1.1 Introduction
It is interesting to see the idea of Human Resource Management and its role in health care system in India. It plays crucial role in rapidly changing scenario of management related with human beings in the organisation. The approach of human resource considers the potentiality and vitality of the people in the organisation. It is the total inherent abilities, acquired knowledge and skill represented by the talents and aptitude of the employed person in the organisation. It is the process of managing the people and providing the services to them with human approach. It is also important to study this human approach with the health care system like hospitals and their organisation which is important part of the life of everybody today.

Hospital is an institution for health care, often but not always providing for longer term patients stays. Today hospitals are usually funded by the state, health organisations (for profit or nonprofit), health insurances or charities, including direct charitable donations. In history they were often founded and funded by religious orders or charitable individuals and leaders. Hospitals now a day staffed by professional physicians, surgeons and nurses; whereas as in history, this work was usually done by the findings religious orders or volunteers. During the middle ages the hospital could serve other functions, such as almshouse for the poor, or hostel for pilgrims. Hospitals are usually distinguished from other type of medical facilities by their ability to admit and care for inpatients. Types of specialized hospitals in hospitals include trauma center, children’s hospitals geriatric, hospital and hospitals for dealing with specific medical needs such as psychiatric problems, certain disease categories and so forth. A hospital may be a single building or campus; some Hospitals are affiliated with universities for medical research and training of medical personnel. Worldwide, most of the hospitals are run-on a nonprofit basis by government agency for health services or private partnership of or charities. A medical facility smaller than hospital is called clinic and often run by government agency or private partnership for physicians (in nations where private practice is allowed). Clinics generally provide only outpatient services hospitals may be required by law to have back up power generators, in case of blackout. Additionally they may be placed on special high priority segments of the public works (utilities) infrastructure to ensure continuity of care during a state of emergency.
1.2 Research Defined
Research can carry several different definitions; however they are all quite similar and carry the same initial basic meaning. Research can also be divided into three separate categories: Scientific research, artistic research and historic research. In the broadest sense of the word, the definition of research includes any gathering of data, information and facts for the advancement of the knowledge. The strict definition of scientific research is performing a methodical study in order to prove a hypothesis or answer a specific question. Finding a definitive answer is the central goal of any experimental process. Basically, research can be defined as a person’s search for knowledge or any type of systematic investigation that is conducted by someone with an open mind which wishes to establish new facts, solve new or existing problems, prove new ideas or develop new theories. The primary purpose of research is discovering and interpreting information which leads to the development of new methods and systems to advance the knowledge of the human race.

1.3 Selection of research topic
The effectiveness of hospital services can be measured both qualitatively and quantitatively through hospital’s operational activities aimed at achieving their stated objectives. Hospital premises and facilities, hospital human resource, their effectiveness reflected in the level of motivation and satisfaction, their moral, attitude and dedication to the work, prevailing management practices in patient care, maintenance of hygiene and cleanliness, maintenance and atomization of records, cleanliness and waste avoidance by through good housekeeping and inventory control, up gradation and maintenance of hospital equipment, cost-containment quality control and quality assurance, proper communication and information system, insurance and other financial facilities provided, advertising and promotional activities, social responsibilities, proper disposal of biomedical wastes, goodwill and building of brand image etc. The art and science of management deals precisely with these and such other aspects of hospital functions. The present study therefore aims to investigate the management practices adopted by selected hospitals in Nashik city and accordingly titled “A study of hospital management in selected hospitals in Nashik city”.

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1.4 Level of Research and Research Design

Although the prima facie nature of the present study appears to be that a ‘diagnostic-descriptive’, investigation, it is a maiden venture in the study area to research the hospitals from management science perspective. The intent of is to contribute to knowledge in a form that is communicable (as distinct from basic research) under whose auspices majority of research in management fields is the acquisition of knowledge not for understanding alone but the knowledge to meet the daily life situations and exigencies. Likewise in the absence of prior research on the topic in the study area, the overall character of the present study has to be maintained at formative-exploratory level; with the hope that the findings returned on analysing the empirical data under this investigation would be sensitive enough to bring forth promising hypothesis for the subsequent researcher.

The study undertaken as research work is exploratory research and it attempts to gain better understanding of different dimensions of the problem. It studies the subject about which either in information is available. In this kind of research the assumption is that the researcher has little or no knowledge about the problem or situation under the study. The exploratory are appropriate for some persistent phenomenon like a sickness of an industry, deficiency in education system, deficiencies in health care system, corruption prevailing to government department, rural poverty and so on.

1.5 Objectives of the study

The purpose of the research is to discover answer to questions through the application of scientific procedures. The main aim of research is to find out the truths which are hidden and which have not been discovered as yet. The researcher has developed the objectives for these researches are as:

1. To critically study and evaluate the Line, Supportive, Auxiliary, Engineering / maintenance services and other services in hospitals in the Nashik City.
2. To critically study and evaluate inventory control, costing and accounting procedure used by hospitals in the study area.
3. To critically appraise the personnel policies and staffing methods/pattern adopted by the hospitals in the study area.
4. To ascertain the problem impending the smooth functioning of the hospitals in the study area.
5. To assess the quality of medical care/services experienced by the patients who have undergone the treatment in the hospitals in the study.
6. To study the remedial measure as may be appropriate.

1.6 Hypothesis
The hypothesis plays an important role in the research. The role of the hypothesis is to guide the researcher by delimiting the area of research and to keep him on the right track. The researcher has developed the following hypothesis for this research-
1. In the hospital, Owner/Administrator and other supporting staff have informal relationship, therefore there is harmony.
2. The hospital authorities are applying all modern techniques of hospital management for better patient care.
3. I am very satisfied with the medical care I received from the doctor.

1.7 Need of the study
The geographical scope of the present study is restricted to municipal limits of Nashik City. The topical scope covers the management practices adopted by the hospitals in Nashik city. The analytical covers the fulfillment of the objectives set out for the study. The functional scope is confirmed to offering certain meaningful suggestions for improving the working of the hospitals through judicious use of appropriate management practices. In order to study the experiences of the patients regarding the quality of services received, the scope was confirmed to those patients who were discharged from various hospitals under study.

Hospitals are a dynamic institutions, are an integral part of to social and medical organisation of the community. Although they are perceived as the institutions in the service of humanity their management is extremely complex affair. The managerial-clinical specialty of ‘Hospital Management’ there has only recently emerged. World-wide strives to adopt modern business techniques to impart scientific basis to the functioning of hospitals with in available resources. Alike its counterparts in business and its industry, the specialty of hospital management too takes into fold planning, organising, leadership, co-ordination, motivation, evaluation, job satisfaction, implementation of operational strategies and deals with human, financial and material resources available to it. Despite this awakening, however, it is being widely admitted that the greatest obstacle to achieving the goal of ‘Vision 2020’ is the
weakness of management of health system… We cannot ignore the central place the management has in the better functioning of individual hospital….city by city. Thus there is a demand for executives and managers, to bring in professionalism in Healthcare delivery.

The effectiveness of hospital services can be measured both qualitatively and quantitatively through hospital’s operational activities aimed at achieving their stated objectives. Hospital premises and facilities, hospital human resource, their effectiveness reflected in the level of motivation and satisfaction, their moral, attitude and dedication to the work, prevailing management practices in patient care, maintenance of hygiene and cleanliness, maintenance and atomization of records, cleanliness and waste avoidance by through good housekeeping and inventory control, up gradation and maintenance of hospital equipment, cost-containment, quality control and quality assurance, proper communication and information system, insurance and other financial facilities provided, advertising and promotional activities, social responsibilities, proper disposal of biomedical wastes, goodwill and building of brand image etc. The art and science of management deals precisely with these and such other aspects of hospital functions. There was a need to study to investigate the management practices adopted by selected hospitals in Nashik city and accordingly titled “A study of Hospital Management in selected Hospitals in Nashik city”.

**Statement of the problem**

In the current era of modernization and busy life, every human is suffering from various health problems associated with it. The life is also become unsecured with full of uncertainty. Terrorism and related violence is now global issue and in India also manmade disasters can take place at any time. While attack on the healthcare professional by patients and their relatives under any circumstance now a common issue and government authorities are also serious about the same. All these parameters force researcher to study such new topic which is definitely related to HRM. In which there must development and implementations of certain plans and strategies under any unavoidable circumstances by creating awareness among the society and in the healthcare professional too. Making them more sensible about their duties to be performed by providing training, skill, and even a appraising their services of their supporting staff time to time with some motivating aspects related to them.
1.8 Significance of the study

The National Institute of Health and Family welfare, New Delhi, has identified several issues in hospital management that need alternative through research. Relevant to the present investigations are issues pertaining to the duties, responsibilities and role of hospital-promoters and doctor entrepreneurs, hospital administrators, scientific planning and management of hospital services, resources mobilization and cost containment, budgeting etc. Research in hospital management indeed deserves priority attention in India because healthcare market is currently estimated at US$35 billion and is expected to reach over US$75 billion by 2012 and US$150 billion by 2017. According to the Investment Commission of India the healthcare sector has experienced phenomenal growth of 12 percent per annum in the last 4 years. Rising income levels and a growing elderly population are all factors that are driving this growth. In addition, changing demographics, disease profiles and the shift from chronic to lifestyle diseases in the country has led to increased spending on healthcare delivery. Despite having centers of excellence in healthcare delivery, these facilities are limited and are inadequate in meeting the current healthcare demands. India faces a shortage of doctors, nurses and paramedics that are needed to propel the growing healthcare industry. India alone will need over a million healthcare management professionals by 2012. Healthcare operations call for specialization, team work and time bound operations in a multi-tasking environment. Thus there is a demand for executives and managers, to bring in professionalism in Healthcare delivery.

1.9 The Study Area

Although the prima facie nature of the present study appears to that of diagnostic - descriptive, investigations, it is a maiden venture in the study area to research the hospitals from management science perspectives. Likewise in the absence of prior research on the topic in the study area, the overall character of the present study has had to be maintained at formative-exploratory level, with the hope that the findings returned on analysing the empirical data under this investigations would be sensitive enough to bring four promising hypothesis for subsequent researchers.
1.10 Research Methodology

Elliot S.M. Gatner and Francesco Cardesco have stated that “Research simply is the systematic search for pertinent information on a specific topic”. In order to accomplish the objectives of this study basically the survey method was adopted. It is in fact a quest for knowledge, voyage of discovery and pursuits of truth. But there is no limit to knowledge. Professor Einstein has very sincerely admitted that, “the deeper we search, the more we find there is to know and as long as human life exists. I believe it will always be so.” This research work is a humble effort for systematic search of pertinent information related to ‘A study of hospital management in selected hospitals in Nashik city’. This is the thesis basically related to the faculty of management and healthcare. The methodology of the present thesis is scientific and analytical. The facts and data have been carefully studied, systematically analyzed and the conclusions arrived at are based on comparative study and logical judgments. This is therefore an analytical research related to the facts and problems of a study of hospital management in selected hospitals in Nashik city.

The contribution of doctors, hospital supporting staffs have been taken into account and are evaluated in the light of noted with management facts. The statistical data collected from the hospitals and other sources is carefully studied and presented by use of devices like tables, chart diagrams; graphs viz. line graph, curve bar charts, circle, pie charts etc. To ascertain the authenticity of the basic and analytical data, the mechanical devices right from calculators to computers has been used. The present thesis is basically an outcome of statistical, policy evaluation and scientific research dealing with ex-post facto research considering the hospital as independent variable and the doctor, nurses, supporting staff and patients are as dependent variables. Beside the analytical approach the researcher used historical, descriptive, cooperative and critical approaches in the thesis to arrive at definite conclusion of hospitals.

The survey was carried out by personally visiting the hospitals selected for the study and the patient discharged from the hospitals. The data was collected by administering these sets of schedules. Observation methods were also adopted in the present study. Observations made with respect to the layout of the hospitals, accessibility, cleanliness and maintenance, ICU/OT restrictions, Stocking of medical inventories, registration, reception and waiting area, emergency admission process, parking, security and surveillance, firefighting, elevators and emergency exit, pharmacy...
services, canteen and drinking water, stay of patient’s relatives, accounting and record keeping, intercom and mobile phones and internet connectivity etc.

1.1 Sources of data collection

A. Primary Data

There were three distinct seats of respondent’s rendering primary data through the method of pre-tested schedules. Additional information sought personnel interviews with the persons knowledgeable in various areas of hospital management or administration. The researcher also relied on observation method to gain a firsthand insight into certain hospital management aspects like the layout and designing of wards, cleanliness and odor, lightening and ventilation, infrastructure and interiors, communication and entertainments. The detail notes on them for being used while interpreting and analysing the data.

1. Schedule:

Detailed and comprehensive questionnaires were prepared and a pilot study was conducted to pre-test the validity of the questions. With the help of these pre-tested questionnaires, the method of investigation was suitably amended and questionnaires were suitably referred and the necessary information collected.

2. Discussion and interviews:

The detailed discussions with the persons directly and indirectly related to the various areas of hospital management/administration were conducted. In interviews open ended questions were asked together the information (which was rather difficult to collect with the help of schedule). The interviews thus conducted were instructed.

The guidance from the research guide and experts in the health care and management science has given me information which is also a source of primary data. All of these have not only guided orally but have also provided with maximum data in the form official information, personnel research papers read by them in the national and international journals, which are gratefully referred to in this thesis.

B. Secondary Data

Library sources:

The secondary data necessary for the successful completion of the investigations were collected the records of the sample hospitals, Government offices and also the archives of the local Municipal Corporation and the Zilha Parishad. For discussing the
theoretical aspects of hospital management published sources available in various libraries, archives and collections were extensively used. Particularly helpful were:

1. Jayakar Library, University of Pune, Pune.
2. Barr. Balasaheb Khardekar Library, Shivaji University, Kolhapur
3. NDMVP’s Dr.V.N. Pawar Medical College, Adgaon, Nasik.
4. MGV’s K. B. H. Dental College, Panchavati, Nasik,
5. Pravara Institute of Medical Sciences, Loni, A. Nagar
6. Manipal University, Udupi, Karnataka
7. Wockhardt Hospital, Nashik.
8. N.D.M.V.P’s College of Pharmacy, Nashik.
9. Pacific University, Udaipur.
11. Civil Hospital, Nashik.
12. Ruby Hall, Pune.
14. Maharashtra University of Health Sciences, Nashik.
15. PIRENS, IBMA, Pravaranagar.

*The following resources found very effective:*

1. Handbooks
2. Dictionaries
3. Annual Reports
4. Abstracts
5. Reports of committee or commission
6. Research papers
7. Books
8. Periodicals and Souvenirs
9. Reports and publications of associations
10. Convocation Addresses
11. Broachers
12. Notifications
13. Latest PhD theses
14. Newspapers and magazines
15. World wide web
1.12 Sample Design

The empirical data necessary for fulfilling the above objectives were collected from three different set of respondents.

A) In charge Doctors / Medical officers of Hospitals:
Nashik city has a population of 2000 in patient hospitals out of there 75 hospitals (4%) were selected for detailed investigation on the criterion of 35 plus bed capacity. Care, however was exercised in ensuring that at least one hospital of each specialty was retained in the selected sample. The doctor /medical officer in charge of these 75 hospitals were administrated a comprehensive pre-tested schedule to assess the managerial aspects of hospitals. The selected sample constituted of general and specialty hospitals, (Map no-04).

B) Hospital staff:
The sampled 75 hospitals had collective staff strength of around 4000 employees. Out of this contingent 715 staff members (18%) of the total were selected by stratified random sampling techniques. They included administration officials, nursing and non-nursing staff technicians and service personnel. They also were administered a comprehensive pre-tested schedule to guess their opinion and attitudes about the personnel policies adopted by the employing hospitals.

C) Hospitals patients:
As clients sensitivity increases competition expands and intensified and professional malpractice suits become more common place. These issues of evaluating the professional service quality, therefore quality has emerged as a topic in need of investigation. Regardless to the difficulty, clients do evaluate the quality of professional services. Though an evaluation is known to occur what is lacking is a clear understanding of how the evaluation occurs and the importance of various components of the services encountered to the evaluation outcome.

One of the purposes of this study was to explore the quality of medical services as perceived by the patient and specifically the physician-patient relationship. With this view, the researcher developed 18 (eighteen) statements relating to the medical services offered in the hospitals and additional four demographic variables. The 18 statements were formulated offer a thorough review of literature of past studies carried out by Brown and Swartz (1989); Parshuraman, Zenithal and Berry (1985); Mane (2002) pertaining to the measurement of services quality. The items taken for exploration concentrated on patient’s hospital stay and experience; the
inventory was aimed at measuring five different articulate aspects of perceived professionalism, doctor’s interaction with patients, staff’s interaction with patients, diagnostics and auxiliary communication. One additional item, “I am very satisfied with the medical care received from the doctor” was used for an overall evaluation of past service encountered. For all the items a 5-point Likert type scale was developed with ‘1’-representing ‘strongly disagree’ and ‘5’-‘strongly agree’.

The patient’s surveys constituted in all 1085 respondents Sample were selected through the following process. At the outset the researcher ascertained the total bed capacity of all the sampled hospitals which worked out to be around 7500 beds. Then the average bed occupancy percentage collectively for all the sampled hospitals was ascertained. Which turned out to be 20 % of this 14% of the discharged patients (1085) respondents were selected for the study. It was felt that there 14 % patient would fairly represent the catchment area of the hospital in Nashik city that is the adjacent districts of Ahemadnagar, Dhulia, Jargon, Thane, Aurangabad and some part of Gujarat state (as fair numbers of Gujarathi families residing Nashik), (Map no -2).

Lastly individual respondents for this exercise were selected from the discharged patients registered of the sampled hospitals, by going backwards date wise until the quota of 14 % (1085 respondents) was fulfilled. At the same time it was ensured that the respondents indeed belonged to the above mentioned catchment districts and their residential addresses noted. The respondents then were personnel approached by the researcher and questionnaire was administered to them. To overcome the language barrier (catchment district being bilingual-Gujarati and Marathi, Airani speaking areas), assistance of bilingual relatives, friends and acquaintances was sought.
In order to solicit the relevant information, appropriate persons, if not the patient alone were also considered in our study. Especially, when the respondents (patient) were a small child or had undergone a serious illness or were operated upon and hence could not recall all his /her hospital experiences, attendant-relative(s) were requested to participate in our research study.

Thus the data rendered by 1085 respondents was considered for final analysis and interpretation, rest of the selected respondents either refused to give information or were unavailable in spite of repeated visits, a few of them had given totally
incorrect/misleading information. After elimination all such questionnaires the final sample comprised 1085 (patients) respondents.

The structure of questionnaire prepared specifically by considering the research problems, aims and objectives of the research.

1.13 Analysis and Interpretation

The analysis and interpretation of data was made with reference to the research problem and objectives of the study and statement of the hypothesis to be tested for analysis and interpretation of data. The researcher used statistical tool such as percentage, graphs and diagrams whenever necessary, the statistical information about the hospitals is obtained from the yearly financial statements, books, annual reports, paper and article published. The statistical data is analyzed and explained with appropriate statistical techniques and methods i.e. classification, tabulation and percentages three sets of primary data collected through schedule from the respondents were computer-processed. Similarly, geographical representation was also taken care of with computer-assistance. This work along with word processing and report generation were completed at own personnel computer.

**Interpretation:**

The data is collected, analyzed and processed for interpreting results. It helps to find out the answers, to know the result, significance, conclusion and answer to the original problems etc.

**Statistical presentations:**

The presentation is done in the forms of statistical table, line graphs, hyetographs, and pie charts. The statistical data analyzed and examined with the appropriate statistical techniques and methods i.e. clarification, tabulation and ratio in the percentages have been calculated to make it easier even for the layman to understand the research.

1.14 Limits of study

1. Admittedly hospitals are complex social institutions that primarily function on the humanitarian in sticks of their promoters and functionaries. On the other hand the science of management primarily deals with rather earthily, even mundane aspects of an organisation. The mantle divide between idealism and realism among those concerned with hospitals-the doctors, the staff and the patients-are more often than not unbridgeable. Consequently, any query reading hospital’s functioning evokes
mixed responses emotionally charged but reality wise inadequate. The interview schedule was neither designed to ascertain the respondent’s positive or negative biases not to guess the influence of these biases on the intensity of their responses.

2. The specialty of Hospital management is still in its infancy, many concepts, notions and techniques that have seen robust development in the business and industry are yet to find their place under the portals of hospitals. Indeed, the confusion begins with classifying whether the hospital is business or industry, as the aspects like employee selection, training, motivation, job satisfaction, grievances settlement, customer complaints settlement, compliance with regulatory legislations; all require different approaches under each classification. The present exploratory study could give only superficial treatment to those.

3. The study is conducted in a mixed urban: rural setting where individual spatio-temporal perceptions differ widely from those prevailing either in highly urbanized or our purely-rural environment. The findings of the study therefore may have to be read against this back drop whenever necessary.

1.15 Chapter Scheme

The thesis divided into seven chapters and the chapter scheme is as follows.

**Chapter-I**  **Research Methodology**

This chapter gives the review of the study regarding the schemes and strategies of HR in hospitals and healthcare industries, details of research design, sources of data, scope, significance and limitations of the facts observed and studied in present research. It also focuses on the objectives and hypothesis of the study associated with this research.

**Chapter-II**  **Development aspects of HRM-A Literature Review**

This chapter deals with a review of the literature on the schemes, strategies and policies of HR in Hospital and healthcare industry.

**Chapter-III**  **Conceptual and Theoretical framework**

This chapter deals with the meaning of human resources management and its concepts. In this chapter various concepts such as planning, organisation, communication, delegation, selection, recruitment, training, motivation and budgetary control and job satisfaction are elaborated.
Chapter-IV  Hospital Prospective and Profile of Nashik city
This chapter gives the history, development, classification, types, functions, and characteristics of hospitals, hospital management and hospital services, hospital ethics etc.

This chapter deals with the profile of the Nashik district and city which includes historical development of Nashik, geographical status, government organisations and industrial and healthcare development.

Chapter- V  Data Analysis and Interpretation
This chapter gives the analysis of data. This analysis is used to find out the solutions of the problems, schemes and strategies observed in the research. The data are presented in tabular form for facilitating the analysis.

Chapter VI  Findings/ Conclusion and Suggestions
This chapter gives the findings of the study and explains details about the conclusion of the research study.

Finally in this present chapter the researcher has completed his research without any prejudices in the mind and also he has covered various points related to research methodology.
References
