THE SOCIOLOGIST GENERALLY SEES THE FIELD OF MEDICINE IN TWO MAIN ASPECTS: (a) AS A CULTURAL COMPLEX, I.E., A COMPLEX OF MATERIAL OBJECTS, TOOLS, TECHNIQUES, KNOWLEDGE, IDEAS AND VALUES; AND (B) AS A PART OF THE SOCIAL STRUCTURE, I.E., A SET WORK OF RELATIONS BETWEEN GROUPS, CLASSES AND CATEGORIES OF PEOPLE. (AHLUWALIA, 1967). IN THIS CHAPTER WE WISH TO DISCUSS THE CONCEPT OF HOSPITAL AS A FORMAL ORGANIZATION AND, AS SUCH, TO ANALYSE ITS STRUCTURE AND FUNCTIONING TAKING INTO CONSIDERATION BOTH THE ABOVE INDICATED ASPECTS. THIS SHALL FURTHER BE RELATED TO THE FOUR HOSPITALS UNDERTAKEN FOR STUDY.

2.1 ORGANIZATION


"ORGANISATIONS ARE SOCIAL UNITS (OR HUMAN GROUPINGS) DELIBERATELY CONSTRUCTED AND RECONSTRUCTED TO SEEK SPECIFIC GOALS". ACCORDING TO ETZIONI (1966) ORGANISATIONS ARE CHARACTERISED BY DIVISION OF LABOUR, POWER AND COMMUNICATION RESPONSIBILITIES.
which are all controlled and directed towards achieving specific goals, along with a continuous performance appraisal to increase their efficiency with appointment of proper personnel. Thus they coordinate a large number of human actions creating a powerful social tool, that is, it combines personnel with resources, experts, workers and technology. Katz and Kahn (1966) speak of organisations as "specific arrangements of patterned behaviour distinct from their social environment, but they differ in the degree to which they are so differentiated."

Thus an organisation is a deliberate formation of individuals to achieve its specified goal or some goals. It is a system of inter personal relationships of a group of individuals with division of work among them in order to bring about its effective functioning by coordinating human actions.

Hospital is one such formal organisation deliberately established for the purpose of achieving certain goals. It is expected to provide services such as medical care for patients, conscious planning, clear-cut objectives and accomplishment of work through coordinated efforts of administrators, management, doctors, nurses, class IV employee, thereby making the organisation formal and complex. Thus a hospital may be called an organisation which is formal, human, service oriented, complex, and integrative. It is formal organisation because they have been set up for the explicit purpose of achieving goals. It is essentially a human
organisation because human resources are among the major means used by it to achieve its goals. It is a complex organisation because it caters to a variety of societal and personal needs through complex interaction of the various units operating within it. It is a service organisation because the welfare of its clients is its chief concern. It is finally an integrative organisation because it integrates within it many socio-cultural functions like the educational, expressive, preventive, curative and promotive functions.

The effectiveness of a hospital is determined by the degree to which it fulfills its responsibilities which emanate from its goals. The efficiency of a hospital is measured by the amount of resources it uses to achieve its goals and by the speed with which it does so.

The hospital receives the human patient in a disabled, diseased or injured condition and attempts to restore him/her to normalcy or near normalcy. Since hospitals deal with precious human lives there has to be alertness and vigil. Negligence may cause serious mishaps. Thus it is a formal human service organisation. According to Harshbarger (1974), "Human service organisations are based on public resources, relatively structured, normatively biased and morally involving social or socio-technical service oriented, aimed at clients, residents or members as primary beneficiaries and staff members as secondary
beneficiaries." A hospital satisfied the above definition and responds to some of the basic needs of the human beings approaching it.

The raw materials of a hospital are human beings. They are self-activating entities whose responses are determined not only by what is being done to them but also by their own desires, motivations, attitudes and past learning. The success of the hospital depends on the willingness of the persons who participate in hospital activities. The main persons involved in the hospital are the administrators, doctors, nurses, patients and class IV employees. The staff-patient relations are of immense importance in a hospital organisation. These relations depend upon (a) duration of the relations, (b) frequency with which these relations occur, (c) intensity of interactions, (d) range of patients' attributes, (e) attributes of staff and (f) the number of participants in the relationship.

All the four hospitals - the two govt. hospitals of A.P. and U.P., and the two nursing homes of A.P. and U.P. - satisfy the above definitions and explanations of the 'hospital' as a social organisation.

2.2 COMPONENTS OF A HOSPITAL AS AN ORGANISATION

There are three components common to any hospital organisation,
they are - goal, structure and technology.

2.2.1 Goal

The goal forms the basis of any organisation; the structure provides it shape; and technology provides it functioning. Communication between different units is a way of achieving the goal. It can be considered as a part of technology too.

A hospital has two types of goals -

a) Explicit or official goals.

b) Implicit or operative goals.

Sometimes the explicit goals remain on paper instead of being operationalised. The implicit goals are those which the hospital tries to attain. The explicit goal could be to promote the health of the community but how far this is obtainable may be doubtful. Implicit goals are more concrete; e.g., providing curative services. This too might be subverted due to excessive professionalism and commercialism.

"The major goal is to satisfy the needs of patient care and treatment. But each group of participants - patients, medical staff, nurses, administrative staff, trustees and other - interprets the means for meeting objectives in terms of their own value system and requirements. The hospital embraces multiple goals. Chiefly patient care, teaching and research....
because the institutions' work is so specialised, staffed by a variety of professional and technical personnel, that there are important problems of coordination and authority." (Kast and Rosenzweig, 1974).

It is evident that the main goal of any hospital is patient care which involves adequate treatment of patients. Teaching and research may only be called supportive goals.

There are four types of hospitals -

a) Teaching hospitals.

b) Non-teaching hospitals.

c) Specialized-general hospitals e.g. Cancer or T.B.

d) Private-govt. hospitals.

The main goal of all the four kinds of hospitals is patient care which involves adequate treatment of patients. The two chosen govt. hospitals of A.P. and U.P. are teaching and general hospitals. Having supportive goals of teaching and research. The teaching hospital has an attached hospital to the medical college which provides teaching and research facilities. These hospitals render service while accumulating and dispensing knowledge in order to render more and better service. Thus the goals of the hospital are used to evaluate the performance. The nursing-home of U.P. only caters for patient care; while the nursing home of A.P. besides patient care has the supportive goal of teaching
nurses as it has a school of nursing attached to it.

2.2.2 Structure

According to Kast and Rosenzweig (1974), 'structure' is the manner in which an organisation's functions are divided and coordinated. The structure both determines human behaviour and is the product of this behaviour.

The structure of the hospital facilitates the activities to be carried out to achieve the goals.

"The hospital relies upon an extensive division of labour among its members in a complex organisational structure which encompasses many different departments, staffs, office and positions, and upon a elaborate system of coordination of tasks, functions and social interaction." (Kast and Rosenzweig, 1974).

The hospital thus establishes a unique relationship between its various units.

The hospital as an organisation cannot practice medicine by itself without the help of the doctors, nurses, trustees and administrators. The doctors and the nurses cater to patient care; the trustees relate the hospital to the social environment and get resources for operations, and the administrators negotiate the resources of participants in the hospital organisation. Thus the structure of a general hospital is very complex with several departments, positions, staff, and offices. The
structure of the hospital functions mainly on the basis of skills, motivations and behaviours of individual workers.

Miller and Miller (1981) in their comparative study of hospitals have outlined four models of coordination used in hospitals. They are -

a) Professional
b) Departmental
c) Administrative
d) Hierarchical.

They occur in all hospitals with differences in their relative importance and many other respects.

2.2.2.1 Professionalism

Physicians and nurses are prototypes of professionalism. They are responsible for patient care. A lot of problems have been solved due to high degree of specialization and increasing medical technology and division of labour. It has contributed to greater public confidence. The acceptance of the hospital as a resource for health, thus, has a direct impact upon the performance and efficiency of the hospital. "This high degree of professionalization...has developed along lines of rational functional specialization and has had the effect of inculcating many complementary expectations and common norms and values among the members of the principal groups of the hospital..."
These include the norms of giving good care, devotion to duty, loyalty, selflessness and altruism, discipline and hardwork". (Georgopoulos & Mann, 1967).

Increased specialization and professionalization have guaranteed minimum levels of competence and skill in general hospitals. The performance of the general hospital is assessed by the client, in terms of his or her attitudes, expectations, previous hospitalization experience, and other attributes related to the personnel and the organisation of the hospital. According to Cartwright (1967) patients in general hospitals complain that they are not given enough information about their condition and treatment and that none of the hospital staff admits responsibility for doing so.

2.2.2.2 Departmentalization

According to Miller (1981) "departmentalization has come to be a major means of coordinating services in general hospitals." It leads to automatic self-supervision and internal coordination of interrelated functions.

The combination of specialization and departmentalization has led to the fragmentation of supervision, coordination and integration of patient care at the physician and the nursing level.
2.2.2.3 Administrative Coordination

Administrative coordination helps in integration of the hospital. It involves maintenance, management, planning, budgeting, and the hospital environment. This job is done by administrators who are trained for this purpose. They hold the organisation together for its proper functioning.

2.2.2.4 Hierarchy

Hierarchy serves a number of functions - coordination of activities and communication of control through authority vested in the superiors over the subordinates.

Authority in the hospital is shared unequally by the administrative, the professional and the semi-professional. In a hospital there are multiple lines of authority, the most important being the dual line of authority structure. The administrative organization is based on the principle of bureaucracy which in turn is based on rational legal authority. The professional and semi-professional staff is organised along collegial lines.
Both the govt. hospitals come under the charge of the respective ministers for Health and Family Planning. The minister is assisted by a secretary who controls administrative and financial functions of the department of Health and Family Planning. The Directorate of Health Services and Family Planning makes recruitment to different medical and para-medical services.

There are many differences in the structures of the two govt. hospitals undertaken for study. The govt. hospital of A.P. is called Osmania maternity hospital which is situated away from Osmania medical college and hospital. Though it is affiliated to Osmania medical college, it works as a separate unit with an independent administration of its own. It provides gynaecological and obstetric services to the in and out patients. It is divided into six units which are under different doctors. In each unit the system of card is present. The cards are green, yellow, blue, white, red and pink. The green card holders represent the lowest income group of patients, and on producing the ration card are given free diet from the hospital. The obstetric wards have the prenatal and postnatal wards. The postnatal wards are further divided into normal and caesarean wards. The gynaecological wards are divided into pre-operative, post-operative and family planning wards. Besides this hospital has departments of X-ray, anaesthesia, pathology and scanning as well as a medical store and an operation theatre exclusively for the patients.
The govt. hospital of U.P. is a general hospital with departments of surgery, orthopaedics, medicine, paediatrics, obstetric and gynaecology, ENT, Skin V.D. and leprosy, dentistry, ophthalmology, anesthesiology, radiology, radiotherapy, tuberculosis, S.P.M., human-metabolism and endocrinology, pharmacology, pathology and microbiology, anatomy, physiology, medical jurisprudence and bio-chemistry. In the gynaecology and obstetric ward there are three units A, B and C. The labour room is situated next to an open drainage system and this a cause of lot of infection. The pre-natal post-natal, pre-operative and post-operative cases are all clubbed in the wards for there is no distinction between gynaecology and obstetric wards. During observation it was found that more than three-fourth of the patients were gynaecological cases and only one-fourth were obstetric cases. The reason for this is that the gynaecology and obstetric wards department does not have the necessary infrastructure to deal with mother and child.

The nursing-home of A.P. is a general hospital which has general medical, surgical, ophthalmology, ENT, skin and Cardiac unit attached to it. The gynaecology and the obstetric department is a part of the hospital and is under the general administration of the hospital which has a missionary head. It has separate pre-natal, post-natal, pre-operative and post-operative wards. The post-operative ward consists of patients who deliver through
major operation as who undergo gynaecological operations. Besides this there are many special rooms. Maternal and child health services for pregnant and lactating mothers, and children up to five years of age is conducted by this hospital. This programme has been in operation for the last five years.

The nursing home of U.P. is run by a trust. It is an exclusive maternity hospital which entertains gynaecological cases too. There is a board of trustees. It has two general wards which has pre-natal and pre-operative cases in one ward and post-natal and post-operative cases in another ward. Besides this there are several special rooms.

3.2.3 Technology

Technology directs the activities of the organisation towards achieving its goals. "It includes not only physical manifestations such as tools and machines, but also intellectual techniques and processes used in solving problems and obtaining desired outcomes. (Jacques Ellul, 1965). There are three stages of the operation of any organisation -

a) Input

b) Transformation

c) Output

Organisational technology is the technique used in transformation of input into output. In a hospital technology is
utilized at the stage of therapy and may be simple or complex.

According to Perrow (1965) "Technological achievements, have two consequences. First, the new treatment and diagnostic facilities become key resources of the hospital." These are controlled only by the users - the professional doctors and the semi-professional nurses. Second, with the advance in medicines increasing number of patients are treated in general hospitals. Thus in the hospital doctor and nurses are inter-dependent.

Technology has its effects and depends on the goal and structure of the hospital and vice-versa. All the three affect the functions of the hospital. Patient care is the objective of the hospital. Every patient has a unique set of physical, emotional and social needs. The hospital work is carried on by professionals (doctors) and semi-professionals (nurses) Class III and IV employees, along with the people working in other related departments (e.g. X-ray, dietary, pathology, etc.).

The hospital relies a great deal on its doctors, nurses and others who cannot function independently because their work is interdependent. It also relies upon the skills, motivations and behaviours of the members whose work needs coordination. At every stage the patient is dependent. The hospital also depends a great deal on its formal policies, rules and for control mechanisms of the dynamics of the members.
Since technology is dependent on goal and structure, it has been found that due to their clearer goals and better structure the nursing-homes of A.P. and U.P. appear more efficient than the govt. hospitals of A.P. and U.P. Between the two govt. hospitals, the govt. hospital of A.P. appears better due to more well defined goals, independent structure and better technology.

After discussing the various components of Hospitals as an organisation, we may now pass on to the phenomena of various conflicts which are both manifest and latent in every hospital.

2.3 CONFLICT IN HOSPITAL AS AN ORGANISATION

According to Benson (1973) -

a) "there will be an inverse relationship between bureaucratization and professionalization.

b) organisational dysfunctions may arise wherever professional and bureaucratic principles are combined.

c) ...social psychological dysfunctions (such as job dissatisfaction, anxiety, low morale, and alienation) are expected to characterize participants who are socialised to one type of role (either professional or bureaucratic) and are expected to conform to the other."
According to Kornhauser (1982), however professionalism and bureaucratization are not antithetical on the contrary, a combination of both could make the organisation more efficient.

Most of the conflicts in the govt. hospitals of A.P. and U.P. exist due to wide gaps between the organisational objectives and the professional as well as the personal objectives and expectations of the doctors and nurses working in the hospitals. The wider the gap between these three objectives the greater is the conflict, in the working of the doctors and the nurses in the hospital. In the nursing-homes of A.P. and U.P. the gap is less and therefore the conflict is less too.

We have been till now discussing the structural dimensions of hospital as an organisation. Besides the structural aspect it is also important to focus our attention on the functional aspect of the hospital.

2.4 **FUNCTIONAL DIMENSIONS OF HOSPITAL AS AN ORGANIZATION**

Advani and Aggarwal (1973), in their a study of five hospitals, have identified ten functional dimensions of the hospital as an organisation. They are: (i) Goal Attainment - the main goal of the hospital is to provide proper medical care. Variables with high loadings were doctors' role performance, medical care, patient satisfaction and patient care. (ii) Tension Management- This is important for the internal stability of
hospitals. The variables which have high loadings are criticism, harassment, appreciation and trust. (iii) Professional Growth - Variables which have high loadings are professional learning, use of abilities, work motive and management of problems. (iv) Member Goals - They are related to pay, promotions working hours and benefits. These are different from organisational goals. (v) Work Environment - This is determined by variables like the reputation of the hospital, working hours, liking for work and work group guidance. (vi) Adaptation - This is important for adjusting with internal environment. The variables here include use of improved work methods, fulfilment of community needs, clarity of rules and use of abilities. (vii) Assistance - The role performance of sweepers and nursing orderlies plays an important role in functioning of the hospital. The variables include role of sweepers and nursing orderlies. (viii) Involvement - The variables used are related to work encouragement desire to continue working in the same hospital, help by superiors and avoidance of conflict. (ix) Coordination and Integration - The variables which have high factor loadings are interdepartmental coordination, timing of everyday activity and nurses and doctors role performance by doctors and nurses. (x) Values - This involves senior junior interaction, appreciation, trust and directions.

These ten dimensions are applicable to the govt. hospitals and nursing homes of A.P. and U.P. also. In the govt. hospitals of both the states these dimensions are found to be weaker than in
the nursing-homes of both the states. Between the two govt. hospitals, the govt. hospital of A.P. has an edge over the govt. hospital of U.P. because the dimensions identified are clearer in the case of the former. Between the nursing homes, the nursing-home of A.P. stands better than the nursing-home of U.P. due to similar reasons.

Another important aspect of hospital as an organisation is the line of operating authority. The three lines of authority are the medical service, the nursing service and the lay service. A proper coordination of all these three lines promotes the smooth working of the hospital.

2.5 **LINE OF AUTHORITY IN GOVERNMENT HOSPITALS**

Three lines of authority (namely, medical, nursing and lay services as mentioned above) operate in the hospital as an organisation.

2.5.1 Medical Service

It includes -

1) Medical Superintendent
   ↓
2) Deputy Superintendent
   ↓
3) Unit chiefs or Heads of Departments (Professors and additional professors).
   ↓
4) M.D. Assistants
v) House Surgeons

vi) MBBS Assistants

The medical superintendent is the senior most person and is in charge of the general administration and discipline of all the departments in a hospital. In case of a teaching hospital the superintendent is assisted in the general administration of the hospital by the following officers -

a) Resident Medical Officer or Assistant superintendent, with regard to the executive administration of the hospital.

b) Lay secretary, with regard to the non-technical organisation of the administration.

c) Nursing superintendent, with regard to the nursing section.

The chiefs are also called professors and additional professors. The unit chiefs are directly responsible for the treatment of their patients, for the maintenance of discipline, and for administration of their wards. They are required to maintain proper statistical and other records of their work, and are expected to scrutinize and check the case-sheets. They have to attend the out patient department (OPD) on the days when in-patients are admitted to their units. They are required to teach students in the OPD and in the wards. They submit a
yearly report to the superintendent after December 31 for inclusion in the annual report of the hospital. The unit chiefs are not supposed to examine or treat any patient in the hospital who has not been officially admitted. They are required to provide only consultancy service to their private patients outside the hospital. But these rules are not strictly followed in both the govt. hospitals under study.

Right under the unit chiefs are the assistant professors or assistant medical officers. They are responsible for maintenance of case-sheets, ward nominal register and other records concerning their units.

Under the assistant professors are the post graduate students and the house surgeons. They are responsible to the assistant professor of the concerned ward and look after for all the patients under his care. They should carry out all investigations required for the proper diagnosis and treatment of all the patients admitted into the wards. They should write the case sheets with all particular and carry out preliminary investigations for presentation to the concerned assistant professors concerned with on rounds. They should also supervise over the work of the nursing staff in order to check whether the ordered treatment is being carried out or not.
Line of Authority
(Medical Service)

Government Hospital of Andhra Pradesh
Medical Superintendent
Unit Chiefs
Assistant Professors
M.D. Assistants
House Surgeons
M.B.B.S. Assistants

Government Hospital of Uttar Pradesh
Chief Medical Superintendent
Deputy Superintendent
Medical Officers
Heads of Departments
Additional Professors
M.D. Assistants
House Surgeons
M.B.B.S. Assistants

Nursing Home of Andhra Pradesh
Missionary Head

Doctors  Nurses  Treasurer
Office Superintendent
Attenders
Class IV Employees

Nursing Home of Uttar Pradesh
Trustee

Doctors  Nurses  Treasurer
Office Superintendent
Attenders
Class IV Employees
In the govt. hospital of A.P. the medical superintendent belongs to the field of gynaecology and obstetrics. Since she is the ultimate head she has a deputy superintendent, resident medical officer, health worker, unit-chiefs (who are professors and additional professors), M.D. assistants and house-surgeons under her.

The govt. hospital of U.P. is headed by the chief medical superintendent assisted by two deputy superintendents, medical officers senior matron, matrons, sisters and staff-nurses.

In the nursing home of A.P. the missionary head is the ultimate authority. She is only an administrative head and not a medical person. Under her are all the staff members of the hospital.

In the nursing-home of U.P. the trustee head is the final authority. Under him are three doctors one of whom, by virtue of her experience, happens to be called the head of the department.

2.5.2 Nursing Service

It includes -

- Medical Superintendent
- Nursing Superintendent
- Nursing Tutors
  - Grade I
  - Grade II
- Assistant Nursing Superintendent
- Head Nurse or Sister
- Staff Nurses
- Junior Nurses
The primary function of the nursing organisation is the care and wellbeing of the patients. The competence of nurses coupled with the skill of doctors is important for the well-being of the patients. The nursing service is divided into three categories - executive, teaching and supervisory.

The nursing superintendent and the assistant nursing superintendent are in charge of executive affairs. Nursing tutors are responsible for teaching which is an important activity. The head nurses supervise the work of the staff nurses and the student nurses. Staff nurses provide the nursing service along with the student nurses according to the instructions of the doctors.

The nursing superintendent or the Matron of the hospital is directly responsible to the superintendent for the efficient nursing of the sick, for discipline, conduct and duties of nursing staff and the management of the training school for nurses. She is also responsible for the maintenance of confidential reports, personal files, duty rosters and records of casual leave of the nursing staff.

The nursing tutors assist the matron in the organisation and administration of the training school for the nurses. They deliver lectures and visit the wards frequently to supervise the practical instructions which the students receive in the
the wards. They maintain records of the classes and practical work of the nurses and are and is also responsible for the library recreations and games.

The Head Nurse is responsible for the efficiency of the nurses in the wards under her charge for the practical training of the pupil nurses working in her wards, and for the discipline, cleanliness and management of her section. She is also responsible for the safe custody of various appliances, drugs and reports; for economy in the expenditure of non-diet articles in her wards; and for scrutinizing and countersigning all indents from the staff nurses for such articles. She has to check the equipment, furniture, medical and surgical appliances under her charge and to report to the matron.

The staff nurses are under the control and orders of the matron. They are supposed to carry out all the orders given by the doctors on duty. They are responsible for the well-being of patients. The staff nurse should see that all poisonous drugs required for emergency use in the wards are kept locked and used only when the house surgeons require them. Every death has to be reported to the medical officer on duty. She has also to ensure that proper diet is given to patients and that the patients do not keep lot of money or valuables with them. She should not accept any gift under any circumstances from the patients or their attendants.
Line of Authority
(Nursing Service)
Government Hospital of Andhra Pradesh
Medical Superintendent
Nursing Superintendent

\[ \text{Nursing Tutors} \quad \text{Assistant Nursing Superintendent} \]
\[ \text{Student Nurses} \quad \text{Sisters} \]
\[ \quad \text{Staff Nurses} \]
\[ \quad \text{Auxiliary midwives} \]
\[ \quad \text{Junior Nurses} \]

Government Hospital of Uttar Pradesh
Chief Medical Superintendent
Deputy Superintendent
Senior Matron
Matron

\[ \text{Nursing Tutors} \quad \text{Sisters} \]
\[ \quad \text{Staff Nurses} \]
\[ \quad \text{Auxiliary midwives} \]
\[ \quad \text{Junior Nurses} \]

Nursing Home of Andhra Pradesh
Missionary Head
Assistant Head

\[ \text{Nursing Tutors} \quad \text{Sisters} \quad \text{Auxiliary midwives} \]
\[ \text{Student Nurses} \]

Nursing Home of Uttar Pradesh
Trustee Head
Head of the Department
Matron
Sisters
Auxiliary midwives
In the govt. hospital of A.P. the nursing superintendent is below the medical superintendent in rank. Under the latter are the nursing tutors and the assistant nursing superintendent. Immediately below the assistant nursing superintendent are the sisters, staff-nurses, auxiliary mid-wifes and junior nurses.

In the govt. hospital of U.P. the nursing superintendent (matron) is below the medical superintendent who looks after the entire hospital. Below her are the nursing tutors, sisters, staff-nurses, auxiliary mid-wifes and junior nurses.

In the nursing home of A.P. the head missionary sisters is the ultimate head. Below her is an assistant head who looks after the student nurses as there is a nursing school attached to the general hospital. Below the assistant head are the employed nurses and auxiliary mid-wifes.

In the nursing home of U.P. the trustee remarks as the head who has the head of the department immediately below him. The senior sister is also called the matron and is below the head of the department. Under the former are the sisters, staff nurses, auxiliary mid-wifes and junior nurses.

2.5.3 Lay Service

This includes -

1) Medical Superintendent
111 Lay Secretary and Treasurer

111) Manager or Office Superintendent

iv) Head Clerk

v) Senior Office Assistant

vi) Junior Office Assistant

vii) Attenders and Peons.

The lay secretary and treasurer who is under the superintendent is in charge of the non-technical organisation of administration of the hospital like control over establishment, receipt and disposal of correspondence, matters relating to contracts, tender etc. The lay secretary is responsible for the proper work of the non-teaching branch of the office like accounts relating to cash transactions and various stock accounts of stores, preparation of budget estimates and financial returns. The lay secretary is assisted by a Manager or office superintendent who, in turn, is assisted by junior and senior assistants. The lay organisation has no control over the working of doctors and nurses in the hospital.
Line of Authority
(Lay Service)

Government Hospital of Andhra Pradesh

Medical Superintendent
Resident Medical Officer
Lay Secretary and Treasurer
Head Clerk
Senior and Junior Assistants
Attenders and Peons

Government Hospital of Uttar Pradesh

Chief Medical Superintendent
Assistant Medical Superintendent
Medical Officers
Head Clerk
Senior and Junior Assistants
Attenders and Peons

Nursing Home of Andhra Pradesh

Missionary Head
Office Missionary Sister
Assistant Missionary Sisters
Attenders and Peons

Nursing Home of Uttar Pradesh

Trustee Head
Treasurer
Head Clerk
Office Assistant
Peons
The govt. hospital of A.P. has an independent by service which is exclusive for the maternity hospital, while the govt. hospital of U.P. has a lay-service which is common to the entire hospital.

In the nursing-home of A.P. the missionary sisters manage the entire lay-service, while in the nursing-home of U.P. the trustee head has below him the treasurer, head-clerk, office assistant and peons to manage the lay-service.

Apart from the three clear cut lines of authority (a) medical service, (b) nursing service, (c) lay service - there are some categories of people who do not fit into any of the above although they contribute greatly to the efficient functioning of the hospital. These include the Resident Medical Officer, the Pharmacists, the technicians (Laboratory and Medical), the nursing orderlies, the operation theatre assistants and some skilled and semi-skilled workers.

In a teaching hospital the Resident Medical Officer is a senior civil surgeon, qualified in 'Hospital Administration', who assists the hospital superintendent in all administrative duties. The OPD, dispensary and medical stores are under the care of RMO. He or she is responsible for the supervision of male servants, nursing orderlies and cooks. He also looks after the hygiene and sanitation of the hospital. Along with the above, the RMO is
responsible for the medical care of the nursing staff and allotment of night duties for the doctors in different wards. Allotment of rooms in the special wards for paying patients also rests with him.

The pharmacists, technicians, dieticians, physiotherapists, telephone operators, nursing orderlies, theatre assistants, cooks etc., all are under the orders of the RMO and carry on their work as required by him.

In the govt. hospitals of A.P. and U.P. we find clear cut line of authority - medical, nursing and lay-service along with technical and non-technical personnel. In the nursing homes of both the states demarcation of authorities is not very clear.

2.6 MEDICAL CARE OF PATIENTS

In a teaching hospital there are two main departments - the out patient department (OPD) and the in-patient department. The OPD generally works on all days except sundays in the mornings only. The patients coming to OPD collect their out patient slips which directs them to the medical officer concerned. The medical officer is assisted by junior doctors. Once the patient goes to the concerned doctor, a brief history of the illness is recorded and taken into account and the prognosis is carried out. The patient is admitted if the case requires hospitalization. This decision is taken by the chiefs in charge. There is no monetary charge for
medical service, treatment or medicines given to out-patients.

Patients for admission as in-patients are categorised as urgent cases and ordinary cases. No urgent case is refused admission. Ordinary cases are admitted to the extent beds are available, otherwise they are put on the waiting list and asked to come later on a later date which is mentioned on the slip. This does not always hold true because people who have some 'pull' get the priority.

Apart from the regular OPD a casualty department works round the clock and admits patient to the ward necessary. If the condition is very serious they are transferred to "Intensive care unit or intensive coronary care unit."

Cases are thus admitted depending upon the intensity of problem, and are discharged on their recovery on the instructions of the medical officer in case of the hospital.

The structural and functional aspects of the hospital organisation along with the medical, nursing and lay service have to work in coordination to achieve the goals of proper care and treatment to patients.

Coordination is not very perfect in the govt. hospitals of A.P. and U.P. due to lack of several factors which include improper administration and corruption. However, this coordination
is better in the nursing homes of A.P. and U.P. which are therefore able to attain goals of proper care and treatment of patients better than the govt. hospitals.

2.7 STANDARDS OF DESIRABILITY: IN HOSPITAL AS AN ORGANISATION

Besides the organisational duties of doctors, nurses and class four employees there are certain ethics essential for patients care and treatment. These include devotion to duty, commitment to help to those in need, a high degree of responsibility, honesty and affective neutrality, harmonious relationships and membership to professional bodies for enhancing professional learning.

The hospital is an organisation which deals with life and death of the patient. The professional, semi-professional and other hospital personnel must work to the best of their ability; so that the main objective of proper care to patients is achieved. One such way of doing it is by proper doctor-nurse-patient relationships.

Due to better defined goals, structure and technology the nursing homes of both the states included in our study stand undoubtedly above the govt. hospitals of both the states. Between the two govt. hospitals, the govt. hospital of A.P. and between the nursing homes, the nursing home of A.P. seem to be better due to similar reasons.
SECTION II

VIEWS OF THE DOCTORS, NURSES AND PATIENTS ON FACILITIES

The second section of this chapter deals with the views of the doctors, nurses and patients on the facilities available in the hospitals. There can be a number of factors responsible for satisfaction and dissatisfaction of the doctors, nurses and patients in a hospital. One such important factor seems to be the facilities available in the hospital. A number of facilities have to be provided for enabling the doctors and the nurses to perform their work and make the patients stay comfortable in the hospital.

The second part of the interview schedule, as already stated in the first chapter, deals with views of the doctors, nurses and patients on the facilities present in the hospital. The questions have been assessed on a three point scale - not satisfied = N.S.; satisfied = S; and very satisfied = V.S. The category of very satisfied is omitted in the tables where it is not found applicable. The opinions of the doctors, nurses and patients have been sought on various aspects which include admission procedures, bed strength, drugs, equipment, hygiene and sanitation, water, electricity, facility for attendants, class IV employees, related departments, personal and professional objectives and organisational rules.
The opinions of the doctors, nurses and patients on the facilities available have been analysed in the following setting:

a) One Government hospital of Andhra Pradesh.

b) One Government hospital of Uttar Pradesh.

c) One Nursing home of Andhra Pradesh.

d) One Nursing home of Uttar Pradesh.

This information is necessary in understanding the hospital settings in which the doctors and the nurses perform their work and where the patients come for treatment. A comparative analysis of each category has been presented in the form of a table which includes all the four hospitals undertaken for study. The main abbreviations used in the tables are D for Doctors, N for Nurses, P for Patients, G.H. for Government Hospital, N.H. for Nursing Home, A.P. for Andhra Pradesh, U.P. for Uttar Pradesh and T. for Total.

2.1 Admission into the wards depends on the bed strength available there. The two seem to be directly proportional to each other. Admission into wards and bed strength in the hospital depend on the size of the hospital. They also depend on the condition of the case to be admitted. The following table depicts the views of the doctors, nurses and patients on admission procedure:
Table-2.1.1: Table showing the Views of the Doctors, Nurses and Patients on Admission Procedure.

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<tbody>
<tr>
<td></td>
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<td></td>
<td>100</td>
<td></td>
<td>63.75</td>
<td>3.25</td>
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<td></td>
<td>16.66</td>
<td>33.33</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>9.9</td>
<td>91.91</td>
<td>63</td>
<td>40</td>
<td>100</td>
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<tr>
<td>T</td>
<td>7</td>
<td>57</td>
<td>26</td>
<td>9</td>
<td>-</td>
</tr>
</tbody>
</table>

It is evident from the above table that all the doctors are satisfied with admission procedure in the government hospital of A.P. A vast majority of the nurses and the patients also feel in a similar manner. The picture seems to be entirely different in the government hospital of U.P., where all the nurses as well as nearly two-thirds of the doctors and the patients feel dissatisfied with the admission procedure in the wards. As regards the nursing homes, the nursing home of A.P. seems to be better placed as all the doctors, nurses and patients have shown satisfaction with the admission procedure. Though more than three fourth nurses and patients show satisfaction with admission procedure in the nursing home of U.P., two-thirds of the doctors have shown dissatisfaction.
Now let us see what the doctors, nurses and patients think about the bed strength available in the wards. The following table gives the break down of their responses on this aspect.

Table 2.1.2: Showing the Views of the Doctors, Nurses and Patients on Bed Strength.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>G.H.A.P.</th>
<th>G.H.U.P.</th>
<th>M.H.A.P.</th>
<th>M.H.U.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S.</td>
<td>S.</td>
<td>S.</td>
<td>S.</td>
</tr>
<tr>
<td>D</td>
<td>6</td>
<td>6</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>50</td>
<td>93.75</td>
<td>42.5</td>
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<td>63.07</td>
<td>33.33</td>
</tr>
<tr>
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<td>2</td>
<td>26</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>0.57</td>
<td>0.33</td>
<td>44.44</td>
<td>55.55</td>
</tr>
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<td></td>
<td>100</td>
<td>100</td>
<td>63.07</td>
<td>33.33</td>
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<tr>
<td>P</td>
<td>1</td>
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<tr>
<td></td>
<td>0.57</td>
<td>0.33</td>
<td>44.44</td>
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<tr>
<td></td>
<td>100</td>
<td>100</td>
<td>63.07</td>
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<td>9</td>
<td>55</td>
<td>26</td>
<td>9</td>
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<td>1</td>
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<tr>
<td></td>
<td>127</td>
<td>127</td>
<td>127</td>
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</tr>
</tbody>
</table>

Doctors in govt. hospital of A.P. are equally divided in their views regarding the bed-strength, whereas, nearly nine out of every ten nurses and patients have shown dissatisfaction. In govt. hospital of U.P., majority of the doctors and the patients are not satisfied with the bed-strength though a little more than half of the nurses have shown satisfaction. Here again the nursing home of A.P. seems to be better placed as all the doctors, nurses and patients are satisfied with the bed-strength. In the nursing home of U.P., we find one out of every
ten nurses as well as patients who show dissatisfaction.

2.2 Drugs are an important aspect of treatment. In the nursing homes the patients have to buy their own medicines. Some emergency drugs may be provided to the patients in the nursing homes, but they are charged for it. In the government hospitals, they are supplied by the hospitals through a medical store attached to them. The following table gives the views of the doctors, nurses and patients on the aspect.

Table 2.2.11 Showing the Views of the Doctors, Nurses and Patients on Drugs.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>G.H.A.P.</th>
<th>G.H.U.P.</th>
<th>M.H.A.P.</th>
<th>M.H.U.P.</th>
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<td>F</td>
<td>13.33</td>
<td>10</td>
<td>30.36</td>
<td>100</td>
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<td>T</td>
<td>5</td>
<td>59</td>
<td>35</td>
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<td>3</td>
</tr>
</tbody>
</table>

The position of the nursing homes in both the states is similar as regards the availability of the drugs. All the doctors and the majority (more than two-third) of the nurses and patients have shown satisfaction in both the states. In the government
hospital of U.P. none of the doctors, nurses and patients have shown satisfaction with the availability of the drugs. The position is almost reverse in the case of govt. hospital of A.P. where all the doctors and more than three-fourth of the nurses and patients have shown satisfaction with the availability of the drugs.

2.3 Equipment, too, forms an important aspect of treatment. There are two types of equipments in a hospital - simple and complicated. Simple equipment includes bed pans, glucose and blood bottle stands, curtain separators, scissors, forceps, tongue, cotton, and syringe. Complicated equipment includes respirator, scanning, machine, sterilizer, incubator, ultra sound machine, vacuum extractor, dialysis machine, operation theatre equipment etc. The following table gives the views of the doctors, nurses and patients on the availability and working of simple and complicated equipment.

Table-2.3.1: Showing the Views of the Doctors, Nurses and Patients on Equipment.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N.S.</td>
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<td>100</td>
<td>95.67</td>
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<td>100</td>
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</tbody>
</table>
S stands for simple equipment and C stands for complicated equipment.

A vast majority of the doctors, nurses and patients seem satisfied with the availability and working of simple and complicated equipment in the govt. hospital and nursing home of A.P. The picture seems to be entirely different in the govt. hospital of U.P. where all the doctors, nurses and patients feel dissatisfied with the availability and working of simple and complicated equipment. As regards the nursing home of U.P. all the doctors, nurses and patients feel satisfied with the availability and working of simple equipment and highly dissatisfied with the non-availability of complicated equipment.

2.4 Hygiene and sanitation depend to a large extent on role performance of class IV employees and availability of water. The bathrooms and toilets which are often used by patients and attendants have always been a cause of complaint. Stinking corridors, clogged drains, non-availability of dustbins are areas which need attention. The following table shows the views of the doctors, nurses and patients on hygiene and sanitation.
Table 2.4.1: Showing the views of the Doctors, Nurses and Patients on Hygiene and Sanitation.

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</table>

The doctors, nurses and patients seem satisfied with the hygiene and sanitation conditions in the nursing homes of A.P. and U.P. There is consensus regarding the unhygienic conditions present in the government hospitals by the doctors, nurses and patients in both the states.

2.5 Water and electricity form the basic requirement of any hospital. Water is important for drinking, cooking and washing by the patients and also very essential for cleaning the hospital. Electricity is important for darkness makes the patients depressed and many jobs are held up for want of electricity.
Table 2.8.1: Showing the Views of the Doctors, Nurses and Patients on Water and Electricity.

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</table>

N stands for water and E stands for electricity.
The position of the nursing homes in both the states is similar as regards the availability of water and electricity. All the doctors, nurses and patients have shown satisfaction in both the States. The picture seems to be entirely different in the govt. hospital of U.P. where majority (more than three-fourth) of the doctors, nurses and patients feel dissatisfied. The position is almost different in the govt. hospital of A.P. where all the doctors, nurses and patients have shown satisfaction as regards availability of electricity and complete dissatisfaction as regards availability of water.

2.6 The class IV employees are directly related to the cleanliness of the hospital. The roles of ayaahs and sweepers is important from the point of view of providing assistance. The doctors and the nurses generally blame them for inefficiency and the patients generally complain about one thing or the other regarding their behaviour. Demanding from patients perhaps seems to be the major complaint against them. The Table-2.6.1 shows the views of the doctors, nurses and patients on class IV employees.

It is evident from the table that all the doctors and the patients are dissatisfied with the behaviour and role performance of class IV employees in both the govt. hospitals. A vast majority of the nurses in the govt. hospital of A.P. and all the nurses in the govt. hospital of U.P. feel in a similar
As regards the nursing homes, the nursing home of A.P. seems to be better placed as more than half of the nurses and the patients and one-third of the doctors have shown satisfaction which is contrast to the dissatisfaction shown by majority (more than three-fourth) of the nurses and the patients and all the doctors in the nursing home of U.P.

Table-2.6.1: Showing the Views of Doctors, Nurses and Patients on Class IV Employees.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>G.H.A.P.</th>
<th>G.H.U.P.</th>
<th>M.H.A.P.</th>
<th>M.H.U.P.</th>
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<td>28</td>
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<td>9</td>
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<tr>
<td></td>
<td>93.33</td>
<td>6.67</td>
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<tr>
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<td>62</td>
<td>2</td>
<td>35</td>
<td>1</td>
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</tr>
</tbody>
</table>

2.7 Attendants seem to be important more to the patients than to the doctors and the nurses. In government hospitals the attendants coming with patients pose a lot of problems to the doctors and nurses. The following table shows the views of doctors, nurses and patients on this aspect.
Table 2.7.1: Showing the Views of the Doctors, Nurses and Patients on Facility for Attendants.

<table>
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<td>N.S. S.</td>
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<td>T</td>
<td>16 48</td>
<td>31 4</td>
<td>5 12</td>
<td>12 11</td>
<td>137</td>
</tr>
</tbody>
</table>

Doctors in govt. hospital of A.P. are equally divided in their views regarding the facilities for attendants, whereas nine out of every ten nurses and six out of every ten patients have shown satisfaction. In the govt. hospital of U.P. all the nurses and the patients and majority (about three-fourth) of the doctors have shown dissatisfaction. In the nursing home of both the States all the doctors are satisfied. A vast majority of the patients (more than three-fourth) have shown satisfaction in the nursing home of U.P., which is in contrast to the dissatisfaction shown by the same number of patients in the nursing home of A.P. The position is reverse as all the nurses are dissatisfied in the nursing home of U.P. with the facilities
for attendants, while more than three-fourth are satisfied in
the nursing home of A.F.

Facility for attendants seem to be a neglected area as
far as hospitals are concerned. The doctors and the nurses do
not consider this to be an important area which needs attention.
According to them the attendants hamper the work by socialising
in the wards, making the wards dirty and being over anxious
about their patients.

2.8 A proper coordination between various departments present
is very important for proper functioning of the hospital. The
doctor finds himself handicapped without proper pathological
reports X-ray or non-availability of medicines or injections.
Her entire treatment and instructions to the nurse depends
upon the work of these departments. A patient may have to face
a longer stay in the hospital because of delay of reports. A
case may become complicated due to negligence on the part of
the departments.

Due to lack of interdepartmental coordination the work
of hospital may not move smoothly. The departments on which
the views of the doctors, nurses and patients have been taken are
X-ray, blood-bank, emergency unit, medical store, pathology and
paediatrics. The following table shows the views of the doctors,
nurses and patients on this aspect.
Table 2.3.1: Showing the Views of the Doctors, Nurses and Patients on Related Departments.

<table>
<thead>
<tr>
<th>Departments</th>
<th>Doctors</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
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<td>G.H.A.P.</td>
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<td>M</td>
</tr>
<tr>
<td>X</td>
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</tr>
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<td>32.33</td>
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<tr>
<td>Tra</td>
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<tr>
<td>31.66</td>
<td>91.66</td>
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</tbody>
</table>

X = X-ray, M.L. = Medical Laboratory, E.U. = Emergency Unit, M.S. = Medical Store, Pat = Pathology
Ped = Pediatrics

Table contd...
<table>
<thead>
<tr>
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It is evident from the above table that majority of the doctors, nurses and patients are dissatisfied with the availability of blood and X-ray facilities in the govt. hospitals and nursing-homes of both the States. In the govt. hospital of U.P. nearly all the doctors, nurses and patients have shown dissatisfaction in respect of emergency unit, medical store, pathology and paediatric departments. Here again govt. hospital of A.P. seems to be better placed as more than half of the doctors, nurses and patients seem satisfied with the emergency unit and pathology.
department whereas more than three-fourth seem satisfied with the medical store and paediatric department.

In the nursing-home of A.P., all the doctors and nurses, and more than two-third of the patients have shown satisfaction in respect of emergency unit, medical store, pathology and paediatric departments. The nursing-home of U.P. does not have all the departments like blood-bank, X-ray and pathology. In the existing departments like emergency, medical store and paediatrics, majority of the doctors, nurses and patients have shown satisfaction.

2.9 Doctors and nurses sometimes complain of innumerable things which are sources of dissatisfaction. This may include dissatisfaction due to salary, lack of challenge in cases and strict organisational rules. Views of the doctors, nurses regarding personal objectives, professional growth and organisational rules have been sought. Personal objectives include salary and perks, professional growth includes challenge in work, library facilities, membership of profession bodies, seminars, conferences and discussions, organisational rules include duty rosters which have planning for off duty and on duty days and timings along with nature of work to be looked after. The table shows the views of doctors and nurses on this aspect.
Table 2.9.1: Showing Views of the Doctors and Nurses on Personal Objectives, Professional Growth and Organisational Rules.

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P.O. is Personal Objectives
P.G. is Professional Growth and
O.R. is Organisational Rules.

Table conti.....
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It is evident from the above table that nine out of ten doctors are satisfied with the opportunities for professional growth and about one-third of them are satisfied in respect of personal objectives in the govt. hospitals of both the States. Though more than half of the doctors have shown satisfaction with organisational rules in the govt. hospital of A.P., more than three-fourth of them seem dissatisfied in the govt. hospital of U.P.

As regards the nurses, majority of them (about three-fourth) have shown dissatisfaction with personal objectives and organisational rules in both the govt. hospitals. The position is almost reverse as far as professional growth is concerned for nine out of every ten nurses seem satisfied with
opportunities for professional growth in the govt. hospital of A.P., while more than half seem dissatisfied in the govt. hospital of U.P.

Majority of the doctors in the nursing-homes of both the States and majority of the nurses in the nursing-home of U.P. have shown dissatisfaction in respect of personal objectives, professional growth and organisational rules. In the nursing-home of A.P. seven out of ten nurses have shown dissatisfaction as regards personal objectives, while three-fourth have shown satisfaction in respect of professional growth and organisational rules.

From the fore-going discussion it is evident that the facilities available in the hospital are directly responsible for the satisfaction and dissatisfaction of the doctors, nurses and the patients.