Chapter - III
Profile of Hospital Sector
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PROFILE OF HOSPITAL SECTOR

3.1. Introduction to research

The human health and safety have become part of the economic wealth and welfare. It is obvious that the physical well-being of every human being needed to be taken care and maintained. Every stage of human life needs support of medicines, treatments and health care. In order to provide these, a system of practice is required and that should offer its services needed to every human being for different reasons. The service centres are established in a common place and promoted by pure governing bodies, private and their joint operations. The service centre which provides health care support and treatment with the presence of professionally qualified manpower resources are collectively called as hospitals. The hospitals have become an indispensable part in every human life irrespective of their age, background and physical composition.

The individuals approach hospitals in order to get solutions for their different health related issues. In this aspect hospitals should provide the medical solutions through systemized knowledge, skills and behavior support with the help of advent of technologies and equipments. Today the functional morality of every hospital has been restructured. More than medical solutions, hospitals are highly believed as the centre of health care and are also projected as solution providers for human health issues rather than providing health treatments. In present day situations, hospitals are expected to be the place of human care with multi speciality service system.

Many corporate hospitals have started IP (International Patients) Departments where a Public Relations Officer has been appointed with multilingual capacity who thoroughly knows the procedures of admitting a foreign national. In addition, hospital industry is categorized as the service sector where the human services are inevitable in order to save the life of every human being. It is the sector where both service and consumption take place simultaneously with the support of service providers in the category of doctors, nurses, health care counselors, helpers and so on. Among the service providers, nurses are among the most prominent workers in hospital industry.
They continuously serve the patients with extra care. They are the individuals who have to show courtesy and provide psychological encouragement to the patients. Nurses’ job is timeless. In order to understand these aspects about hospital sector and the role of nurses in hospital sector the present chapter deals about the origin, growth, method of service, types of service offered, categories of treatment, structure of growth, employment pattern, service quality process, origin of nursing job, its need, working pattern of nurses, job and role responsibilities and the problems faced by nursing in general and women nurses in particular.

3.2. Origin of Hospitals

The evolution of hospitals in the western world from charitable guesthouses to centers of scientific excellence has been influenced by a number of social and cultural developments. These influences have included the changing meanings of disease, economics, geographic location, religion and ethnicity, the socioeconomic status of clients, scientific and technological growth, and the perceived needs of the population. During the medieval and early Renaissance eras, universities in Italy and later in Germany became centers for the education of medical practitioners. The idea that one could recover from disease also expanded, and by the eighteenth century, medical and surgical treatment had become paramount in the care of the sick, and hospitals had developed into medicalized rather than religious spaces. They also grew in size. Large hospitals, consisting of a thousand beds or more, emerged during the early nineteenth century in France when Napoleon established them to house his wounded soldiers from his many wars. These hospitals became centers for clinical teaching.

Then in 1859, Madam Florence Nightingale established her famous nursing school - so influential on future training of nurses in the United States - at St. Thomas’s hospital in London. In the United States, cities established isolation hospitals in the mid 1700s, and almshouses devoted to the sick or infirm came into being in larger towns. However, almshouses were not intended to serve strictly to medical cases since they also provided custodial care to the poor and destitute. Prof. Benjamin Franklin was instrumental in the founding of Pennsylvania Hospital in 1751,
the nation’s first such institution to treat medical conditions. Physicians also provided
the impulse for the establishment of early hospitals as a means of providing medical
education and as a source of prestige.

A hospital is a health care institution providing patient treatment by specialized
staff and equipment. Hospitals are usually funded by the public sector, by health
organizations (for profit or nonprofit), health insurance companies, or charities,
including direct charitable donations. Historically, hospitals were often founded and
funded by religious orders or charitable individuals and leaders. Today, hospitals are
largely staffed by professional physicians, surgeons and nurses, whereas in the past,
this work was usually performed by the founding religious orders or by volunteers.
However, there are various Catholic religious orders, such as the Alexians and the Bon
Secours Sisters, which still focus on hospital ministry today, as well as several
Christian denominations, including the Methodists and Lutherans, which run hospitals.
In accord with the original meaning of the word, hospitals were originally "places of
hospitality", and this meaning is still preserved in the names of some institutions such
as the Royal Hospital Chelsea, established in 1681 as a retirement and nursing home
for veteran soldiers.

3.3. Growth and Evolution of Hospitals

Hospital, a major social institution, offers considerable advantages to both
patient and society. It is the place where a large number of professionally and
technically skilled people apply their knowledge and skills with the help of world class
expertise, advanced and sophisticated equipment and appliances. The word hospital
comes from the Latin word Hospes which refers to either a visitor or the host who
receives the visitor. From Hospes, came the Latin Hospitalia, an apartment for
strangers or guests, and the medieval Latin Hospitale and the old French hospital. It
crossed the channel in the 14th century and in England, began a shift in the 15th
century to mean a home for the elderly or infirm or a home for the down and out.
Hospital only took on its modern meaning as an institution where sick or injured are
given medical or surgical care later. In the 16th century other terms related to hospital
include hospice, hospitality, hospitable, host, hostel and hotel. In other words hospital
means a building in which the sick, injured or infirm are received and treated, a public or private institution founded for reception and cure or for the refuge, of persons diseased in body or mind. Thus, the first and foremost function of a hospital is to give proper care to the sick and injured without any social, economic or racial discrimination.

Service has a number of unique characteristics that make it so different from products. The distinguishing feature of a service is that its intangible aspect is dominant, and makes it distinct from products. Services cannot be separated from the service provider. In fact, the production, delivery and consumption of a service take place simultaneously in the buyer – seller interactions. Service is provided by a person who possesses a particular skill, by using equipment to handle a tangible product or by allowing access to or use of physical infrastructure. The human elements are very much involved in providing and rendering services and this makes standardization a very difficult task to achieve. Services cannot be stored and are perishable. Apart from that, a service not fully utilized represents a total loss. This fluctuating demand pattern aggravates the perishability characteristic of services. Service consumers will have experiences but not ownership. Since the services are intangible and perishable, the question of ownership does not arise.

The overall process which involves hospital business is service. There is nothing which is tangible, which can be physically touched or verified and which is not perishable. Organizations engaged in hospital business provide a wide variety of services like providing beds, complete nursing to the patients or providing equipment for diagnosing all sorts of ailments, arranging transportation in the form of ambulances, catering services and so on to the individuals. The main objective of hospital is providing services against specific ailments. The government hospitals provide services to the people neglected by the society or those below the poverty line. The fifth evil of illness is the primary purpose of a hospital to cure.
3.4. Hospitals in India – Origin and Growth

The Ayurvedic system of medicine was developed in India after the Aryan invasion of the Indus Valley. In primitive days, religion, art and medicine were combined. People looked to the priests to cure them from sin and diseases. As evolution progressed these became more distinct. In the sixth century B.C, during the time of the Buddha, there were a number of hospitals to look after the crippled and the poor.

Ashoka was responsible for spread of social medicine. The edit No II of Ashoka (B.C. 274-236) reads: — everywhere in the kingdom of the king Piyadasi, beloved of the gods, and also of the nations who live on the frontiers such as the Cholas, the Pandyas, the realms of Styaputra and Indiaputra, as far as Tambapani, and in the kingdom of Antiochus, king of Greeks and of the kings who are his neighbors, everywhere the king Piyadasi, beloved of the gods, has provided hospitals of two sorts: hospitals for men and hospitals for animals.

Fa-hein (405-411 A.D.), who was a contemporary of Chandraguptha Vikramaditya, gives a description of the charitable dispensaries in Pataliputra. He states: — the nobles and house-holders of this country have found hospitals within the city to which the poor of all countries, the destitute, the cripple and the diseased, come. They receive every kind of help free and freely. Physicians inspect their diseases, according to their cases order them food, water, medicines and decoctions, everything in fact, that may contribute to their ease, when cured, they depart at their convenience.

Hiuen-Tsang (629-645 A.D.) who visited India during the reign of emperor Harsha stated: — in all the highways of the towns and villages of India, he erected hospices (punya-shalas), provided with food and water, employed the physicians with medicines for travelers, and the poor to be given without any stint. Such institutions, either regular hospitals for the poor and the needy, the clinics provided with stocks of medicines, were spread all over the empire. These were called punyasthanas, punyasalas, dharma-shalas, viharas and mutts.
Medical texts like those of the Charaka and the Sushruta recommended that people well-versed in singing, playing of musical instruments, panegyrics, verses, stories, legends, history and mythology can also take part in curing the sick. The institutions of hospitals Bimaristan or Maristan in the modern sense of the term, though initiated first at Jundi Shapur by Sassanian Persians, was given a positive shape by the Muslims. These institutions were located in the Islamic world from Persia to Morocco, and from Northern Syria to Egypt and India. The diet and other necessities were free, in the hospitals created in different states in medieval Islamic period for people coming for treatment. Patients suffering from mental disorders and infectious diseases were kept isolated from other patients. During the reign of Aurangzeb, there was a hospital built at Etawah by Nawab Khayr Andish Khan Kumbush. The nawab himself was well-versed in the science of medicine. He composed a book of Khayr-ul-Tajarib.

3.5. Characteristics of Hospitals

Most of the hospitals are engaged in the production of services. Services are intangible, inseparable and perishable. A hospital offers an intangible service called health care, its delivery is inseparable from its deliverers i.e. physicians, nurse practitioners. Its quality is variable with respect to who delivers it and it is perishable in that an empty nurse-practitioner's office or idle physician means a loss of the associated revenue, since a service cannot be stored. Hospital service marketers must keep these characteristics in mind when developing marketing strategies and plans. Moreover, production and consumption of the service occur simultaneously, so the patient must be integrated into the service production process.

Hospitals provide services needed by the public they are on subsidies or often tax exempted, and is increasingly regulated. They experience pressures from public and are expected to operate in the public interest.

Hospitals do not necessarily determine their own product line or service policy; in some cases it is dictated by the local regulatory bodies. Therefore one major effect of local bodies on hospitals has been to limit their choice of marketing strategies.
3.6. Types of Hospitals

WHO defines health as a state of physical, mental and social well-being, not merely an absence of diseases or infirmity. The Indian health care sector is one of the remarkable integrated systems that contribute for the development of the economy by addressing various health care problems of people through codified and organized knowledge with sophisticated theoretical foundations present at several regional manuscripts and covering all branches of medicine and surgery.

The health of a nation can best be judged on health status attained by its people. Historically speaking, at the time when India got its independence, the health situation in the country was dismal. But considerable progress has been made over the last five decades, Bohre committee’s findings and recommendations are focused on the betterment of Indian health care system. The national health policy statement 1983 presented a gloomy picture of public health in India. This is reflected in the improvement in some health indicators, like crude death rate, infant mortality rate and life expectancy and so on. The development of health is a holistic process related to the overall growth and development of social, cultural, economic, educational, political and environmental factors. Hospital services comprise medical care and public health services, and are a function of the political system of a community. The hospitals constituted in Indian health care system can broadly be divided into three types.

3.6.1. On the Basis of Levels

3.6.1. Primary health care centers

Primary health care centers constitute elementary medical and primary health care at the village level. Globally governments are searching for ways to improve equity, efficiency, effectiveness and responsiveness of their health systems. At present, there is no agreement on optimum structures, content, and ways to deliver cost-effective services to achieve health gains for the population.
The primary health centre is the peripheral institution from which health services radiate to the rural community. It constitutes the embodiment of the new concept of integration of preventive and curative care. The centre is founded on the principle that the maintenance of health is just as important as the treatment of disease and to secure both, all concerned must work as a team. It is the smallest agency which provides preventive and curative health services including family planning in an integrated manner to the rural population. The idea of developing primary health centers for providing comprehensive health services in the rural areas of India was first presented in a concrete form by the Bhore committee in 1946. However in recent years there has been an acceptance of the important role of primary health care in helping to achieve these aims.

Primary health care is an essential health care, based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals in the community. Primary health care in India is based on the Primary Health Center (PHC) which is not spared from issues such as the inability to detect diseases early, due to lack of multi-disciplinary medical expertise and laboratory facilities and insufficient quantities of general medicines. Health care providers are forced to focus only on seriously ill patients due to the volume of cases.

Each primary health care centre is targeted to cover a population of approximately 25,000 and is charged with providing primitive, preventive, curative and rehabilitative care. This implies that on offering a wide range of services such as health education, promotion of nutrition, basic sanitation, the provision of mother and child family welfare services, immunization, diseases control, appropriate treatment for illness and injury. The PHC hubs with 5 to 6 sub-centers covers 3-4 villages are operated by an auxiliary nurse midwife (ANM). These facilities are as a part of the three tier health care system. These PHCs act as referral centers for the community health centers (CHCs), with 30-bed hospitals and is higher at the taluk and district levels.
3.6.2. Secondary or District Level Health Care Centers

Medical care provided by specialists at the Mandal (taluk), sub-divisional and community health centre level are secondary health care centers. The medical facility available here is called as community hospitals. The effect of the concept of regionalization of health care could be felt. There should be enough staff and equipment for the patient to receive secondary level treatment. At present due to insufficient staff and equipment, often it is seen that the patient goes from the PHC to the district hospital directly.

3.6.3. Territory Level Health Care Centers

Sophisticated care provided by super-specialists at medical colleges and hospitals (district headquarters) at territory level health care centers. The territory level services are provided at the district hospital, and concentrates on specialized services like sophisticated laboratory and investigative facilities. Here there are better facilities for treatment also. More complicated and high-tech operations and treatment of a higher order are offered. This is the apex of the pyramid of regional care as it has been earlier started. Cases are referred from the primary health center at the village level to the community health center at the block and taluk level, from there, the more complicated cases are referred to the district hospital.

3.6.2. On the basis of Management:

Government Hospitals

3.6.1. Central Government:

All hospitals administered by government of India are run by the departments like Railways, Defense, Mining, ESI, CGEMS, public sector under takings of Central Government.

3.6.2. State Government:

All hospitals are administrated by state/ UT Government. Authority of the public sector undertakings are operated by state/UT including Police and others.
3.6.3. Local Bodies:

All hospitals are administered by local bodies like, Municipal Corporations, Municipalities, Zillaparishads, Panchayats and so on.

3.6.4. Autonomous Bodies:

All established under special acts of Parliament, State Legislation and funded by Central/State or UT Government.

3.6.5. Voluntary Organization:

All hospitals are run by voluntary bodies, trusts, charitable societies, registered or recognized by the appropriate authority under Central or State laws, Missionary body and Co-operative Societies.

Private Hospitals:

All hospitals are run by individuals or by private organizations.

3.6.III. On the basis of Specialization

Hospitals providing medical and nursing care primarily for only one discipline for a specialized disease/affection of one system. The specialized department administratively to a general hospital and sometimes located in an annex or separate ward may be excluded and their beds should not be considered in this category of specialized hospital, viz. General – Teaching –Cancer – Cardiology – Dental – ENT – Ophthalmic – Gynaecology – Leprosy – Maternity –Neurology – Orthopedic – Paediatrics - Plastic Surgery - TB & Chest Diseases – Burns – Urology - Infectious Diseases – multispecialities like Oncology.

By observing above division of hospitals, in India there is three-tire system of structure in health care. This consists of the primary health centre (PHC) community health centre (CHC) and the district hospital. These three levels roughly coincide with the three administrative levels of control, the Grampanchayat (GP). The PHC
population based may not coincide with every village level. However the other levels would coincide. The level of care provided at these three levels is known as primary, secondary and tertiary.

3.6.IV. Types of Hospital Services

Most of the hospitals today are well equipped with the most advanced diagnostic and treatment facilities. They try total healthcare, preventive and curative. Most hospitals in India have grown to a truly world class statues over the years. Hospitals today offer the following services.

1. Emergency Services
2. Ambulance Services
3. Diagnostic Services
4. Pharmacy Services
5. Causality Services
6. Physiotherapist and Paramedics.

3.6.1. Emergency Services

Emergency services and care at most hospitals is unique and advanced. The hospitals have status of the ambulances-the ICU’s on wheels, under supervision by medical and Para-medical staff. There is hi-tech telecommunication availability to a patient in an emergency at any given time.

3.6.2. Ambulance Services

HI-tech ambulances linked by state-of-the-art telecommunications are fully equipped with doctors that are available to render medical attention and assistance in case of emergencies at the patient’s doorstep with the help of paramedics, air ambulance services are also available.
3.6.3. **Diagnostic Services**

Modern hospital is multi-specialty and multi-disciplinary, that can handle any kind of ailment, they offer a wide range of facilities like, orthopedics, oncology, neurology, plastic surgery and so on.

3.6.4. **Pharmacy Services**

Most hospitals also have a pharmacy which is open 24hrs. It caters to the needs not only of the inpatients but also to the patients from other hospitals that require emergency drugs.

3.6.5. **Causality Services**

It includes a 24 hours causality department, which attends to the accident or emergency case. Apart from the above services, hospitals also offer - Health Diagnosis Programmes’ such as Master check-up, Executive health check-up, Diabetic health check-up etc. which are a comprehensive, complete, periodic health check-up provided for busy executives and professional business man.

3.7. **Modern Hospital System in India**

In the past five decades, India has made rapid changes in social, political and economic fields. In the medical field, commendable progress has been made during this period. According to health information 18, India has 266 medical colleges and 11,289 hospitals with 11,20,000 beds admitting millions of patients and giving treatment to an un-estimated number of outpatients. These hospitals are categorized according to rural and urban basis. India has more than 2,446 rural hospitals with bed capacity of 5,7042 and 5,7042 hospitals in urban areas having 4,98287 beds.

The private health sector consists of the not-for-profit’ and the for-profit’ organizations. Individual practitioners from various systems of medicine provide the bulk of medical care in the for-profit health sector. The not-for-profit sector is heterogeneous, with varying objectives, sizes and the areas they cater to. There is no clear definition as to what precisely constitutes a not-for-profit organization. Private
sector in health care has gained a dominant presence in all the submarkets—medical education and training, medical technology and diagnostics, manufacture and sale of pharmaceuticals, hospital construction and ancillary services and finally, the provision of medical services. An important subset of providers is the large number of informal providers—quacks (almost one in every village), bone setters, traditional healers, traditional birth attendants, etc. Several NRIs and corporate hospitals and pharmaceutical companies are investing in setting up super-specialty hospitals in several parts of the country, capable of providing world-class care at a fraction of the cost compared to the west. Thus an enormous potential exists for India to become a hub for medical tourism - for example, Mallaya Hospitals, Wokhart, Piramid Drugs, etc.

The complexity of the modern hospital organization is evident from the fact that it provides essential services, all 24 hours a day. Obviously, the hospitals differ from other organizations in that they deal continuously with the problems of life and death. The hospital is faced by a unique set of issues and characteristics. These characteristics in Indian context can be summed up thus

(a) Hospitals are operated continuously. This leads to high cost and causes personnel and scheduling problems.

(b) There is a wide diversity of objectives and goals among the individuals, professional groups and various sub-systems. Hospital components are responsible to participate in inpatient care, education, research, prevention of prospective ailment, accommodation and intricate medical and surgical procedures. These activities are generally conflicting; effective co-ordination is becoming difficult in minimizing this conflict and obtaining the maximum support in achieving hospital mission.

(c) Hospital personnel range from highly skilled and educated to unskilled and uneducated employees. The major responsibility of the hospital manager is to get work from these diversified groups. Unionization among personnel complicates human resources management in hospitals.
(d) Many components of hospital operation have dual lines of authority. Physicians are responsible for patient care, education and research. This necessitates unique skills and special working relationships.

(e) Hospitals deal with the problems of life and death. This puts significant psychological and physical stress on all the personnel. The setting and outcome may cause consumers and their families to be hypercritical.

Despite the improving health status of the Indian population, healthcare infrastructure in India has a long way to go towards achieving 100% quality, technology and superior healthcare delivery systems. While the central government is limited to family welfare and disease control programs, the state governments are responsible for primary and secondary medical care with a limited role in specialty care. Looking at the healthcare indicators and the growing prevalence of non-communicable lifestyle related diseases, both the government and private sector, realize the need to meet this basic demand. Today, the private hospitals provide 80% of the healthcare services.

In recent years, there is growing interest among foreign players to enter India’s healthcare sector through capital investments, technology tie-ups, and collaborative ventures across various segments, including diagnostics, medical equipment, hospitals, and education and training. There are 90 projects during the period of 2000-2006, for a total approved FDI amount of $53 million, and covering a wide range of countries, such as Australia, Canada, UK, US, the UAE, Malaysia, and Singapore. However, if one examines the list of approved projects and separates hospitals from diagnostic centers, then one finds that the majority of these approved projects are diagnostic centers.

Today, most hospitals administrators would acknowledge that the well being of their organization depends upon the attraction of resources to enable hospitals to meet the historical goals of patient care, teaching and research. Attraction of the necessary resources and acceptance on the part of the public that the organization has attained its goals are vital to the long-term survival of the institution. The administrators of the institutions, be it private or government, can promote the services of the hospital.
Normally, promotion of hospital services would be viewed as not desirable since marketing is viewed as a commercial activity to propagate certain services, manipulate attitudes and emotions, and convince a customer to buy or consume services keeping in view the interests of the promoter.

In the health industry, promotion of health services by the professional through advertising or other means is considered unethical and unprofessional. However, like any other institution, the hospital has to function in an increasingly competitive health industry. Therefore it can initiate several programmers and activities for promotion of services—whether paid or free. Marketing with its explicit concern for resources allocation and public acceptance, can provide useful tools for hospital managers working for the survival of the voluntary hospitals.

3.8. Hospitals – Future Perspective in India

For patients and their families, the hospital experience is often a central point in their life—where their child was born, their beloved died, where they received life-saving treatment, rejuvenating therapy or care to overcome an episode of illness. The hospital is the setting of oft-told tales among friends and family through the generations. It is no wonder that hospitals are often used to depict human drama—and even comedy—for popular consumption across the panorama of entertainment media. In reality, hospitals are the setting where cutting-edge medical advances relieve suffering, and bring healing and even new life for whom, even a few years ago, there was little hope. Featherweight premature babies, can now survive and even thrive. Minimally invasive surgeries allow patients to heal quickly with less risk of complication, and speed their journey home. The evolving science of organ transplantation brings a second shot at life for an increasing number of people whose lives would otherwise be foreshortened. In addition to their impact on human life, hospitals are a major driver of the nation’s economy. In many small communities across the country, the local hospital is the largest employer and most valuable economic asset.
Hospitals will have to meet the high expectations of the public and all stakeholders in an increasingly challenging environment. There are many issues with which hospitals must now contend. These include escalating health care costs that are no longer publicly – or politically – tenable, changing trends in reimbursement for services, demands for transparency of cost and quality data, and workforce shortages. At the same time, the conditions and care needs of hospitalized patients are more complex. The rise in the number of patients with chronic illness, aged patients and medical interventions and therapies, are already influencing hospitals today and that influence will deepen well into the future.

The importance of hospital-based care will not diminish in the future. However, changes in the social and economic environments in which hospitals operate, as well as medical and technological progress require hospitals to be equally transformative as the future unfolds. There has been a hospital building boom underway – fueled by increasing demand for health care services and increasingly obsolete hospital plants. Though economic conditions are expected to slow its pace, the continuing investment in hospital construction offers the opportunity to remake the hospital -- its design, culture and practices – to better meet the needs of patients and families and the aspirations of those that provide their care. But, unless there are principles to guide the development of the hospital of the future, hospitals may simply freeze into place the status quo of today. High health care costs and inadequate access to specialized care are fueling fast growth in medical tourism. Prospective patients in developed countries are traveling thousands of miles – most often to India and Thailand -- to receive high-quality care at dramatically lower costs and with no wait. Medical tourism is now a multi-billion-dollar industry. In years past, a medical tourist was someone seeking services that were not covered by health plans, such as cosmetic surgery. Today, a medical tourist is as likely to be seeking full or partial joint replacement, cardiac surgery or even stem cell therapy.

Despite the impact of globalization and disaggregation, hospitals have a mission to fulfill to society. No new speciality hospitals or offshore services are being developed to serve the poor, elderly and under- or uninsured. With the coming squeeze on health care pricing and increased competition, hospitals will need to adapt. They
will have to learn to do more with less by squeezing out inefficiencies in care delivery. Without the prospect of higher reimbursement rates, hospitals will have to reduce their costs in order to achieve equilibrium in the ratio of payments received to costs expended.

3.9. Conclusion

Hospital is an institution of health care providing treatment with specialized staff and equipment, but not always providing for long-term patient stay. Today hospitals are centers of professional health care provided by physicians and nurses. Hospitals are usually funded by the state, health organizations, health insurances or charities, including direct charitable donations. Similarly, modern-day hospitals are largely staffed by professional physicians, surgeons and nurses, whereas, in history, this work was usually done by the founding religious orders or by volunteers. There are several kinds of hospitals. The best-known is the general hospital, which is set up to deal with many kinds of diseases and injuries, and typically has an emergency ward to deal with immediate threats to health and the capacity to dispatch emergency medical services.

A general hospital is typically the major health care facility in its region, with a large number of beds for intensive care and long-term care, facilities for surgery and childbirth, bio assay laboratories, and so forth. Larger cities may have many different hospitals of varying sizes and facilities. Hospital services are different and distinct from boarding and grooming services—yet both are easily accessible to pet owners and team members. Patients just come for diagnosis and/or therapy and then leave as outpatients, but some others stay as inpatients. Putting the patient first is a challenge that requires not just a huge change in the mindset of all the stakeholders in health care provision, but also the means by which to measure the levels of satisfaction of patients, and to discover what matters to them before, during and after their visit to any hospital. Patient quality initiatives, with their softer, experiential focus than clinical audit, with its precise and scientific methods of measurement, demand different measurement techniques.
Adequate human resources for health (HRH) are a key requirement for reaching health goals, the study found that, the shortages of physicians, nurses and mid-wives are an ongoing problem in the public health sector in Arunachal Pradesh. One of the most enduring characteristics of the rural health landscape is the uneven distribution and relative shortage of health care professionals (Hart, 2002). To fuel on this part the urban-rural disparities in distribution of this workforce is there, with an intention of migrating is more and the trend is to migrate to urban areas. There is low job satisfaction in the workforce in the current job at rural and remote areas. It is contributed by many of the factors including financial and non-financial benefits. Attraction and retention of physicians, nurses and mid-wives in remote and rural areas are determined by many factors including financial incentive, career development opportunities, recognition etc.

But, the factor of compulsion is the main factor of stock in rural and remote areas, and rest of the factors have less contribution, and the financial benefits along with non-financial benefits seems to be migrating factors. The attraction, deployment and retention of physicians, nurses and mid-wives in rural and remote areas are a real challenge and a difficult situation, and affected by several factors ranging from organisational factors to external environmental factors and to personal factors. However, the personal factors have less effect on the situation. The massive poor living conditions in the rural and remote areas, poor working condition in health institutes, poor career development opportunities with lack of financial benefits are some of the factors that contribute to the reluctance of the physicians, nurses and mid-wives to serve the rural and remote areas in the state. The sector has nothing to offer presently, to attract and retain and to distribute rationally this workforce, which results in deteriorating the situation in the rural and remote areas. Moreover, the reform process is doing less for the HRM perspectives and the HR practices are not effective enough to solve the problems.
References


28. GOI, Table 6.2.2 State/UT Wise Number of Govt. Hospitals and Beds in Rural and Urban Areas (including CHCs) in India (Provisional), in “Health infrastructure” in ‘National Health Profile’, Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, 2011.


