CHAPTER – III

MARKETING OF HOSPITAL SERVICES IN INDIA, TAMIL NADU AND SALEM DISTRICT
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INTRODUCTION

As the specialized hospitals are growing in number, each is trying to create a distinct ‘positioning’ for itself. There are hospitals specializing in cardiac surgery, cancer care, spinal injury, eye hospitals, abortion clinics, maternity homes etc. Each one is trying to create a unique identity and wants to cater to specific segment of the market.

The process by which they identify, what type of health care service should be offering, is nothing but applying some concepts of marketing related to segmentation, targeting, positioning. Thus the marketing concepts can be applied to health care sector. In this unit an attempt has been made to explain the application of marketing in hospital services, taking the example of Indian Railway hospitals.

“A customer is the most important visitor on our premises. He is not an interruption in our work. He is the purpose of it. He is not the outsider on our business. He is a part of it. We are not doing him a favour by serving him. He is doing us a favour by giving us an opportunity to do so.” Mahatma Gandhi.

The importance and applicability of the above dictums is totally relevant to the commercial sector. Sometimes the government sector,
however, due to a myopic view, is unable to directly apply it in its services. If they replace the word "customer" by "citizen public" then, perhaps, they will be able to do justice to the public they serve. The above views of Gandhiji are true for all sectors, including hospitals.

With regard to hospitals, we may change the word "customer" with "patient". Since the doctors very existence is related to the patient, hospitals become an integral part of medical care.

HOSPITAL SYSTEM AND FUNCTION

When a patient enters a hospital, many groups are involved inside and outside the hospital. Inside, the patient is concerned with admission, doctors, nurses, dietetics, the business office, and housekeepers, to name only a few. Externally, the patient is involved with relatives, friends and (sometimes) a third party- the payer, and is influenced by government regulations, accreditation and community, to name a few.

The key input of the hospital is the patient- the other important inputs are the skill and knowledge of the doctors, nurses, support staff, the level of sophistication of the equipment utilized, etc. Six such stages are given below:

1. Admission
2. Diagnosis
3. Treatment
4. Inspection
5. Control
6. Discharge

These stages do not exist separately, but are interlinked. The three major components of the internal hospital system are:

1. The medical staff who diagnose, admit and treat patients, and perform quality control procedure through their para medical staff organisation.

2. Programmes for the detection of illness and direct care and cure of patients such as nursing, x-ray and laboratory.

3. Support and administrative services such as record keeping finance and administration.

The traditional hierarchical organization chart explains the official hierarchy only and not necessarily the true position. This kind of chart is actually inappropriate for understanding relationships and influences in the hospital. The professional competence of the doctor often changes his real position in the hierarchy. The lines of communication in hospitals are, therefore, quite complex in nature.

The functions of hospitals appear to be obvious, but in reality these are quite complex - they keep changing with time. Sometimes, they are also in conflict with each other.
Some of the main functions of hospitals are:

1. **Patient Care Function**: It is important to remember that, besides treatment, the attitudes and behavioral pattern of health professionals are known to have an important influence on patient care as they are directly related to quality of care. The different systems affecting the patients and their effects are discussed below:

   (a) **Environmental System**: Schulz and Johnson quote a number of studies to say that the physical environment of the hospital also affects patients' response to treatment — a large number of sanatoriums are located in hill stations.

   (b) **Social System**: The effect of attitudes of staff towards patients due to a change in their status (from independent individuals in normal life to being passive-clothed hospital dependent patients) is obvious.

   (c) **Cultural Relationships**: The lower income group persons have a problem in communicating with higher socio-economic status physicians which is obvious. The barrier exists not only because of different languages spoken by them, but also because of class difference. Some of the doctors make a conscious effort to overcome this.

   (d) **Seasonality**: Seasons have a direct influence on diseases and illness especially in the context of our country, where the variations are too wide.
2. Providing a Workshop for Physicians: It has to be understood that the physician is not so much a part of the hospital, as the hospital is part of the physicians practice.

3. Working as Community Health Centre: Hospitals have increasingly taken up a proactive role to improve the health of the population they serve. Rather sticking to the reactive role of crisis care.

4. Serving the institution itself by achieving perpetuation, growth and prestige for institution, its staff and community.

HISTORY, GROWTH AND CLASSIFICATION OF HOSPITALS IN INDIA

Source Independence, India has achieved remarkable progress in social, political and economic fields. After the liberalization, this progress has been given further fillip, and has been recognized by the advanced countries. In the area of medical science too, commendable progress has been made during this period. Unfortunately, however, hospital administration has lagged far behind. Even the most sophisticated and the so called modern hospitals in India continue to be governed by the stereotyped system of hospital administration, viz. appointing the senior-most doctor as the Medical Superintendent. He is entrusted with the responsibility of the entire administration of the hospital, irrespective of whether or not he has undergone any formal (or even informal) training in hospital administration.
Times have changed and specialization has become the order of the day. It is therefore, imperative to have separate specialists for general administrative and human resource functions in hospitals. Secondly, with the tremendous expansion in health services, it has become essential to have specialists or experts not only in these two fields, but also in other fields of hospital administration, so that maximum efficiency can be achieved at the minimum cost. Thirdly, the rapidly rising number of patients and the inadequate expansion of hospitals and medical service have thrown the hospital administration machinery completely out of gear. Hence, the need for better planning, organizing, staffing, co-ordinating and controlling hospitals can hardly by over emphasized. Hospital administration can no longer be left to continue in the hands of a person who is “Jack-of-all trades” and “master-of-none”.

In the past, hospitals could perhaps, afford the luxury of being unbusiness-like and of adopting hit and miss methods of management as a number of philanthropists made huge donations to meet the ever-rising deficit in hospital budgets. Similarly in the field of human resource management, as long as the salary budget comprised only a small portion of the total budget, hospital administration could afford to neglect the introduction of scientific and progressive principles of human resource management. But they can no longer afford to do so as
salary and wages represent 65 per cent or more of the total hospital budget.

As on July 2001, there were 106 government medical colleges, three University medical colleges, and 46 private medical colleges recognized by the Medical Council of India. There were also seven government medical colleges and 19 private medical colleges permitted under Section 10A of the Indian Medical Council Act, 1956. Thus, there were 181 medical colleges, out of which 155 were recognized and 26 permitted under section 10A of the Act.

As per the report of the Steering Committee on Health for the Tenth Five Year Plan, in India, there were 15,188 hospitals of modern system of medicine having 6,65,639 beds. 2,991 hospitals of the Indian System of Medicine and Homoeopathy having 60,251 beds, and 25,911 dispensaries of Modern System of Medicine having 24,803 beds and 23,028 dispensaries of the Indian System of Medicine and Homoeopathy having 23,028 beds.

When we divide these hospitals and dispensaries under the Indian System of Medicine and Homoeopathy, we find that there were 14,416 Ayurveda dispensaries and 2,258 Ayurveda hospitals having 40,313 beds, 970 Unani dispensaries and 297 Homoeopathy hospitals having 12,836 beds. Similarly, when we divide these hospitals and dispensaries
under Modern System of Medicine, there were 25,911 dispensaries having 24,803 beds and 14,926 hospital having 6,63,163 beds¹.

Hospitals are the focal points of education for the health professionals and clinical research necessary for advancement of medicine.

Thus the hospital is one of the most complex of all administrative organizations. Therefore, it requires a thorough knowledge not only to the hospital set-up but also of its meaning, history, classification, peculiar conditions prevailing in hospital administration, etc. before one can undertake its human resource management to study.

NATURE AND SCOPE OF A HOSPITAL

Human beings make a society. Healthy human beings make a healthy society. However every society has it share of unhealthy human beings. Illness, disease and invalidity may be a curse for society; but their victims certainly are not. They are as much a part of society as the healthiest of individuals.

In the past, an individual affected by a wound or disease was condemned to suffer and fend for himself. In those primitive days, the healthy never assisted or looked after the affected. The practice was to consider such an affected person a spent-force and no longer useful to society. Thus complete isolation from society was the tragic lot of one
who fell ill. No attempt was made to ascertain the causes and suggest cures for ailments. The belief, then was that illness was caused either by evil spirits or was a punishment for one’s misdeeds. Later, the ‘tribe’ assumed the responsibility of looking after the sick who were considered victims of a magic spell, by appeasing or scaring away the evil spirits with a counter-curse.

As civilization advanced from the individual to the family, from family to the tribe and finally to the organized community, society acknowledged a common responsibility towards the sick. It was only when civilization progressed then man sought to provide for the welfare of his fellow-beings (other than his own kith and kin).

Illness creates dependency. The sick need medical treatment, nursing care and shelter. With the advent of the modern society, the institution developed to cater to the needs of the sick was the hospitals.

HISTORY OF INDIAN HOSPITALS

The history of Indian medicine and surgery dates back to the earliest of ages. But hospitals as institutions to which a sick person could be brought treatment were of a much later origin in other countries. In India, hospitals have existed from ancient times. Even in the 6th century B.C., during the time of Buddha, there were a number of hospitals to look after the crippled and the poor. More such hospitals
were started by Buddha's devotees later on in different parts of India as well as outside the country.

The outstanding hospitals in India at that time were famous physicians. Medicine (273-232 B.C), Charka and Sushrutha of ancient India were famous physicians. Medicine based on the Indian system was taught in the universities of Taxilla and Nalanda, which probably contributed to the advances in Arabic medicine. The Upakalpa-niyam Adhyayam of Charake Suthrasthanam gives specification for hospital buildings, labour rooms and children's wards. The qualifications for hospital attendants and nurses as well as specifications for hospital equipment, utensils, instruments, and diets have also been given. There is evidence to show that here were many hospitals in South India in the olden days, as observed in the Chola and Malakapuram edicts.

According to historians, the study of the history of the medicine of ancient India was greatly handicapped for want of inscriptions, manuscripts or other records as are available for other ancient systems of medicine. The seals and tablets discovered at Harappa and Mohenjodaro are yet to be deciphered. But we do find from the books written by Arabian and European travelers that the study of medicine in India was in its bloom. Every major city had a medical school. The decline of Indian medicine started with the invasion of foreigners in the 10th century A.D which was a period of unrest. The zeal of the native
vaidyas for the investigation of the Indian flora slackened for want of encouragement. The maintenance of hospitals in India declined during this period.

The use of the allopathic system of medicine commenced in the 16th century with the arrival of European missionaries in South India. It was during the British rule that there was once again progress in the building of hospitals. The first hospital in India was probably built in Goa, as mentioned in Fryer's ravels. The first hospital in Madras was opened in 1664; but apparently it was not actually taken up till 1676; the earliest hospital in Calcutta was built in 1707-1708, and in Delhi, in 1874.

The Portuguese organized hospitals of the European type at Calicut (Kerala), Goa and Santhome (Madras) through missionary organizations. They set up treatment centres and trained local men and women as dressers, nurses, etc. In the early stages, missions were financed by foreign sources but later on when the people realized their value, local support and subsidies were available.

During the 17th and 18th centuries, there was a slow but steady progress in the growth of the modern system of medical practice in India and the indigenous system was pushed to the background. In the 19th century, modern medicine took firm root. Medical care based on this
system spread all over India, mainly through the efforts of the missionaries.

Organized medical training was started in the 19th century. The first medical school (The Native Medical School) was started in Calcutta, followed by one in Madras. In the beginning, both the modern system and the Ayurvedic system were taught. A Hospital Assistants course of two years duration was started by the army. The medical school in Calcutta was converted into a college in 1835, later on, when the universities were started, some of the medical schools were taken over and converted into medical colleges.

The following list shows the year of establishment of the medical school/college in various cities during the period 1835 to 1916.

<table>
<thead>
<tr>
<th>City</th>
<th>Year</th>
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<tbody>
<tr>
<td>Calcutta</td>
<td>1835</td>
</tr>
<tr>
<td>Madras</td>
<td>1835</td>
</tr>
<tr>
<td>Bombay</td>
<td>1845</td>
</tr>
<tr>
<td>Hyderabad</td>
<td>1846</td>
</tr>
<tr>
<td>Travancore</td>
<td>1846</td>
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<tr>
<td>Agra</td>
<td>1853</td>
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<tr>
<td>Lahore</td>
<td>1860</td>
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<tr>
<td>Nagpur</td>
<td>1867</td>
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<tr>
<td>Patna</td>
<td>1874</td>
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<tr>
<td>Dacca</td>
<td>1875</td>
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<tr>
<td>Cuttack</td>
<td>1876</td>
</tr>
<tr>
<td>Indore</td>
<td>1878</td>
</tr>
</tbody>
</table>
Ludhiana 1895
Dibrugarh 1900
Rangoon 1907
Lucknow 1912
Delhi 1916

Many of these district hospitals were run by the members of the Indian Medical Service. Some hospitals at the provincial headquarters were converted into teaching hospitals and attached to medical colleges.

HEALTH COMMITTEES APPOINTED BY THE GOVERNMENT

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

In 1943, a committee was set up under the chairmanship of Sir Joseph Bhore to work out an integrated system of health services in India.

In 1960, a committee was set up to examine all aspects of the existing school health programme in the country, e.g. prevention of diseases, medical care and follow up services, nutrition, and health education. This was headed by Smt. Renuka Ray.

In 1961, the Mudaliar Committee was appointed to review the progress made in medical relief and public health since the submission
of the Bhore Committee’s report, and to formulate guidelines and proposals for inclusion in the subsequent Five Year Plans.

In 1963, a special committee was set up, headed by Dr. M.S. Chadha, to chalk out a National Malaria Eradication Programme.

In 1965, a committee to reorganize Family Planning Administration was appointed under the chairmanship of Dr. A.K. Mukherjee.

In 1968, the Government of India appointed the Jain Committee to undertake a study of the working of different classes of hospitals in the country with a view to improving the standard of medical care and developing sound guidelines for the future expansion of hospital services.

In 1973, the Kartar Singh Committee on the multi-purpose worker under the Health and Family Planning Programme was appointed by the government.

In 1974, the Government of India appointed Jaisukhlal Hathi Committee to go into the various factors of the Drug Industry in India with a view to promoting the growth of the Drug Industry.

In 1975, the Srivastava Committee was set up to report on medical education and manpower requirement.
In 1977, a committee to report on strengthening of the accidents and emergency services in hospitals was set up under the chairmanship of Dr. S.S. Sindhu by the Ministry of Health and Family Welfare.

In 1979, the Bajaj Committee was set up by the Government of India to lay down the guidelines for staff, equipment, space, etc. for different sizes of hospitals.

In 1981, the Government of India appointed a committee to review the status of medical education in India. This committee was headed by Dr. Shanti Lal J. Mehta.

In 1986, the Ministry of Health and Family Welfare set up an Expert Review Committee called the Bajaj Committee for health manpower planning and development with major emphasis on the creation of additional facilities for vocational training.

CLASSIFICATION OF HOSPITALS

Hospitals have been classified into many ways. The most commonly accepted criteria for the classification of the modern hospitals are; (a) ownership control basis, (b) length of stay of patients and (c) clinical basis,
CLASSIFICATION ACCORDING TO OWNERSHIP/CONTROL

On the basis of ownership or control, hospitals can be divided into four categories, namely, public hospitals, voluntary hospitals, private nursing homes and corporate hospitals.

**Public hospitals**

Public hospitals are those run by the Central Government, state governments or local bodies on non-commercial lines. These hospitals may be general hospitals or specialized hospitals or both. General hospitals are those which provide treatment for common diseases, whereas specialized hospitals provide treatment for specific diseases like infectious diseases, cancer, eye diseases, psychiatric ailments, etc. General hospitals can diagnose patients suffering from infectious diseases, but refer them to infectious diseases hospitals for hospitalization, as general hospitals are not licensed to treat infectious-diseased patients.

**Voluntary hospitals.**

Voluntary hospitals are those which are established and incorporated under the Societies Registration Act, 1860 or Public Trust Act, 1882 or any other appropriate Act of the Central or state government. They are run with public or private funds on a non-commercial basis. No part of the profit of the voluntary hospital goes to the benefit of any member, trustee or to any other individual. Similarly,
no member, trustee or any other individual is entitled to a share in the
distribution of any of the corporate assets on dissolution of the
registered society. A board of trustees, usually comprising prominent
members of the community and retired high officials of the government,
manages such hospitals. The board appoints an administrator and a
medical director to run such voluntary hospitals. These hospitals spend
more on patient care than what they receive from the patients. There is,
of late, a trend among voluntary hospitals to charge reasonably high fees
from rich patients and very little from poor patients. Whatever they earn
from the rich patients of the private wards, spend on the patients of
general wards.

However, the main sources of their revenue are public and private
donations, and grants-in-aid from the Central Government, the state
government, and from philanthropic organizations, both national and
international. Thus, voluntary hospitals run on a ‘no profit, no loss’
basis.

**Private nursing homes.**

Private nursing homes are generally owned by an individual
doctor or a group of doctors. They admit patients suffering from
infirmity, advanced age, illness, injury, chronic disability, etc., or those
who are convalescing, but they do not admit patients suffering from
communicable diseases, alcoholism, drug-addiction or mental illness.
There is, however, no uniform definition for nursing homes. The phrase may refer to out-of-home care facilities that offer a range of services similar to many found in a hospital. These nursing homes are run on a commercial basis. Naturally, the ordinary citizen cannot usually afford to get medical treatment there. However, these nursing homes are becoming more and more popular due to the shortage of government and voluntary hospitals. Secondly, wealth patients do not want to get treatment at public hospitals due to long queues of patients and the shortage of medical as well as nursing staff leading to lack of medical and nursing care.

Corporate hospitals

The latest concept is of corporate hospitals which are public limited companies formed under the Companies Act. They are normally run on commercial lines. They can be either general or specialized or both.

CLASSIFICATION ACCORDING TO LENGTH OF STAY OF PATIENTS

A patient stays for a short-term in a hospital for treatment of diseases such as pneumonitis, appendicitis, gastroenteritis, etc. A patient may stay for a long-term in a hospital for treatment of diseases such as tuberculosis, cancer, schizophrenia, etc. Therefore, a hospital may fall either under the category of long-term or short-term according to the diseases and treatment provided.
CLASSIFICATION ACCORDING TO CLINICAL BASIS

A clinical classification of hospital is another basis for classification of hospitals. Some hospitals are licensed as general hospitals while others as specialized hospital. In a general hospital, patients are treated for all kinds of diseases such as pneumonitis, typhoid, fever etc., at in a specialized hospital, patients are treated only for those diseases for which that hospital has been set up, such as heart diseases, tuberculosis, cancer, maternity, ophthalmic diseases, etc.

CLASSIFICATION ACCORDING TO DIRECTORY OF HOSPITALS

The Directory of Hospitals in India-1988 lists the various types of hospitals and the types of management.

TYPES OF HOSPITAL

1. **General hospital.** All establishments permanently staffed by at least two or more medical officers, which can offer in-patient accommodation and provide active medical and nursing care for more than one category of medical discipline (e.g. general medicine, general surgery, obstetrics)

2. **Rural hospital.** Hospitals located in rural areas (classified by the Registrar General of India) permanently staffed by at least one or more physicians, which offer in-patient accommodation and provide medical and nursing care for more than one category of
medical discipline (e.g. general medicine, general surgery and obstetrics.)

3. **Specialized hospital.** Hospitals providing medical and nursing care primarily for only one discipline or specific diseases (e.g. tuberculosis, ENT, eyes, leprosy, orthopaedic, paediatrics, gynaecological, cardiac, mental, cancer, infectious disease, and venereal diseases) The specialized departments, administratively attached to a general hospital and sometimes located in an annexe or separate ward, may be excluded and their beds should not be considered in this category of specialized hospitals.

4. **Teaching hospital.** Hospital to which a college is attached is attached for medical/dental education.

5. **Tertiary hospital.** States and Central Government set up tertiary hospitals in their capitals where referred patients are treated such as AIIMS, New Delhi, P.G.I. Chandigarh, Sanjay Gandhi, P.G.I. Lucknow, etc.

**TYPES OF MANAGEMENT**

1. **Central Government/Government of India.** All hospitals administered by the Government of India, viz. hospitals run by the railways, military/defence, mining/ESI/Post & Telegraphs, or public sector undertakings of the Central Government.
2. **State government.** All hospitals administrated by the state /UT government authorities and public sector undertaking operated by states /UTs, including the police, jail, canal departments and others.

3. **Local bodies.** All the hospitals administrated by local bodies, viz the municipal corporation, municipality, zila parished, panchayat.

4. **Private.** All private hospitals owned by an individual or by a private organization.

5. **Autonomous body.** All hospitals established under a special Act of Parliament / State legislation and funded by the Central / State government / U.T. e.g. AIIMS (New Delhi) PGI, Chandigarh.

6. **Voluntary organization.** All hospitals operated by a voluntary body /a trust / charitable society registered or recognized by the appropriate authority under Central/State government laws. This includes hospitals run by missionary bodies and co-operatives.

7. **Corporate body.** A hospital run by a public limited company. Its shares can be purchased by the public and dividend distributed among its shareholders.
HOSPITAL ADMINISTRATION

Administration, on a planned and scientific basis, is necessary for the smooth running of every institution. A hospital is no exception to this fundamental rule. Administration plays a vital role in the functioning of a hospital, perhaps more than it does in any other institution. In order to perform its functions efficiently, hospitals today must be organized and administrated in a scientific manner. This demands that every staff member should be adequately trained.

There is now a greater need for efficient administration in hospitals because the number of people who use hospital service has increased manifold, whereas the financial and other resources available to hospitals in India have not kept pace with the growth in the number of users. The optimum use of resources is only possible with an efficient and professionally competent administration.

Many hospitals have of late been calling in social scientists for practical advice to answer such questions as; How can we obtain more co-operation from the public? Why do so many patients leave against medical advice? Why is there such a high staff turnover? Why is there persistent grumbling among the house staff and how justified is it? Why do patients seem to be so unhappy on one floor and so satisfied on another?
Thus greater attention will be needed towards hospital administration in the present days and especially in the future which is full of challenges because of the increasing competition from internal as well as external sources. Due to the growing awareness about health amongst the masses, hospitals all over the world are therefore under tremendous pressure to improve their services and administration for their survival and growth. This is possible only when the top management of any hospital will give due consideration in selecting a well qualified and trained hospital administrator who in turn will give due importance not only in improving medical facilities but also the efficiency of its personnel, because sophisticated equipments in medical laboratory, X-ray department, operation theatre, accounts department, admission office, etc., cannot improve the entire working of the hospital until and unless its operators and employees are well trained and adequately motivated. In the light of this, the top management should now recognize the necessity of employing a trained and dynamic hospital administrator and consider him as an investment to meet the objectives rather than an overhead cost. Therefore in the years to come, hospital administrative will assume even higher importance.
"The code of ethics of hospital goes hand with the code of ethics of physicians. Both of them are required to follow their ethics to render care to the sick and injured. As far as the hospital code of ethics is concerned, it was developed nearly half century ago, but the code of ethics of physicians has been in existence since the days of Hippocrates who lived about B.C. 460-377. Today, the code of medical ethics has become the fundamental law of the hospital and is applicable to all its personnel, including the trustees."

The trustees are required to employ a qualified administrator to keep accurate records, to provide facilities consistent with community needs, to determine fair policies, to set professional standards and to provide protection to the patients during their stay in their hospital. There should be neither solicitation for patients nor undesired publicity of any kind whatsoever. Similarly, personnel of the various professions and avocations are required to maintain the dignity and honour of their profession of discharging their responsibilities to ensure that all patients receive the best care without any unnecessary delay; secrecy about their diseases is maintained and they are not harassed in any way—neither by soliciting favours nor by accepting monetary rewards."
No one including the treating physician and the nurse has the right to expose the patient unnecessarily. Violation of this rule means the loss of confidence of a patient in the hospital staff. Therefore, each and every hospital personnel including the physician, nurse, laboratory and X-ray technicians, physiotherapists, and others should avoid all those acts which would lead to the loss of trust of the patients because whatever a patient tells, he does so in good faith and expects that all the information will be kept secret and used only for treatment purpose. Therefore, it is for practical reasons that sincerity, reliability, sobriety and calm/balanced temperament are required of those who are caring for the sick and injured, otherwise, the hospital may lose its respect not only in the eyes of the patient but also of the community because each patient belongs to one community or the other.

ROLE OF HOSPITAL ADMINISTRATORS IN LEGAL MATTERS

Though all hospital administrators are not qualified legal persons yet they are supposed to possess sufficient knowledge of the Indian Laws to be able to take decisions on legal matters.

All hospitals cannot afford to engage full time law officers or retain part time legal advisors. It is the hospital administrator who keeps the reign of legal kingdom in his hand in small and medium size
hospitals and decides all matters rightly or wrongly on the basis of his knowledge and common sense.

The hospitals are not longer immune to legal suits due to reinduction of the Industrial Disputes Act, 1947 and application of the Consumer Protection Act, 1986. These acts have made employees as well as patients more conscious about their rights and privileges, and they expect better working conditions and services from the hospital administrator. Thus the hospital administrator has crucial role to play in legal matters these days.

CEO'S VISION TO IMPROVE HOSPITAL SERVICES

What does a hospital employee want from his job? Money, security and career development can be high on the list for most of them, but Mike Rudd, Logistics Director at Bulmers, says that what really motivates employees is sharing the CEO's vision. Though it sounds odd, with the new world of independent and short stay of personnel, it is true. The CEO should communicate his vision about the hospitals as well as involve the employees at every step. They should be invited to give their views and discuss how they would work towards the vision.

It would be easy to say that such an activity is nothing more than a paper exercise, but it can be very productive and useful because each
individual’s job contributes towards achieving the vision. The process should entail remaining firmly focused on the CEO’s vision in conversations and meetings. Thus, one can defuse difficult situations very quickly by understanding where the personnel are, why they are there, and where they need to go next so that everyone in the hospital begins to work in a better way and the vision of the CEO becomes the vision of each and every employee of the hospital.

COUNSELLING AS A TOOL IN HOSPITAL ADMINISTRATION

No institution can be more sensitive than a hospital because it deals with life and death of its patients. A slightly indifferent attitudes on the part of employees in a factory can reduce production, which can well be made up once they reach an amicable settlement with the management. But this is not so in a hospital. If a patient dies due to indifference or work-to-rule attitudes on the part of hospital employees, there can be no making up thereafter.

Therefore, no hospital administrator can afford to cause resentment amongst his employees, he will have to create a team of dedicated employees who should serve the patients with smiling faces directly or indirectly such as employees of nursing service department or central supply room.
To create a team of dedicated employees, a hospital administrator needs to establish a relationship with them based upon trust and confidence. While talking to them, he should not only empathize and be on the same level with them but sometimes should even communicate something on a very personal level to understand their problems. Like a counselor, he not only needs to deal with their grievances from their standpoint but also should listen to them with genuine and sincere concern.

Therefore a hospital administrator needs to possess the following attitudes;

1. Respect
2. Genuineness
3. Empathy
4. Self-disclosure
5. Concreteness
6. Understanding
7. Forgiving
8. Jovial Personality
9. Listening
10. Humour

Today hospitals are better known for their specialty and super-specialty services. New concepts have also been introduce in the
management of hospitals, like day-care services and transfer of specialized diagnostic and therapeutic services from in-patient to out-patient areas. There is immense scope for using innovative managerial skill;
(a) in running the specialty and super-specialty services;
(b) to create an environment for professional excellence for high-quality care; and (c) to provide services more economically.

These functional changes have necessitated a specific managerial approach. Modern equipment and facilities call for a specific hospital design and plan. Framing of norms and standards of programming, designing, equipping and staffing such special-care services are the need of the day. Special facilities require professional and managerial skills to optimize the use of available resources. Hospital administrators have realized not the need for scientific hospital administration in the running of their hospitals.

HUMAN RESOURCE MANAGEMENT IN HOSPITAL –AN OVERVIEW

Over the years, the importance of human factor in the accomplishment of organizational objectives has increased considerably because of increasing competition and globalization of management. Now a days, the people at work are considered the most important
factor of production in factories and of service in hospitals from the point of view of management.

There is growing awareness on the part of the academicians and the professional managers to review management as a process concerned basically with the management of people because a tremendous overhaul is under way on the human resource management front.

These days the thrust is on to create a workplace that motivates, retains, and gets the best out of people. Therefore, different organizations are adopting different strategies.

Hewlett Packard India has introduced new concepts such as flexible time off—an employee can exchange his weekly off day for any other day to meet his social commitment and or domestic chores.

**IMPORTANCE OF HUMAN RELATIONS IN HOSPITALS**

In his book Hospital Organization and Management, Mac Eacheren comments that hospitals were slow to follow the lead of industries which has ago realized the necessity for good human relations and had set up human resource departments to perform human resource functions. Human resource management has been a victim of administration.
In conducting a survey of hospital board meetings, it was found that 40% of the time at these meetings was spent by the governing board members talking about money, 20% about building improvement and equipment, 15% about medical staff problems, 10% about patient services, 10% about public relations and 5% about miscellaneous subjects including human resource.

In modern health-care institutions, the personnel functions should be given due importance and the human resource manager should be considered an integral part of the administrative team so that he may arrange organizational conditions in such a way that people can achieve their goals. This is one of the most important and complex responsibilities of the human resource manager. This will go a long way in establishing cordial human relations which will reflect in patient care.

The primary aim of hospitals is to provide patient care of the highest quality. An often-overlooked truth is that efficient patient-care develops not from modern medical equipment and drugs alone but from the work force, a group of well-rewarded and motivated medical, paramedical, skilled and unskilled personnel. The assembly of these personnel, who are committed to institutional goals and their fulfillment, is not just a matter of chance. It is the result of sound professional administration and cordial human relations.¹
The role of human relations in health organizations is concerned with the integration of people into a work situation. It is also concerned with motivating personnel to work together cooperatively and productively. In understanding the behavior of human beings, some knowledge of basic needs and human behavior is necessary. It should therefore be the first duty of health-care administrators and human resource managers to see that most of the basic needs of their personnel are met so that their behavior is of cooperation and not of aggression at their work-place.

In hospitals, the lower rank of employees are usually not taken into confidence by the hospital authorities at any stage. They are absolutely ignored. The present day’s employees expect to be treated with dignity. Therefore, all the concerned hospital executives must stop working from above or pushing from behind. They should, instead, start leading from the front and must work together with all categories of employees and gain their genuine and whole-hearted contribution to achieve the hospital goals by providing them opportunities for participation even at the planning stage.

MOTIVATION

Motivation plays a crucial role in maintaining cordial human relations, particularly in service-oriented organizations like hospitals. Attractive architecture, modern equipment and costly medicines alone
are not enough to run a hospital efficiently and effectively; what is essential to a greater degree, is a well motivated, dedicated and disciplined work force. Therefore, it should be the earnest endeavour of every human resource manager to keep his employees highly motivated so that they may give better service to patients and do not invite undesired litigation of medical negligence under the Consumer Protection Act, 1986.

MOTIVATED WORKFORCE-THE ONLY SURVIVAL GAME

There are five key ingredients which the hospital administrators need to inculcate in their employees;

1. **High value system**-It consists of personality and character ethics.

2. **Time management**- The art of prioritization of work according to time schedule.

3. **Emotional bank balance**-Investment in personal relationships.

4. **Interdependence**-Working in team and with team spirit.

5. **Role of meditation**-To develop positive attitude toward life and work.

Thus, hospital administrators not only motivate their employees but can provide better service to patients.

**IMPORTANCE OF TEAMWORK IN HOSPITALS**

'United we stand, divided we fall'. All over the world, the most successful managements always develop a team for efficient organization of their work. The large companies in Germany have always has team management. One member customarily presides over
the team, but all are equal. Similarly, those marvels of efficient management organization—the ‘Big Five’ of British banking have always been managed not by one, but by two chief executive teams; the chairman and the deputy chairman concerned with basic objective and the joint general managers concerned with policies, practices and personnel.

**NATURE AND SCOPE OF TEAMWORK**

Teamwork is co-ordinated action by a co-operative group whose members contribute responsibly and enthusiastically towards task achievement. It works best in a supportive environment. The essentials of teamwork are; (a) a small group; (b) a leader; (c) a common goal; (d) regular interaction; (e) each member contribution responsibly; (f) co-ordination; and (g) team spirit.

During and after the Second World War, there was an acute shortage of nurses. Therefore, nursing administrators introduced the functional method of nursing. Professional nurses were assigned strictly professional duties such as giving medicines, taking blood pressure, writing notes, making rounds with physicians and surgeons, etc., and nurse-aides and orderlies were assigned tasks such as making beds, escorting patients to the X-ray department, carrying stool and urine specimens to the laboratory, handing over the patient chart for billing, etc.
In a hospital set-up, there is no other job that needs to be organized as carefully and as systematically as that of the Chief Executives of a hospital. The priorities of the assignments of the Chief Executives should be arranged systematically. Even then, the job of the Chief Executives of the hospital cannot properly be organized as the job of one man. It must be the job of a team of several persons working together. Teamwork is essential at all levels of management in a hospital.

**HOSPITAL IN TAMIL NADU**

One would be surprised to learn that the Asia's first eye hospital was started in 1819 by the British, and it still exists as the Government Eye Hospital at Egmore, Chennai. In Tamil Nadu, like in all the other Indian States, treatment is absolutely free in all the Government Hospitals. Very completed surgeries and also simple OP treatment and are all performed there absolutely free. The Government Doctors here enjoy a very high reputation simply because of the variety of cases they get per day, and huge number of patients they see each day.

There are about seven major Government Hospitals in the State. Other than this list, there is a General Hospital in all the District Capitals of the State. Also, the state is well equipped with Primary Health Centers in all the smaller towns.
Pay wards will shortly be introduced in Government Hospitals. The cost will be very nominal, and there will be about 200 beds. There are air-conditioned single rooms and non air-conditioned ones with four beds. A separate team of paramedical staff, nurses, and lab technicians will take care of the pay wards. This way, the government can compete with the corporate hospitals. The rates are Rs.6000 for a AC single bed for 10 days, non A/c double rooms will cost Rs.3000 for ten days, and Rs.2000 for a four-bed room for 10 days.

The charges for various services are very cheap. The CT Scan charges for in-patients is about Rs.350 and for out-patients, it is about Rs.500. A master check-up costs about Rs.250, X-ray and an ECG cost about Rs.20 each, and various other blood tests less than Rs.100 each.

The Government General Hospital at Chennai was started in 1664 to treat, wounded British soldiers.

It was first housed in Fort St.George and moved to its present location after twenty-five years in 1772. It was beautifully renovated at a cost of Rs.1.04 billion, and reconstructed into a multi-storied building to accommodate the huge increase in patients in 2005. The new building has a basement, ground floor, and six new floors providing 65,000 square meters of floor space for the public and 3629 beds. It has six state of the art operation theatres. It has emergency theatres, a blood bank open 24 hours round the clock, a CT scan, an ultra-sound machine, and a
trauma care center. It is partially centrally air-conditioned. Each floor has closed circuit camera and a computerized monitoring facility.

There are about free beds in the new building. Some beds are only available on a small nominal payment. This hospital has treated 2.5 million out-patients so far, and has performed over 25000 minor and major surgeries.

It is the biggest state-run hospital in the country. A medical college Madras Medical College, one of the oldest medical schools in the country, is attached to the hospital.

The Government General Hospital or the GGH as it is known treats about 10000 out-patients every day free of cost. At least, three heart surgeries are performed daily free of cost to poor patients. Over Rs.120 Crores is spent annually on procuring medicines.

**Government Stanley Medical College Hospital, Chennai**

The hospital is more than 200 years and comprises of eight floors. The East India Company started it in 1740 to treat wounded British soldiers. This hospital is smaller than The GH and treats about 5000 out-patients per day. It has about 1600 beds. It has facilities to conduct 40 surgeries simultaneously. The hospital is renowned for three departments though the others are equally good. The departments of Surgical Gastroenterology, Urology and the Institute of Hand
Rehabilitation and Plastic Surgery are considered excellent. The Institute for Research and Rehabilitation of Hand and the Department of Plastic Surgery (IRRH & DPS) is the best in South East Asia.

The Department of Surgical Gastroenterology was the first to conduct a successful liver transplant in India. This department has also obtained the prestigious ISO certification, and is the first hospital department to do so in the country. The Department of Urology performs about fifty kidney transplants in a year. There is a medical college associated with this hospital called Stanley Medical College which is one of the top medical colleges of India.

**Government Rajaji Hospital, Madurai**

The Rajaji Hospital at the temple city of Madurai is another old hospital established during the Madras Presidency in 1842. It is located in about 13 acres in the heart of Madurai. It has about 2200 beds and offers Specially Treatment in Cardiology, Cardio-Thoracic Surgery, Endocrinology Nephrology, Neurology, Oncology, Orthopedics, Plastic Surgery, Obstetrics and Gynecology, and other fields.

**Government Royapettah Hospital**

Government Royapettah Hospital is not as old as the other hospitals. It was started in 1911 and as the name suggests is at
Royapettah, Chennai. It has about 700 beds. All specially treatments are available at the usual cheap government rates.

**Kilpauk Medical College Hospital**

Kilpauk Medical College Hospital is also situated at Kilpauk, Chennai. It has about 500 beds. The Centre of Excellence for Recanalisation is attached to the Kilpauk Medical Hospital, and was started in 1989. The center helps those women who have already undergone voluntary permanent contraception and who for some reason now want to reverse the process. This center also caters to childless couples with problems like tubal block, endometriosis, and fibroids. The Kilpauk Medical College, a government medical college, is attached to this hospital.

*General Hospital:* This type of hospital deals with many kinds of injury and disease. A typical General Hospital has an Emergency Ward and has a number of beds for Intensive Care. It may also have specialized facilities for surgery and childbirth.

*Specialized:* This category includes trauma centers and children’s hospitals, Specialized hospitals deal with specific special needs like psychiatric problems.
HOSPITALS IN SALEM DISTRICT – AN OVERVIEW

SKS Hospital, Salem is the first multi-specialty hospital in Salem. It is a 150 bed multi-disciplinary specialty hospital. One of the Premier Healthcare provider in Salem through the combined efforts of the excellent team of doctors from various specialized fields. The infrastructure and state-of-the-art equipments available are unmatched in Salem and the surround Districts. SKS Hospital provides quality service in different specialties which are need based and supported by all communities.

VINAYAKA MISSION HOSPITAL, a 410 bed Super-specialty Tertiary Care Hospital, is the first Corporate Hospital in Salem, located on the National Highways (NH-47), Seeragapadi in Kovai to Chennai Highways. The hospital provide patients an enhanced treatment with latest technology and advanced equipments. Highly qualified doctors and trained Para medical staff committed to serve with loving care and pleasing service to patients round the clock.

MANIPAL HOSPITAL, SALEM, most people tend to take good health for granted. But you may never even know when your current lifestyle adversely affect your health in the future. Constant stress, irregular food habits and lack of exercise can be the main culprits.

It is the fact that almost every major ailment first manifests itself as minor symptoms, which are often not noticed and hence neglected. A
proper preventive health check-up helps in the assessment of your health conditions. They emphasize the age-old adage that ‘Prevention is better than cure’. Manipal Health System pioneered the Preventive Healthcare Packages in the state.

Manipal Health Checks are a set of comprehensive and reliable Preventive Health Packages, designed keeping in mind the varied requirement of all the members of your family. They ensure that you are comfortable and well taken care of. This coupled with our smooth, swift and systematic procedures will indeed make your experience a pleasant one.

OBJECTIVE

The Manipal Health Check wing has been specially designed for preventive positive healthcare mainly;

➢ To identify disease which may already exist-thus ensuring prompt & effective treatment.

➢ To identify and quantify risk factors which may lead to disease in the future.

➢ It has a single window operation for Registration, Appointment and Cash/Credit payments almost all the investigations and Consultations are done at the Health Check wing itself.

➢ The Packages cater to the needs of various age groups taking into consideration people’s lifestyles. It offers economical packages.
➢ For individual check ups and for corporate ‘Group check ups’: be it an Annual Health Check or a pre-employment check.

➢ It has the advantage of being under the umbrella of a modern, tertiary care center of excellence offering medical expertise to the latest in medical technology.

➢ All health check packages have been based on the need of various age groups taking in to consideration people’s life styles, their genetic pre-disposition to diseases and recommendations of the National Institute of Health, USA.

INSTRUCTIONS

Preparation for the Health Check up and the Instructions to be followed for a Health check.

Tread Mill Test       -  Rs.900
Cardiac Profile      -  Rs.3320
Echo, TMT, Lipid Profile, Homocystine, Lipoprotein(a), Apolipoprotein AI & B
Mamogram             -  Rs.800
Gynaec Profile       -  Rs.400
Pap smear, OBG Consultation
Diabetic Profile     -  Rs.815*
HbA1c, Urine Micro Albumin (Random) Eye Check, Diet Consultation
Thyroid Profile      -  Rs.480
T3, T4, TSH

Lipid Profile - Rs.400

HDL, IDL, VLDL

Liver Function Test - Rs.560

Bilirubin (Total/Direct), Alkaline Phosphatase, ALT(SGPT), AST(SGOT), GGT, Total protein/Albumin, A/G Ratio

Geriatric Profile - Rs.250

*Specialist Consultation if required would cost an additional amount of Rs.300.
END NOTES


