CHAPTER - VI

SUMMARY OF FINDINGS AND SUGGESTIONS

INTRODUCTION

The aim of the present chapter is to provide Summary of findings leading to suggestions for the establishment of patient centered care hospitals leading to higher patient satisfaction in the three selected hospitals such as Government, Corporate and Missionary Hospitals.

Need for the Study:

The literature available clearly indicates that much work has been done on various aspects of healthcare organizations such as its development, techniques regarding reducing different costs, optimum utilization of services, maintenance of bed-nurse ratio, doctor-patient ratio. But the phenomenal growth in the field of healthcare and the extraordinary increase in the volume and diversity of these activities and efforts at various levels have imposed heavy strain on existing administrative structure and organization in the hospitals. It is unfortunate that patient related problems were not analyzed in-depth. Many administrators of hospitals in western countries have changed the approach in the management of their hospitals. Majorities have stopped practicing the traditional concepts of marketing and now they have made their hospitals as patient centered while following Marketing Concept and Societal Marketing Concept.

The majority of the hospitals in India and more particularly in Guntur are either doctor based hospitals or Staff based hospitals. This also, is unfortunate to note that the government hospitals function like
bureaucratic departments of government. The administrators, the doctors, the nursing staff, the paramedical staff and even the higher officers like Directorate of Medical Services, feel that their role is prominent in medical/health care; in turn they are trying to build the total hospital to their advantage. Even today, all the administrators of health care at micro and macro levels follow the traditional concepts of marketing viz., production concept, product concept and sales concept. They neither know the marketing concept or societal marketing concept, nor the need for creating and building the patient centered hospitals. As such this study is mainly aimed at analyzing the patient care in hospitals and the services gaps in the delivery of health care in various types of hospitals in Guntur city, Andhra Pradesh., India.

After going through the literature survey on the management of hospitals in India and patient satisfaction, the researcher found that there is wide gap on the building up of patient centered hospitals based on research, hence this study was undertaken by the researcher.

**Objectives of the Study:**

Thus, this study finds how far the hospitals in Guntur are ‘Patient Centered Hospitals’, the type of problems the administrators and doctors are encountering in modifying the traditional hospitals into modern hospitals and suggest some measures for providing better health care while satisfying and delighting the patients. The study especially aims at the following objectives:

1. To study the healthcare system in India
2. To analyze the factors responsible for creating patient centered hospitals
3. To elicit the feelings and problems of the Doctors, Nursing Staff, Paramedical Staff and Administrators of selected hospitals in the creation of patient centered hospitals.

4. To know the perceptions of Out-patients and In-patients on availability of patient care in selected hospitals.

5. Finally, to suggest some measures for policy makers, including government and administrators of hospitals, doctors, nursing and paramedical staff for creating, running and managing the Patient Centered Hospitals.

**Hypothesis:**

Most of the hypothesis developed for the study are based on commonly held notions. The hypothesis framed for this purpose are:

1. All the three selected hospitals failed in creating Patient Centered environment due to their own inherent problems.

2. There is a gap in the perceptions of the Doctors and Nursing Staff of selected hospitals on the environment created for achieving the status of patient centered hospital.

3. There is a gap between the service promised and the service provided in addition to the expectations and perceptions of the patients of selected hospitals.

**Selection of Hospitals:**

For the purpose of research study the following three hospitals are selected. These hospitals are selected carefully, after consulting various variables including ownership, the age of hospitals and location of the hospitals.
(a). **Government General Hospital (GGH)** which is still running on traditional management principles, completely owned by Government.

(b). **Non Residential Indians (NRI) Hospital** Corporation Limited which runs on modern scientific and high tech lines, under the control of private management.

(c). **St. Joseph’s General Hospital** is a Pioneer Mission Hospital in South India. It is a non-profit voluntary organization administered by the “Society of Jesus, Mary Joseph”.

**Construction of Sample:**

The sample includes the doctors, nursing staff and patients of the selected three hospitals as specified:

For analyzing the satisfaction of the doctors and nursing staff the researcher selected 220 doctors (GGH-80, NRI-80, and ST.JGH-60) and 360 nursing staff (GGH-120, NRI-120 and ST.JGH-120) from the sample hospitals. The doctors and nursing staff are selected using **Stratified Random Sampling Method** from all three selected hospitals on the basis of their department, designation, age, qualification and experience.

For analyzing the satisfaction of the patients the researcher selected 575 out-patients (GGH-225, NRI-200, and ST.JGH-150) and 650 in-patients (GGH-300, NRI-200, ST.JGH-150) from the sample hospitals. These out-patients and in-patients were selected using stratified random method. The patients were selected using multiple variables like gender, age, residence, education, income and marital status.
The opinions of chief executives were mentioned wherever necessary. Further the research scholar visited and spent considerable time in these hospitals personally and observed the management of the selected hospitals. These observations are also quoted in specific places.

**Collection of data:**

The sources of data include primary as well as secondary data. Secondary data was collected from the reports of Government of India, World Health Organization, Directorate of Health and Family Welfare, Voluntary services of India and other important organizations. For the purpose of collecting Primary data separate questionnaires were prepared for the hospital administrators, doctors, nursing staff and patients.

**Statistical Tools:**

For the preparation of the tables and analysis of data the researcher used various statistical techniques including percentages, figures, graphs, charts, etc.

**Limitations of the study:**

This study is conducted only in three selected hospitals and the scope of the study is limited only to the services and administrative problems of the patients and others. The other issues like finance, medical, engineering and other related problems are not discussed. However care was taken for arriving at the representative sample of the doctors, nursing staff and the patients along with the hospitals.
The following are the findings of the study chapter wise:

1. Hospitals in India

Hospital is an extremely complex organization and is evident from the fact that it provides essential services which must be available 24 hours a day. Hospital deals with the problems of life and death. It’s the major social institution for the delivery of health care in the modern world, offers considerable advantages to both patient and society. Today, a hospital is a place for the diagnosis and treatment of human ills and restoration of health and well-beings. A large number of professionally and technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances to produce quality care for Patient. The following are the conclusions relating to the concept, growth and working of hospitals in India.

1. The hospital: Hospital means an institution which meets all of the following requirements: it must be operated according to law; it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis for which a charge is made; it must provide diagnostic and surgical facilities supervised by Physicians; registered nurses must be on 24 hour call or duty; the care must be given either on the hospital’s premises or in facilities available to the hospital on a pre-arranged basis.

2. Functions of a Hospital: Today, a hospital is a place for the diagnosis and treatment of human ills and restoration of health and well-being of those temporarily deprived of these facilities. The functions of a present-day hospital include:

   (a) Patient care
(b) Education and training of doctors and nurses
(c) Supporting medical research and
(d) Support and assistance for all activities carried out by various public health and voluntary agencies to prevent disease and promote positive health attitudes in the community through health education.

Thus the main function of a hospital is to promote the health of the community which it serves.

3. Hospital Environment: In its modern concept, environment includes not only the water, air and soil that form our environment, but also the social and economic conditions in which we live. The creation of good organization is necessary for the effective and efficient functioning of the hospitals. The objectives of the hospitals can be achieved only when the organizational pattern is placed on sound lines.

The hospital environment consists of internal and external environments. In order to have an idea on internal environment one should go into the hospital systems. The hospital system consists of governance system, administrative system and patient care system. External environment factors include demographic, socio cultural, natural, economic, political-legal, technological, factors which have a profound impact on the hospital system. There have been accelerating changes in the environment. The major changes in concept of hospitals can be divided into different periods such as:

(1) Trusteeship Period
(2) Physician Period
(3) Administration Period
(4) Patient Customer Period.
The present patient centered care focuses a team approach to meet the patient and community needs and to manage institutional services. This Team Period, where influence need to be shared among trustees, physicians, administrators, nursing and other personnel.

4. **Hospital Typology:** Each hospital is distinct in its characteristics as it differs in structure, functions, performance and the community it serves. One can classify the hospitals into different types depending on different criteria such as objectives, ownership, and system of medicine and based on size. Hospitals are set up with the motto of imparting medical education, training and research facilities whereas in some other hospitals, the prime attention is on healthcare. The Government Hospitals are owned, managed and controlled by the Government whereas Semi-Government Hospitals are found acting as an autonomous body with the good exercising remote control. The voluntary agencies hospitals are owned by voluntary organizations whereas the private hospitals are owned by private parties. According to different systems of medicine classification can be made as Allopathic, Ayurvedic, Homeopathic, Unani hospitals and hospitals of other systems of medicine. On this basis, there is variation in the size of hospitals. As such, the teaching hospitals generally have 500 beds which can be increased according to the number of patients. The District Hospitals generally have 200 beds which can be raised to 300 depending on population. The Taluk hospitals generally have 50 beds which can be raised to 100 depending on population. The primary health centers have 6 beds which can be raised up to 10 beds depending on population.

5. **Growth of Hospitals in India:** In India, the history of medicine and surgeons dates back to the earliest of the ages. But hospitals as
institutions to which a sick person could be brought for treatment were of a much later origin. The Ayurvedic System of medicine was developed in India after the Aryan invasion of the Indus Valley. The use of Allopathic System of medicine commenced in 16th century with the arrival of European missionaries in South India. The first hospital in India was probably built in Goa. The first hospital in Madras was opened in 1664. The establishment of a hospital in Mumbai was in 1676. The earliest hospital in Calcutta was built in 1707-08 and in Delhi in 1874. In 1835, in India there were 1250 hospitals and dispensaries. In 1857, three universities started medical education in a formal way. During the period 1800-1916, 17 medical schools/colleges were started in various cities. In 1947, there were seventeen Medical Colleges with an intake of 1400 students. In 1995, the number of colleges rose to 146 with 15,000 seats. In 2007, there are 269 medical colleges with an annual intake of 30,000 students. Out of this, half are private Medical Colleges. According to Health Information of India: Directorate General of Health Services in 2003, the number of hospitals rose to 15,204 with 8,43,239 beds. As per the Review of Health Care in India, 2005, per one lakh Urban population 3.6 dispensaries and 178.78 beds, per one lakh Rural population 0.36 hospitals and 1.49 dispensaries and 9.85 beds.

6. **Need for Patient Centered Hospitals:** The drastic changes in new healthcare environment are needed for long run survival of hospital system. One has to give utmost importance to patient. Every hospital has to come up with new and innovative ways to decrease their costs while continuing to provide a high quality of care and strong patient-orientation. One has to incorporate patient satisfaction, patient-focused and continuous quality improvement philosophy throughout the
In this competitive environment, the traditional concept of managing hospital services will not serve the purpose. There is need of structural transformation. It is in this context there is every need to create a patient centered hospital on modern lines. In this direction this research is mainly aimed at finding the problems and issues in the creation of patient centered hospitals in India and suggest some measures for achieving it.

II. Concept of Patient Centered Hospital

Patient-centered care has become a central aim for the nation's health system. The concept of patient-centered care has gained increasing prominence in recent years as a key aim of the India health care system. Yet despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness in contributing to other system goals such as efficiency and effectiveness, the nation's health care system falls short of achieving it. Data from national and international studies indicate that patients often rate hospitals and medical care providers highly, but report significant problems in gaining access to critical information, understanding treatment options, getting explanations regarding medications, and receiving responsive, compassionate service from their caregivers. The following are the conclusions on the Patient Centered Hospitals.

1. Patient Centered Care Models: Health care has been evolving away from a "disease-centered model" and toward a "patient-centered model." In the older, disease-centered model, physicians make almost all treatment decisions based largely on clinical experience and data from various medical tests. In a patient-centered model, patients become active participants in their own care and receive services
designed to focus on their individual needs and preferences, in addition to advice and counsel from health professionals.

Multiple models and frameworks have been developed for describing patient-centered care, with many overlapping elements. The three most influential models that form the foundation of approaches to patient-centered in the U.S. today:

(1) The Picker / Commonwealth dimensions,
(2) The Institute of Family-Centered Care focus on collaborative partnerships
(3) The Planetree model.

**Factors contributing to Patient-Centered Care:** This seven key factors identified through the project interviews and literature review that contribute to patient-centered care at the organizational level: These factors are: Leadership, A strategic vision clearly and constantly communicated, Involvement of patients and families, Care for the caregivers through a supportive work environment, Systematic measurement and feedback, Quality of the built environment and Supportive technology. These factors can be found at work in a small but growing number of hospitals and medical groups across the country to achieve measurable excellence in performance.

2. **Responsive Organization:** A responsive health care organization is one that makes every effort to sense, serve, and satisfy the needs and wants of its patients and publics within the constraints of its budget, and of the political, regulatory, and reimbursement environment. The concept of a responsive organization rests on the concepts of mission, exchange, publics, image, and satisfaction.
The acid test of an organization’s responsiveness is the satisfaction it creates. The more responsive organizations make use of complaint system, surveys of satisfaction, surveys of needs and preferences, customer-oriented personnel, and customers who are given the power to influence the organization. Responsive organizations match performance to expectations, thereby creating high levels of satisfaction for their publics.

3. Some Patient Centered Hospitals and including some practices:

Some of the well known Patient Centered Hospitals are Griffin Hospital in USA, Picker Institute in UK, Wockahardt Hospital in Mumbai, Kamineni Hospital in Hyderabad, Fortis Hospital in Delhi, Care Hospital in Secunderabad, Apollo Hospital in Chennai and AIIMS in New Delhi.

Key elements of patient-centered design and staffing features include the following: Easy-to-navigate hospital entry, Easy, pleasant parking, Warm, inviting lobby, Welcoming staff, Library, Comforting transition to patient units, Patient-friendly units, Warm design, Decentralized nursing stations, Mostly private patient rooms, Unit-based resource centers, Kitchens, lounges, and entertainment, Equipment storage, Open medical record, Patient- and family-friendly critical care unit, Ambulatory care pavilion and cancer care center incorporates similar design elements; it also has an outside waterfall and reflecting pool, which infusion and chemotherapy patients can view while receiving treatment.
4. Level of Organizational Responsiveness in Selected Hospitals:

(a) Government General Hospital (GGH): It functions as an unresponsive organization. Its main characteristics are, it encourage inquiries, complaints, suggestions, or opinions from its customers. It does nothing about what it hears. It does not train its staff to be customer-minded. The unresponsive organization is typically characterized by a bureaucratic mentality. These organizations routines operations, replace personal judgment with impersonal policies, specialize the job of every employee, create a rigid hierarchy of command, and convert the organization into an efficient machine. Employees are expected to perform discrete, definable tasks but not to be responsive to consumers.

(b) St. Joseph’s General Hospital: It functions as a highly responsive organization. It differs from GGH. It not only surveys current consumer satisfaction, but also researches unmet consumer needs and preferences to discover ways to improve its service; and it selects and trains its people to be customer-minded. It distributes patient satisfaction questionnaires, for the patients’ to assess’ real needs and desires. It takes efforts and plans to meet the patient’s needs and desires. It motivates and trains the staffs to seek increased patient satisfaction. The staff member who is not only clinically competent but also responsive to non clinical patient needs. It aims to be fully responsive organization by encouraging customers to participate actively in the affairs of organization. It tries to response the greatest extent possible to its customers.

(c) NRI General Hospital: It comes under the category of the highly responsive health care organization and it also differs from GGH. It not
only survey current patient satisfaction but also researchers unmet patients needs and preferences to discover ways to improve its service. It selects and trains the staff and motivates to be patient oriented. This organization makes further efforts to be fully responsive organizations by encouraging patients to participate actively in the affairs of the organization while responding to the greatest extent to the patient needs and preferences.

5. **Hospital Marketing:** Health services marketing required a different treatment as compared to goods marketing because of the distinctive characteristics of services. These include intangibility, heterogeneity, inseparability of production and consumption and perishability. The aim of health care marketing is to present an appropriate blend of 7 ‘P’s marketing mix elements.

The analysis of the 7 ‘P’s reveals that the GGH has not taken any effort to practice effectively the 7 ‘P’s of marketing mix. The NRI Hospital is partially implementing the service marketing principles to achieve its goals. The St. Joseph’s Hospital is totally involved in the marketing of their services. It is implementing the service marketing principles to achieve its goals of serving the patient with utmost care and satisfaction.

**III. Perceptions of Doctors and Nursing Staff**

Health is man’s most precious possession. Hospital is for the patient, where all activities are patient-focussed and patient-oriented. There are various types of hospitals today; eligible professionals are needed for the smooth operation of a hospital. Health administration is an art, as it can help to direct and guide the efforts of those involved in such an organization, towards some specific ends or objectives,
efficiently. There is a great need to make this art perfect and professional. A professionally efficient and component administration is able to serve the people better. Besides, the health personnel must be dedicated to their profession. The hospital employees are a major component of the healthcare delivery system.

1. **Hospital Administrator:** The Hospital Administrator is the key executive of the hospital – ‘the’ executive that everyone looks up to for direction. It is he who sets the tone for performance and largely determines how efficiently and effectively the hospital will function.

2. **Role of Doctors:** Doctors are the most dominant decision makers in the hospitals. It is they who decide whether patients are to be admitted or not, what investigations and treatment are to be carried out and the patients are to be discharged. The senior doctors should be involved in setting up the code of practice, medically related policies and procedures, treatment protocols, etc. They are responsible to provide emergency care. They have to manage the outpatient and inpatients encounters and provide continuity of care through patient documentation and treatment protocols. Doctor’s performance and idiosyncrasies can make or break the reputation of the hospital and cause dissatisfaction to the patient.

3. **Role of Nursing staff:** Nursing staff help doctors and specialist to take care of ill and injured patients. They are in charge of handing information and records pertaining to patients and help for further diagnostic procedures. They need to co-operate with medical and other staff to meet total needs of the patients, maintain good relationship with the patients, relatives, staff and others, ensuring comfortable, orderly and clean environment for the patients, providing and
supervising the administration of medicines and treatments as ordered by the doctors. Evaluating the quality and quantity of nursing care given.

4. **Role of Paramedical staff:** Paramedical staff supports the medical team with closely related functions for complete treatment of the patients. The main areas are radiology, physiotherapy and laboratory services. Other paramedical staffs are dieticians, pharmacists, medical technologist, occupational therapist, O.T. technicians, computer technicians, receptionist, record sectional staff, office staff, house keeping personnel and social work department staff. The above department staff need to co-ordinate and co-operate with medical team, other departmental staff, patients and relatives for meeting the needs and providing satisfactory patient centered care.

5. **Perceptions of Doctors in the selected hospitals:** The analysis of the management of selected hospitals reveals the following: The Government General Hospital lacks a good management system. The roles, power, duties and responsibilities of all the staff are not properly defined, leading to confusion and chaos. The NRI Hospital was established seven years ago but could not develop proper systems for the management of the hospital. They could not frame the exact roles for the different personnel. The NRI could not develop the hospital manual in relation to the role of various categories of personnel. It is able to function well due to few experienced and dedicated personnel. The analysis and management practices of St. Joseph’s General Hospital reveal that they are able to establish management systems and are able to manage the hospital in a better way. However there is every need to follow the modern management
principles in the administration of the hospital. The following are the conclusions on the perceptions of Doctors.

6. **Perception of Doctors on Administrative functions:** The Perceptions of doctors on administrative functions of the hospital related to patient satisfaction, related to organization structure and policies of the hospital, annual plans, budget, job description, communication between staff and the concerned authority and regular meetings on the progress of the patient centered care are the following:-

The majority of the sample doctors’ in GGH and St. Joseph’s Hospital expressed that the hospital organization structure and policies were known to majority of the staff numbers. In NRI hospital majority of the sample doctors expressed that the hospital organization structure and policies were not known by majority of the staff numbers. In the three selected hospitals majority of the sample of doctors’ expressed that the annual plans were prepared based on long range plans in the hospital, the hospital has adequate budget for supplies and salaries and the duty schedules were prepared in advance.

A detailed Job description was made available in St. Joseph’s Hospital to each employee to know their responsibilities and functions. It was not followed by GGH and NRI hospitals. The doctors expressed that they did not have regular communication between staff and the authorities concerned in the hospital, in planning patient care. The authority did not organize regular meetings with doctors’ to review the progress of the patient care and satisfaction, when problems were identified corrective action was not taken by the hospital authority and the performance of the hospital was not
measured and compared with set standards of the hospital to improve the Patient care and Satisfaction.

From the analysis, on the Perceptions of the Doctors’ on varied administrative functions of the hospital related to patient satisfaction was satisfactory in St. Joseph’s hospital, followed by NRI however a considerable sample in GGH expressed partial satisfaction regarding the overall rating of the varied administrative functions of the hospital.

6. Perception of Doctors’ role on Service to Patients: The researcher tried to elicit the information related to Doctors respect towards patients, giving a listening ear to patients and their families, holistic care, team spirit, explanation of test results, treatment and daily progress and confidentiality etc. From the analysis of the variable, it was revealed that a high percentage of patients are satisfied with the doctors’ interventions in patient care in St. Joseph’s hospital and NRI hospital and a considerable percentage in GGH Hospital. In three selected hospitals a considerable percentage in GGH, small percentage in NRI hospital and only minimum percentage in St. Joseph’s Hospital expressed partial satisfaction regarding the doctors’ interventions in patient care.

In the three selected hospitals, the majority of the sample expressed positive opinion with the doctors’ interventions in patient care. From analysis, it was observed that the Perceptions of Doctors role related to Patient satisfaction in the hospital was very significant in enhancing patient satisfaction in three selected hospitals.
8. In-depth Analysis:

(a) Designation wise: analysis on NRI General Hospital revealed that a considerable percentage of the senior residential doctors were not aware of the details of the administrative functions of the hospital, as it was established recently, where as in GGH and St. Joseph’s General Hospital, all the seniors and even the junior residential doctors were having satisfactory knowledge of the administrative functions of the hospital, as they were very established hospitals. In general the doctors, associated with administrative functions have better knowledge compared to those doctors with less responsibility of the administrative functions of the hospital. Designation wise analyses on the doctors’ role of the three selected hospitals revealed that the HOD’s were more responsible than the other doctors.

(b) Department wise: The analysis of the GGH revealed that the majority of the doctors were positive towards their role in patient treatment and care but they are not able to give satisfactory service because of too many patients in the department, inadequate facilities and unpleasant environment; where as the St. Joseph’s General Hospital and NRI General Hospital doctors were able to pay better attention to the patient treatment and care, particularly listening to patients, reducing the anxiety, fear and tension, maintaining confidentiality, explaining clearly the condition and prognosis to patient and family. The researcher’s observation during the study reveals that the team spirit was not seen among the doctors of GGH, especially in casualty and emergency department where patients were not paid immediate attention towards their treatment and care. A considerable percentage of the patients face lot of complication, some
times even die in casualty, due to lack of immediate attention on the critically ill by the doctors.

The majority of the patients are very poor; they were not able to voice the injustices done to them in GGH. In the wards medications were not administered on time, some times the delay was even for two or three days. There is no proper therapeutic communication between doctors and nurses. On the whole the doctors’ boss over the nurses and other paramedical, demanding help. Nurses are not given adequate job respect and responsibility; where as in St. Joseph’s and NRI General Hospitals in every department doctors’ coordinates and collaborates as a team with nurses and other paramedical, in patients’ treatment and care. This helps to promote better treatment and care to the patients and increase the patients’ satisfaction.

The majority of the doctors in three selected hospitals were having positive attitude regarding the doctors’ behaviour towards patients. However a small percentage of the doctors in three selected hospitals were not positive regarding the doctors behaviour towards patients. Some times the doctors, fail to exercise their responsibility towards patients health care service. The majority of the doctors of GGH expressed that the atmosphere in the wards was not congenial for their work. The GGH and NRI General Hospital doctors expressed that a minimum percentage of surgery departmental doctors were highly stressful while on duty.

(e) Experience wise: The analyses on the administrative functions of the three selected hospitals revealed that the senior doctors were more knowledgeable than the other doctors. The majority of the doctors in GGH and St. Joseph’s General Hospital expressed that they were
having adequate knowledge regarding the administrative functions of the hospital; where as the analysis of NRI General Hospital revealed that a considerable percentage of the doctors were not aware of the details of the organization structure of the hospital, as it was established recently. The majority of the doctors in three selected hospitals expressed that irrespective of their experience, they take interest in patient treatment and care, particularly the St. Joseph’s and NRI General Hospitals compared to GGH. In the three selected hospitals all the doctors were well aware of their role towards patient treatment and care irrespective of their experience.

A major percentage of the doctors in three selected hospitals irrespective of their designation expressed that they were having positive attitude at the same time a minimum percentage of doctors were having negative attitude regarding the doctors’ behaviour towards patients. In general the doctors, those working in GGH involve themselves, organizing strikes, protesting or creating some agitations and neglect the patient care. This action was never allowed or encouraged by the doctors working in NRI and St. Joseph’s General Hospital.

The majority of doctors expressed that they want to be treated, at the same time they prefer to refer their family and friends to St Joseph’s and NRI hospitals where as a considerable percentage of doctors’ expressed that they prefer to refer their family and friends to GGH. The study reveals a maximum percentage of patients in St. Joseph’s and NRI General Hospitals were very much satisfied with regard to doctors’ behaviour compared to GGH.
9. Perception of Nursing Staff in the Selected Hospitals: The analysis of the management of selected hospitals reveals the following: The **Government General Hospital** having resources lacks a good management system. The roles, power, duties and responsibilities of all the staff are not properly defined, leading to confusion, chaos and crisis. The **NRI General Hospital** was established seven years ago, and yet could not develop proper systems for the management of the hospital. They could not frame the exact roles for the different personnel. The NRI General Hospital could not develop the hospital manual in relation to role of various categories of personnel. It is able to function well due to a few experienced and dedicated personnel. The analysis and management practices of **St. Joseph’s General Hospital** reveal that they are able to establish management systems. Due to their dedication to the service they are able to manage the hospital in a better way. However there is every need to follow the modern management principles in the administration of the hospital. The following are the conclusions on the perceptions of the nursing staff.

10. Perception of Nursing Staff on Administrative functions: The researcher tried to elicit the information related to organization structure and policies of the hospital, annual plans, budget, job description, communication between staff and the authority concerned and regular meetings that are conducted with nurses’ to review the progress of Patient Care and Satisfaction etc.

The analysis of the variable related to “Overall rating of the administrative functions” proved satisfactory in three sample hospitals. A high percentage of patients expressed their satisfaction in St. Joseph’s General Hospital followed by NRI General Hospital and
GGH regarding the overall rating of the administrative functions. Out of a total sample in three selected hospitals, a considerable percentage in GGH, while only a small percentage in NRI General Hospital and a negligible percentage in St. Joseph’s General Hospital expressed their partial satisfaction on overall rating of the administrative functions. Out of a total sample a small percentage in GGH expressed their satisfaction on the overall rating of the administrative functions. In three selected hospitals the majority of the sample of nurses’ expressed that overall rating of the administrative functions was satisfactory with regard to their responsibilities towards patient care.

The analysis of the data on the Perceptions of the Nurses’ on varied Administrative Functions of the Hospital related to patient satisfaction was satisfactory in St. Joseph’s, General Hospital followed by NRI General Hospital and Guntur Government Hospital.

11. Perception of Nursing Staff Role on Patient Satisfaction: The researcher tried to elicit the information related to Nurses respect towards patients, giving a listening ear to patients and family needs, holistic care, team spirit, explanation of test results, treatment, daily progress and confidentiality etc.

From the analysis of the variable related to explanation of the patient condition and prognosis clearly to the patient and family was satisfactory in the three sample hospitals. A high percentage of patients in St. Joseph’s General Hospital followed by NRI General Hospital and GGH expressed their satisfaction regarding the explanation given about the condition and prognosis to the patient and family. In the three selected hospitals a considerable percentage in GGH followed by NRI General Hospital and St. Joseph’s Hospital
expressed their partial satisfaction regarding the explanation given about the condition and prognosis to the patient and family.

In three selected hospitals the majority of the sample of nurses expressed their satisfaction in explaining the condition of the patient and prognosis to the patient and family. The Perceptions of Nurses on assorted nurses’ roles related to Patient satisfaction in the hospital was very significant in enhancing patient satisfaction in three selected hospitals.

12. In-depth Analysis:

- **Experience wise:** The Perceptions of the Nurses’ on administrative functions of the hospital experience wise reveals that the majority of the nursing staff were not aware of the organizational structure of the NRI General Hospital because it was established seven years ago. In GGH and St. Joseph’ General Hospital the majority of the senior nursing staff had more knowledge regarding the organization structure and administrative functions of their respective hospitals.

The analysis of the Government General Hospital nursing staff, with experience between 1 to 5 years reveals that, they were having less interest in patient care and patient satisfaction compared to St. Joseph’s General hospital and NRI General Hospital. On the other hand the analysis on NRI General Hospital revealed that the majority of the nursing staff voiced that they were interested in patient care and patient satisfaction, because the organization gives priority to patient care and patient satisfaction; whereas St. Joseph’s General Hospital study expresses that all the nursing staff were very much interested in
patient care and patient satisfaction. The dedicated nursing service is a strong point of St. Joseph’s General Hospital.

The majority of the nursing staff in all three selected hospitals expressed that they practice good manners and communications skills while caring for the patients. The analysis of the GGH nursing staff proved that the senior most nurses showed more interest in patient care when compared to junior nursing staff. On the other hand the analysis on NRI General Hospital revealed that the majority of the nursing staff endorsed, irrespective of their experience that they practice good mannerisms in patient care, in promoting patient satisfaction and reputation of the hospital. Where as St. Joseph’s General Hospital voiced that all the nursing staff put in practice good mannerisms and communications skills while caring for the patients, coordinating and collaborating with their colleagues as a team, to promote better patient care and greater patient satisfaction.

However a small percentage of nursing staff in all three selected hospitals, particularly in Government General Hospital expressed the unprofessional behaviour of a few nursing staff brings disgrace to the nursing profession and the hospital; thereby the nursing profession loses its respect in the community. It reveals that good manners are very important in any profession to safe guard its respect and to bring reputation to the institutions in the community.

**IV. Patient Satisfaction in the selected Hospitals**

The primary function of a hospital is patient care. The patient is the ultimate consumer for the hospital, is one of the yard sticks to measure the success of service that it produces. The effectiveness of the hospital
relates to provision of good patient care as intended. The patient satisfaction is the real testimony to the efficiency of hospital administration. As the hospital serves all the members of the society the expectations of the users differ from one individual to another individual because everyone carries a particular set of thoughts, feelings and needs. Hence determination of patients real feeling is very difficult. It is the responsibility of the administrator. “Put yourself in your patient’s shoes,” this proverb explains how to proceed with a patient. Though it is difficult, one can get it by using some tips such as listening to the patients, asking questions and seeking answers, by doing something extra for each and by admitting mistakes gracefully.

1. Need for delivery of service quality: The concept, scope and philosophy of the hospital of today are far different from those of the past. In the past, the hospitals were regarded as curative institutions and today these hospitals are being recognized more and more as social institutions. In 1950s we were living in a farm economy, and then we moved to manufacturing economy. In this decade we are moving into a service economy. In this, relationships are important, along with the physical facilities. As the change towards a service-economy accelerates, customers become more and more critical of the quality of service they receive in their everyday lives and they demand higher standards. The hospital is like an industry and must strive for maximum consumer satisfaction and provide for consumer oriented service.

The expectations of the patients and their relatives are formed by their past experiences, word of mouth, the proximity of the hospital and relation with the doctors etc. The patients choose the hospital on
one of the bases explained above and after receiving the service, they compare the perceived service, with the expected service. If the perceived service is below the expected service the patients lose their interest in the hospital. If the perceived service is met or exceeds their expectations they opt to come to the hospital again and recommend to the needy persons.

Parasuraman, Zeithamal, formulated a service quality model that highlights the main requirements for delivering the expected service quality. There are five gaps which cause unsuccessful service delivery. They are described as: (1). **Gap between consumer expectations and management perceptions**, (2). **Gap between management’s perception and customer expectations and service specifications**, (3). **Gap between service delivered and the service specification**, (4). **Gap between the promised service and the service provided**, (5). **Gap between the expectations and perceptions of the customer**.

These are the five gaps that need to be worked out urgently by the hospital management for the delivery of the expected service quality. There are five determinants of patient satisfaction that need to be practiced in the hospital for successful service delivery. They are Reliability, Responsiveness, Assurance, Empathy and Tangibles.

**2. Dimensions of Service Quality:** There is a classification that creates a total of ten detailed dimensions of the service quality. These dimensions are:

i. **Tangibles:** Appearance of physical facilities, equipment, personnel, printed and visual materials
ii. **Reliability**: Ability to perform the promised service reliably and accurately,

iii. **Responsiveness**: Willingness to help customers and provide prompt service

iv. **Competence**: Possession of required skill and knowledge to perform service

v. **Courtesy**: Politeness, respect, consideration and friendliness of contact personnel

vi. **Credibility**: Trust worthiness, believability, honesty of the service provider

vii. **Security**: Freedom from danger, risk, or doubt

viii. **Access**: Approachability and ease of contact

ix. **Communication**: Listening to customers and acknowledging their comments; keeping customers informed in a language they can understand

x. **Understanding the customer**: Making the effort to know customers and their needs (Zeithmal et al., 1990).

As a hospital, it needs to take interest in implementing the above practices properly; the following are also needed to be taken into consideration, which act as the basis for patient satisfaction. The best service hospital set high service quality standards. Excellently managed healthcare organizations are having the following practices. They are: a strategic concept, setting of high standards, cultural factors, social factors, self concept and psychological factors. Apart from the above factors, hospitals services play vital role in determining the patient satisfaction. Some of them are: Out-Patient services, Casualty and emergency services, medical services, In-Patient services, Dietary services, House keeping services and
Management services. The following are the summary of results of perceptions of patients

3. Perceptions of Out-Patients’ survey: It is essential to have an overview of theoretical notions of satisfactions and expectations of the consumers, generalities in planning intensive care units, social system, doctor patient relationship, physician role and behaviour, nurse behaviour patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

There are various factors which influence customer’s expectations of services. They include efficiency, confidence, helpfulness, personal interest, reliability. These are intrinsic factors. They influence the response of the hospital staff to the patient and his relatives. Intrinsic factors are susceptible to training. They can be improved by training when the performance does not reach the set standards. Accordingly, external factors exist. These are the outside reasons given by the employee. They include media influence, experience of others which contribute to customer’s expectations.

(a). Registration Procedure: The analysis of perception of the Out-Patients opinion related to registration procedure can be concluded that majority of the respondents in St. Joseph’s hospital expressed their satisfaction towards reception services. Considerable number of respondents in NRI hospital expressed that they are not receiving adequate information from reception counter. High percentage of respondents in GGH expressed that they spent a lot of time at registration counter. Reasonably good number of respondents in GGH
and NRI hospital expressed that queue system is to be changed and number of counters need to be increased. In St. Joseph’s it is observed that the registration procedure is totally satisfactory. In GGH a high percentage of respondents expressed the need for security near registration counters and it is observed that seating arrangements in waiting area are not adequate.

(b). **Consultation and Treatment Facilities:** The analysis of perception of the Out-Patients consultation and treatment facilities can be said that a majority of the respondents in St. Joseph’s hospital are under the impression that the procedure adopted before consulting the doctor is satisfactory and staff at the waiting place are sympathetic towards the patients. Time interval between patient arrival and consulting the doctor is reasonable. In case of GGH, very limited number of respondents expressed their satisfaction towards space and physical facilities. Respondents are not happy with the time given by the doctor to narrate the illness. Reasonably, good number of respondents in NRI hospital were satisfied with the doctor. They said that doctor was sympathetic towards the problems of the patient. When the researcher tried to elicit the information regarding explanation of the doctor to the patient about the illness, reasonable number of respondents in the three sample hospitals expressed their neutral attitude. Very high percentage of respondents in St. Joseph’s hospital and a good number of respondents in NRI hospital expressed their satisfaction towards the treatment given by the doctor.

(c). **Diagnostic Procedures:** The analysis of perception of the Out-Patients in the three sample hospitals, it was observed that many investigations are done for the ailment and the high percentage of
respondents expressed that the investigations are done satisfactorily. The majority of the respondents in NRI and St. Joseph’s hospitals opined that the receptivity of the staff and the facilities at investigation room were good. While they claimed that laboratory tests were not done in time and also staff attitude at investigation area at GGH is not satisfactory.

(d). Other related Items: From the study it can be seen that timings of the outpatient department in GGH are to be changed; at the same time the respondents of St. Joseph’s Hospital and to some extent respondents of NRI were happy with the prevailing time schedule. Most of the respondents in St. Joseph’s expressed that they are going to recommend the hospital to their friends and relatives, that performance of the outpatient department is satisfactory and that they prefer to come to the same hospital again if necessary. In GGH a majority of the respondents were not happy with the behaviour of the staff. A reasonably good percentage of respondents in GGH mentioned that they experienced discrimination in receiving treatment facilities.

4. In-depth Survey:

The perceptions of all the Out-Patients towards the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items, an attempt had been made and elicited, the perceptions of these patients on Gender, Age, Residence, Education and Income wise.

(a) Gender wise: The analysis on the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items of the three selected hospitals revealed that the female
Out-Patients were more satisfied when compared to the male Out-Patients. In many cases of the above process the male patients expressed their dissatisfaction on the time taken for registration, the information available at reception counter, consultation and treatment facilities available, diagnostic procedures done and other related facilities of the GGH where as in NRI Hospital and St. Joseph’s General Hospital male patients were less satisfied compared to female patients on registration process. Generally the women accept the time lapses and the other problems and may not express the dissatisfaction particularly at the time of treatment as an Out-Patient.

(b) Age wise: The analysis on the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items clearly expressed that the dissatisfaction of a considerable percentage of the patients in all groups of the GGH. On the other hand the analysis of the NRI Hospital reveals that a considerable percentage of the patients expressed that the information available at reception counter was less satisfactory, particularly the middle age patients were satisfied compared to the young and older patients regarding the information available at reception counter of the hospital; while patients of St. Joseph’s General Hospital, particularly the middle and older patients expressed that they were happier compared to the young patients with the registration procedure of the hospital. In general the middle age people are able to accept the short comings during the above procedures, the older people to some extent and young people have no patience and they want everything according to their expectations.
(c) **Residence wise:** The analyses on the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items of the three selected hospitals revealed that the rural Out-Patients were more satisfied with the registration procedure compared to the urban Out-Patients. The majority of the urban patients expressed their dissatisfaction of the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the GGH. On the other hand the analysis of the NRI Hospital reveals that a considerable percentage of the urban patients expressed their dissatisfaction on the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the hospital. The analysis of the St. Joseph’s general hospital reveals that both rural and urban patients were satisfied on the registration procedure of the hospital. In general the rural patients adjust even the time lapses and the other drawbacks but may not express dissatisfaction particularly at the time of registration.

(d) **Education wise:** The analysis on the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items clearly revealed that a considerable percentage of the educated patients with a degree or higher education expressed their dissatisfaction on the over all rating of the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities. The majority of the patients voiced their dissatisfaction on the rating of the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the GGH. On the other hand the analysis of the NRI Hospital reveals that a considerable percentage of the patients expressed their satisfaction, particularly patients without formal
education and below 12th class were happier compared to degree patients on the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the hospital; whereas all the three groups of St. Joseph’s General Hospital clearly spell out their satisfaction on the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the hospital. The study indicates that patients without formal education and with less education and 12th class were more satisfied compared to patients with degree or highly educated patients on the above procedures of the three selected hospitals.

(e) Income wise: The analysis on the registration procedure, consultation and treatment facilities, diagnostic procedure and other related items clearly revealed that a considerable percentage of the patients related to above 1lakh revealed their dissatisfaction on the over all rating of the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the GGH. On the other hand the analysis of the NRI Hospital reveals that a considerable percentage of the patients expressed their satisfaction, particularly below Rs.50,000 income patients were happier compared to Rs.50,000 to 1lakh and above 1lakh income patients on the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the hospital. St. Joseph’s General Hospital patients of the three groups clearly gave the opinion that they were much satisfied on the registration procedure, consultation and treatment facilities, diagnostic procedures and other related facilities of the hospital. On the whole, the assessment of the study expressed that the low income patients were more comfortable
with the above procedures than the high income patients in all three sample hospitals.

5. Perceptions of In-Patients’ survey:

The following are the conclusions related to Inpatients Survey.

1. Admission procedure: From the analysis it was clear that in the three selected sample hospitals, the receptivity, courtesy and respect of the staff was satisfactory and a high percentage of respondents expressed greater satisfaction regarding the registration process, adequate information given at the reception and insurance facilities provided in NRI and St. Joseph’s General Hospitals. Majority of the respondents in NRI and St. Joseph’s General Hospitals opined that the overall performance at the admission was good; while they claimed that all these areas need attention and improvement at GGH.

2. Physician Services: From the analysis it was observed that overall rating of physician services was satisfactory in NRI and St. Joseph’s General Hospitals and the high percentage of respondents said that the attention and attitude of doctors, their listening and answering to the patients queries and doctors’ ability and skill in treating the illness was satisfactory. At the same time only half of the sample expressed partial satisfaction regarding over all physicians’ service to the in-patients in GGH.

3. Nursing Services: From the analysis it was revealed that overall rating of nursing services was highly satisfactory in St. Joseph’s General Hospital and partially satisfactory in NRI General Hospital and dissatisfied in GGH.
4. **Diagnostic Services:** From the analysis it was deliberate that overall rating of diagnostic services was highly satisfactory in St. Joseph’s General Hospital followed by NRI General Hospital. At the same time a high percentage of the sample in GGH expressed dissatisfaction regarding over all diagnostic services.

5. **Intensive Care Unit (ICU) Services:** From the analysis it was recognized that overall rating of ICU services was highly satisfactory in St. Joseph’s General Hospital followed by NRI General Hospital. However it was dissatisfactory in GGH.

6. **Dietary Services:** From the analysis it was clear that overall rating of dietary services was highly satisfactory in St. Joseph’s General Hospital followed by NRI General Hospital. At the same time a high percentage of the sample in GGH expressed dissatisfaction regarding over all dietary services.

7. **Accommodations / Physical Facility:** The analysis it was identified that overall rating of the accommodation / physical facilities was highly satisfactory in St. Joseph’s General Hospital followed by NRI General Hospital. At the same time a high percentage of the sample in GGH expressed dissatisfaction regarding the overall rating of the accommodation / physical facilities.

8. **Discharge Services:** From the analysis it was revealed that overall rating of the discharge services was highly satisfactory in St. Joseph’s General Hospital. At the same time a high percentage of the sample in GGH and more than half of the sample in NRI General Hospital expressed dissatisfaction regarding the overall rating of the discharge services.
9. Overall Satisfaction of the Hospital Departments: From the analysis it was elucidated that overall rating of the hospital departments’ services was highly satisfactory in St. Joseph’s General Hospital, followed by NRI General Hospital; however the sample in GGH expressed partial satisfaction regarding the overall rating of the hospital departments’ services.

10. Overall Satisfaction of the Hospital Personnel Services: From the analysis it was expressed that overall rating of the hospital personnel services was satisfactory in St. Joseph’s General Hospital, followed by NRI, General Hospital however the sample in GGH expressed partial satisfaction regarding the overall rating of the hospital personnel services.

11. Overall satisfaction of the Varied Services in the Hospitals: From the analysis it was exemplified that overall rating of the varied services in the hospital was satisfactory in St. Joseph’s General Hospital, followed by NRI General Hospital; however the sample in GGH expressed either partial or total satisfaction regarding the overall rating of the varied services in the hospital.

6. In-depth Analysis:

The perceptions of all the In-Patients towards the Admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments, an attempt had been made and elicited the perceptions of the patients on Gender, Age, Residence, Education and Income wise.
(a) **Gender wise:** The analyses of the perceptions of In-Patients on the admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments in three selected hospitals was done. The perceptions of In-Patients on the staff of admission department, their behaviour towards patients, the admission process and availability of information related to hospital and insurance facilities. The other questions include time taken for admission room/bed allotment, shifting of patients and finally the overall admission process.

The study reveals that the female In-Patients were more satisfied with the admission procedure compared to the male In -Patients. In many cases of the admission process, the male patients expressed their dissatisfaction on the time taken for admission and the information available at reception related to hospital, physician interest towards patient complaints, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and Overall satisfaction of the hospital departments services of the GGH; where as in NRI General Hospital and St. Joseph’s General Hospital male patients were less satisfied compared to female patients on various aspects of the admission procedure, physician interest towards patient complaints, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and Overall satisfaction of the hospital departments services.
The study on overall admission process, physician interest towards patient complaints and treatment, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and Overall satisfaction of the hospital departments services revealed that a considerable percentage of male patients in St. Joseph’s hospital expressed their satisfaction; in NRI hospital a minimum percentage; where as in GGH a very minimum percentage. The satisfaction of female was high in St. Joseph’s General Hospital followed by NRI General Hospital and GGH. Generally the women accept the time lapses and the other inconveniences and may not express the dissatisfaction particularly at the time of hospitalization and treatment.

(b) Age wise: The analysis of perceptions of the In-Patients on the admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments was studied in three selected hospitals. The questions asked were mainly related to admission department and the behaviour of staff towards patients, the admission process and insurance facilities, physician interest towards patient complaints and treatment, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities and staff attention, quality of diet provided, accommodation and physical facilities available for patients and relatives, discharge services and Overall satisfaction of the hospital departments services.

The other questions include time taken for admission room/bed allotment, shifting of patients and finally the overall admission
process. The study revealed that a considerable percentage of the patients in all age groups expressed their dissatisfaction of the GGH. On the other hand the analysis of the NRI General Hospital reveals that a considerable percentage of the patients expressed that the information available at reception counter, physician interest towards patient complaints and treatment, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities and staff was less satisfactory, particularly the middle age patients were satisfied compared to the young and older patients regarding the above services of the hospital.

While patients of St. Joseph’s General Hospital, particularly the middle aged patients expressed that they were happier compared to the young and older patients with the overall registration procedure, physician interest towards patient complaints and treatment, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities and staff attention, accommodation and physical facilities available for patients and relatives, discharge services and various departments services of the hospital. In general the middle age people are able to accept the shortcomings during the admission procedure, the older people to some extent and young people have no patience and they want everything according to their expectations.

(c) Residence wise: The analysis of perceptions of the In-Patients on the admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments was conducted in three selected hospitals. These questions mainly related to the perceptions of In-Patients on the staff of admission department and
their behaviour towards patients and availability of information related to hospital, the admission process and insurance facilities, physician interest towards patient complaints, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and Overall satisfaction of the hospital departments services.

The study revealed that the majority of the urban patients expressed their dissatisfaction of the above procedures of the GGH. On the other hand the analysis of the NRI General Hospital revealed that a considerable percentage of the urban patients expressed their dissatisfaction on the above procedures of the hospital. The analysis of the St. Joseph’s General Hospital revealed that the rural patients were highly satisfied than an urban patients on the admission procedure of the hospital. In common the rural patients adjust even the time lapses and the other problems and may not express the dissatisfaction particularly at the time of admission and treatment process.

(d) Education wise: The analysis of perceptions of the In-Patients on the admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments was completed in three selected hospitals. These questions mainly related to the perceptions of In-Patients on the staff of admission department their behaviour towards patients and availability of information related to hospital, the admission process and insurance facilities, , time taken for admission room/bed allotment, shifting of patients, physician interest towards patient complaints, Nursing staff care and concern
during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and finally the Overall satisfaction of the hospital departments services.

The study revealed that a considerable percentage of the patients with the above procedures voiced their satisfaction on the rating of the GGH. On the other hand the analysis of the NRI Hospital revealed that a considerable percentage of the patients expressed their satisfaction, particularly patients without formal education and below 12\textsuperscript{th} class were happier compared to degree or above degree patients on the above procedures of the hospital; where as the three groups of St. Joseph’s General Hospital clearly spelt out their satisfaction on the above procedure of the hospital. The study indicates that patients without formal education and below 12\textsuperscript{th} class were more satisfied compared to degree or above degree patients on the admission procedure of the three selected hospitals.

(e) **Income wise:** The analyses of perceptions of the In-Patients on the admission procedure, Physician, Nursing, Diagnostic, ICU, Dietary, Accommodation and Physical facilities, Discharge services and Overall satisfaction of the hospital departments in three selected hospitals was done in three selected hospitals. These questions mainly related to the perceptions of In-Patients on the physician interest towards patient complaints, Nursing staff care and concern during hospitalization, explanation of diagnostic procedures, ICU facilities, quality of diet provided, accommodation and physical facilities available, discharge services and finally the Overall satisfaction of the hospital departments services. It includes the other aspects like staff of
admission department and their behaviour towards patients, availability of information related to hospital and the admission process.

The study on the above procedures clearly reveals that a considerable percentage of the patients related to above 1lakh revealed their dissatisfaction on the over all rating of the above procedures of the GGH. On the other hand the analysis of the NRI General Hospital reveals that a considerable percentage of the patients expressed their satisfaction, particularly below Rs.50,000 income patients were happier compared to Rs.50,000 to 1lakh and above 1lakh income patients on the above procedure of the hospital. St. Joseph’s General Hospital patients of the three groups clearly gave the opinion that they were much satisfied on the admission procedure of the hospital. On the whole, the assessment of the study states that the low income patients were more comfortable with the above procedures than the high income patients in all three sample hospitals.

**Testing of Hypothesis:**

The hypothesis framed for this study are:

1. All the three selected hospitals failed in creating Patient Centered environment due to their own inherent problems.

2. There is a gap in the perceptions of the Doctors and Nursing Staff on the environment created for achieving patient centered hospital.

3. There is a gap between the promising service and the service provided in addition to the expectations and perceptions of the patients of selected hospitals.
Presented below are the findings of the study in relation to the hypothesis framed, of all the three hospitals.

1. All the three selected hospitals fail to create Patient Centered environment due to their own inherent problems.

   (a) The findings of the study clearly reveals that all the three hospitals failed in creating patient centered hospital environment, by establishing effective hospital system consisting of governance system, administrative system and patient care system.

   (b) The implementation of 7 ‘P’s namely product, price, promotion, placing, physical evidence and process reveals that the three hospitals did not pay much attention to these important aspects of marketing services.

   (c) All the eight dimensions of the patient care, namely, respect for patient centered values, preferences, expressed needs, coordination, integration information, communication, education, physical comfort, emotional support and alleviation of fear and anxiety, involvement of family and friends, transition and continuity and access to care are ignored particularly by the Government General Hospital. However, St Joseph’s General Hospital having value based system also failed in creating patient centered hospital environment in all directions. The NRI General hospital is in the process of taking some measures in promoting patient centered hospital environment.

   Thus, with slight difference in the area of creation of patient centered hospital, all the three hospital administrators particularly
Government General Hospital, are required to work now for the building up of the patient centered environment in their hospitals.

2. There is a gap in the perceptions of the Doctors and Nursing Staff on the environment created for achieving the status of a patient centered hospital.

(a) The analysis on the management of the Government General Hospital reveals that the administration of this hospital has failed in perceiving correctly what the patients want, resulting in the service gap. The analysis on the perception of the doctors clearly reveals that the doctors of Government General Hospital are very very unhappy over the role given to them in discharging their functions.

(b) A majority of the sample doctors in St. Joseph’s General Hospital expressed that the hospital organization structure and policies were known to them. In NRI General Hospital majority of the sample doctors expressed that the hospital organization structure and policies were not known to them fully.

(c) The doctors of Government General Hospital expressed that the annual plans were not prepared based on long range plans in the hospital. They felt that adequate budget for supplies and salaries were not given. The duty schedules were not prepared in advance and hence they are not being implementing the works as per the planning, resulting in more problems. While coming to the St. Joseph’s General Hospital, the doctors and Nursing staff expressed their happiness in performing their functions well due to well administered hospital system with discipline. The doctors and Nursing staff of NRI General Hospital also expressed their
satisfaction of serving in the hospital. However, there seems to be some gap in their minds on the whole hearted service they have to extend. It may be due to the gap in their perception on the provision of facilities and role given to them by the administrators of the NRI General Hospital.

On the whole, the analysis on the perception of doctors and nursing staff clearly reveals that in case of Government General Hospital there is a perceptible gap in the minds of doctors and nursing staff on the environment created for achieving patient centre hospitals. However, the gap is thin in case of the doctors and nursing staff of St. Joseph’s and NRI General Hospitals.

3. There is a gap between the service promised and the service provided in addition to the expectations and perceptions of the patients of the selected hospitals.

(a) The analysis on the dimensions of service quality by the out-patients and in-patients in all the three selected hospitals clearly reveals that there is a perceptible gap between the service promised and the service provided.

(b) The majority of the out-patients have expressed their unhappiness particularly in Government General Hospital over the method of registration, consultation, treatment facilities and diagnostic procedures. Even though some have expressed their happiness on the type of treatment they received in St. Joseph’s and NRI hospitals even though their expectations are more.

(c) More particularly the in-patients were very aggressive in expressing their dissatisfaction on Government General
Hospital particularly on issues like intensive care services, nursing services and diagnostic services. Further, the majority of the patients of St. Joseph’s Hospital followed by NRI General Hospital are happy with the type of services they received.

On the whole, there exists perceptible gap in the dimensions of service expected and received by the patients in case of Government General Hospital. However, the patients of St. Joseph’s and NRI General Hospitals have rated the institutions as better if not best.

Suggestions for the creation of

PATIENT CENTERED HOSPITALS

The present study perfectly concludes on the need for building patient centered hospitals and the following are the some of the suggestions given for achieving this end. (1) Application of the Modern Management Principles, (2) Total Quality Management (TQM), (3) Customer Relationship Management (CRM), (4) Medical Audit, (5) Continuous Human Resource (HR) Training for doctors, nursing staff and other staff (6) Specific grievance settlement cell.

1. Application of the Modern Management Principles:

The following are some of the suggestions made to the administrators and policy makers in general and sample hospitals in particular. These suggestions are recommended for implementation to improve the patient satisfaction ratios and to resolve the present crisis in the hospitals to a great extent. These suggestions are dealt under two heads:
I. Specific Suggestions.

II. General Suggestions.

Specific Suggestions to Government General Hospital:

Today GGH is a very big hospital, serving the needs of lakhs of patients of the four costal districts of A.P., having a population of around 1.5 crores. The government equipped this hospital during the last five decades better and appointed specialist and super specialist doctors, nursing and paramedical staff. The government has been spending crores of rupees on the maintenance of this hospital. Today everybody in the hospital is happy, except the patient. Everyday crisis can be seen in the hospital. The following are the some of the suggestions given for GGH to become a patient centered hospital.

a. Need for team work: In GGH the team work is missing, hence there is a need for appointing a professional administrator who can lead and guide all the staff together.

b. Removal of the political interference: Unfortunately the political people interfere in the day to day administration of the hospital and there is a very urgent need to keep the hospital administration free from political and bureaucratic interference.

c. Computerization of all services: Even though computers are used in certain departments, it is in office work that there is every need for computerization of all the patient records. Each and every Outpatient and Inpatient needs to be monitored using the
computerization. The hospital should immediately think of developing the domain software that can be used for this purpose.

d. Hospital administration: Today the hospital is managed mainly by the doctors of same hospital as an additional duty. There is a need for the appointment of professional administrators on full time basis. There is also the need for the appointment of a Marketing Manager along with a Public Relation Officer (PRO).

Specific suggestions to St. Joseph’s General Hospital:

St Joseph’s General Hospital is known for best nursing service but is not able to promote doctor based care in the hospital. Due to lack of specialists and super specialists, serving the needs of the patient and not able to reach perfection in best health services. The hospital mostly depends upon the consultant doctors who fail to be available on time. Today the patients expect all types of services pertaining to patient care need to be available under one roof. The following are a few suggestions given to promote quality service and achieve patient centered hospital status.

a. Strengthening the doctor’s base: Most of the patients come to the hospital, feel unhappy because of unavailability of specialist and super specialist doctor on time. Every patient wants to consult a specialist even for a small problem. Adequate number of doctors is a critical factor in determining the quality of medical care. Shortage of doctors in various units of hospital affects the quality of service. As per the need of the hour and patient expectation the hospital needs to redefine the core area, that is, doctors’ strength.
b. **Use of modern technology**: Technology in medical care plays a very important role in promoting quality service and patient centered care. Quality of medical care is coming increasingly through newer gadgets and technologies. Health need based technology equipments are essential for good medical care in various units of hospital, it saves professional and staff time and enhances the quality of care. Thus, service through need based equipment is essential to optimize work. The hospital should think of appointing trained staff for the management and maintenance of technology based equipments.

c. **Enhancing Research base**: St Joseph’s hospital has been functioning for past 106 years and it could create a very strong nursing base. With the establishment of a nursing college, it has been able to strengthen this area. The administration of St Joseph’s hospital should also think of establishing a medical college for strengthening the research and patient service.

**Specific suggestions to the NRI Hospital:**

The NRI hospital was established with the vision and mission of extending general services along with super speciality services, especially to the rural people of Guntur and Krishna districts. Its main aim is to bring various hospital services under one roof in order to meet the patient expectations and to promote patient centered care and patient satisfaction. With increasing cost and scientific advantages, it is imperative that an enlightened administrative leadership promotes understanding, efficiency and economy in planning and operation of health services and in the utilization of resources without unnecessary compromise with quality of patient care.
a. **Patient affordability:** As already discussed many patients of NRI felt the problem of affordability in meeting the cost of the medical bills. May be NRI is different when compared to GGH and St Joseph’s hospital, where the objectives are more of service than money. Even though the NRI provides better services, there is a need for reducing medical bills by increasing the number of patients and getting the economies of scale.

b. **Need for establishing service manual:** Since NRI is newly established service unit, it has not framed many rules and regulations. Such an institution needs to think of developing its own hospital medical manual.

### General Suggestions

**1. Total Quality Management (TQM)**

Hospitals should develop patient focussed care for its long-term survival. Healthcare settings have to increase their efforts in response to drastic and rapid changes in healthcare environment. It should focus on the co-ordination of patient care in order to achieve desired outcomes. Now-a- days, patient care is increasingly complex as issues of aging and chronic illness multiply. In addition, the social environment of many patients demands changes. There is no support from economic environment. In these circumstances, for a hospital there is no other way, except, taking patient as a focal point.

**(a) Managing the Quality Care:** Recent marketplace realities and trends have forced healthcare settings to adopt strategic
orientations that stress on customer focus. Central to such strategic orientations is the effective utilization of service quality practices and philosophies. The ultimate aim of quality is zero defects. The quality of medical care refers to the degree of excellence of the care delivered for the entire satisfaction of the patient. Quality care is not to be a temporary effort but should aim at the continuous improvement in patient care. The concept of total quality management popularly known as TQM was introduced in the American industry way back in 1970. Initially it was industry oriented technique and gradually it was realized that it can be applied even to hospitals. Due to spiraling costs, increasing sophistication in diagnostics, recent advances in the treatment of diseases, decrease in resources and increased competition many hospitals are under pressure to improve the quality of care. It is at a stage where the concept of total quality management very aptly crept into the management of the hospitals.

(b) Quality Circles: There is plenty of scope for application of the concept of quality circles in the hospital which is a labour intensive organization. A small group of six to eight functionaries with similar or related assignments are called quality circles. This concept got its prominence after it was adopted in USA in 1973. The aim of these quality circles is to enhance the morale of the employees, to reduce costs, and provide quality medical care to patients with focus on patient satisfaction.

2. Customer Relationship Management (CRM)

A public relations and information branch is to be created. It should be headed by a line officer. He should be in-charge of maintaining an
information service for patients, ensuring that the information relating to hospital policies is disseminated, co-coordinating the provisions of the media, and getting feedback from the users of the hospital services. The public relations officer should directly report to the Director of the institute.

A Public Relations and Information Branch should be created. It should be headed by an officer who should be in-charge of the following:

- Maintaining an information-cum-enquiry service for patients, staff and also visitors to the hospital regarding admission rules, discharge procedures, clinical facilities, schedules, etc.,
- Ensuring that the information relating to the hospital policies are disseminated;
- Coordinating the provisions of the media for communication purposes-publicity of social events, academic achievements;
- Gathering information about views and reactions of the community on various decisions to serve as feedback to review the existing programmes and facilitate future planning.

The Public Relations Officer should report to the Superintendent. The creation of information and enquiry service will result in considerable saving of time of the officers in the administration who are currently spending a lot of time in attending to queries from patients, visitors, etc.

### 3. Medical Audit

Medical audit is used to review the professional work. It regulates the quality of medical care. It acts as stimulus to the practice and acts like an inbuilt check on the professional work performed in the hospital. It
helps in preventing the irreparable mistakes in dealing with the life of patients. For medical audit, there should be adequate medical records which are written by doctors and nurses and there should be a separate department. Medical audit committee is to be constituted internally and it should be conducted periodically.

Medical Audit is a control technique which provides the management with a method of evaluating the effectiveness of operating procedures and internal controls. It is a constructive method of assisting the management to improve operations of its business by alerting it to any breakdown of operational controls, by pinpointing areas of cost reduction, by suggesting potential operating improvements and by pointing out where breakdowns in the implementation of functional responsibilities in various areas have significantly affected these areas. The benefits derived from Medical Audit include:

- An appraisal of strategies, policies, plans and programmes for their potential and realized effectiveness;
- Identification of areas where improvement is needed;
- Better utilization of resources;
- Guidelines for improving inter-group, inter-personal and staff-line relations;
- Improving the utilization of Hospital Information system and streamlining the operations.

Hence, the hospitals may get their organizations audited by outside management consultancy organizations, so that they can provide an embraced report on the Management Audit of the institution. The Medical Audit may be undertaken by the hospitals periodically.
4. Training and Refresher Courses

The persons appointed newly have to be inducted in a systematic manner by enlightening them on the functions and objectives of the hospital, the significance of the job, etc. This helps them to acclimatize themselves to the office environment and perform the job with full understanding and appreciation. Suitable training programmes also have to be arranged in the beginning as well as at periodical intervals. This helps to improve working efficiency of the employees to meet the new challenges from time to time. The programmes may be organized in areas like information systems, accounting procedures, modern office management, public relations, etc. The hospitals may take advantage of the facilities provided by the NIEPA, IIMs, ASCI, and other institutions of national importance which have been giving training for employees.

(a) Creation of Atmosphere for Continuing Education and Research: A monitoring board is to be constituted for creating atmosphere for continuing education and research. The hospital authorities should not take the activity just as a business. Research is having utmost importance because they have to incorporate latest knowledge in their day to day operations.

5. Strengthening of Hospital Information System

There is every need to strengthen the existing information system. Though there is an information system in the hospital, it is not providing answers to all queries. It should be strengthened because it provides the required information to each level of the management at the right time in the right form and in the right place. So that decisions can be taken effectively and efficiently. It further helps in preparing budgets and
medical care evaluation data. From this, one can stop the negligence of the staff.

6. Specific grievance settlements cell

Hospitals in India have been providing medical care to its clientele for over 150 years. The last few decades have seen many scientific and technological advances, decreasing mortality, morbidity and overall improvement in quality of life. At the same time there are some negative changes such as decreasing standard of medical education, decreasing ethical values, commercialization and corporate culture in the management of patients

[1] These changes have significantly affected the doctor patient relationship which was based on mutual trust. In today’s situation this relationship is strained and bringing doctors under the ambit of Consumer Protection Act (CPA) has further marginalized this relationship. The legal cases of medical negligence are rising because of the ease with which these cases can be initiated in a consumer court.

[2] Of all the challenges perhaps none can be so threatening and draining for a doctor, on an emotional, personal and professional level, as being a defendant in a medical malpractice claim. This is especially true when the individual initiating the claim is the very patient; the defendant physician was earnestly trying to help. The purpose of this article is to provide the medical officers in hospitals with practical information about the genesis and mechanics of medical negligence suits.
The general rule in medical care delivery is that when one sees a doctor for a treatment or examination and the medical provider agrees to perform the necessary services, the implication is that the medical care provider will render these services with requisite skill and care. The failure to provide these services with reasonable skill and care may give rise to action in medical negligence under criminal, civil or consumer courts.

[3] Only 2-4% of patients injured through negligence, file claims yet five to six times as many patients who suffered injuries those are not legally compensable, also file malpractice claims

[4] According to objective theory of negligence

[5] The carelessness in approach towards the patient and the act of commission results in injury to the patient. Sometimes the unexpected results may not be due to negligence of the doctor but also due to negligence of patients or relatives. This is known as contributory negligence e.g. patient not coming for follow up as advised, failure to follow instructions, patient leaving hospital against medical advice etc. The burden of proof of contributory negligence on the part of the patient is on the doctor.

(a) **Proper Record Keeping:** Proper records of history, examination, investigation, treatment given, consent for various procedures (including refusals) and any expert opinion taken, should be maintained. Do not try to manipulate the records. In cases of unusual death order a departmental enquiry. In case of staff Court of Inquiry (COI), insist on a medical member who must ensure that the truth appears and gives dissent note, if required. Do not destroy case sheets/fatal documents of unnatural death, medico legal and
complaint cases. Special care should be taken in cases of injuries, uncertain diagnosis, terminal cases etc. Specialists must endorse comments once the case is seen.

(b) Administrative Aspects: Handling court cases with utmost care by a responsible officer, preparation of counter affidavit in close liaison with the Government Counsel, ensuring that a responsible representative is present in the court on the date of hearing along with Government Counsel and taking prompt action as per court directions after seeking legal opinion.

Good communication skill to build a rapport with the patient is the key to avoid majority of the complaints. Records must be maintained scrupulously. The best way to avoid legal cases is by having grievance redressal forum and medico legal cells, preferably in the hospital premises, so that the problem is nipped in the bud.

7. Hospital of the Future

The Joint Commission, Milford, Ohio, has released a report that provides a roadmap to designing hospitals in the future, titled “Guiding Principles for the Development of the Hospital of the Future,” the latest in the “Healthcare at a Crossroad” series, the report offers the basic guidelines that must be followed for hospitals to meet future health care challenges. These challenges include quality and patient safety issues, an aging patient population, financial constraints and workforce issues. The report explains that in the light of increasing health care costs and the complexity of today’s hospitalized patients, hospitals must respond in new and innovative ways.
The report was developed by a roundtable panel of health care executives and clinical leaders, as well as experts in technology, health care economics, hospital design and patient safety. This team assessed the effect of sociologic and economic trends, technology, care environments, patient care values and staffing issues on future hospitals. Mark Chassin, MD, president of the Joint Commission, said, “The importance of hospital based care will not diminish in the future, but hospitals will have to meet the high expectations of the public and all stakeholders in an increasingly challenging environment,” that hospitals should use this report to help them in transition, to meet future needs.

The report describes issues ranging from technology and personnel to patient relationships, and fiscal and architectural design and these issues in terms of the following five Guiding Principles for the Development of the Hospital of the Future,” economic viability, technology adoption, patient-centered care, and staffing and hospital design.

1. Economic viability:

   In light of the financial troubles of many hospitals nationwide, economic viability is the first core area. It is noted that there is a growing gap between profitable and unprofitable hospitals. As a result of an anticipated increase in the Medicare population and reduction in employer-provided insurance, publicly financed care and uncompensated care will increase in the future. The report recommends the following guidelines for hospitals to remain economically viable:
• Align performance and payment systems to meet quality and efficiency-related goals;
• Use process improvement tools to increase efficiency and reduce cost;
• Pursue coverage options to ensure patient access to, and affordability of, health care services;
• Address how general hospital and specialty hospitals can both fulfil the social mission for health care delivery.

2. Technology adoption:

Technology adoption is also essential in improving quality and patient safety. Information technology will support the continuum of care to community based and home care. This transformation to a technology-based system will cause caregivers and administrators to reassess the definition of a hospital. The expert panel suggests the following elements in order to address technology in the hospital for the future:

• Make the business case and sustainable funding to support the widespread adoption of health Information technology (IT)
• Redesign business and care processes in tandem with heath IT adoption
• Use digital technology to support patient-centered hospital care and extend that care beyond hospital walls
• Establish reliable authorities to provide technology assessment and technology investment guidance for hospitals;
• Adopt technologies that are labor-saving and integrative across the hospital.
3. Patient-centered care:

Patient-centered care is a concept that the Joint Commission has been promoting for several years. Obviously, a patient is at the center of his or her care, but we have not routinely treated patients as partners in their own care. This concept is an essential part of high quality and safe health care. Additionally, family members and others with close relationships to the patient are also part of the health care partnership. The following actions are recommended in order to achieve patient-centered care;

- Make adoption of patient-centered care values a priority for improving patient safety, and patient and staff satisfaction;
- Incorporate patient-centered care principles into the activities of hospital oversight bodies and transparency initiatives;
- Address barriers to patient and family engagement such as low health literacy and personal and cultural preferences;
- Eliminate disparities in the quality of care for minorities, the poor, the aged and the mentally ill;
- Improve the quality of care for the chronically ill through coordinated, multi-disciplinary care;
- Use process improvement tools to improve quality and safety.

4. Staffing:

Staffing, too, is an essential element of the hospital of the future, especially when considering the chronic shortage of certain health care
professionals. The report makes the following recommendations to meet future workforce needs:

- Establish fair migration and compensation policies for countries facing shortages of certain health care workers.
- Expand health professional education and training capacity to accommodate the growing demand for health care workers;
- Create workplace cultures that can attract and retain health care workers;
- Develop professional knowledge and skills necessary in a more complex health care environment;
- Educate health professionals to deliver team-based care;
- Develop the competence of health professionals to care for geriatric patients.

5. Hospital Design:

The fifth and final core area in the hospital of the future is hospital design. It is well documented that design characteristics affect patient safety and health care outcomes. They provide a supportive environment for hospital staff. Unfortunately, hospitals are still not being built “safe by design”. The report recommends the following actions:

- Improve safety with evidence-based design principles such as single rooms, decentralized nursing stations, and noise-reducing materials;
- Address high-level priorities such as infection control and emergency preparedness in hospital design and construction;
• Include clinicians and other staff, patients and families in the design process to improve staff work flow and patient safety, and create patient-centered environments;
• Design flexibility into the building to accommodate advances in medicine and technology;
• Incorporate “green” principles into hospital design and construction.

The results of this roundtable panel in setting forth these guiding principles for the development of the hospital of the future have provided everyone in health care, valuable information to be used as we plan for our institutions. Already almost a decade into the 21st century, we are still using the systems we developed during the last century. Moving forward, we must do our best to plan for hospitals that will meet the quality and safety needs of our patients, and to provide safe and efficient work environments for health care workers. The hospital we develop most likely will serve each of us in the future. This white paper is the latest in The Joint Commission’s “Healthcare at the Crossroads:” series. Launched in 2001, this series addresses high-level issues in health care and are focused on safe, high-quality health care.

8. Creation of Healing Environment

Curtain (2001) has indicated that “today’s hospitals do not have to change their cultures; they have to heal themselves”. This is a different perspective of organizational culture. She concludes that the growing emphasis on market based culture in health care with all of its concern for financial issues and getting a bigger piece of the market has had a serious detrimental effect on the health of health care organizations.
Defining healing environments is not easy. There are a variety of components that are associated with healing environments such as privacy, air quality, noise levels, views, and visual characteristics. As needs among people vary, there is no doubt that the perfect environment for healing cannot be developed, but there has been recognition that efforts should be taken to develop healing environments. “Throughout history health care providers, architects, and psychologists have noted a strong link between the environment and human behaviour”. Florence Nightingale commented on the need for healing environments which she associated with fresh air, warmth, cleanliness, quiet, diet, and light. “Traditionally, physicians and nurses have been the center of action in health care, and patients were expected to adapt to the routines of the facility. Today, patients and families are the central focus of health care, and health care, facilities are being designed to address their needs. Regulations, market pressures, and a desire to improve the health care experience foster patient centered movements”. When health care organizations began to change their focus, they had to confront their weaknesses and try to make difficult changes. Some have been more successful than others.

If one reflects on personal experiences in acute care facilities as well as other types of health care settings, the environment often is not all that conducive to healing – noise interferes with rest and relaxation, lack of cleanliness, difficulty finding one’s way around, the lack of warmth as far as color and furnishings, confusion over staff identities, and unresponsive staff. Some organizations, of course, have made successful efforts to improve their environments. One particular example is the California Pacific Medical Center, the Planetree Unit, begun in 1995. this unit was actually created by a health care consumer. The approach was
based on a concept that became known as the Planetree concept, which is based on eight principles of humanistic care, all directed at humanizing, personalizing, and demystifying the health care system for patients and their families. In this type of environment the focus of care is on the whole patient – body, mind and spirit with active consumer involvement. In addition, the following also are important.

- The physical environment is vital to the healing process and should be designed to promote healing and learning and encourage patient and family participation.
- A nurturing environment one that is supportive, friendly, and caring is an essential component of providing high quality health care.
- Patients have the right to open and honest communication is warm, caring environments.
- Patients have the right to access information about all aspects of their health, illness, and hospitalization including reading and writing in their medical records.
- All people patients, families, and professional staff play unique and vital roles on the health care team.
- Patients have many physical, emotional, intellectual, spiritual and esthetic facets and are not isolated units but members of families, communities and cultures.
- Patients are individuals with rights, responsibilities, and choices regarding their own health and lifestyles.
- Illness can be a time of personal growth for patients. It can also be a time to reevaluate life goals and values, clarify priorities, and discover inner resources.
Some hospitals have been applying the Planetree concept to make necessary changes to improve their healing environments. In reviewing the key strategies that support the Planetree concept, they are clearly strategies that are integral to quality nursing care. They are also highly supportive of a positive culture that not only moves the patient into an important role but also provides a more positive work culture.

The Picker Institute and the Center for Health Care Design conducted research on the patient’s perspective of the health care environment, which included over 350,000 interviews. From these interviews, eight dimensions of care valued by patients have been identified.

- Respect for patients’ values
- Easy access to care
- Emotional support
- Information and education
- Coordination of care
- Physical comfort
- Involvement of family and friends
- Continuity and transition

These discussions of care are very familiar to nurses. The Center for Health Design went one step further and identified consumer environmental rights in health care facilities. Environments should:

- Be easy to navigate
- Offer restricted access to nature through views, gardens, landscaped patios, terraces, court yards, atria, and natural elements.
- Have an ease to control personal environment including lighting, noise and sound reduction, odor elimination, thermal comfort, and privacy.
- Offer the capability to select positive distractions including television, games, videotapes, computers, art, telephone, music, social opportunities, access to nature, and reading material.
- Have activities in spaces conducive to their purpose
- Make it easy for staff to bring food, medicine, and other supplies related to the care.
- Have access to furniture and equipment that is comfortable and user friendly.
- Allow maximum opportunities for regular lifestyle activities.
- Have access to a continuous sequence of environments that support one’s dignity and the dignity of others.
- Be clean, neat and orderly
- Be free from hazards
- Provide for personal safety and security for personal possessions.
- Inspire trust and confidence
- Symbolize values appropriate to patients and others
- Provide for local cultural backgrounds and diversity in the community.
- Be appropriate for the various ages, genders, and physical and cognitive abilities of the people who use it.
- Support interaction with others including care partners
- Decrease unnecessary stress for all patients or residents, visitors, and staff.
- Be aesthetically appealing.
9. Other Suggestions

9a. Cost Leadership Strategy: The advantages of lower costs which were enjoyed by the industries now can be attributed to healthcare settings. This requires aggressive construction of efficient scale facilities, vigorous pursuit of cost reductions from experience, tight costs and overhead control, cost minimization in all the areas. As cost reduction is a critical factor in improving return on investment, the administrators have to concentrate in this area.

9b. Establishing Norms for Treatment: Unnecessary surgeries and unnecessary laboratory tests are to be eliminated. This is possible by establishing norms for treatment. Guidelines are to be created to curb these nefarious practices. These hospitals should be made answerable to a medical audit committee.

9c. Creation of Social Responsibility Feeling: The authorities of corporate hospitals should feel responsible for the society and they have to make arrangements to serve the poor and to participate in national health programmes for major diseases like tuberculosis, malaria, leprosy etc. and should co-operate with the government. The authorities should cultivate the habit of participation in educational activities.

9d. Utilization of Services of Specialized People: According to the charts, the corporate hospitals are having well knit groups of people to look after all works. But, though there are separate managers for finance, personnel and marketing, final decisions are being taken by managing directors alone. It should be stopped immediately. The hospitals have to utilize the services of
specialized people for the development of the hospital to the fullest extent.

9e. **Meditation and Yoga:** Stress is a major health topic these days. The concept is that **being mindful** you can consciously and systemically learning to respond to your own stress, pain, illness as well as the challenges and demands of every day life. In other words being mindful, being in the present is another way of approaching reducing stress. If we learn to stay in the present we are likely to feel more at peace about where we are. Mindful stress reduction works for many especially those who must deal with serious illnesses. It also works for many people who are becoming ill because of their stress. There are many meditation techniques. The terms don't really matter because all of meditation involves arriving at a peaceful, a calm state of mind.

A hospital with an Integrative Medicine department, patients who want to decrease their stress level and their blood pressure often engage in mindfulness based stress reduction. So do cancer patients who are trying to keep a more positive attitude as well as boost their immune function. The hospital found that participants in this program were able to reduce their sleep disturbances. There were also significant reductions I stress, fatigue and negative mood.

Medical research repeatedly demonstrates that the power of the mind really does influence the body. When you think, for example, your brain is firing various neurotransmitters and other neural activity. This is the same neural network that is responsible for all your physical activities such as walking and breathing. By
learning to actively calm your mind you figure out how to be your own best ally in the mind and thought response reaction you have to what is taking place around you and play a support role rather than staying oblivious to the role you're playing.

For example, cancer patients need to learn positive self talk and practice meditation or yoga to help them feel grateful for all they do have instead of always being fearful and feeling lost. The point is most of our thinking is habitual and we have been conditioned to think this way or that whether we have been diagnosed with breast cancer or have not found a job in 10 months. Once we understand the trap our thinking has become, then we can focus on whatever energy it takes to focus on promoting our own health. The thought behind the mindfulness philosophy is that once we learn to stay in the present we develop the ability to experience life in richer ways.

Stress and anger are part of life. However, the way your body reacts to uncontrolled stress and anger is a risk factor for heart disease. In fact, research reports that anger can be just as much of a risk factor for heart disease as smoking, obesity and lack of exercise.

As our life is scheduled on tips and toes, people in general develop stress related disorders, which has an infect on health and wholeness. When patient is critically ill and hospitalized, the hospital environment also contributes to added stress to patient and family. In order to relieve such people from tension and stress, a conducive environment is needed in the hospital, which promotes healing, and health, peace and harmony. Hence, the researcher
suggests that it’s imperative to have a common Yoga and Meditation hall in a conducive place within the hospital with all the required facilities and infrastructure, so that the people can spend some time in Yoga and Meditation and experience healing and well-being.

**CONCLUSION**

The prevailing perception of a hospital is that of a physical presence that needs to be bodily accessed to avail of its facilities. It is this image which will need to be radically altered in the hospitals of tomorrow. Hospitals of tomorrow would require to provide an effective social service, at the door steps of the consumer. The most critical determinant of the hospital of tomorrow would be the skilful juxtaposition of advanced medical technology with crippling cost constraints. Providing the best that medical science has to offer at affordable cost has to be the challenge for the hospital of the future, and to face this, the hospitals of tomorrow should operate with an expanded base on optimal infrastructure.

The various components of the hospital have to undergo drastic alterations in order to deliver tomorrow. The ambulatory care area would be more of a mobile facility, going out to reach the people rather than make them come to it. Even in the diagnostic and treatment area, patient access should be as minimal as possible. Sample collection should be a door-to-door facility – The telediagnostic system which has recently been introduced in some parts of the world might be considered a precursor to a more widespread use of services of this genre. As an institution, the hospital, apart from providing healthcare facilities, should also serve as
the common information exchange ground for all agencies involved with the healthcare industry.

The most generic problem confronting the hospitals of today is that increased specialization, leading to a form of alienation from the broader aims of the health service; the automated organization is fast becoming the main driving force directing and controlling human beings instead of being controlled by them. In today’s hospitals SAVE—Science, Administration, Value and Efficiency— is taking over from CARE—Compassion, Art, Reliability, and Empathy. This trend will need to be reversed and an optimum balance of the two extremes will have to be achieved for hospitals of tomorrow to fulfill their role in the progress of human civilization.

Thus, the problems of hospitals in India are many and varied. Different persons may provide different solutions for these problems. But all these problems can only be solved when authorities face the problems and take appropriate and bold decisions without caring for troubles, unpleasantness and threats. Further, the follow-up action is more important than taking many decisions. If one is determined to solve the problems, it may not be very difficult to resolve the problems of the hospitals and achieve the objectives for which they were established.

From the above discussion, one can conclude that Management is an important feature of all developed nations and knowledge of management helps organize every human enterprise. It can be applied to all levels of an organization. A sound, efficient and well-planned Management programme is very important for a stable and meaningful growth of patient care and development in a hospital. It is necessary that
hospitals should advance from their present state of a “Semi-Handicraft” to a process of modernization in management area.

Today the entire world is changing and India is also building itself beyond the expectations of many in the world. In the same direction, the attitude and the perception of the people of the country also changing very faster in addition to their expectations. Unfortunately the hospital system in India is not geared up to the expectations of the patients and public. Therefore, there is every need to project this topic as well as issues relating to health management as this is going to be the prime area for the next three decades to come. Hope everything goes well and the patients get all the benefits.

And what is it, to work with love?

It is to weave the cloth with threads drawn from your heart, even as if, your Beloved were to wear that cloth.

It is to build a house with affection, even as if, your beloved were to dwell in that house.

It is to sow seeds with tenderness and reap the harvest with joy, even as if, your beloved were to eat the fruit…….

Work is love made visible.”

-Kahlil Gibran