.

- Establishment of District Health Agencies to manage health services in the districts.
- Round the clock Primary Health Centre to encourage institutional delivery of health care particularly for women and children.
- Performance rating of PHCs.
- Systems for standardizing health units within the health services department of Government of Orissa.
- Telemedicines at PHCs by linking them with the nearest medical college hospitals for consultation over internet.
- Health camps should be organized in different parts of rural and remote areas
- Health awareness programmes should be conducted to increase awareness among common men about fatal diseases like diabetis, heart, cancer, AIDS, Kidney problems, etc.
- NGOs should play a major role in creating health awareness among the masses.
In addition to the above recommendations, public hospitals should follow a patient satisfaction model so that each and every patient has to feel in some way special. The word special forms the basis for a viable patient service model.

S (Speed and Time): The speed with which the services can be provided with minimization of waiting time and projecting an image of value of time

P (Personal interaction): Interaction with patients at every single opportunities and making him feel unique and important.

E (Expectations): To make deliberate and conscious efforts to meet expectations of patients.

C (Competence and Courtesy): It will help the efforts for better services.

I (Information to Patients): Providing relevant information to patients will satisfy their informational needs.

A (Attitude): Hospital personnel should maintain a positive attitude towards the patients.

L (Long term relationship): Trust, loyalty and relationship commitment with patients will make them more satisfied with hospital services.

6.6 CONCLUSION

Real progress in health depends vitally on stronger health based interventions in primary health care systems and hence, there is a need to integrate both health promotion and disease prevention. Sustainability of services in the face of increasing tasks facing health systems can not be delivered by the public hospitals alone. Public hospitals systems need to work in partnership with other agencies including media and non-governmental organizations who have a wealth of untapped resources. The importance of a supportive infrastructure to facilitate the delivery of good health care such as adequate transport, information management systems and facilities can not be underestimated. The future success of any health services policy which aims to deliver a health individual living an independent, longer and healthier life within a healthy population can only be achieved through a balance between appropriate and
The challenges in the management of public hospitals are formidable and the needs are enormous. The financial resources and managerial capacity available to meet them fall short at all levels. Policies guiding both public and private sectors are necessary so that each of the sectors becomes complementary to each other using their comparative advantages. As a matter of principle, Government can transfer some of its management responsibilities to the private sector so that issues of coordination of health care at all levels, compliance to standards and health needs of patients, quality assurance, management capacity, financial viability, etc could be addressed.

At last, the question remains unsolved is that every thing cannot change overnight. The resources and services of health facilities cannot be augmented instantaneously. The mindset of persons associated with the health care system cannot be changed so quickly. So, the core issue that comes before us is "to get the optimum returns for common people out of the existing infrastructure, resources, personnel and facilities in the field of health care system."

6.7 SCOPE FOR FURTHER RESEARCH

The findings and conclusions of this study are to identify only some of the problems in the area of management of public hospitals and side tracking a lot more of such issues. These are suggestive of a scope of further study on the management of public hospitals in the state. The recommendations given in this study are the researcher's attempt to solve some of the identified issues. As management of public hospitals is always a changing concept, so there is always a scope of further study on this. A study may be conducted on the basis of cost benefit analysis to determine if public health service expenditure incurred by the state government is worth the benefit to the people of the State and to ascertain if there is a rational use of funds for the public health service activities in Orissa. The management of public hospitals in public-private partnership (PPP) mode can also be taken as scope of further research.

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