CHAPTER – IV
Organizational Climate in select Hospitals

The main objective of this chapter is to present observations of the researcher and the inferences drawn from the interviews taken from the Top Managements of the select hospitals. Relevant data is taken from the documents when the researcher visited the sample hospitals and from the websites.

A hospital is an organization that is established to offer medical help to the population for all kinds of mental and physical ailments and injuries. Hospitals do not comprise only of doctors, nurses and medical technicians. There are other employees who work to see that the patients admitted, get their proper food and drinks, that the words are clean and hygienic, and look to the minute details for providing the best possible treatment and comfort to the patients. Like any other organization, hospital has a hierarchy of authority. On the other hand, organizational climate is a combination of shared history, expectations, unwritten rules and social moves that affect the behaviour of everyone is an organization. It is a set of underlying beliefs that are always there to colour the perceptions of actions and communications. Organizational climate is a set of values, often taken for granted, that help people in an organization understand which actions are considered acceptable and which are considered unacceptable.

Organization is a rational combination of activities of number of people for the achievement of a common purpose or goal, by division of labour and function and through a hierarchy of authority and responsibility. Hospital organization, then, would involve the systematising of all technical, administrative and contingent activities and personnel so as to affect satisfaction of customers, employees and the agencies that make it possible to operate. Organising is, thus, a process of grouping the necessary responsibilities and activities into workable units, determining the lines of authority and communication, and developing patterns of coordination. The organizational structure mainly determined by the size of the hospital. The chief executive or head is responsible to the board of management and his or
her functions are to be coordinate the work of the various departments, to act as a channel of information between the hospital staff and board of management, to advice the board on the hospitals general affairs, and to ensure that the board’s directions are properly implemented.

**Dual Pyramid of Organization in Hospitals**

Hospitals are characterized by a dual pyramid of organization because of the traditional relationship of the medical staff with the administrative staff. The ultimate authority and responsibility for the management of the institution is vested with the governing board. In accordance with the stipulations of licensure, the board appoints a Chief Executive Officer (Administrator). He is responsible for managing the administrative components of the institution and delegate authority to each Departmental Head in administrative component. With the administrative units, there is a typical pyramidal organization with a unified chain of command. Although authority flows from Governing Board, there are two distinct chains of command, one in the administrative structure and another in the medical structure. Line Offices in administrative unit may find that their authority is limited in some areas because of specific jurisdiction of medical staff committees, such as pharmacy and therapeutics committee. The Director of physical therapy Department for example may report to a committee of physicians which limits the authority mandate of this line Manager. Much coordination is needed in dual pyramid structure.

**Uniqueness of the Hospital Organization**

Although basic management principles apply to all organizations whatever the nature of activity, each institution has its own peculiarities which in turn influence its organizational set-up. A hospital organization differs from other organizations in certain distinctive ways:

A hospital is a service organization. And as with other service organizations, there is no clear conceptualisation of output. This is not possible to quantify the level of output, except through the usage of surrogates
(e.g. outpatient load, number of admitted per year, number of various procedures performed, occupancy, mortality rate, etc.) which in fact do not correctly express productivity and quality of the services.

Hospital works within the framework of accepted ethical norms. There is a moral obligation to extend emergency care, whatever the cost, irrespective of the patient’s ability to pay. The relative usefulness of alternative procedures vis-à-vis improvement in the quality of life, and the constant dilemma of continuing or stopping treatment are of daily concern to professionals. Care cannot be withdrawn from one patient just behave there is another patient who is more important, deserving or with better prognosis.

Notwithstanding an individual hospital’s objectives, hospitals are become increasingly responsive to the health needs of the surrounding community. This factor should, therefore, be taken into account in defining the mission of the hospital and in planning its activities. Hospitals have certain work constraints not applicable to most other industries. Hospital operations cannot be shut down but must be assured on a 24-hours 365-day year-after-year basis, irrespective of non-availability of personnel, employee strikes, environmental disasters, lack of budget, etc. Procedures cannot be interrupted or be left half-done even if there is a change of shift.

There are several grey areas that cannot be categorized as purely administrative or clinical. Technical staff, even if subordinate in the organization to certain administrative staff, must have the freedom to exercise their scientific discretion. And senior administrators should realise the boundaries of their authority and resist the tendency to influence technical decisions. Medical, nursing and technical professionals should not be faced with the dilemma of having to abide by administrative directives which conflict with the patient’s/clinical interest
**Hospital Organizational Functions:** There are two basic sets of functions that hospitals perform:

**Provision of medical care or the technical components:** Diagnostic and treatment procedures; nursing care; technical/ancillary services (investigations, medications, rehabilitation, medical records and patient documentation, etc.)

**Provision of other facilities:** Place to rest (bed, room); physical amenities (food, water, linen, lighting, toilet, comfort); hygiene (cleanliness, pest control, infection control); security (personal, of belongings); administration (front office management, efficiency, a fair charge, value for money); Functionally, the organizational structure of a hospital provides for the following distinct group of services:

1. Clinical and Diagnostic services (Anaesthesia, Internal medicine, Cardiology, Clinical Haematology, Dermatoogy, Endocrinology, Gastroenterology, nephrology, Neurology, Oncology, Respiratory medicine, General Surgery, Ophthalmology, Orthopaedics, Otorhinolaryngology or ENT surgery, Paediatric Surgery, Plastic Surgery, Urology or Genitourinary Surgery, General Paediatrics, and associated super-specialities, Neonatology, Obstetrics and Gynaecology and associated super-specialities, Neonatology, Obstetrics and Gynaecology and associated super-specialities, Blood Bank, Clinical Biochemistry or Chemical Pathology, Haematology, Histopathology, Microbiology, Immunology, Radiology, Nuclear medicine, Radiotherapy, staff health, Community health etc.,)

2. Ancillary Services (Physiotherapy, Occupational therapy, Prosthetics and Orthotics, Respiratory Therapy, Pharmacy and Medical stores Infection Control, Medical Records and Computerised Clinical Information Systems, medical-Social work, Medical library, etc.)

3. Nursing and Specialised service area (Casualty or accident and Emergency department, Outpatient department, Wards, Operation Theatres, Intensive Care
unit, Coronary care Unit, Daycare unit, Dialysis Unit, Central Sterile Supply Department, etc.)

4. Support services (Reception and Telephone, Dietary and Catering, Housekeeping and Environment, Linen and Laundry, security, Engineering and Maintenance, Ambulance and Transport, etc.

5. Business and Fiscal services (Administration, Admission, Finance, Billing and cash, Human Resources or Personnel and Industrial relations, General and medical Purchase, General Stores, Internal Audit, Computers and Hospital Information System, patient and Public Relations etc.)

6. Teaching/training services (In-service Education, attached Medical College, Nursing School/College, Institute of Paramedical studies, etc.).

Managerial Policies

Policies are guidelines of thinking and action by which Managers seek to delineate the areas within which decisions will be made and subsequent actions are taken. Policies spell out the suggested course of action. Policies are formulated depending on the strategies of the organization. The policies are general statements and understandings which guide or channel thinking in decision making. The limits at either end of these actions are stated, defined or at least clearly implied. A policy tells the organizational members how to deal with the particular situation. Policies require interpretation. Language indicators such as “whenever possible” are the expressions typically used to give policies. Policy statements in a healthcare institution may concern such items as definitions of categories of patients and designation of responsibility. Policies usually exist at all levels of the organization, ranging in major corporate policies to minor individual level. It is a means of discretion and initiative but within the limits.
Analysis of Policy formulation in Sample Hospitals

Policy formulation is the responsibility of the administrators of the hospital. Though the primary responsibility of formulation of policies depends on top management, it is the duty of every line Manager to create policies. The policy formulation in sample hospitals can be observed from the following paragraphs.

**GGH:** In this hospital the policies are being framed by the Superintendent, RMOs, nursing Superintendent and Lay Secretaries. These authorities are preparing policies on internal matters and providing action guidelines for all administrators serving all levels of the hospitals. Through observation, it is found that unfortunately some of the policies are inconsistent with their objectives and also these are not flexible. The policies formulated decades ago are still in operation. They are not periodically reviewing the framed policies.

**NRI:** The Managing Director and all departmental heads are preparing the policies in the hospital. The authorities have prepared these policies in different style. For example, they have prepared quality policy, admission policy, discharge policy etc. The employees are also very cautious regarding these policies. It is observed that top management is committed to implement these policies. Further, it can be said that all the policies framed are consistent with the objectives and they are flexible in nature. The authorities are changing the policies from time to time by taking need as basis.

The policies framed in GGH are not in line with the objectives. Moreover these policies are not flexible. The policies framed decades ago are still in operation. whereas NRI Hospital departmental heads are preparing the policies which are giving message in a clear way and in attractive manner and also they are trying to give importance to each and every employee.
Personnel Policies

In the beginning of the present century the words personnel policy and personnel departments were unheard of in hospital management. The matron, medical superintendent or hospital administrator were responsible for the hiring and firing of employees. Training, promotions and other benefits were handled by supervisors without any rationale. The haphazard and adhoc manner in which personnel problems were handled in the past is now recognised as unsatisfactory by executives in the fields of industry, hotel, business or hospital. Regardless of the size of an organization, it is difficult to run the organization without having well-defined personnel policies. Every employee in the hospital wants to know the terms and conditions of his employment, the regulations which govern his employment and the principles which guide the administration of the hospital in its relationship with him. Formulation of personnel policy rests on the shoulders of the top management. The process of developing personnel policy involves assessing its appropriateness to the organization. It must be acceptable in all situations. It should also be tested against community practices to ensure that the reputation of the organization is maintained at a level consistent with business and financial conditions.

Personnel policies in the Sample Hospitals: In GGH, Guntur in addition to the publication of the hospital standing orders that are applicable to Government General Hospitals, statutes, ordinances and the service conditions related to the office staff are given. In NRI Hospital, the authorities are giving top priority for preparing office manuals, personnel policies, statutes and code of the hospital. An analysis of these policies reveals some interesting points. Though Guntur General Hospital is having policies relating to the different categories of employees, unfortunately they are not revised from time to time. These are to be changed as per present day requirements. On the other hand in NRI Hospital, these manuals are being revised and updated from time to time. The analysis of the policies followed by the hospitals under study reveals that the recruitment practices of GGH, Guntur were not revised since long time. Success of a firm depends on updation of these policies. But unfortunately, the
hospitals which are complex in nature and are forerunners of the society, failed in modifying the policies depending upon the environmental changes.

**Decision Making Process**

Decision making is a key part of a Manager’s activities. It is required in every phase of management. Most outstanding characteristic of a successful manager is his ability to make sound decisions. Decision making is a human process. Decision making is a blend of thinking, deciding and acting. Decision making is making a choice between two or more alternatives. Decision making involves establishing goals, defining tasks, searching for alternatives and choice of the best alternative. To really grasp the nature of decision making one must understand that making a choice is only one of the several sequential steps that must occur as a part of an intellectual process. There are three views to describe how practicing Managers make decisions. The Economic man model, Administrative man model and Social man model. The classic economic man model makes the assumptions that decision maker will know the alternatives available in a given situation, the consequences that they will bring, and that he will always behave rationally. Under Economic man model, the decision maker will always make choices so as to maximize some desired value. Herbert Simon developed the Administrative man model as a more valid model of reality than economic model. He argued that the decision maker uses only limited rationality in his decisions because his information processing skills are limited. Social Man Model has been developed by classical psychologists. Through its committee structure, the medical staff becomes involved directly in the operations of the medical records department. The actions of the medical staff in these areas are generally limited to suggestions.

**Decision Making Process in Sample Hospitals**

**GGH:** The decision making process in GGH starts with the Health Secretary who is government official and Superintendent of the hospital who acts as liaison officer between Government and the hospital. The decision-making of all administrative matters are in the hands of the Lay Secretary. The
administration of medical as well as non-medical activities lies in the hands of Resident Medical Officers. In the areas of patient care system, the decision making rests with the medical staff. All other people are only advisory. On the other hand, the hospital advisory committee will play advisory role to start a new department, new facilities and all other expansion activities. All nursing activities are taken care of by nursing superintendent. Along with all these bodies, the medical departmental heads play a prominent role in taking decisions at the department level. Apart from the above authorities, different committees were constituted to take decisions. The procedure followed in decision-making in Government General Hospital as follows:
### Fig. IV.1

**Decision making process at GGH, Guntur**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Decision-making process</th>
<th>Designation of final decision making Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical</td>
<td>Issues related to patient care</td>
<td>Superintendent</td>
<td>Superintendent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dy. Superintendent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RMO</td>
<td></td>
</tr>
<tr>
<td>Non Technical</td>
<td>Office files</td>
<td>Superintendent</td>
<td>Superintendent</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td>Asst. Director (Admn)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Office Management/Accountant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerned Junior or Senior Assistant</td>
<td></td>
</tr>
<tr>
<td>Non Technical</td>
<td>Medical Stores</td>
<td>Superintendent</td>
<td>Superintendent</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td>Asst. Director (Admn)</td>
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<tr>
<td></td>
<td></td>
<td>Admn. Officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerned Junior or Senior Assistant</td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td></td>
<td>Superintendent</td>
<td>Superintendent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asst. Director (Admn)</td>
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<tr>
<td></td>
<td></td>
<td>Administrative Office</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerned Junior or Senior Assistant</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td></td>
<td>Hospital Appointment Committee</td>
<td>Superintendent</td>
</tr>
</tbody>
</table>
**NRI:** The Chief of the hospital is the President. The President along with the Secretary and Treasurer take decisions. They perform the custodian function. It is a statutory body. The president is governed by the Board of Directors. The Board of Directors is the Executive Authority to take decisions. The Board enjoys the power of directing the President. The board has powers of purchase or sale of hospital properties. The President is a person who directs, administers and co-ordinates the hospital activities to carry out its objectives. He promotes public relations, co-ordinates, the activities of Medical Staff with those of other departments. The President acts as liaison officer between the organization and the board. On the other hand there is an internal audit division which controls the financial activities of the hospital. The organization is divided into two clear systems, medical and non-medical. All medical activities are governed by the Medical Director and non-medical activities are looked after by the General Manager (Administration). There is a separate Manager to look after the welfare activities and employees activities of the personnel. The committees are framed for specific activities.
From the discussion it may be concluded that the decision making process in GGH, Guntur reveals that it is centralized. For every simple thing, these people have to take permission from the government. All routine matters also go to the level of the Superintendent. On the other hand, in NRI Hospital, decision-making power is in the hands of departmental heads. Through discussions, the Heads take decisions with the help of the Administrative Manager and the President.

**Organization Structure in Hospitals**

Organization structure is to group the people’s operations and functions logically and systematically. These groupings facilitate effective use of resources. Organizational structure is explained as the hierarchical pattern of authority, responsibility, and accountability relationships designed to provide coordination of the work of the organization; the vertical arrangement of jobs in the organization. The reason focus on these structural dimensions is because they solve the organizational design exercise at the organizational level. Organization structure may be defined as the established pattern of the relationships among the component parts of the organization. Organization Structure in this sense refers to the network of relationships among the individuals and positions in an organization. It describes the organizational framework. It is like the architectural plan of a building. Just as an architect considers various factors like cost, space, special features etc. while designing a good structure, the Managers too must look into the factors like benefits of specialization, communication problems and problems in creating authority levels etc.

There are specific design options that are available for health services managers. Keeping this in mind, the choices will depend on environmental demands and the organizational strategies. Accordingly, the activities of the hospital can be grouped. In most health care organizations, decisions about the organizational structure traditionally have been made in an informal and somewhat ad hoc manner. Design is often reactive process with minor changes made in the organization chart, as individuals leave or enter the organization.
It is rare that a hospital engages in a systematic and proactive assessment of the total organization, with consideration being given to the range of possible alternative organizational models.

The organizational structure of hospitals has been referred to as a wobbly three-legged stool. The legs are the board of trustees, the medical staff and administration. The board of trustees bears ultimate responsibility for the performance of the hospitals – its medical management staff. The board makes the overall governing policies and establishes the hospitals bye-laws. The difference between the boards of corporate business enterprises and the boards of trustees of most hospitals is based on fact that industry is an economic enterprise with social overtones; whereas the hospital is a social enterprise with deepening economic overtones.

The administration is accountable to the board for management of the hospital and implementation of policies approved by the board. It is also responsible for the financial aspect, hotel service, hotel service, the physical plant, and personnel functions of the hospital. All people who work in the hospital, aside from most of the physicians, formally report though administrative channels.
Fig. IV.2: Organizational Structure of Guntur General Hospital

SUPERINTENDENT

- Dy. Supdt
- Dy. Supdt
- Dy. Supdt

Clinical Professor

- Assoc. Prof's
- Asst. Prof's
- Postgraduates
- House Surgeons
- Non Medical Staff
  - House Keeper

CSRMO

- Dv. CSRMO
- Asst. RMO
- Paramedical staff
- Male class – IV Staff

Nursing Supdt. Gr-

- Nursing Tutor Gr-I
- Head Nurses
- Lenin Dept
  - PH Nurse
  - Nursing Orderlies
  - Dhobies
  - Lay Secretary Gr-II

Office Staff

Non Medical Staff

- Student Nurses

All Male – IV Employees

Dy. CSRMO

- Asst. RMO
- Nursing Tutor Gr-II
- Staff Nurses
- Tailors

Sergant

Kitchen Medical Stores
Fig. IV.3

Organizational Structure of NRI Hospital

- PRESIDENT
  - Secretary
  - Treasurer
  - DEAN
    - MEDICAL SUPERINTENDENT
      - DY. SUPERINTENDENT
      - FINANCE DEPARTMENT
      - HUMAN RESOURCE DEPARTMENT
      - HOSPITAL ADMINISTRATOR
      - NURSING SUPERINTENDENT
      - ALL CLINICAL DEPT. HOD’S
        - ASSISTANT ADMINISTRATOR
          - PUBLIC RELATIONS OFFICER (PRO)
        - DY. NURSE SUPERINTENDENT
          - PUBLIC RELATIONS EXECUTE (PRE)
Analysis of Organizational structures of Select Hospitals

GGH: Guntur General Hospital is one of the largest teaching hospitals in the state of Andhra Pradesh. The size of the hospital is very large. Guntur General Hospital is an Government Hospital which is guided by the Ministry of Health and Family welfare, Government of Andhra Pradesh. The hospital is running with more than 20 departments. The Superintendent is having autonomous powers. The hospital administered with the help of three Deputy Superintendents. The hospital is governed by the Health Department, Andhra Pradesh. The structure of Guntur General Hospital is presented in Chart.

   All the activities of the hospital are classified into Academic, CSRMO, Nursing Superintendent Gr-I, Lay Secretary Grade-I and Sargeant. Academic Activities are taken by Clinical Professors who assisted by Associate, Assistant Professors, Postgraduates and House surgeons. Nursing Department is headed by Nursing Superintendent Grade-I. Administration headed by CSRMO, Administrative wing consists of out-patients, dispensary and medical stores and workshop. On the other hand, Sergeant covers control on the male nursing orderlies. He will be responsible for the sanitation and general cleanliness of the hospital premises drains, toilets etc., He is incharge of fire extinguishers and fire buckets etc., He will be incharge of the clothing of patients sent to him for safe custody by the Staff Nurse incharge of the wards in suitably labelled bundles. Thus the administrative wing includes all those personnel who look after the functions of internal coordination, office administration, housekeeping etc. Technical wing consists of RMOs to class IV employees who are technically fit for work. Non-technical functions are performed by the Lay Secretaries and other ministerial staff. This includes maintenance of accounts, budgetary preparation, documentation etc. Medical wing consists of doctors, house surgeons, postgraduate students. Medical staff is responsible for teaching also. Nursing wing consists of nursing tutors, staff nurses and nursing students who look after the nursing services.
NRI: The organization structure of NRI is given in the Chart. It can be observed from the chart that entire administration is controlled by the President. It can be observed that governing body consisting of Secretary and Treasurer. The Secretary and Treasurer have equal importance in the hierarchy. Academic Activities are taken by Dean. Under the Medical Superintendent control, Deputy Superintendent, Finance Department, Human Resource Department, Hospital Administrator, Nursing Superintendent and Clinical Department HOD are included. Under Human Resource Department, Assistant Administrator, Public Relation Officer and Public Related Execute are included. Thus the entire organizational activities are divided into Medical services, Projects, Insurance, Internal Audit, Operations and Finance. Operations and Finance Department are in the hands of the General Manager, who works under the guidance of Project Director and CEO. Under operations, Nursing Services, Hospitality, Housekeeping, Engineering, Food and Beverages, Front line services are included. Under finance department, costing, secretarial, information technology, accounts, materials are included. Medical Services are controlled by the Director, with the help of a Deputy Medical Superintendent. These activities include Medical Education, Paramedical, Information System, Ambulatory Services and so on.

Centralisation and Decentralisation

Centralisation and Decentralisation refers to the physical location and organizational facilities and to the extent to which decision making, authority and responsibility in the organization are concentrated or dispersed throughout the organization. In centralisation, the facilities decisions and authority are concentrated at one point. Decentralisation, on the other hand implies the location of facilities, decisions and authority at different points and levels or locations of the organization. Both centralisation and decentralisation are always desirable depending on the situation. But no ideal organization can completely be centralised or decentralised. However, in modern days, there is increasing tendency to decentralise the activities.
Centralisation and Decentralisation in Sample Hospitals: The analysis of Centralisation and Decentralisation reveals the following facts.

GGH: The decision making in GGH is centralised and this can be observed by any casual observer. Even on routine and simple matters decisions are not taken by the concerned heads but are passed on to Officer who in turn passes them on to higher officers. Added to this, sometimes suggestions are made that the matter may be referred to some committee or the other without looking into the validity or relevance and importance of the matter to be referred to the committee. The net result is that all the routine administrative matters irrespective of their importance are invariably reach the Superintendent for his committee through various channels in the hierarchy.

NRI: In NRI Hospital, the authorities have realised to some extent that the net result of this centralisation activity leads to unnecessary paper work, delays in decisions, causing inconvenience to administration, causes dissatisfaction to the patient and society. Top Management will be overloaded with routine administrative work leaving no time to pay attention to important policy matters. Under these circumstances, they are implementing the Modern Management principles such as Decentralisation at different levels.

From the above discussion it may be said that GGH is facing problem with bureaucracy and red-tapism. The reasons for this may be because of lack of orientation programmes to the staff at various levels, lack of strict observation of rules or regulations by the staff, absence of accountability, lack of clarification of the roles, functions and responsibilities at each level. On the contrary NRI realised the importance of decentralisation and they are implementing this principle in the hospital.
Delegation of Authority

It is significant that management which is generally defined as getting things done through others is facilitated through delegation. A manager who delegates can accomplish much more than one do. It is because of the simple reason that the former harness fully the skills and capabilities of his subordinates whereas the latter merely purchases their time. Delegation reduces the burden of top executives by reliving them from the burden of taking routine decisions which juniors can also take. This helps them in concentrating on vital aspects of the management. Delegation will enable quick decisions relating to various matters because the subordinates have been granted the authority of decision making. It will motivate the subordinate to perform their duties well. The need for delegation of authority in hospital increases with its increase in the scope and services. An executive’s true productivity is not measured by how much work he can do as an individual. Instead it is measured by how much he can accomplish through others.

Delegation of Authority in Sample Hospitals:

The analysis of delegation of authority reveals the following facts.

GGH: The study on delegation of authority reveals that there is no specific delegation to the levels. It is also observed that all routine matters are passing on to the higher officials. Due to lack of proper delegation the employees of the hospital are depending on central office. It leads to delays and uncertainties. In a hospital, because of its complex nature one has to invite team work but not individualised authority. All department heads should have authority to administer the things on their own. But unfortunately this is lacking in GGH.

NRI: The study of delegation of authority reveals that in NRI Hospital there exists delegation of routine duties to the department heads. Unfortunately, here also one can observe centralisation. This may be because the higher officials feel that they can take better decisions. Moreover it is observed that
administrators are hesitant to delegate responsibilities due to the fear of losing importance and control.

From the discussion, it may be concluded that in select hospitals the delegation levels are not satisfactory. As far as the concept of delegation is concerned two hospitals are more or less in an equal status. The reasons differ from one type of hospital to another but the final outcome is the same. Some of the reasons for this type of behaviour may be that higher authorities do not trust the subordinates. Sometimes employees are reluctant. This may be because of lack of authority.

The Span of Management

Authority is to be delegated appropriately by considering the span of management. Span of management determines the number of subordinates a manager may supervise effectively. The principle of span of management argues that there must be some limit to the number of individuals. There is no definite agreement on the number of persons that can be controlled by one manager. Urwick found “the ideal number of subordinates for all superior authorities to be four, and the lower level of organization, the number may be eight or twelve”. Hamilton a military observer, also generalised that there was a numerical limit to the number of subordinates that a manager could supervise effectively. He thought that the proper number of subordinates should be three near the top and six near the bottom of the organization.

Span of Management in the Sample Hospitals: Span of Management in the sample hospitals are explained as follows.

**GGH:** The Span of Management reveals that the structure of the sections not well knit. A close examination of the span management reveals that some authorities at the top are dealing with more than subordinates. For example, in GGH Deputy Superintendent is guiding all the rest of five departments. Another example is the Nursing Superintendent – I having three subordinates. Sargeant looking all male class IV employees. Under Lay secretary Grade – I, Office staff and Kitchen medical stores are functioning.
NRI: In NRI Human Resource Department is looking Administrative work with the help of Assistant Administrator, Public Relation Officer (PRO) and Public Related Execute (PRE). The Medical Superintendent is taking care of Finance, Human resource, Hospital Administration and Nursing Superintendent. In practice one official may not be in a position to supervise and may not satisfy all the parties.

Line and Staff Relations

In common usage, staff refers to the groups of employees who perform the work of a given department. The director of nurses speaks of nursing staff, the chief dietician discusses with the dietary staff and the physicians who practise in a hospital are referred to as the medical staff. In Management Literature, a differentiation is made between line and staff officers. Line refers to those that have direct responsibility for accomplishing the objectives of the organization. Staff refers to those who help the line units achieve the objectives. In healthcare organizations, direct patient care units are considered the line functions, and the all other units are listed under staff services. But the problem is if we take dietary, purchasing and housekeeping departments, by definition these come under staff department though these functions are very much essential in the running of hospitals. Thus, the distinction between the line and staff authority in most organization has been very controversial. This is because many organizations in the modern times do not operate in the dichotomized line and staff structure. The line authority decides and exercises direct command over subordinates. Line people are directly concerned with the objectives that are to be attained. All the members of organization are expected to conform to the line authority with respect to decisions. Staff Authority, on the other hand, is merely advisory. A staff officer has the authority of ideas only. The staff in an organization gives plans and recommends to their line superior. The relationship between the line and the staff can be drawn from the relationship between Managing Director and the worker in the hospital.
Functioning in staff position, a Deputy/Asst principal Nursing Officer is usually delegated with responsibility for specific activities, under the overall charge of the Nursing Superintendent. In large hospitals, there may be two deputies, each responsible for a group of nursing units, in which case they function in line position.

**Line and Staff Relationships in Sample Hospitals:** An in-depth study of line and staff relationship reveals that nature of line and staff conflicts are common in sample hospitals. The best example for these conflicts is the post of personnel administrator in the hospital. The activity is under the control of Superintendent in GGH. It is under the control of Administrator in NRI the Activity is under control of Administrator. Here the problem is, in all hospital personnel department has only an advisory role. Whenever line manager has a problem, the personnel department is there for him to call on. This leads to conflict. Some of the examples are the conflict between administration and a doctor. The Anaesthetian may feel that he occupies key role in doing surgery. But in reality, the doctor is the important person in surgery and enjoy line authority. In this context, there is scope for line and staff conflict. Another glaring issue that the researcher experienced is the conflict between doctors and biomedical department. Biomedical Department feels that their reports are crucial in treating the patient but practice their role is only a staff role. Another issue identified is the disturbance between diabetician and heat specialist.

Without consulting of the diabetician, the heart surgeon should not initiate surgery. Here also diabetician’s role is only staff role. While coming to the relationship between the doctors and nurses, all are aware that the hospitals are created mainly for patient care and research. So doctors, occupy line position. In this process, doctor will take advice of nursing and paramedical staff. In this way nursing staff occupies staff role. But the thing is based on importance. Nursing staff may feel that they are superior which leads to situation of conflict. From the discussion it may be concluded that irrespective of the type of hospital, the conflictual situations are common in sample hospitals. Some of the situations appear to be simple but give much
trouble in practice as explained above. So, there is every need to sort out without causing much inconvenience.

**Committee Management**

Hospitals need committees to consolidate the dual authority tracks within the structure. The joint conference committee consisting of representatives from the medical staff, trustees and administration is a common example of this. Functions of healthcare organizations typically monitored and assessed by committees include pharmacy, therapeutics, infection control, patient care evaluation, surgical case review, medical records, quality assurance etc. A committee normally refers to a group of organizational members who are responsible for solving a specific problem or accomplishing a specific task. The primary function of committees is to make or suggest decisions on problems requiring an integration of needs of various departments or divisions, viewpoints or ideas. Some committees undertake managerial functions, and others do not. Some make decisions, others merely deliberate on problems without authority to decide. Some have authority to make recommendations to a manager, who may or may not accept them, while others are formed purely to receive information, without making recommendations or decisions. A committee may be either line or staff depending upon its authority. A committee may be formal or informal they may be relatively permanent, or temporary. Some of the committees formed, in general, in hospitals include:

**Management/Administrative Committee:** An executive ought to take decisions only within the limits of his areas of authority. Any matter that concerns more than one is warrants prior joint consultation between the concerned executives. This is especially true at the senior management level where major issues generally do not fall into ‘watertight compartments’ but have ‘grey area’ with implications on medical, nursing, financial and administrative services. In general, this committee includes the following senior management executives who work closely with the CEO to oversee and manage the day-to-day affairs of the hospital. CEO/Hospital Director (convener); Hospital Administrator; Nursing Superintendent; Assistant
Administrator/s; Dean of the Medical College; Principal of the Nursing College; Finance Manager, and Personnel Manager.

Medical Committee: The Medical Committee is the highest technical body in the hospital responsible for laying down its code of medical practice. It is the chief forum to approve general policies and procedures related to the safe and efficient delivery of patient care services. In general, the Medical Committee includes Medical Director/Medical Superintendent/Chief of Medical Services (Chairman), Hospital Administrator (Secretary), Dean of the Medical College, Principal of the Nursing College, Nursing Superintendent, Quality Assurance Officer, Heads of divisions of Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Laboratory, Heads of Departments of Radiology, Anesthesia and Intensive Care, Accident and Emergency.

Quality Council/Quality Assurance/Medical Audit/Peer Review Committee: A central Quality Council or Quality Assurance Committee is advocated to co-ordinate, monitor and review the quality assurance activities in the hospital. In general, membership of the committee includes, CEO/Hospital Director (Chairman); Quality Assurance Officer (Secretary); Principals of Medical and Nursing Colleges; Hospital Administrator; Medical Superintendent; Nursing Superintendent; Heads/Representatives of Departments of Radiology, Anesthesia; Chief Pharmacist; Medical Record Officer.

Medical Records Committee: Membership of this committee includes: Medical Superintendent (Chairman); Medical Record Officer (Secretary); Quality Assurance Officer; Nursing Superintendent or her representative; Senior Clinician representative division of medical, surgery, pediatrics, obstetrics and Gynecology; Statistical/Health Information Officer

Theatre Users’ Committee: The membership of TUC consists of Head, Division of Surgery / Chief Surgeon (Chairman); Operation Theater management/Nursing Officer (Secretary); Medical Superintendent; Quality Assurance Officer; 5-6 senior clinical representatives from Departments of

**Blood Utilisation Committee:** The membership of the Blood utilisation committee includes Head, Department of haematology and Blood Transfusion (Chairman), Blood Bank Officer (Secretary), Medical Superintendent, Nursing Superintendent; Quality Assurance Officer; One senior clinical representative from each of the Divisions of Medicine, Child Health, Surgery and Obstetrics and Gynecology; Pediatric Oncologist and haematologists; Adult Oncologist and haematologists; Senior Technologist in Blood Bank.

**Infection Control Committee:** Membership of the Nosocomial Infection Control Committee includes Head, Department of Clinical Microbiology (Chairman); Infection Control Doctor/Officer (Secretary); Infection Control Nursing Officer; Medical Superintendent; Nursing Superintendent; Quality Assurance Officer; A senior clinical representative from each of the Divisions of Medicine, Surgery, Pediatrics and Obstetrics and Gynecology; Community health Doctor.

**Cardio-Pulmonary Resuscitation Committee:** The CPR Committee consists of Head, Department of Anesthesia (Chairman); Nursing Officer, In-service Education (Secretary); Medical Superintendent; Nursing Superintendent; Quality Assurance officer; One senior clinician representative from each of the Divisions of Pediatrics, medicine, Surgery and Obstetrics and Gynecology; A senior clinician representative from Adult ICU, Pediatric ICU, Neonatal ICU, and Accident and Emergency Department.

**Tumor Board:** Hospitals that provide treatment and long term follow-up in Oncology need to have clear protocols for staging and management of patients with cancer. Nevertheless, such hospitals should also have a Tumor Board to discuss newly diagnosed cases that warrant multi-specialty advice in formulating a plan of therapy: surgical, chemotherapy and/or radiotherapy. In
general, the core members of the Tumor Board include: Head, Department of Oncology (Chairman); Surgical Oncologist (Secretary); Adult and Pediatric Oncologists; Radiologists; Histopathologist; Radiotherapist.

**Pharmacy and Therapeutics Committee:** The role of the Pharmacy and therapeutics Committee is to oversee the prescribing practices in the hospital and thereby ensure rational therapeutics. In general, the members include: Medical Superintendent (Chairman); Chief Pharmacist (Secretary); Nursing Superintendent; Quality Assurance officer; One senior clinical representative from each of the Divisions of Medicine, Surgery, Pediatrics and Obstetrics and Gynecology; Representative from Anesthesia/Critical care medicine; Microbiologist; Clinical Pharmacist/Drug Information Pharmacist; Pharmacist in-charge of Medical Stores.

**Continuing Professional Education Committee:** In a teaching hospital medical and nursing staff are invariably exposed to educational programmes and clinical research and thus have an opportunity to keep in touch with the changing trends in healthcare technology. In a non teaching hospital, to avoid professional decay, there is need from a group of enlightened and interested individuals to provide such scientific stimulus. In general, membership of the Continuing Professional Education Committee includes an eminent and up-to-date clinician (Chairman); In-service education Nursing Officer (Secretary); a representative from each of the Division of Medicine, Surgery, Pediatrics and Obstetrics and Gynecology; Medical Superintendent; Nursing Superintendent; Quality Assurance Officer; Personnel/Human Resource Manager.

**Purchase Committee:** There may be separate Purchase Committee in the hospital for drugs, laboratory supplies, medical equipment, general supplies, catering/housekeeping/laundry/maintenance contracts, etc., depending on the purchase and inventory replenishment system adopted by the hospital. These committees may meet relatively infrequently or at periodic intervals. In general, members of a Purchase Committee include: Hospital Administrator (Chairman); Head, Purchasing Section (Secretary); Medical Superintendent;
Concerned technical heads – Chief Pharmacist, Chief Laboratory Technologist, Clinician/s using the equipment, etc; Concerned engineer – Electrical engineer, Biomedical engineer, etc.

**Appointments Committee:** Selection and appointment of staff should be candid and merited. Appointments Committees ensure openness, absence of favouritism, involvement of the concerned superior/s, and review of the applicant from varied representative. There will invariably be separate Appointments Committees in the hospital for recruitment of doctors, nurses, technicians, administrative and support staff. In general, members of such Appointments Committees include: The CEO/Hospital Director (for senior staff); Hospital Administrator; Medical Superintendent; Nursing Superintendent; Personnel Officer; concerned Head of the Department; Technical Expert/s where indicated.

**Committee Management in the Sample Hospitals:**

The administration of hospitals is carried out through a large number of committees. The acts of hospitals have provided certain statutory committees such as committees for the selection and appointment of different categories of personnel in the hospital. In addition, authorities constitute academic councils, planning boards, executive councils, advisory committees, etc. One of the problems identified in framing the committees is that the terms of reference of a large number committees have not been clearly specified at the time of constituting the committee. It is also found that no specific time limit is prescribed to the committees to complete the investigations and present its recommendations.

**GGH:** An in-depth study of Committee Management in Guntur General Hospital reveals that the hospital constitutes different committees for all specific purposes. The Hospital Development Society consists of District Collector & Magistrate as Chairman, Member Convenor Superintendent. Members are Mayor, Member of Parliament, Member of Legislative Assembly, Members from Non Governmental Organizations, CSRMO
Representative from Junior Doctors. The above committee is supposed to improve Patient care and to take developmental activities in the hospital. Another Committee formed in the hospital is Hospital Enquiry Committee. It consists of Superintendent, Deputy Superintendents, concerned Professors and HOD. This committee is supposed to attend to enquiries. Hospitals Appointment Committees takes part in hospital appointments. This committee consists of Superintendent, Deputy Superintendent, Assistant Director (Admn) and RMO. Another Committee is Drug Purchase Committee. It consists of the Superintendent, Deputy Superintendent, Professor and HOD of Medicine, Professor & HOD of Gynecology, Professor & HOD of Surgery CSRMO, Assistant Director (Admn) Administrative Officer. Another Committee is Condemnation Committee. This Committee includes Superintendent, Deputy Superintendent, concerned Professor & HOD, CSRMO, Assistant Director (Admn), Administrative Officer. Another Committee formed in the hospital is Auction/Tender Committee. It consists of Superintendent, Deputy Superintendent, CSRMO, Assistant Director (Admn), Administrative Officer member from Revenue Department to co-ordinate Auction / Tender Process (If necessary).

Other important committees include selection committees for selecting all categories of employees. For example, paramedical staff is selected with the help of a committee constituted by the Government. The Committee consists of the Regional Director, Medical and Health Services, the District Collector or Joint Collector and the Deputy Director from Regional Director Office. The selection committee of medical staff consists of the Director for Medical Education, the Director of Medical Health, Secretary or his nominee from Medical Health, the Superintendent from Government Hospital and the Additional Director for Medical Education.

**NRI:** NRI Hospital believes in constitution of committees. Apart from the Governing Board, there exists a Budget Committee. It consists of the Managing Director, the Medical Director, the General Manager (Administration), the Internal Audit Director, the Finance Controller as members. Selection committee comprises of the Personnel Manager, Heads of
the Departments, Regional Officers and the Managing Director. On the other hand, Disciplinary Committee consists of the concerned Head, Personnel Manager and Internal Audit Officer. This committee acts on the recommendations of the Department Committee. Another committee constituted by the Governing Board is Canteen Committee. It consists of Managing Director, Personnel Manager, Finance Manager and other important personnel. Other important committees of NRI hospital include Management Committee. This committee discusses the issues like problems and suggestions about hospital including that of clinical or administrative nature is discussed and suggestions made for further approval by management.

Accounts, Purchase and Stores Committee members discuss problems relating to those three departments. Another Committee is Clinical Committee. Here, one of the faculty members discusses a case which is of clinical importance to all. It is usually called case presentation. Administrative-cum-House Keeping Committee discusses the problems relating to reception, public relations, canteen, housekeeping and security (all non medical departments) discussed any ways suggested to overcome that. Other committees are Drug, Pathology, Hospital Infection Preventive Committee and Library Committee. All committee meetings should be held at least once in a month.

The analysis of Committee Managements of sample hospitals reveals that hospitals are concentrating on constitution of committees. But first place goes to NRI in constitution of committees and GGH, Guntur occupies next place. Only basic committees are constituted in the case of GGH, Guntur whereas in NRI Hospital all important issues are being dealt through committees.

**Conditions of Employment:** In order to retain cool climate, organizations must ensure adequate remuneration to their employees. It refers to a systematic procedure for establishing a sound compensation structure. A satisfactory salary administration is more conductive to high morale and reduces inter-group friction, in as much as it reduces inequities between the earnings of employees. It also ensures wage determination on a rational basis
and thus makes for satisfactory recruitment, motivates people to work for pay increases and promotions, reduces grievances, and enables management to regulate wages and salaries.

The terms and conditions are determined by the Governing Bodies of different hospitals after taking into consideration their respective acts. The terms and conditions, salaries and wages are standardised for each category and cadre. Salaries and wages compose of (a) basic salary in the time scale (b) allowances such as dearness allowance, house rent allowance, city compensatory allowance and in some cases conveyance allowance. Fringe benefits include provident fund contributions, pension schemes, medical allowance or medical facility, leave travel allowance, personal pay for doing special work in addition to normal duties, overtime allowance, etc. Provident fund contributions, pension payments are worked out on the basic salary and a percentage of dearness allowance. Provident fund and pension schemes are applicable to the permanent staff.

**Conditions of Employment in the Sample Hospitals:** Conditions of employment in the sample hospitals are explained in the following paragraphs.

**GGH:** State government scales are applicable to all employees in the hospital. These salary scales with fixed annual step rises are determined for the entire service span of each category of staff, unless there is an overall revision of such scales due to rise in the cost of living. For example, once a nurse is placed in a fixed salary scale, she continues to be in the same scale and received the fixed annual increments until she either retires from the services or is promoted to next higher position. Generally the pay revision takes place once in every five years.

**NRI:** In NRI Hospital, the salaries of medical staff are fixed by the President in consultation with the Medical Director and concerned department heads. In the case of non-medical staff, the Managing Director fixes the salary in consultation with the General Manager (Administration), concerned heads of the departments and the Personnel Manager. In this hospital, salary is raised
based on individual abilities, increased output, and efficiency, excellence of performance or meritorious service. One can ask for high salary based on his skills and experience. There are no hard norms to fix the salaries. If the higher authorities are satisfied with the performance of the staff, they sanction extra annual increments. No fixed scales are given for the employees. Among the medical staff, most of the individuals are on contract basis. Yearly increment for non-medical staff is 10-15%. Rise in their salary is based on grades of the employees.

In sample hospitals, new appointments are made on a probationary basis in order to observe the performance of the appointee. Probation period is usually one to two years from the date of joining and is liable to be extended in those cases where the authorities have not been able to judge one’s performance for any reason. In the event of one’s performance during the probationary period not being found satisfactory, that employee may be terminated from service. After satisfactory completion of the probation period an employee is confirmed in the position. From the above discussion, it may be concluded that job security in GGH is high. So that employees are not bothered about low productivity, inefficiency leading to lower morale. It is also observed by the researcher that there is no incentive for increased output, efficiency or meritorious service. So employees tend to become passive, whereas in the case of NRI Hospital the situation is different. Talent is being identified and recognised by the authorities.

**Training**

In a rapidly changing society employees training and development is not only an activity that is desirable but also an activity that an organization must commit itself to maintain the availability of a knowledgeable work force. Training is a process of learning programmed behaviour. It is application of knowledge. It gives people an awareness of the rules and procedures to guide their behaviour. It attempts to improve their performance on the current job or prepare them for an intended job. Since training reduces obsolescence, modern management gives adequate importance to it. Big organizations have their own departments which organise their training programmes round the year. Unfortunately, hospital authorities have hardly realised the growing need and importance of training. If at all they send any one for training, they send the
senior doctors and senior nursing staff. Most hospitals do not feel the necessity of giving any kind of training to the rest of the employees.

**Training in the Sample Hospitals:** The study of the orientation, training and career development programmes in GGH reveals that there were no visible orientation, training and career development programmes for any level of medical and non-medical staff. There is no organised system of orientation or on-the-job training to the new entrants. In Guntur General Hospital, personnel could not benefit much from any of the training centres. State Government did not depute large number of personnel to these institutes because of the heavy expenditure involved. On the other hand, NRI is organizing orientation and training programmes to the staff according to their specific requirements for the job. Refresher training is given to the employees at regular intervals on various topics which have current importance. Some of the topics include communication skills, time Management, fire fighting skills, creativity, waste Management, art of living, effective motivation and so on.

From the above discussion, it may be said that though the sample hospitals are engaged in basic activities of training and education to the students, they are not giving importance to training in their hospitals. In today’s competitive world, it is necessary that everyone in an organization should know something about the organization, the organizational behaviour and its complexities. This may be possible through orientation and training programmes.

**Performance Evaluation**

Performance Evaluation is a systematic evaluation of the individual with respect to his performance on the job and his potential for development. The valid purposes for which performance evaluation is generally revised are:

1. Discovering employee aspirations and recounselling them with the goals of the organization
2. Determining salary standards and awarding merit increases
3. Recognising the accomplishment of the employee
4. Promotion or transfer
5. Informing employees where they stand
6. Inventoring talent for manpower planning
7. Establishing standards for supervising job
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performance (8) Determining training and developmental needs of employees
(9) Improving work performance of groups by examining and correcting the
interrelationship between members (10) Improving communication between
supervisor and his employees.

**Performance Evaluation in the Sample Hospitals:** Systematic performance
evaluation in hospitals provides useful information for important decisions
like promotions, pay-increase, rewards, lay-offs, transfers etc., Performance
evaluation puts a psychological pressure on people to improve job
performance. Thus it works as an automatic control device.

A study of the performance evaluation in sample hospitals reveals that
there is no formal evaluation of employees in GGH. In GGH, the authorities
are still depending on confidential reports, and not on any other measure. No
scientific methods are being used in evaluating the employee performance.
One surprising thing is absence of a perfect evaluation procedure when the
employee is on probation. Most of the civil surgeons informed that there is no
formal government policy of rewarding good performance based on appraisal.
It has been found that the Government appreciates performance only in the
case of family planning. In other areas there is no recognition or evaluation of
the performance of hospital staff. The administrative staff at all levels
including supporting staff in hospitals, is being evaluated annually by their
supervisors through the mechanism of confidential reports.

These reports deal with the personality of the staff member rather
his/her performance and presentation during the year. Adverse comments, if
any, are communicated to the staff member concerned while good work done
by the staff is not appreciated. Since there are no rewards or incentives for
good performance, one’s productivity either goes down for adverse comments
or remains unchanged. Since there are no rewards or punishments, evaluation
has little meaning. Doctors, nursing staff and other supportive staff, once they
are confirmed in their positions after the probationary period, neither care for
the administrators nor bother about the development and progress of the
hospitals. In NRI Hospital, the authorities are giving considerable importance
for evaluating all the categories of employees. Each and every employee is evaluated by the immediate supervisor once in every quarter and deviations are discussed openly with the concerned employee. The employee is given a fair chance to rectify his problems. Promotions are linked with the appraisal.

**Leadership**

For the organization to endure and for quality patient care particularly in a hospital, proper leadership is required. The simple reason for this is that an important part of management consists of dealing with and working through people. Furthermore, someone must determine, initiate, co-ordinate and influence the work activities of the individuals. Effectiveness of a hospital depends on the quality of leadership exercised by the head of institution. Since the organization is basically a deliberate creation of human beings for some specified objectives, the activities and behaviour of its members need to be directed in a certain way. The leader carries out important functions on behalf of the group members through the role of representative. The leader is presumed to embody the values of the group. As such, the leader becomes the focal point in the motivational process. In order to be effective, a leader (a manager), working at any level of management, must possess and continuously develop certain skills. There is no single style of leadership which fits into all situations. A successful manager selects suitable method for a given situation. The autocratic style must be used by the physician in the operating room. At the same time, the democratic approach may not be appropriate when dealing with clerical or unskilled employees, but may be quite appropriate when dealing with groups of professional employees.

**Leadership process in sample hospitals:** An in-depth analysis on leadership styles of the sample hospital authorities reveals the following facts.

**GGH:** From casual observation, it is found that the leaders of this hospital are unable to lead the people effectively to the common goal because of varied reasons. One most important fact is, the higher level authorities are having reputation and specialisation degrees in their areas of work, but unfortunately
they do not have knowledge on the skills necessary for a leader. Though they are persons renowned worldwide, within the hospital, the researcher found gaps in the context of leadership. A leader by definition is expected to identify the problems of his followers and solve them effectively to the best of their satisfaction. Another important reason is some employees are having low education levels. Their job security is high and they do not have transfers. Under these circumstances extracting work from those segments becomes difficult. Though there may be genuine reasons from the side of officials, the researcher believes that if they acquire proper leadership abilities, they can simulate the workers towards their work. It is found that authorities are using autocratic leadership styles instead of democratic or participative styles which are important for health care settings.

**NRI:** The authorities of NRI Hospital realised the importance of management principles in goal accomplishment. Accordingly they are implementing democratic leadership style in all segments. When asked the opinion about leadership, one of the officials responded spontaneously that they are committed to participative leadership style. This is given as the prevailing situation in the hospital premises. The authorities are implementing rationalized and flexible procedures, and simplified rules, etc.

**Motivation**

The primary aim of hospitals is to provide patient care of highest quality. The most frequently overlooked truth is that efficient patient care develops not only from modern medical equipment and drugs but also from the motivated work force. The ability to motivate is the characteristic of a good manager. Too often, managers fail to motivate because of the focus on their own needs and ignorance of employee concern. In order to get work done efficiently and effectively, managers must motivate the worker and assist in the adaptation of the individual to the organizational demands. Motivation has come from motives which are the expression of needs by human beings. In fact, the activities of human beings are caused and behind every action there is particular motive or need. Motivation is one of the most important factors that determine organizational efficiency. All organizational facilities will go waste
with the lack of motivated people. The theory of motivation has undergone many changes due to the contributions made by the distinguished behavioural scientists including Elton Mayo, Maslow, Herzberg, Mc.Gregor, Chris Argyris. In order to motivate the employees of the hospital, the administrators need not be experts on human behaviour, but they should be able to recognize basic differences among the people they supervise and the necessity for motivating their employees for achieving organizational goals. Effective administrators are those who are able to recognize these references and use them in a positive way.

**Motivation in the sample hospitals:** An in-depth analysis of motivational aspects in sample hospitals reveals the following facts.

**GGH:** It is seen that no motivational techniques are in use in GGH. It may be said that no theories are being used in achieving desired goals. Even an employee who has made a substantial contribution in his field, and who has an exceptional achievement to his credit is not acknowledged and is treated on par with his other counterparts. As a result that employer loses enthusiasm to work better and be innovative. The issue as to how to motivate and mobilise staff has occupied the attention of administrators. The problem of what to do to make doctors, nursing staff and others to work hard for the interest of the institution and in their own interest is fundamental. The study on the motivational techniques used by the administrators in GGH reveals that the majority of the staff are unhappy and expressed their dissatisfaction and mentioned that it is mainly due to lack of motivation.

**NRI:** The hospital is providing rent free accommodation, free medical facilities to the employee family, and conveyance facilities as motivational factors to different cadres of employees. The authorities try to motivate the employees by appreciating the work. In order to change the mind sets of the employees, authorities are encouraging the employees to participate in meditation classes. Promotions are given based on the capabilities rather than on mere service. The management has introduced differential incentive system in order to boost up the motivation levels.
Communication

Hospitals are complex organizations, and effective communication is an inevitable requirement to achieve the goal of better patient care. Communication gaps in hospitals result in avoidable inconveniences and difficulties in various activities. Inadequate communication between management and employees causes misunderstanding, confusion, and occasionally it leads to total chaos. On the other hand, proper communication can pave the way for better relations, greater job satisfaction, better cooperation, etc. Effective communication is more important in case of hospitals as they encompass human life. Though many communication problems are common to large organizations having specialised departments, yet there are certain factors peculiar to the hospital situation. The hospital services are highly technical and specialised. Through communication, every employee of the hospital would come to know his role and the role of others in the set up. An effective communication system enhances the coordination and team work of functionaries, and thereby it improves the hospital climate.

In every hospital there are four basic communication flows through which messages can be passed downward, upward, lateral and diagonal. Downward communication travels from the superior to the immediate subordinate. In health care organizations, some of the most typical channels for handling downward communication include written directives, handbooks, procedure manuals, newsletters, face to face conversations and bulletin boards. Upward communication travels from the subordinates to the immediate superior. The purpose of having this type is to relay feedback on how well things are going on. Lateral communication takes place between people of the same level in the hierarchy. The purpose of this communication flow is to promote job co-ordination or team work. If the Head Dietician needs to discuss any matter with the housekeeping supervisor, it is easier to discuss through lateral communication. Diagonal communication occurs between people who are neither in the same department nor on the same level of hierarchy. Hospital communication system may be classified as extramural and intramural. Extramural communication occurs between the hospital and society. The specific areas of contact are – Enquiry office, Admission office,
Administrative Office, Public Relations Office, Telephone exchange and patient information booklet, etc. Intramural communication occurs between staff and beneficiaries within the hospital. Communication with beneficiaries occurs almost in all areas of the hospital like administrative, patient care, supportive services and utility areas, etc. For intramural communication, sign posts, guidance service, information booklet, and public address systems, audio-visual aids, etc., are used.

**Communication in the sample hospitals:**

**GGH:** Unfortunately the authorities of GGH did not recognize the importance of modern communication system. The communication existing in GGH is traditional and primitive. The storage and retrieval of data and information is another aspect which is not taken care. It is also observed that only downward communication prevails in the hospital. These are in the form of office orders, memos, directives, notice boards, annual reports, circulars. Authorities are providing “May I help you” counters in outpatient block. The staff is taking much time for picking out the routine information also. At this level what is needed is not sophisticated electronic devices but simple methods of recording the data in suitably designed forms, tables and visual graphic media.

**NRI:** In NRI sophisticated communication system is being used by the authorities. They are providing internet facilities to the doctors, latest reputed journals for the research and development wing. The hospital is using cell phones. The hospital is using electronic media such as fire alarms, public telephones, intercom facility, electronic data processing along with letters, circulars, standing orders, annual reports, etc. The hospital is using office orders, memos, directives, notice boards, annual reports along with other devices.

**Team Building**

Team-work throughout any organization is an essential component. It is necessary to share, test, and refine learning on a continuous basis. The team provides an important platform where new learning can be articulated, tested,
modified, refined, and finally examined for the real value of learning. It offers a framework for innovative learning. There is confusion regarding the difference between the words ‘teams and groups’. A group is the collection of two or more individuals, interacting and interdependent, who have come together to achieve particular objectives. A work group is a group that interacts primarily to share information and to make decisions to help each member perform within his area of responsibility. In short, the difference between teams and groups can be stated as: a group is one whose members interact primarily to share information and to make decisions to help each member perform in within his area of responsibility; whereas a team is a group whose individual efforts results in a performance that is greater than the sum of those individual inputs. Teams can be classified as: 1. Problem solving teams, 2. Self-managed teams, 3. Cross-functional teams.

**Building Teams in an Organization:** Team building as an OD intervention strategy is aimed at improving intra and inter-group effectiveness. The team building activities may evolve around enhancing better interaction modes, sharing resources more effectively, forming temporary task forces, and acquiring new skills for accomplishing the task as a team or teams of interacting members. The intra-group as well as inter group efforts focus on such aspects as problem solving, role clarification, goal setting, improving superior-subordinate relationships, conflict resolution, managing group processes, and understanding the organizational culture. Hospitals are the most complex organizations in modern society in terms of activities and specialisation of labour. They are characterised by a detailed division of labour into a number of skills. The work of hospital is so specialised and performed by such a variety of workers that problems in managing teams often arise. Furthermore, in the hospital, organizational activities are often contingent in one another. The condition of functional interdependence among organizational activities makes teams so important in hospitals. There are several mechanisms through which organization can achieve coordinated effort. The most basic way is the hierarchy of the organization. In complex organizations, this usually has to be supported by other mechanisms such as the administrative system, which automatically carries out a good deal of the
necessary co-ordinating activity. The committees are used in health service organizations to achieve team outcome.

**Working of teams in the sample hospitals:** Team work is the inter-relating factor of organization. It is a process by which group efforts are made in orderly sequence and unity of action is ensured in pursuit of a common objective. Smooth functioning of hospital administration and definite achievement of its objectives depends on building of sound teams. There is high degree of interdependence between various sections and departments of the hospitals. Besides internal administration, external environment is to be managed in hospital. Apparently high degree of coordination is needed to fulfill effectively the objective of the organization of the administration of the hospital. Team work depends to a large extent on managerial commitments, interpersonal relationships, well designed control systems and extent of functional differentiation. An in-depth analysis of team building function in the sample hospitals reveals the following facts.

**GGH:** In GGH, it is observed that there is no proper team building activity among various sections of administration. Because of absence of well-designed teams, hospital authorities are failing in managing the external environment. Internally the organization is facing problems of intervention of unions and absenteeism of class-IV employees. If one goes deep into the problem, it may be seen that the problem is on both sides. Due to lack of educational levels of class-IV employees, they are not in a position to understand the mission of the hospital and, as a result, they are not cooperating. At the same time, the authorities are also not in a position to control the situation because of lack of co-ordination. On the other hand, the hospital is not able to persuade the government to accept their proposals in time. Under these circumstances the organization has to strengthen the coordination function. Another important lacuna is the absence of Public Relations Department. Now RMO-I is looking after the function. But this is not enough for such a big hospital.
NRI: Co-ordination problems are very nominal in the hospital. Internally there is no unrest from the employees or from the other parties. Externally except cost competition, the hospital is not facing any problem with any external agencies. Internally the authorities constitute teams to resolve the problems, if any. There exists a Public Relations Department named as Guest Relations Department under the direct control of Managing Director.

Human Resource Development Practices

Hospitals are knowledge enterprises. They perform the roles of knowledge creation, knowledge warehousing, and knowledge vending. It is necessary to develop mechanisms for need-based human resource development (HRD) on a continuing basis. What constitutes HRD, particularly for Hospitals? That is the moot question. It probably begins with selecting the right kind of people for the hospital – the right people in the right jobs. Yet, it has to move beyond this static proposition; the agendas of HRD and of institution building have to accommodate continuous up gradation of professional competence, commitment, motivation, and inspiration.

HRD as a system depends on (a) the work itself which generates a higher degree of responsibility for the employees; (b) the individual’s personal and professional growth; (c) the improved quality output as a result of increased responsibility; and (d) the organization as an open system. Focus on all these aspects is what HRD is all about. Rao defines HRD as “a process by which the employees of an organization are helped, in a continuous planned way to (a) acquire or sharpen capabilities required to perform various tasks and functions associated with their present or expected future roles; (b) develop their general enabling capabilities as individuals so that they are able to discover and exploit their own inner potentials for their own and/or organizational development purposes; and (c) develop an organizational culture where superior-subordinate relationship, team-work, and collaboration among different sub-units are strong and contribute to the organizational health, dynamism and pride of employees”. HRD has two main purposes: to provide employees with a greater opportunity to grow and succeed within a company, and to strengthen management and professional teams at all
organizational levels. Furthermore, it aims at developing employee capabilities in line with their career interests and with the manpower needs of the organization. Human resource development programmes help to ensure that the organization has the people with the skills and knowledge it needs to achieve its strategic objectives. The thrust of human resource development is on training and development. It is a dynamic process which aims at improving the skills and talents of the personnel. Training fills the gap between what someone can do and what he should be able to do. Its first aim is to ensure that, as quickly as possible, people can reach an acceptable level in their jobs. Training then builds on this foundation by enhancing skills and knowledge as required to improve performance in the present job or to develop the potential for the future. Development can be defined as the modification of behaviour through experience. It provides for people to do better in the existing jobs and prepares them for greater responsibility in the future. It builds on strengths and helps to overcome weaknesses, and ensures that the organization has the expertise it needs. Development operates at all levels – shop floor level, middle management level, and top management level – covering executives and non-executives.

**HRD practices in the sample hospitals**

**GGH:** It is observed that staff policies in GGH are stringent. The requests of the medical staff who wish to go to various places for paper presentations or for attending international seminars are being forwarded by the superintendent to the higher ups and the permission should come from Board situated in the state capital, Hyderabad. The request should cross various levels in office of the hospital as well as in the central office. So it is becoming difficult to cope up with the time. Mean time the doctors are losing interest. Moreover it is observed that Government doctors are involving in private practice. This is also another valid reason for not showing interest in participation in HRD programmes.
NRI: As far as the staff policies are concerned, President/Medical Director (of the sample organization) is liberally recommending for different training programmes continuously. He is encouraging the Medical and non medical professionals to go to various places for induction / on-the-job training programs. It is observed by the researcher that the entire senior faculty working in the Medical College attended refresher training programs. Many staff members grabbed the opportunity of attending on-the-job training within the Hospital and off-the-job training programs that are being organized by many reputed institutes. It was observed that few staff members attended a series of training programs. Large number of Medical and non-medical staff members are registered for further improvement in their academic career. This number is significant. They are enjoying fee reimbursement from the hospital also. The latest information on faculty development initiative presents the following picture. In last three years, 25 members were sent for quality improvement programme. Last year significant number of doctors was encouraged to attend seminar / workshops.

**Human Relations**

It is difficult to define the term “human relations”, Because it appears to mean different things to different people. Prof. John F. Mee describes the significance of human relations as “Good human relations in business and industry is the medium for effecting the maximum satisfaction of the economic, social and psychological wants of all people having relations with an organization which has the objective of increasing productivity. In a broader sense, human relations are the art of successful living. But it is the business and industrial definition of human relations with which the personnel programme and management are concerned. Human relations are the medium through which both employees and the company mutually co-operate to achieve more production through higher morale, which, after all, is the economic purpose of all business and industry”. In essence, the varying definitions of human relations appear to include the following “essentials”. A human relations programme represents an attempt at improving employee morale and motivation through an improved three-way communication and
through employee participation in decision-making processes. Human relations seek to emphasise employee aspects of work rather than technical or economic aspects. In brief, human relations seek to make employment and working conditions less impersonal. On the positive side, the human relations approach emphasizes policies and techniques designed to improve employee morale and job satisfaction. It is believed that this will be accompanied by increased employee efficiency and reduction in employee unrest. For effectiveness of the hospital the activities must be managed with human touch. In hospitals, as one is dealing with the human, one should be careful. Humans are complex body-mind-spirit organisms, not just knowledge and skill configurations. The quality institutions always should pay attention towards humanitarian approach. This does not mean that sacrificing the discipline.

**GGH:** In GGH, it is observed that the staff especially non medical staff is behaving inhuman. This may be because of volume of visitors to the hospital. But it is to be noted that the organizations of this type, where dealing is with body-mind-spirit, staff should feel as if his family member or his neighbor is facing the problem. It is not found in the hospital. It is irony, which the staff is working to those patients who are giving gifts or to the patient who have some reference. This situation is becoming very common in every Government hospital. Because of this peculiar situation, inside the hospital also one staff member does not believe the other. Human relations will be successful if team work exists inside the hospital. But interestingly in such a big hospital the concentration on human relations is said to be very low.

**NRI:** In NRI, it is observed that Medical Director of the college is playing instrumental role in developing the human relations. He is acting as bridge between the top management and stakeholders. He is involving actively in identifying strengths, weaknesses, opportunities and threats of an institution. He is trying to solve the problem with human approach. He is not rigid in resolving the various issues. He gives advice to the faculty as and when required. He is trying to establish open communication which is considered to be a key success factor.
Conclusion: It is observed that there is structured organization in both Government and NRI general hospitals and yet there should be more professionalization of management. To know the perceptions of the existing climate in the hospitals, the opinions of the administrative staff, doctors, nurses and supporting staff was collected along with the perceptions of the patients.