PREFACE
Health is not mainly an issue of doctors, social services and hospitals. It is an issue of social justice. Health is a common theme in most centuries. Obviously, all communities have their concepts of health, as part of their culture. Among definitions still used, probably the oldest is that health is the 'absence of disease'. The ancient Indians and Greeks shared this concept and attributed disease to disturbances in bodily equilibrium of what they called 'humors'.

Modern medicine is often accused for its preoccupation with the study of disease, and neglect of the study of health. Health continues to be a neglected entity despite life service. Due to various reasons, the word 'health' was totally neglected even in the covenant of the League of Nations. At last, the word was introduced adhoc at the United Nations Conference at San Francisco in the year 1945. In 1977, the 30th World Health Assembly decided to incorporate it with "Health for all".
Health has evolved over the centuries as a concept from an individual concern to a world-wide social goal and encompasses the whole quality of life.

‘Health’, as a word is defined by different authors in different ways. According to ‘Webster’ Health is the condition of being sound in body, mind or spirit, especially freedom from physical disease or pain.” The WHO in the preamble to its constitution says, “Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity”.

The Constitution of India provides that health is State’s responsibility under Directive Principles of State Policy “The State shall regard the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties.” India is a signatory to the Alma–Ata Declaration of 1978. The National Health Policy, approved by Parliament in the year 1983 clearly indicates India’s commitment to the goal of ‘Health for All’ by the year 2000 AD.

Anantapur is one of the four districts of Rayalaseema Region in the State of Andhra Pradesh. According to 2001 Census, the total population of the district is 36,40,478 with a density of 191 persons per sq.km. The total geographical area of the district is 275.0 sq.kms.
The district comprises of 3 Revenue Divisions, 63 Revenue Mandals, 63 Mandal Parishads, 1003 Gram Panchayats, 952 Revenue Villages with a total literacy rate of 56.1 per cent.

Anantapur District has a Government General Hospital with one Medical College attached to it, 19 taluk level hospitals, 87 primary Health Centres, 565 Rural Sub-Centres, 27 Women Health Centres, 4 Population Project Units, 4 Community Health Centres, 11 Dispensaries, 5 Subsidiary Centres, 25 Urban Health Centres and 6 Urban Family Health Centres. The Satya Sai Trust at Puttaparthy has a Super Speciality hospital of world class facilities and Rural Development Trust (RDT) which is a Non-Governmental Organization with its headquarters at Anantapur is running 7 hospitals in rural areas in the district.

The Central and State Governments of India, to-day, have come to the rescue of a large majority of the poor people through extensive provision of health services. Accelerated socio-economic development is not possible without proper investment in health. Concerted efforts on the part of the Government in the field of health would go a long way in achieving socio-economic development. The welfare state considerations only reinforce the Governments’
responsibility of expanding the health activities so that they are within the reach of the common man.

The Government of Andhra Pradesh undertakes the functions of public health and medical care. The experience in the last 50 years had revealed that the State Government has not paid sufficient attention to the problems of health and has failed to evolve a comprehensive health scheme and with the result, a large majority of the people are not benefited by the medical care programmes. Truly, the State government is still engaged in devising and planning rural medical programmes, and the finances allocated to health and medical care in the Five-Year Plans are insufficient. In the modern times, hospital administration cannot be neglected. The Government hospitals provide curative services and render care to the sick; they offer instructional services in the medical and para-medical fields and build up manpower for health services; and they also provide facilities for advancement of research in medicine and enable discovery of improved therapeutic techniques.

**PROBLEM**

The Government of Andhra Pradesh which is committed to provide adequate medical and health services to the common man has to pay much attention to the problems of administration of the
hospitals to remove the existing defects. It is very clear that the hospitals cannot serve the requirements of the vast population unless they are well administered. There is a severe criticism at all levels and at all quarters that the hospitals in Andhra Pradesh in general and the District Government General Hospital in Anantapur suffer from common defects like inadequate out-patient service, lack of proper and sufficient accommodation, equipment and beds; inadequate supply of medicines; diet and linen to the patients; improper treatment of the patients by the staff; and lack of facilities to provide information and guidance to the patients and visitors. Further, the patients come in direct contact with the services provided by the Government and the patients' satisfaction and the general public opinion seems to be unsatisfactory. Therefore, there is also a need that the State Government should address itself to understand and rectify the defects in the organization and administration of the hospitals in general and Anantapur District Government General Hospital in particular.

NEED OF THE STUDY

Hence an attempt is made in this thesis to study various aspects of the organization and working of the District Government General
Hospital of Anantapur and other related aspects to make its functioning more patient-oriented and medical spirited.

The present study is undertaken for the following reasons also:

1. Anantapur District General Hospital is one of the general and teaching hospitals in the State and it would be a better testing ground for assessing the State Government’s efforts in the administration of teaching hospitals;

2. No studies have been conducted so far from the administrative angle on the problems of public hospitals in the State;

3. The study of hospital administration comes under the field of public administration as most of the hospitals in the State (or even in the country) are not only managed by the public funds, but also run as a part of the machinery of the Government; and

4. Despite fantastic advances in medicine, attempts do not appear to have been made to bring improvements in the administration of hospitals in general and teaching hospitals in particular. Emulating technical advances from Western hospitals alone will not serve the interests of patients without corresponding improvements in the administrative processes. On the contrary, modernization in the technical sphere may create more problems if the administrative machinery were to remain static.
Thus, the present study is undertaken with a view to identify the administrative problems of hospitals and suggest improvements wherever necessary with the following objectives.

OBJECTIVES OF THE STUDY

The objectives of the present study are seven-fold in character. They are:

1. To discuss the concept of health and its importance and the role of hospitals in promotion of health.

2. To study the structure and composition of the medical and health department in Andhra Pradesh.

3. To describe the structure and composition of Vaidya Vidhan Parishad in Andhra Pradesh.

4. To examine the working pattern of the District Government General Hospital, Anantapur.

5. To explain the socio-economic background of the selected patients of District Government General Hospital, Anantapur.

6. To examine the socio-economic background of the employees working in the Hospital, and

7. To analyse and assess the perceptions of patients and staff of the Hospital.
METHODOLOGY AND SAMPLING

To study the above objectives, both primary and secondary sources of data was made use of. The primary data was collected through administering a well-structured standard questionnaire to the patients as well as employees to elicit their views on various aspects as hospital administration, their job satisfaction, and their problems and so on. Besides, personal interviews too were conducted with both of the patients and employees to obtain their views. The secondary data was collected from the various books, records of the hospitals and reports of different committees and commissions appointed from time to time to study the working of Government District General Hospital, Anantapur.

In the state of Andhra Pradesh the Government has established one District Government General Hospital in each district. In Rayalaseema Region of Andhra Pradesh, there are four such hospitals besides various many others. Rayalaseema region have four districts namely Kurnool, Kadapa, Anantapur and Chittoor. Among these four districts, Anantapur District Government General Hospital is selected for this study. The total sample size of 200 patients were chosen for the study. In addition, 36 doctors, 108 nurses, 57 para-medicals, 129
administrative staff who responded to the questionnaires were also 
taken on stratified random sampling basis for the study.

PLAN OF ANALYSIS

Though the present study is descriptive in nature, certain tables 
and charts were presented for analytical purpose.

PLAN OF STUDY

The present study is organized into Seven Chapters as given 
below:

Chapter-I: Introduction

It introduces the concept of health, changing role of the 
concept, definitions of health, dimensions of health, determinants of 
health, health development, origin of hospitals, and their role in 
providing medical and health services to the people.

Chapter-II: Administrative Structure of Medical and 
Health Department in Andhra Pradesh

It presents the Administrative Structure of Medical and Health 
Departments in general and in the State of Andhra Pradesh in 
particular.
Chapter-III: Organizational Structure of District Government General Hospital, Anantapur

It gives the organizational Structure of District Government General Hospital, Anantapur. It also studies the structure and composition of the various branches of the hospital.

Chapter-IV: District Government General Hospital At-Work

It highlights the working of the District Government General Hospital of Anantapur. It also gives the working pattern of the hospital with different cadres.

Chapter-V: Financial Administration

It discusses the financial administration aspect. It also analyses the budgetary process, collection of funds and so on for the running of the hospital.

Chapter-VI: Perceptions of the Patients and Staff

It studies and assesses the perceptions of patients about the working of the District Government General Hospital. This study also attempts to analyse the views of staff working in the hospital.

Chapter-VII: Summary and Conclusions

It presents the summary and conclusion of the study.
REVIEW OF LITERATURE

Simultaneously, with enormous developments in medical sciences, there has also been considerable research and documentation of literature relating to various aspects of medicine including health and hospital administration. The books and articles on general and specific problems of the hospital administration may be broadly classified into any areas like (i) the relevance of hospital services to the community, (ii) comprehensive studies on the internal administrative organization of the hospitals, (iii) specific administrative problems concerning personnel, finances, materials and planning of hospital buildings and facilities, (iv) problems of specific segments of personnel working in the hospital in general and doctors and nurses in particular, (v) interactional problems between the functionaries (doctors, nurses and others) within themselves and with the beneficiaries like patients and the community, and (vi) comparative studies on the administration of hospitals in different countries.

Garrett (1978) and quite a number of other books mainly dealt with the analysis of hospitals as institutions fostering the welfare of the community.


The books of Regan (1956), Bailey (1959), Nennet (1964), Somers and Somers (1963 and 1967), Anderson and Ammer (1975) and several other books are devoted to cover an in-depth analysis in specific areas of hospital administration like the personnel, finances and materials. Books written by Hunenburg (1967) and Mills (1969) were devoted to planning of buildings and environs of hospitals.

A number of books appeared on the specific segments of personnel working in the hospital in general, doctors, nurses and social workers in particular. Mention may be made of those books by Goldstine (1955), Merton et al. (1957) and Davis (1966) in this regard.
The influence of sociology and social psychology may be found in the books written by those about the interactional processes operating in a hospital setting between different groups of personnel and the patients. These books especially deal with the behavioural aspects of patient care in the hospitals.

The contributions of Lynch and Raphel (1963) and Maurice King (1968), John Frey (1969) and Bridgman and Roemor related to comparative analysis of system of administration of hospitals in different countries.

The author, Dr. A.V. Srinivasan, traces what has been taking place, in the Indian Health care sector, to prove its economic potential, the possibility of it becoming an engine for growth and provides some suggestions for proactive decisions. This paper sets the theme for private initiative to open up a segment which will bring health to more people and provide economic benefit to many more.

Dr. (Col.) K.B. Subbarao has given detailed information to an entrepreneur about the intimacies of creating a hospital, in his paper, planning a modern hospital. He has used published standards to help aim at the ideal. Since many states do not impose stringent conditions to start and run a hospital, the condition of many of them is abysmally low in India. His paper will show the right way of doing it. In his
paper, Dr. Srinivasan has indicated the utility, need and efficacy of small hospitals, which many are of the size of 30 to 100 beds. Dr. Subbarao paper helps to create such hospitals.

Dr. S. F. Chandrasekhar, 'Hospital Organization structure' is a blend of theoretical rationality and pragmatism? He traces various aspects of a structure, which is applicable for any organisation, and applies them to four types of hospitals, classified by ownership—a large government-run hospital, a university teaching hospital, a trust hospital and a corporate hospital. He discusses their rationality and indicates the design for the future. He concludes that there is no one right structure that is appropriate for all hospitals, but the circumstances in which an organization finds itself leads to its structure. He extols the current thinking regarding flat structures to increase efficiency, quicker decision-making and a close relationship...

Financial Management for Hospitals' by Prof. P. Jangaiah, many corporate and private-owned hospitals though technologically superior, are inefficient in managing finance. A proper management of finance will not only give a larger surplus, but will also help in cost control and minimization, the gains of which can be passed on to the patients. He suggests sources for funding a hospital project, but it
total creation and expansion, provides rationality for measuring its return, and works out various ratios to keep business operation in check. Many of the principles are supported with live data.

An important resource in a hospital is human resource. This should be particularly emphasized in the context of a hospital, since human relations plays an important role in providing a cure. Dr. Chandra Sekhar applies the functions of general management planning, organizing, directing and controlling-to each one of the tasks of human resource management—procurement, development, compensation, integration, maintenance and separation to give a holistic view. He gives a detailed working for manpower estimation and an illustrative instrument for selection. His theme is, from control perspective of personnel philosophy to commitment perspective of human resources philosophy.

Classification of the materials used in any organization will itself bring order and efficiency. This is known as Selective Management Principle. This classification can be made on different criteria. Mr. V. Venkat Reddy has collected almost all classificatory systems in one place in the chapter, ‘Hospital Materials Management’. He has illustrated each one of discussed when and how to use them, and where needed combined two systems in a matrix
form for decision-making. For the sake of clarity, he has provided a compare and contrast study between the materials managed in a hospital, and the ones in engineering manufacturing organization. One the classificatory system is in operation, and the policies are stated, a computer program will help automation by working out the inventory levels, order quantity and order date.

Dr.A.V.Srinivasan, ‘Hospital Stores Organization and Pharmacy’ and ‘Selective Systems of Materials Management in a Hospital’. Making use of live data, he illustrates how pharmacy and hospital material stores are organized by structure and policy. All systems discussed by Mr.V.Venkat Reddy are illustrated by item name and calculation in the second case study.

Mr.K.P.Kumar has an interesting and novel approach to derive inventory policies for drugs in a hospital pharmacy. He extends the classificatory systems presented earlier, uses combinational analysis to reduce the classes, and put them into decision boxes, where the policy and the person in the hierarchy who is responsible for its implementation are clearly stated. The ‘MBASIC System for Effective Drug Management’ by Mr.Kumar is a good example of decision-support system for drug inventory management. The availability of inventory management software, computer
professionals and suitable hardware signal the application of this effective technique.

'Hospital Information System and Information Technology', Mr. S. Subba Rao speaks out of his personal experience as a professional who built systems for hospitals. He substantiates the need for Hospital Information System (HIS), with a list of reasons why it should be automated in a modern hospital. He indicates the uses to which the aggregated data can be put to, and goes on to assess the current state of affairs in the country. All relevant modules of HIS are followed by a suggested approach and strategy for implementation. He describes the key activities in HIS, the infrastructure needs for its implementation, and, as a starter, lists some of the software agencies in the country in this area. He concludes with emerging future technologies.

A medical record is a compilation of pertinent facts about a patient's life and health history, including past and present illness and treatment given by health professionals contributing to the patient's care. It is the personal property of the patient and ensures continuity of treatment. 'Medical Records', by Mrs. Mamta Edwards, covers the purpose, uses and value of medical records. The author indicates who is responsible for the construction, maintenance, administration of
medical records and related legal issues. The formats in which the records are to be maintained, the types of data, and the retention principle are also covered.

Operations Research is a multidisciplinary approach of problem-solving and improving efficiency. It uses some of the proven mathematical models to a situation, whether it is simple or complex. This has been used very widely in industries and in Johns Hopkins Hospital, as early as the fifties. Its application has become easier now with the availability of powerful PCs and relevant software. Its utility is so high that it is a core subject in every management curriculum.

Dr. K.N. Gaur, in his work, 'Operations Research in Hospitals', traces the history of this approach to provide rationality, makes a listing of the major techniques included under this head, and describes how to build a mode. He shows how to apply selected Operations Research techniques to hospital situations. These are Allocation Methods, Queuing Models, Replacement Models and Network Techniques.

A hospital produces a large amount of waste, some of them are pollutants and hazardous to health. In India, a large proportion of hospitals and beds are located in urban areas, where the civic conditions may not be at desirable level of efficiency. Dr. Home
Metha, in his work titled 'Hospital Waste Management', presents readily implementable systems. He groups the wastes into different types, in terms of their end effects, and gives a classificatory scheme to aggregate them, and eventually manage them in a manner so as to prevent unwanted after-effects. It deals with the prevention – how to minimize waste creation. This also forms a part of the chapter. Managing hospital wastes has not been getting the attention it requires from the civic authorities, and also from hospitals in the country.

In addition to these books, mention may be made of the Reports of the different committees constituted by the Ministry of Health, Government of United Kingdom and other countries.

Thus, several authors on hospital administration have placed emphasis with a degree of difference, on various inter-dependent aspects of a hospital. All these writings seem to have a common theme known as the need to improve the administrative potential of the hospital organization for the following reasons:

1) A modern hospital is a large and complex organization manned by heterogenous groups of professionals using a variety of equipment and supplies for rendering patients' care as well as furthering the horizon of medical knowledge. This complexity
in structure, roles and goals calls for sophisticated techniques of administration in a hospital organization.

2) A hospital is a technical organization where medical professionals are at the helm of affairs. As they are busy with their clinical and academic functions, the doctors require the support from the well-trained administrators specifically in the art of administering different fields of hospital organization.

3) The hospital is an institution that functions round-the-clock treating a number of patients some of whom may be swinging between life and death. The medical functionaries not only work in constant tension, but also require support from the administrative side which should manage things with a minute-to-minute precision. Bureaucratic delays and the impersonal attributes which go with them are just out of place in hospital, where personalized service is to be provided expeditiously.

4) A public hospital is a welfare institution where the patients being in a helpless condition, require all the kind treatment from medical and para-medical functionaries to get back to their normal level of confidence. The functionaries in the hospital cannot extend their compassion towards patients unless the former are treated well by the administrative staff.
5) Hospital, being a public institution, should essentially serve not only the medical care requirement, but also the total requirements of health of a given community. The administrators in the hospital should plan for meeting the present day requirements of the community as well as its future health requirements, so as to enable the hospital to act as the custodian and conscience keeper in health matters of a given community.

6) Hospital is a place where diversified professionals and non-professionals interact intimately in rendering services to the patients. The interactional processes set in motion in a hospital should build up team spirit and a sense of participation in the functionaries. Formalism and hierarchical considerations should not come in the way of dividing the functionaries which ultimately will be reflected in their adverse and hostile interactions with the patients.

7) Finally, the hospital maintained by public funds also requires supervision and control from the government bodies. But excessive bureaucratic control by the government not only leads to dehumanizing the hospital, but also robs functionaries of their initiative. Hospital being a human institution, deserves technical as well as administrative autonomy without which it
functions like any other public institution to the hazard of the interests of the patients.

Since the central theme is for the improvement of administrative potential, the writers in hospital administration have naturally drawn a great deal of inspiration from the profuse knowledge of administrative science. Even the writers belonging to medical profession are not an exception in this regard.

But when it comes to the developing countries in general and India in particular, the literature on hospital administration is very much deficient. Books on Young (1966), Mydral (1968) Bridges and Roemer (1973), Garrett (1973) and a few reports by the World Health Organisation have attempted to make up the shortage of literature for a comparative study of medical care and hospital administration in developing countries.

In India, hospital administration was covered as a part of health administration in the Report of Bhore Committee (1946) and Mudaliar Committee (1962). Committees headed by K.N.Rao (1968), A.P.Jain (1970) and P.L.Varma (1971) have made an extensive study of administrative problems of hospitals exclusively. Mention may be made of the studies made on the specific aspects of Hospitals by the Planning Commission, The National Institute of Health.
Administration and Family Welfare, and work study reports on several types of jobs in the hospitals by the Secretariat Training School, New Delhi.

There were case studies conducted on the administration of hospitals by Avasthi (1963) and Carol Huss (1975).

But the articles written on the problems of hospital administration and the journals devoted for the purpose in India are very limited.

The studies made either on Health and Hospital Administration pertaining to India in general and Andhra Pradesh in particular have failed to make a focus on the organization and working of district level government hospitals which are specifically established for the looking after of health and medical facilities of the common man. Hence an attachment is made in the present study to examine the organization and working of Government General Hospital of Anantapur.