CHAPTER 2
REVIEW OF LITERATURE & RESEARCH METHODOLOGY

2.1 REVIEW OF LITERATURE

The health care industry is one of the world's largest and fastest-growing industries. Consuming over 10 percent of Gross Domestic Product (GDP) of most developed nations, health care can form an enormous part of a country's economy. Recently, much has been said about the healthcare industry in India and its growth. And rightly so; the industry has been gathering steam and making people take notice of its massive growth. Dr. Prathap C. Reddy, Apollo Hospital group founder-chairman said in Bangalore that the overall industry show speedy signs of growth mainly because of increase in life expectancy, higher income levels, greater reach of health insurance, and growing lifestyle-related diseases. Considerable quantity of literature in the area of healthcare is being written as the various expect have indulged deeper in the subject. A number of studies have been conducted in India and abroad on various aspects of healthcare. These studies have been reviewed critically in this chapter with a view to understand the research methodology, research findings, etc. and to identify the gap that exists in the literature of this area. These studies have been placed in order.

Reddy (2000) written that the healthcare industry has the potential to show the same exponential growth that the software and pharmaceuticals industries have shown in the last decade. Worldwide the market for healthcare is expected to over $4 trillion and of this over $750 million will be the share of the developing world.
Rygh EM, Hjortdahl P (2007) examined possible ways to improve healthcare services in rural areas. While there is abundant literature on making healthcare programs integrated, interdisciplinary and managed in order to reduce fragmentation and improve continuity and co-ordination of care, only some part of this relates to rural issues. An added challenge is the lack of a generally accepted international definition of reality, which makes it difficult to generalize from one region to another, and to develop an evidence-based understanding of rural health care. In evaluating the literature it was found that the development of new forms of interaction is particularly relevant in rural regions – such as interdisciplinary and team – based work with flexibility of roles and responsibilities, delegation of tasks and cultural adjustment. In addition, programs such as integrated and managed care pathways, outreach programs, shared care and telemedicine were relevant initiatives. These may be associated with greater equity in access to care, and more coherent services with greater continuity, but they are not necessarily linked to reduced costs, they may in some cases, entail additional expenses. Such endeavours are to a large degree, dependent on a well-functioning primary healthcare system as a base.

Vipla Chopra (2008) concluded in his article “Health and Healthcare in India – An Analysis” that recently globalization has posed new challenges to previously active insufficient and incompetent healthcare system existing in country. With the decline in the role of the state in health requirements, financing of health services has become one of the margins. Private hospitals have been rapidly increasing in modern years and a huge number of foreign tourists from developed countries are visiting India in search of excellence health care at low price. In 2003, an approximately 1,50,000 foreigners visited India for medical cure. In order to address some of the challenges of health sector some small section of the profits
of these hospitals may be channelled to create ‘Health Fund’ for
given that the primary level health facilities for millions of India’s
poor people.

 In the title of Dindayal Swain & Suprava Sahu (2008) of
“Opportunities and Challenges of Health Tourism in India”, inspect
that universal effort is increasing in the health care industry.
Prosperous patients from developing countries have long travelled
to developed countries for high quality medical care. A growing
number of less wealthy patients from developed countries are
travelling to regions just the once regarded as “third world.” These
patients are looking for high quality medical care at reasonable
costs. Information on the amount of patients travelling in a foreign
country for health care are sprinkled, but all inform the similar
story. An estimated 500,000 Americans travelled in a foreign
country for treatment in 2005.

A popular travelled to Mexico and other Latin American countries;
but Americans were also between the approximate 250,000 foreign
patients who required care in Singapore, the 500,000 in our country
and several 1 million in Thailand. Global competition is rising in
the health care industry. Rich patients from developing countries
have extended travelled to developed countries for high class
medical care. Now, increasing numbers of patients from developed
countries are travelling for medical reasons to regions once
considered as “third world.” Numerous of these “medical tourists”
are not prosperous, but are looking for high quality medical care at
reasonable costs.

To meet the require, entrepreneurs are building technically highly
developed facilities outside the United States, using foreign and
domestic investment. They are hiring physicians, technicians and
nurses qualified to American and European standards, and where
experienced human resources are not obtained nearby, they are recruiting expatriates. The medical industry on a business stage with tourism is a new and forthcoming industry and desires to be explored. States like Karnataka, Kerala, Delhi, West Bengal and Maharashtra are demanding their best to encourage foreign patients to the country and to be in the middle of the most encouraging health objective. There is a need for regular make an effort for other states to try their best to care for themselves in this ground and donate to GDP by providing quality facility.

- Rafikul Islam and Mohamad Reeduan Mustapha in their paper (2008) “Organizational Approach to Total Quality Management: A Case Study” said that TQM is fundamentally a continuing process. It can get an organization year to set the basic values, events and systems in place as well as form an executive tradition that is contributing to constant development. Over 90% of the staff of AHM is conscious of TQM and its essential values and they know that their apex administration is devoted to execute TQM at their association. However, a considerable proportion of respondents (37.5%) view that the TQM programmes in the business have not been flourishing and they have provided the reasons for that. The management of the company must give the impression of being into those factors that are missing in the arrangement of the business. By and large, the employees are positive about the performance of TQM programmes at AHM and they will constantly maintain the programmes.

- Kaveri Gill (2009) evaluates quantity and quality of service delivery in rural public health services under NHRM. On suitable and a reasonable determine the previous is assessed on the standing and energetic circumstance of physical transportation; by the records of paramedical, technician and medical employees working. Diagonally four states (A.P., U.P., Bihar, Rajasthan), which have resulted in rankings personnel sections, advise different situations at different
levels of centres and on different machinery, brilliant context –

definite fundamental motivating factors, some are compound by

personality. It can states on ‘overall performance of service delivery

under NRHM’, but to do so would be careless, insignificant and beat

the very idea of this valuation, which was to draw attention to the

micro-components of quality that are significant to this mission’s

capability to deliver services. The NRHM has put rural open health

care strongly on the schedule, and is on the correct way with the

institutional changes it has created within the health scheme.

Rightly, there are inconveniences in functioning, so that delivery is

far away from what it should to be. On corporal infrastructure,

medicines and financial support, technical trouble force to be more

simply called with the time (in some instances, they previously

emerge to have been defeat), whereas on human resources, and to

the level these contact actual accessibility of services.

Haresh R Chandwani, Parimal J Jivarajani & Harsha P Jivarajani

(2009) study on “Health and Social Problems of Geriatric

Population in An Urban Setting of Gujarat, India”. They conclude

that a the most important scheme of the old were out of the vocation

power, moderately or completely reliant on others, and affliction

from health nuisance with intellect of ignore by their relatives.

There is a increasing need for interventions to make sure that the

health of this exposed crowd and to make a strategy to gather the

concern and requirements of the disabled mature. In addition to

investigate, particularly qualitative research is required to discover

the deepness of the problems of the elderly. The authors do

recognize some of the margins of this study. A scoring system for

position was not used because the purpose of the learning was not to

measure the attitudes and rank the subjects but just to calculate the

consignment of survival of such problems between the subjects.
Vikas Bajpai, Anoop Saraya (2010) “Healthcare financing: Approaches and trends in India” The health indicators of a country are the most sensitive indicators of its socioeconomic development. India continues to suffer from the ignominy of having among the poorest health indicators in the world. Globally, substantial improvements in the area of public health have been possible with governments playing an active and dominant role. India cannot be an exception. The dearth of resources increasingly seems to be an untenable excuse for the government to hold back while considering its involvement in the health of the people. Cuba is an excellent example of a low-cost public healthcare system that is efficient and reflects the resultant health indicators. There is no substitute for adequate government spending on health, which should be considered as a national issue of prime importance in order to make meaningful progress. This needs to be understood by the government and its health policymakers at the earliest. Healthcare professionals need to play a part in creating the public opinion necessary for this to happen.

Mukta S Adi (March 2011) “Financing Healthcare in India” conclude at current the services provided by Indian government are insufficient both in quality and quantity, and for this reason services the poor to acquire significant expenses on private health care which they can poorly pay for. In potential, it is completely necessary to capture and overturn these trends. As our country’s stage of government health expenses is relatively low in complete provisions as well as in assessment to some other Asian countries, growing of the similar is predictable. Better services of and admittance to government health services will have to maintain as a most important thrust region of the policy makers. At the similar instance it is required to standardize the development of the private sector health care promote.
Dr. Suman Kumar Dawn & Swati Pal (2011) explained in “Medical Tourism in India: Issues, Opportunities and Designing Strategies for Growth and Development” that India is in a beneficial situation to tap the universal opportunities in the medical tourism area. The government’s responsibility is essential to the growth of medical tourism. The government should take steps in the position of a supervisor and also as a catalyst of private savings in healthcare. Mechanisms require to be evolved to permit faster visa grants to overseas tourists for medical purposes where patients can make contact with the Immigration Department at any direct of entry for fast approval. Tax incentives to the service providers, importation duty reduction on medical equipment, committees to promote and advance medical tourism are some of the initiatives that can be undertaken.

There is also require to increase supporting infrastructure such as transport services to make easy tourism in India. The tourism, health, information and communication departments require to work in tandem for competent patient concern. This paper has suggested several of the medical tourism strategies for supplementary promoting medical tourism in country. These contain building and promoting the reflection of a country as high quality medical tourism objective, creating and promoting original amalgamation of medical tourism commodities, keeping up the high standard of quality treatments at a sound charge, on condition that instructive online and offline supplies and make them available to the prospective patrons. Also attaining the authorization/standard to support the quality of treatments as well as emphasizing on the requirements and demands of the active objective markets must be integrated.

Rakesh Kumar, Prof. (Dr.) Bimal Anjum & Dr. Ashish Sinha (2011) conclude in their article “Employee Performance Appraisal
in Health Care” Health care organizations depend greatly on a professional work force that is involved in defining its mission and carrying out its strategy. As such organizations become increasingly concerned with their effectiveness they must pay attention to employee and physician performance. The main challenges lies in developing performance appraisal systems are the demand of flexible and appropriate system to the professional staff. This paper has suggested that performance is improved when outcomes or expectations are defined, goals are set and timely feedback is given. These principles also apply to physicians, Nurses and other staff of hospital, particularly as their roles are affected by the restructuring of health care.

“Healthcare: A key sector in the service Industry”, by Paporai Baruah (2011) concluded that in spite of the size and the reach of the public healthcare sector system and increasing assets by the private company, the country scores disappointingly on generally accepted health indicators. India’s healthcare sector wants to recover significantly in terms of accessibility and quality of its physical infrastructure, human resources and services so as to complete the increasing demand and to balance auspiciously with global standards. Rural health sector need to be strengthened and managed powerfully, and here lays the actual challenge. Quite than a centralized approach particular requirements of the local area could be measured and addressed. There arises a need for an included approach entrusting a superior role of the private sector, society based institutions and public-private partnerships in addressing healthcare needs in country.

“NGOs in the Healthcare Sector”, G. Srinivasan (2011) observed that the healthcare industry in India is balanced to extent new highs in the years ahead, the truth remains that for a infinite mass of the India’s population the primary health concern continues to remain a
fear in the lack of reasonable and holistic health care services. It is here that the role and responsibility of the voluntary organizations approach to the front. It is a consummation to be spiritually wished that the authorities would do all they can to guarantee that this third essential pillar of service, after public and private, does get its due of deserved policy and administrative support accordingly and permanently. This would over the long drag to make a significant impression in the country’s morbidity and humanity rate so that a healthy India would be lock-step with a rich country.

In the article of Rajinder Singh on “Medical Tourism Emerging as a Mega Industry in India” (2011) said that potential of medical tourism is bright and is measured as a mile stone for increasing country’s economy. World class services and infrastructure will make country a most required after destination for medical tourism in the world. Speciality hospital serves the patient with morden innovative technology at lower cost in comparison to other countries. Hospitals by marketing efforts are flourishing in presenting their services in globally healthcare market and are booming to draw attention to more patient and market share. India has a prospective to attract foreigners because India enjoys a exclusive location as it offers a distinctive basket of services i.e. holistic medicinal services with yoga, meditation, Ayurveda, Allopathy in addition to other system of medicines. Clinical outcomes in country are at par with the world’s best centre, besides having internationally competent and knowledgeable specialists. The pricing is marvellous, medical costs in country could be everywhere between one-fifth to one-tenth of the cost in the west. The standards and infrastructure of hospitals in India are now at par with internationally greatest practices. At present a number of hospitals in India have the infrastructure and equipment that matches the best centres in the world, be it transplantation, cancer
treatment, radiotherapy, neurosurgery including stereotactic surgery.

Number of hospitals has affiliations with international bodies; the Asian heart institute in Mumbai is affiliated to the Cleveland Clinic, and Wockhardt to Harvard Medical. Fortis heart has consulted Massachusetts General Hospital for its protocols. Recognizing the value of accreditation in medical tourism many hospitals are applying for NABH for its accreditation, those already accredited with NABH are applying for Joint Commission International. Indian healthcare federation is working on growing a common band of pricing of accredited hospitals for foreign patients, the other area of centre take in getting better the human resources for health delivery and ensuring that quality becomes the powerful for all hospitals and healthcare providers. In future healthcare industry will boom in India and future of medical tourism is bright.

- K. Amrutha Veena & S. Kowsalya (2012) in his paper “Factors leading to health and nutrition negligence and delayed healthcare in Ramanathapuram District” terminated that a large amount of carelessness in terms of health is general among the society. The different reasons for this interruption in visiting the physicians upon the beginning of illnesses were reported as high medical expenditure, lack of time, inconveniences in the hospitals and the frequency of the illnesses such as fever and diarrhoea. Generating awareness among the society can approach a long way in the development of the community’s dietary status challenging an vital need for interference programmes.

- In the article “Utilisation of Healthcare services by Rural Elderly: A study in Chittor District of Andhra Pradesh” M. Bhaskaraich & K. Murugaian (2013) finds that the PHCs and Private hospitals/ doctors were the major source of healthcare for rural elderly. Although
PHCs played a vital role in elderly healthcare, rural elderly were accounting many barriers in accessing healthcare from these institutions which integrated, poor care, long waiting time, only one type of medicines for all problems, lack of awareness and ill treatment of doctor and staff, issue of drugs for only some days, poor health education etc. in PHCs and financial constraints in the case of private hospitals. Good awareness towards their problems by doctor, medicines for longer period partiality to elderly patients in OPD, health education, elderly friendly behaviour of staff Mobile Medical Services with doctor and improved facilities for elderly at PHCs were some of the aspirations of the respondents in the study.

As more than three forth of older Indians exist in rural areas and majority of them depend on the country managed PHCs for most of their healthcare these should be strengthened for recovered healthcare of rural elderly. Method like training and sensitizing of grass root functionaries (ASHA workers, ANMs) on elderly healthcare training of all PHCs doctors on Geriatric care to increase required at least skills in identification and management of common health medical services with geriatric skilled doctor and paramedics in villages, problem of all needed drugs at a time, limited weekly OPD for elderly and providing physiotherapy and counselling services in PHCs will considerably get better the health status of the rural elderly.

Dr Patel R K(2014), “A comparative study of performance of selected Government Hospitals, Private Hospitals and Trust Hospitals in Gujarat” try to challenge is made to study performance of selected Government Hospitals, Private Hospitals and Trust Hospitals carrying out in Gujarat state. Data has been collect through plan for Hospitals. Average Doctors to Bed Ratio, Average Nurses to Bed Ratio, Average Paramedical Staff to Bed Ratio, Average Non-Technical Staff and Clerical Staff to Bed Ratio,
Average Length of reside for in Patients, Average Number of Patients Treated in OPD per Day, Average Number of Patients Admitted per Day, Average Number of Patient Discharge per Day, Average Number of Patients attended through Emergency per Day and Average Number of Investigations Conducted per Day have been used as performance indicators of the hospitals. The study exposed that there is no significant difference in the performance of Government Hospitals, Private Hospitals and Trust Hospitals. Government should enlarged Human resources in the Hospitals for fast and excellence services to the patients. Government should make necessary for new doctor to provide their service to the public five years full time and one day in a week for next five years with sound compensation through Government Hospitals.

Kachwala Tohid (2014), conclude in his research paper in “Total Quality Management in Hospitals” says that because of the pressures of lowering charge & improving service, many hospital administrators have verified a high level of attention in Studies of Total Quality Management as a capital of improving health care quality. TQM studies are accepted & prevalent. Personally educators, consultants and practitioners may differ to some extent but the majority would have the same opinion that TQM philosophy includes a number of fundamentals. The current study identifies fourteen elements that are related with Total Quality Management in Hospitals.

They include: Top management leadership & commitment, Patient Focus / Customer Satisfaction, Pleasant Hospital culture, Employee commitment, Continuous improvement, Training of personnel, Employee satisfaction, Involvement & Empowerment & Development of Employees, Benchmarking, Tangibles- Services capes (Physical Environment & Facilities), Good HR Practices, Adherence to Regulatory Framework, Process Management, &
Supplier Involvement. The current study uses a Questionnaire to classify the qualified consequence of these factors & postulates A TQM Model for hospitals. Top Management Leadership & Commitment & Employee Commitment is the fundamentals of TQM in Service Industry. They are essential but not adequate for accomplishment of TQM.

- Gunjan Pahuja & Prof. Rajan Vohra concluded in their research paper on Indian Healthcare Sector – A Technology Approach for Efficiency Improvement (2012) that with the rising population and the increase of middle income group, the entrance of medical services has gained most important consequence. With some initiatives occupied by government to deal with the infrastructure desires the necessity for technology solutions have developed quickly. In the lack of technology solutions the healthcare division cannot accomplish its occupied prospective as there would be cases of surplus and inadequate capability of particular services at different locations. The recommended precedence based on focus and spine model performance can help in minimizing the space and express the patients to nearby and right medical service. This can be achieved with the help of amalgamation of judgment maintain systems with Data Mining techniques or with Artificial Neural Networks. The priority function can be implemented either by DM techniques or ANN techniques.

2.2 RESEARCH METHODOLOGY

2.2.1 NEED OF RESEARCH

The entire economic activity of our business and industry is classified into two categories. One is manufacturing and the other is service industry. In the manufacturing sector we process raw materials, by using machinery and human power. In the service sector mostly it is not exclusively, men-machines interface but of as men-men interface.
In other words, the idea of service is connected with the interactions among the human beings. When we talk about performance, efficiency and effectiveness about the service industry and especially in the case of the Health care, some important aspects incentives is to be taken care of.

All over the globe most of the countries have accepted equal opportunities concepts which have been also accepted by service industry in India. In these circumstances any industry should take some actions to improve the problems and prospects. Looking at this important aspect, problems and prospects of healthcare industry is purposeful and useful for policy decisions and implementing it in practice.

In the healthcare service industry, it is necessary for the Indian environment that the employees should work effectively, for this purpose this industry should provide sufficient environment and development opportunities for better performance. Development of the employees must be qualitative so that the industry can utilize the ability fully. When we are looking to the effective performance in the organisation, we have to find out the problems which play an important role.

Gujarat is the highly develop state in India. To bust of quality of life of the people Government and private sector has emphasis on healthcare year by year and have made lot investment in pharmaceutical and hospitals. Various hospitals services in right quality and at right time are also expected from the people of the state. To know the needs and present status of healthcare industry in Gujarat lot of scope is waiting for the research.

2.2.1 OBJECTIVES OF THE STUDY
1. To examine the present status and problems of healthcare services in Gujarat.

2. To examine the quality of health services in Gujarat

3. To identify the motivational and development practices in healthcare sector in Gujarat

4. To examine the effect of HRD Policies on employees in selected units of Gujarat

5. To inquire into the problems faced by the patients, their attitudes and reactions on the facilities provided by the selected units.

2.2.2 HYPOTHESIS

Following null hypothesis have been tested in the study to judge population parameters.

1. $H_0$: There is no significant difference between healthcare services between private and public sector industry.

2. $H_0$: Healthcare services are independent of employee services.

2.2.3 SAMPLE DESIGN

Coverage : For the present study, healthcare units of Gujarat have been selected as sampling units.

Sample Size : Large sample size (50) Hospitals comprises of private, public and semi government organizations of Gujarat.

Sampling Method : Simple Random Sampling

2.2.4 SOURCES OF DATA COLLECTION

Primary Data : Through structured questionnaire and field
Secondary Data: Published data and electronic data from various websites

2.2.5 TOOLS AND TECHNIQUES OF DATA ANALYSIS

Questionnaire and SPSS Software have been used to collect, analysed and interpret the data and information to extract the facts.

2.2.6 LIMITATIONS OF THE STUDY

Following are main limitations of the study

1. Availability of reliable primary data.

2. Limitations in sharing negative response due to fear of spoiling relationship with service providers.

3. Lack of adequate responses from various stakeholders.

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