REVIEW OF LITERATURE
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With a view to obtain secondary data and information on hospital administrative patterns, human resource aspects, public private partnership and patient satisfaction, an attempt was made to review available books and literature on the subject. The secondary data was collected from books, journals, e-journals and e-books by searching different websites for relevant information.

The literature review was designed to completely review the contents of all listed references for relevance and possible selection a list of relevant literature that was aligned with specific objectives of the collaboration in addressing performance management in the public and corporate health sector. In this chapter total 70 books including some prominent journals were also reviewed. They are.

1. **Carole Birdsall, (2002):** The author explained the term “Hospital Administration and the role of the hospital administrator”. He says that multiple skills and knowledge based leadership are needed for effective hospital administration. Ability to interact positively with board of directors, effective communication styles to deal with issues in human resources, negotiations and clarity of conflicts are added potentials for an administrator. According to the author, working knowledge of health care policy such as balanced budget act and new regulations dealing with medical records are beneficial to the hospital administrators.

2. **John Greenway, Brain Salter and Stella Hart, (2007):** This Article examined the case study implementation of net working of Norfolk and Norwich Hospitals in England. This study illustrated the working of a new order of multi-layered governance with both local and national net work from different policy areas. It also throws light on the governance in the world of new public management, powerful actors or policy enterpreneurers with their own agenda. It focused on four aspects namely:-
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- The degree of central government power
- Local elite domination
- The fragmentation of responsibility and
- The dynamics of decision making which facilitates the work of Policy Entrepreneurs. They found all these factors illustrate the importance of Governance in British.

3. **Donald W. Lombardi, (1998):** The author provided practical guidelines to managers who are involved in the health care management. He advocated the new managerial techniques, responsibilities and highlighted the necessity of communication between manager and his subordinate staff, managers and his superiors by exploring both virtues of good command and the pitfalls of poor communication. This book focussed mainly on five factors like compassion, concern, communication, comfort and command which are essential to build confidence and personal power of the administrator.

4. **Qadeer Imrana, Kasturi Sen and Nayar K.R, (2001):** This book is a product of a seminar organized by the Centre for the Study of Social Medicine and Community Health in the year 1977. It focused on structural adjustment policies on primary health care in South Asia. It highlighted the negative consequences of reforms in health care sectors especially for the poor in India. This book felt that private sector offers better quality and more efficient services than public sector but at the same time the author appreciated the commitment of the doctors of public hospitals during times of emergencies like Plagues and Epidemics.

5. **Gill Walt, (1996):** This book is about policy process, and analyzed how political and economic changes influence the health policies of a nation. It offered a framework for thinking about various influences on health Policy. The author also explained the role of government and mass media in the formulation of policies and examined the implementation process of health policies in Britain.
6. **David Camilleri and Mark O’Callaghan, (1998):** The intention of this study was to compare service quality between public and private hospitals in USA. Through the identification of 16 service quality indicators by using Likert–type scale, it measured a patient’s pre admission expectations for public and private hospital services. It found that private hospitals are working as per the expectations to offer higher quality service but public sector also exceeded its patient’s expectations by a wider margin. The number of implications for public private management and policy makers identified was similar.

7. **Durch J.S  Bailey L.A, Stoto M.A and Institute of Medicine, (1997):** This book was the outcome of the discussions held at the Institute of Medicine Washington, USA. It provides comprehensive discussion on the following issues:
   - Process of community health improvement,
   - Measurement tools for the process of improving community health and
   - Broad framework and performance indicators for policy and operations.

   The study has provided background information on health, its determinants and the social context of performance monitoring. The study has focused on identifying the policy, theoretical components of community health improvement, performance measurement and monitoring.

8. **Kazandjian V. A and Lied T. R, (1999):** The authors focus was on the design and requisites of a performance measurement system in health care. The major areas in the study are:
   1. Identifying quality indicators
   2. Use of surveys
   3. Data collection and analysis
   4. Evaluating and managing the performance measurement system and
   5. Identifying real versus accidental change (the Hawthorne Effect). This book also provides experiences of four health care organizations that have
implemented performance measurement systems. So, it is a useful resource for measurement strategies.

9. **Mays G. P and Halverson P. K, (2000):** This article presented the findings of an anonymous expert panel that was convened to discuss the “major goals of performance measurement activities and the most important conceptual and methodological issues yet to be addressed.” The panel was convened by the Center for Disease Control and Prevention (CDC) as part of the National Public Health Performance Standards Program (NPHPSP). The panel was asked to express their opinions about:

   1. The overarching goal of public health performance measurement
   2. Quality improvement
   3. Public health accountability and
   4. Scientific basis for public health practice.

   A majority of panelists stated that improved public health delivery and governmental accountability are the most important aspects.

10. **Yesmin Akbulut, Afsun Ezel and Turkan, (2010):** This study was conducted in the country of Turkey on the managerial role of physicians. As per the opinion of scholars in recent years, the health care organizations in the world have been moving in the direction of professional management leaving behind a model of physician dominance. It felt that professional management is vital to achieve efficiency and to build up team spirit.

11. **Arun Kumar, (2000):** This is an encyclopedia of health administration which has elaborate information on all management and administrative issues of all types of hospitals. This edition consists of a lot of information on the aspects of health administration, dual life of authority viz administration and professional.

12. **Health Administrator, (2008):** This article stated that in a welfare state like India, the public health and health administration have attracted considerable attention in
recent past. These fields are meant for communication of relevant health information; account for health care priorities, policy and delivery; management of crises and address major health concerns. The human genetics is the biological science, which deals with inherited characteristics, human origin and variations, application of genetic knowledge for genetic/marriage counseling, community health, prevention and control of genetic diseases, and promotion of health strategies for the amelioration of sufferings of the people. The genetic paradigm recognizes the role of intrinsic factors for individual disease susceptibility or resistance; the medical paradigm emphasizes the importance of extrinsic factors in the etiology of a disease. The genetic paradigm recognizes disease as a spectrum and the position of a particular illness on the spectrum is relevant in planning of its prevention and treatment. There is lack of training in undergraduate as well as in postgraduate level in medical education for medical genetics and public health administration in India. Bureaucracy handles public health administration for which neither they have expertise in medical health nor in public health administration, resulting in health bias and corruption. Some suggestions have been incorporated in the light of health informatics for improvement in public health administration in India.

13. **Srinivasan A. V, (2000):** This volume focussed on the managerial qualities of hospital administrators and doctors. It says hospital is a crucial organization which stands unique and incomparable to any other organization, because it deals with life and death. The author says patients are not attracted to high-tech hospitals but for devoted doctors, prompt and accurate diagnosis, quality nursing and good support services which are important for patient satisfaction.

14. **Shankar Rao. M, (1992):** This book contains 20 chapters on significant aspects of health administration. It explained the functions of administrative staff and organizational aspects in Indian hospitals. The author explained the role of hospital
administrator and gave many suggestions to public related departments like reception, admission, billing, diet etc. It also focused on the need for research and role of nursing staff in administration. The author stated that after independence, India has made remarkable development on hospital organization.

15. **Faisal Khan, (2000):** The writer explained the value of super speciality hospitals in modern medical care. The author said that public hospitals should be managed by professional experts in order to deliver efficient and quality health care services to the community. He classified general hospitals as A,B,C,D,and E based on the number of beds like A 25-50 beds, B 51-100,C 101-300 D 301-500and E 501-750 The author expressed that the average waiting time for patients in super specialty hospital should not exceed 20 minutes. So a doctor can see an average of 1500-2000 patients in a year, depending on the disease.

16. **Goel S. L and Kumar. R, (2004):** The authors focused on “Core Services” which are very vital for the effective functioning of the hospital and also focused on different areas like the challenges of the administration, outpatient services, hospital services, library services etc., The author advised that all the medical experts at various levels should involve effectively from registration till discharge of the patient. It has cited an example of the administrative system of Ram Manohar Lohia hospital, New Delhi.

This book advocated that all government hospitals should appoint the top officers only, after giving them managerial training which would add to the efficiency of hospitals.

17. **Goyal R. C, (2000):** The author presented a historical review of Indian hospitals with their nature, scope and classification. He explained how the five year plans of government are trying to improve the health conditions of people in India. This volume gave constructive suggestions based on facts to improve the functioning of Indian hospitals. It was of great help to policy makers, planners, decision makers
and those interested in hospital administration for study and research purpose. The author felt that hospital management must serve as communicators, motivators and protectors of administration. The author suggested that hospital management required capacity, capability, tact, experience, patience and resources besides support and planning to make the hospital a viable institution.

18. **Park. K, (2002):** The author furnished the statistical data on primary health care of India from the census 2001, National family health Survey-2 and National health Policy 2002. He also focused on bio-medical waste which generates during the diagnosis and treatment. This book says that appropriate management of health care waste is a crucial component of environmental health protection and it should become an integral feature of health care services. It also explained the primary health care administration of India.

19. **Kunders G. D, (2004):** This book focused its attention on planning and designing of the new hospital building. It gave an elaborate description about the importance of various supportive systems of a hospital like house keeping, stores, public relations, contacts with governing board, issue of tenders etc. The author explained the role of hospital administrator in managing the supportive systems which are very important in satisfying the patients.

20. **Anand K. K, (1996):** This book attempted to focus on management techniques relevant to health care institutions. It included a number of reports based on the ground realities of health care institutions prepared by the health care management committee of Bombay Association. This book covered managerial issues. It says that Indian hospitals need more resources but they also need to make better use of their existing resources, equipment, funds, space and staff. They have adequate expertise in medical discipline but lack professional experts in other disciplines like finance, accounts and engineering personnel.
21. **Syed Amin Tabish, (2001):** The author has given a detailed description of hospital administration such as functions of hospital administrators, need of professional training to administrators and the necessity of public relations in hospitals. He also mentioned about the health care systems of India, USA, Australia, and UK. This book is every useful for the hospital administrators to understand international health care systems.

22. **Arun Kumar, (2000):** The author explained the organs of health administration at the regional level. He focused on the National Health Policy of India based on 20 point programme and also included various health commission reports from Bhore Committee (1946) to the Sri Vastava Committee (1975). It is very informative.

23. **Bhatia S. L, (1977):** This volume contains thorough information about the history of ancient Indian hospitals and medical institutions like medical colleges and nursing schools of earlier days.

24. **Sakharkar B .M, (1998):** The author made an attempt to bring together the knowledge pertaining to hospitals in a compact form. He says that the problems of government hospitals are no more different from those of corporate hospitals. To deal with challenges, the author suggested that the chief executive of the hospital need to have proper outlook, expertise and experience. The book covered many issues like out patient care, nursing services etc., The author also said that “sociologists considered hospitals as the social system based on bureaucracy, hierarchy, super ordination, subordination and the hospitals manifest the characteristic of bureaucratic organization with dual life of authority viz administration and professional”.

25. **Ambuj Bharadwaj D.K, Sarma R.K, and Chaubey P.C, (2001):** This study aimed to assess the needs and demands of quality hospital services and to develop a sound marketing strategy for private hospitals in the city of Delhi. For this purpose, a large 500 bedded private (for profit) hospital in Delhi was chosen. This hospital
was established in the early 1950’s and has witnessed the changing consumer (patients) perspective over the last five decades. The private health care net work is spreading fast through out the country. Delhi shows much more enhanced and prominent private health care delivery system. The crux of the study is that the healthcare providers should closely monitor the delivery of care and customers need according to the demands of the consumers on a continuous basis.

26. **Ganesh Prasad Das, (2001):** This article highlighted the team spirit of corporate sector hospitals and other institutions. The writer says corporate management always speaks about team work and team spirit which increase the efficiency in performance. It says that corporate sector adopted a policy called “Work with Integrity, Serve with Love”.

27. **Himanshy Sekhar Rout and Prasant kumar panda, (2007):** This edited volume has emerged from the research papers contributed by research scientists and academicians from different parts of the country, selecting specific health problem and health issues from different states in the country. The main themes covered by this volume are health status, development, tribal’s, and determinants of health, health care services and financing reforms. Many papers in this edition focused on Government control and regulation over private/corporate hospitals.

28. **Syed Amin Tabish, (1998):** According to the author, Hospital consumes the largest share of government resources. Hence a professional administrator with multi-disciplinary training would ensure the optimal use of resources. Professional training is the basic requirement for a personnel to function effectively in a hospital. The author appreciated the developing countries for focusing on health administration to achieve perfection at various levels.

29. **Ashokan A. J , (2007):** This research paper discussed the nature and pattern of health care expenditure based on a cross-sectional household survey in rural Kerala, India. According to the study, the average expenditure on health is estimated at Rs
244 crores and it consistently increase as we move up the socio-economic groups. The private sector provides about 4/5th of health care services. Private health expenditure is more than 4 times to the public health expenditure. The study pointed out that the health expenditure of people will reflect on the socio-economic conditions. It is an issue of serious concern. The government should set up regulatory mechanisms to fix specific norms for hospital infra-structure, cost of care and access to medical records. This study identified the rational and space for strengthening the efficiency of real public health system and the need for regulating private health care sector through appropriate legislation, identifying appropriate space for public/private collaboration. It felt that the decentralized health care system through democratic empowerment can act as a powerful strategy and instrument to improve health inequality by reducing the gap between “Health of haves and have nots.”

30. **Rajiv Mishra, Rachael chatterjee and Sujatha Rao, (2003):** The Commission of Macro Economics and Health was set up by the world Health Organization in Sept’2000. Its principle objective was to assess the place of health in global economic development, with a view to enhancing appreciation and understanding the importance of investment in health to promote economic development and poverty reduction. The committee included all relevant areas of the Indian health policy. The study commissioned 19 background papers from reputed researchers and experts including incentive studies of 8 states Andhra Pradesh, Kerala, Madhya Pradesh, Maharastra, Orissa, Rajasthan, Tamilnadu and U.P. The commission highlighted the strengths and weaknesses in health care systems of the above eight states.

31. **Syed Amin Tabish, (2003):** The study had developed the process of planning, design and construction of modern hospitals in order to provide effective health
care facilities. This book is very relevant and useful for administrators and CEOs of large hospitals.

32. **Kopparthy S. N, (2001):** The author explained the relationship between social stratification and health care in the rural community of Andhra Pradesh, from a sociological perspective. The study found that minor illness among females was slightly more than males and minor illness was more in low class groups than high class groups. Moderate illness was prevalent in high class groups. They also found that higher class consulted private practitioners whereas low class availed local folk healing and Registered Medical Practitioners (RMPs) services.

33. **Rangarajan. C, (2007):** It is a speech delivered (the former RBI Governor and Finance Commission Chairman of India) at the workshop of Lal Bahadur Academy of Administration. He said that the five year plans are making major efforts to provide access to basic facilities such as health education and clean drinking water to large areas of population which do not have access at present. The 10th plan aimed at providing essential health, especially to the underprivileged and underserved segments. Basic health indicators have not shown any substantial improvement over the last decade. There are huge disparities between urban and rural areas, health infrastructure has grown substantially since independence. The health care system continues to be weak, deficient in equitable as is marked by absenteeism of health provider’s low level of skills, shortage of medicine, inadequate supervision and monitoring. He felt that the key problem with respect to health has been the delivery system. Public/Private participation without compromising the social objectives must be thought of.

34. **Mathur B.P, (2005):** The author felt that government should restructure its organization by delegation and decentralization of authority, besides out sourcing and contracting out services which can reduce the burden on government departments. Performance like organizations by creating profit centers and cutting
costs are also needed. The author advised that privatization of public institutions for economic reforms are a must and also focused on corruption in funds and purchase of public institutions.

35. **Nalini V Dave, (1991):** This study says that “a good doctor may not always be a good administrator”. For doctors, it is difficult to attend both kinds of duties effectively. So, hospitals need a separate cadre for the management since medical job is no more a one-man job. The study also focused on the problems of public hospitals in India.

36. **Pramod Singh.K, (2007):** This paper discussed the governance issues involved in health care delivery of rural India. It proposed Spatial Health Management Information System (SHMIS) for India and ways and means for its creation. The author felt that health care delivery system in India is highly selective institutionalized, centralized and top-down. It has failed to address the needs of majority of rural poor. It found inadequate planning, management and monitoring of services at the local level.

37. **Krishna Reddy. B and G.V.R.K, (2005):** The writer of this article commented that health care by its nature is an industry composed of numerous and complex processes. The study felt that in a competitive business environment, it is not enough for an organization to be doing well. The performance has to be seen in comparison with its best competitors. It is necessary to have reference to know how well one is performing. Keeping a constant watch on the competition is necessary to use benchmark which is an approach to identifying quality by comparing a Service or Organization with other Organizations. Benchmarking firms must assess the strength and weaknesses of their current work process. Benchmark is a continual and collaborative discipline

38. **Sidhartha Satpathy, (2004):** The writer of this article pointed out that Indian political parties stand on health issues based on Lancet report which says although
voting has ended in the world’s largest election, health did not feature very much in the agenda of the ruling party or opposition. The website of NDTV which focused on India and ran a poll on the importance of health in the election, received a little response.

39. **Pande and Mrinal, (2003):** This book says that privatization and commercialization under market pressure created havoc. It felt that India was spending less than 1% of its GDP on health. Private expenditure is more than five times in public spending. All illness related expenditure remains a prime cause of indebtedness. In such situations recommending user fee, to ensure fiscal viability can be helpful.

40. **Srinath Reddy. K, (2011):** The High Level Expert Group (HLEG) on Universal Health Coverage (UHC) was constituted by the Planning Commission of India in October 2010. The committee submitted its report along with a few recommendations in November 2011. The HLEG recommendations were considered by the Planning Commission and also approved by the National Development Council (NDC) for formulating the 12th five year plan which has to be develop a framework for providing accessible and affordable health care to all Indians. Most important recommendations of HLEG are, increase in public expenditure on health to at least 2.5 percent of GDP by the end of the 12th Plan and at least 3% of GDP by 2022 and establishment of National Health Regulatory and Development Authority (NHRDA) to monitor universal health coverage.

41. **Gambheer Cheena, (2007):** This book explained the organizational structures and working of some corporate redressed agencies. It says that the importance of consumer protection has considerably increased due to globalization of market economy. There has been a rise in variety of products, sale of harmful goods and medicines and poor quality services. So, it suggested to establish appropriate redressal agencies for maintenance of work, quality and improvement conditions.
42. **Department of Administrative Reforms and Public Grievances, (1998):** This article published by centralized accident trauma services in Delhi says that the wealth and prosperity of a nation can be judged from the medical care provided to the citizens. In western countries, science and technology have transformed the lifestyle of the people and have been able to provide a large extent clean and healthy environment with adequate facilities to all. In countries like India, modernization forced the public; migrate from rural to urban areas in search of alternative employment. This led to rapid urbanization, unplanned growth and unprecedented increase in vehicles with poor road conditions. These factors compelled with negligent driving resulted rise in a number of accidents related to death and disabilities. This study examined the services of the cabs which was started by West Delhi on March 15th 1991, with 14 ambulances to help the injured.

43. **Kalla A. K and Joshi P. C, (2000):** This edited book contains different studies conducted by various scholars among the tribal population. Each scholar attempted to bring out some new aspects on the health of tribal communities such as clinical, bio-genetic and traditional medicine system. On the other hand, the book focused on government programmes intended for health care development. The author suggested that public/private partnership will help to promote tribal health. The government should collaborate with N.G.Os and taking their support, it can do broad range activities to promote health and family programmes in tribal areas.

44. **Singhvi N. M and Srivastava R. C, (2007):** This article felt that the concept of public/private partnership in India is as old as human history. Government in olden days used to take private contribution for innumerable developmental activities. Again, in recent years due to rapid changes the partnership between public and private has been encouraged.

45. **Raja A and Suresh Kumar, (2006):** The article discussed the relationship between age, size and the performance of an institution. It found that there exists
relationships between ownership structure and form value measures, the age factors can affect the performance of an institution either positively or negatively. The age and size of the hospital will have a corresponding impact on its performance.

46. **The Administrator, (2006):** The editorial article felt that the hope for success in future arises from effective partnership. The article was based on Bangalore NGO health insurance programme “Anutha” which is helping the poor. It brings together highly subsidized life and health insurance scheme to provide better services to the people below the poverty line. There are certain inherent problems like monitoring and regulation. The study felt that partnership with private sectors will be a successful project to the government for proper health care delivery.

47. **Venkataraman.A and James Warner Bjorkman, (2007):** The research study was conducted by the authors under the Indo-Dutch programme on alternatives in development. They studied 16 in depth case studies of public/private partnership projects from 9 different states in India. The case studies in both rural and urban areas focused on the issues such as type of partnership, scope and objectives for the partnership, services covered and special provisions for the poor and obligations of public private partners. Each case study was exclusive in terms of scope and coverage. The study provided insights as to how the partnership originated, its work, how the poor have been targeted, implementation and management of partnerships were examined.

48. **Jawahar K. F, (2007):** The study was conducted by the author to know the satisfaction levels of the patients and also to get feedback about the services provided in out patient department in Sri Chitratirunal Institute for Medical Sciences and Technology at Tiruvananthapuram, Kerala. The study found out that 95% of patients were satisfied with the services offered by the hospital, but some of them complained about the waiting time and behaviour of nursing staff.
49. **Chaskar R. P, (1997):** The study examined the perspectives, satisfaction levels of the users to study the complaints with regard to various services and assess whether such complaints affect the overall image of the hospitals. The study made some suggestions for improving the quality of patients care.

50. **World Bank Report, (2004):** The report reviewed the existing community based and self-financing health insurance schemes in India that cater to the general population and addressed the needs of the poor and vulnerable sections of the society. It also dealt with critical issues of accessibility and use of health care services out of pocket expenditure on treatment and the need for health insurance for the rural poor and urban households pursuing varied occupations. It investigated how much health insurance mitigates the household burden of health care expenditure. The study suggested that the community plan fairly addresses equity in enrolment, in terms of providing financial protection and social insurance coverage was much more successful.

51. **Gopinath Reddy.N, (2006):** The study observed that the patterns of health facilities in India are shaped in party and political concerns, some health facilities identified as a resource for particular support groups to the exclusion of others. The health sector reforms policy is profoundly influenced by the professional doctors association in the state with the overall effect of leaving the private medical market under-regulated and the work of public sector doctors are under-monitored.

52. **Nirmal and Alka Baru, (2004):** The research study focused on non medical determinants of material death in India. The study highlighted the health system and response to medical emergencies from the clients’ perspective. The study was carried out in three states of India namely Andhra Pradesh, Madhya Pradesh and Orrisa. The study suggested that there should be proper training to local health providers, improvement in the quality of emergency services provided in
government hospitals and involvement of community leaders in identifying and arranging for emergency transport facilities in remote villages of these states.

53. **Bhaktaver and Gale S.R.N, (2004):** The study felt that rapid industrialization, extensive use of chemical fertilizers and pesticides in agriculture, poverty and illiteracy placed India in an unenviable position of bearing above 20% of the world’s burden of diseases. On the other hand, rapid migration from rural to urban areas resulted in increasing number of slums. Congestion, unhygienic conditions and unavailability of basic facilities including garbage disposal in slums are leading to high levels of mortality and morbidity in urban areas.

54. **Sood A. K, (1997-1998):** This study is the opinion expressed by government doctors and non-clinical faculty in the workshop held at National Institute for Health and Family Welfare (NIHFW) on the policy of providing Non Practice Allowance (NPA) The majority of non-clinical faculty and administrators were of the opinion that private practice has to be banned while clinical faculty felt that by allowing private practice to government doctors the expertise was being made available to poor people who otherwise would be going to unqualified private practitioners. They all suggested that there should be strict administrative mechanism to check misuse of hospital facilities and infrastructure. All members including majority of the patients and their relatives were of the opinion that they could afford to pay for the services provided in government institutions, since the charges were normal.

55. **Moore. M, Gould. P and Keary B. S, (2003):** The writers of this article expressed that cities offer the lure of better employment, education, health care, and culture; they contribute disproportionately to the national economy. However, rapid and often unplanned urban growth is associated with poverty, environmental degradation and population demands that outstrip service capacity; these conditions place human health at risk. Besides substandard housing, air pollution, insufficient
or contaminated drinking water, inadequate sanitation and solid waste disposal services, vector-borne diseases, industrial waste, increased motor vehicle traffic, stress associated with poverty and unemployment, among others. Local and national governments and multilateral organizations were all grappling with the challenges of urbanization. Urban health risks and concerns involved many sectors, including health, environment, housing, energy, transportation, urban planning and others.

56. **Fernandez. A, Mondkar. J and Mathai. S, (2003):** They felt that urbanization is rapidly spreading throughout the developing world. An urban slum poses special health problems due to poverty, overcrowding, unhygienic surroundings and lack of an organized health infrastructure. A comprehensive health strategy would require planned health infrastructure, strengthening and unification of existing health care programmes and facilities; forming a system of referral and developing programmes with active participation of the community.

57. **Kenneth Black and Harold D.Skipper, (2000):** The study explained the importance of insurance product in the life of a modern man. He emphasized on current foundation about life and health industry, their benefits with careful consideration of the environment. The study provided an understanding in the management of risk by life health insurer and it also explained the operations and regulations of insurance companies.

58. **Vijaya Bharti.G ,Mohan Reddy and Harinath Reddy, (2008):** The writers described that micro insurance is a key element in financial service package for people at the bottom of pyramid. The poor face more risks than well-off but more importantly, they are more vulnerable to the same risk. This article says that micro insurance can provide greater economic and psychological security to the poor. Some state governments in India are offering health insurance facilities for rural and below poverty line people such as Yeshaswini by Karnataka and Aarogya Sri
by Andhra Pradesh. Many commercial banks have partnered with foreign insurance companies for insurance policies.

59. Thaneswar Bir, (2006): This book was published after the World Development Report in 1993. It explained the Indian social dynamics with the reference to socio-economic changes. It explained the efforts of the Government of India along with its state counter parts for advancement in health sector. The study dealt with core issues of health reforms in India like user charges, institutional reforms and health insurance.

60. Rama V. Baru, (1998): The author explained the trends in privatization of health care and also the social conditions that transfer the future of public health services in India. This book studied the empirical aspects of hospitals in the city of Hyderabad. The study explained, how the growth of private sector had a negative impact on the public sector, it raised questions on the quality of care and efficiency in Hospitals. The study also gave reasons for the growth of private hospitals in the city of Hyderabad and mentioned the social and economic back ground of the private hospital owners.

61. Venkat changavalli, (2008): Chief Executive Officer of Emergency Management Research Institute (EMRI) of Andhra Pradesh announced that EMRI will spend more than 15 lakhs on a single emergency room at different rural hospitals. 108 Ambulance will carry the patients from their residence or place of accident to the nearest hospital. 108 ambulance services will work on public/ private partnership mode. The CEO said that the state government of A.P is all set to tighten the norms and regulate private/ corporate and nursing homes. He also said that all private hospitals management should display medical charges such as bed charges, surgical procedure, emergency visits, lab investigation and consultation.

62. Narayana K. V, (2003): This paper deals with the size and nature of medical facilities in public and private sectors of Andhra Pradesh. It identified the factors
responsible for rapid growth of private sector in recent decades. It also traced the impact of private sector on public hospitals and gave a brief sketch of major health sector reforms.

63. **Jos-Mooij and Sheela Prasad, (2004):** This article discussed the effects of centralization and decentralization in the area of health in Andhra Pradesh. It explained the extent to which decision making powers have been de-centralized from the state level to the district level. The study concluded that the health policy implementation process was characterized by several conflicts and tensions with the bureaucracy due to important powers centralized in the capital and in the districts the powers were entrusted to the district collectors rather than health administrators.

64. **Mohamad Akbar Alikhan, (1999):** This study discussed the financial matters of government hospitals. It also dealt with cost and efficiency of sample hospitals on a cross sectional basis and it studied the management of a charity based hospital-Princess Durru Shehvar General hospital, Purani Haveli, Hyderabad. It gave a statistical data of various hospitals in India. The author also discussed the government health policy of 1983.

65. **Satyanarayana Rao A.V, (1986):** The author has given a detailed information about the structure and functions of Osmania General Hospital, Hyderabad. He gave an elaborate description of the administrative system and some problems faced by the government teaching hospitals.

66. **Thalluru Srinivas and Prasad. G, (2003):** The study was conducted in three super specialty hospitals in Hyderabad city, based on ownership. They are Osmania General Hospital, Deccan Hospitals Corporation Ltd and Nizam’s Institute of Medical Sciences. The aim of the study was to identify the factors which influence the patient’s satisfaction in those three hospitals. Important areas of the study are reception services, registration and security affairs. It found that patients below
poverty line opted government hospitals while above middle class and rich favored corporate hospitals. It also found out that the cost of the services offered in corporate hospitals was very high.

67. Veeraprasad M, (1997): The writer of this article explained the procedure to evaluate patient’s satisfaction levels and the reasons why the hospital administrators should take patient’s satisfaction seriously, because it is the main evalution for good will of the hospital in the community.

68. Sheela Prasad and Rama Chandraiah, (2007): The aim of this study is to assess the availability of health services in Hyderabad city. The major observations of the research are:- non-availability of data bank on health, lack of uniformity in health service distribution, lack of doctors and proper treatment in government health sector which is the major contributor to public health.

69. Yadagiri Rao .T and Seetharama Rao. K, (2010): In this paper, an attempt was made to discuss about the nature of health sector reforms funded by the World Bank in Andhra Pradesh. The paper dealt with the basic features of Rajiv Aarogya Sri Health Insurance Scheme (RAHIS) and explained the implementation process of the scheme in the Warangal district by taking 900 patients as sample, during the three years i.e. 2008-2010 from one of the networking hospitals located in the district head quarters. The study felt that Rajiv Aarogya Sri Health Insurance Scheme is a novel and an innovative programme.

70. Ravi.M, Hanna and Sofi,(2009)This report presented the health sector reforms in Andhra Pradesh and explain how international organizations like the World Bank, European Commission and the Department For International Development (DFID) have involved with the health sector in Andhra Pradesh, initiated in 1995.According to the report, in India the health sector reforms gained focus in the mid-eighties and took momentum in early nineties, alongside economic reforms initiated by the Government of India. Governance, service delivery and health
finance are the major areas of the reforms. The study felt that the reform process could help government to build trust in the communities. It also felt that innovative steps have been taken to shape the future health status of population in Andhra Pradesh. The health care initiatives reflect positive changes in the mindset of both government officials and private health care providers, yet these reforms need sustained commitment to succeed and reach its target.
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