CHAPTER - 1

INTRODUCTION
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A. CONCEPTUAL FRAMEWORK

The word "hospital" originates from the Latin 'hospice'. In fact the word hospital, hostel and hotel all derive from the common Latin root hospice. The place or establishment where a guest is received was called the hospitium or hospitale. The term hospital has at different times been used to refer to an institution for the aged and infirm, a place of rest, a hostel where people lived as a small community, and an institution for the care of the sick and wounded. In its earliest form, the hospital was aimed at the care of the poor and the destitute, giving the aura of a "almshouse".¹

The Egyptians and the Greeks had hospitals in the modern sense, but their great development came with Christianity.² With the birth and spread of Christianity there was an impetus to hospitals which became an integral part of the Church and its monasteries. Medicine was reverted to religion, the nuns and monks practising it. Gradually, these Christian hospitals replaced those of Greece and Rome. During the crusades (Christian expeditions to recover the Holy land from Mohammedans, 1100-1300 AD) over 19,000 hospitals were founded in Europe to cater for those suffering from war injuries and diseases.

Some of the notable hospitals established in the Western World date back to the ancient times. The earliest hospital was founded at Hotel Dieu in Paris in 542 AD. St. Bartholomew's hospital in London dates from the year 1123 AD. In keeping with the hospital philosophy then prevalent, there was a general tendency to lump together the sick, the physically handicapped, the socially unwanted and the pauper all together. The Spanish built the first hospital in Mexico city in 1524 A.D. and the French in Canada. Bellevue hospital was built in New York in 1736AD and in North America, the first general hospital, Pennsylvania hospital was opened in 1751 A.D. and Massachusetts hospitals in 1811 AD. This was followed by establishment of hospitals in quick succession in many other places in U.S.A.³

The hospitals founded in Britain and in America during the 18th and early 19th centuries were not governmental undertakings. They were the outcome of voluntary efforts by private citizens and were financed by subscription and bequest. This form of ownership remained a characteristic element of the hospital scene in Britain until the middle of the 20th century and still a large factor in hospital organization in the United States.

The early 19th century necessiated a considerable extension of hospital facilities. Before the 20th century, only indigent sick and old people, usually homeless, went to hospitals; people who could afford medical care were treated in their homes. The hospitals typically were overcrowded. Many patients shared beds or slept on the floor. Due to

lack of knowledge about the importance of cleanliness, attendants often spread diseases from one patient to the next.\textsuperscript{4}

The modern Medical system of Medicine and Education (Allopathy) in India commenced in the year 1857 when the British East India Company established the three Medical Colleges in Madras, Calcutta and Bombay. Those were the foundations of modern Medical Science and medical facilities in India.\textsuperscript{5}

At the beginning of the 20th Century two special points are to be noted:

Firstly the development of operating and clinical methods led to an increasing specialization in the departments of general medicine and surgery in hospitals.

Secondly, from the architectural point of view, simplicity and comfort were being increasingly sought, buildings and hospital premises were being to an increasing extent adapted to the necessities of sanitation and hygiene.

Attempts to create large hospitals outside urban centres and in favourable climatic conditions have been to a large extent successful.\textsuperscript{6}

The World War of 1914 compelled hospitals to adapt themselves rapidly to new requirements. One of the outstanding features of both


\textsuperscript{5} Rama Kanta Mishra, "Health Security", Dakshyeshwar Memorial Foundation, Orissa, 2006, p.8.

World War II and the Korean War, as compared with earlier wars, was the much better chance a wounded soldier had of survival.7

It may be interesting to observe that when medical science had started emerging, but the super specialities were still far away in the future, in the days of the Administration of the East India Company and later on in the early phase of the direct British Rule in India, sometimes in some places, the Doctors were kept in charge of the Forest Divisions. In some of the Feudatory States, (now known as Ex-state areas), sometimes the Forest Officers were kept in charge of the hospitals.

After Independence of the country, major strides have been made in providing various medical facilities to the people, by taking major steps for controlling the dreadful diseases (communicable and tropical), adopting measures in the fields of maternity and child care, and towards population control and stability.8

Historically, in India, a systematic hospital care with different kinds of hospitals, treatment and teaching hospitals has been planned, established and developed only after independence.9 Today, we have a large number of hospitals and treatment centres in the country which provides both general and specialized treatment to the people.10

CLASSIFICATION OF HOSPITALS

Each hospital is distinct in its characteristics as it differs in structure, functions, performance and the community it serves. However, we can classify the hospitals into different types depending upon different criteria.11

1. Classification of hospitals on financial aspects:

On the basis of their nature and purpose of functioning, hospitals can be grouped under profit and non-profit hospitals.

(a) Profit hospitals

These hospitals are generally owned by individual doctors, groups of doctors or non-medical persons. Such hospitals are set up with the purpose of making profit on investment and serving the people at the same time.

Generally, these hospitals admit patients suffering from infirmity illness, injury etc. They do not admit patients suffering from communicable diseases, alcoholism, drug addiction or mental illness.

(b) Non-profit hospitals

These hospitals are established for the sole purpose of serving the community. They are registered under the Societies Registration Act 1860 or the Public Trust Act 1882 or under Section 25 of the Companies Act, 1956.

The profit generated in these hospitals is ploughed back for the furtherance of the objectives of the hospital. It is not passed on to or shared by the members or trustees. These hospitals spend more on patients than they receive from them. The deficit is covered through donations and grants from donors and the government.

2. Classification of hospitals on clinical bases

Hospitals can be classified on their clinical bases as general hospitals, specialty hospitals, chronic care hospitals or teaching hospitals.

(i) General Hospitals

Hospitals of this class provide more than one kind of treatment, for different kinds of illnesses such as medical surgical, obstetric, etc.

(ii) Specialty Hospital

Hospitals of this class provide specialized treatment for a particular kind of illness such as ENT, orthopaedic, cardiac, paediatric, obstetric and gynaecological.

(iii) Chronic Care Hospital

Hospitals of this class provide long-term treatment to patients suffering from chronic ailments. Mental hospitals and TB hospitals are examples of chronic care hospitals.

(iv) Teaching Hospital

Hospitals of this class have a medical college attached to them.\textsuperscript{12}

\textsuperscript{12} Cadric B. Finch, D.K. Sharma, R.C. Goyal, "Hospital Planning and Management", Voluntary Health Association of India, New Delhi, 1999, pp. 4-5.
3. Classification of hospitals on the system of medicine

According to the system of medicine, we can have the following categories of hospitals;

(a) Allopathic hospitals
(b) Ayurvedic hospitals
(c) Homoeopathic hospitals
(d) Unani hospitals
(e) Hospitals of other systems of medicine.

4. Classification of hospitals according to size

One of the major recommendations of the Health Survey and Development Committee (Bhore Committee) was the setting up of Peripheral Health Centres catering to a population of 40,000 each, which were to be linked up with secondary health centres and hospitals for purpose of referral services.

In 1962, the Mudaliar Committee went further into this problem. In the year 1966, the Government felt it necessary to set up a study group on hospitals. It recommended that the bed strength of 125 districts of India which have at least one 200-bed hospitals may be raised to 300 depending on the population served. In the remaining 210 district, hospitals having less than 200 beds, the strength should be raised to a minimum of 200 beds.\(^\text{13}\)

NATURE OF HOSPITALS:

Since many health problems require a level of medical treatment and personal care that extends beyond the range of services normally available in the patient's home or in the office of the physician, modern society has developed formal institutions for patient care intended to help, meet the more complex health needs of its members. The hospital, the major social institution for the delivery of health care in the modern world, offers considerable advantages to both patient and society. From the standpoint of individual, the sick or injured person has access to centralized medical knowledge and technology so as to render treatment much more thorough and efficient.

From the standpoint of society, hospitalization both protects the family from many of the disruptive effects of caring for the ill in the home and operates as a means of guiding the sick and injured into medically supervised institutions where their problems are less disruptive for society as a whole.

Today, a hospital is a place for the definition and treatment of human ills and restoration of health and well-beings of those temporarily deprives of these. A large number of professionally and technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances to produce quality care for patient. 14

FUNCTIONS OF A HOSPITAL

The hospital plays a major role in maintaining and restoring the health of the community. The social responsibility involves correct diagnosis and appropriate treatment. Other functions of the hospital include education of health care personnel, research, prevention of disease and promotion of health. Some of its important functions are discussed here.

(a) Care of the Sick and Injured

The most important function of the hospital is to take care of the sick and injured by providing proper accommodation. The hospital can accommodate the sick or injured on the basis of his or her physical condition (nature of disease-serious, infectious, etc.). However, care should be given to all without social, economic or racial discrimination.

(b) Education of Physicians, Nurses, Paramedical and other Personnel

Hospitals require highly specialized, skilled and experienced staff. Therefore, continuous training and skill development programmes are essential for a hospital.

(c) Public Health: Disease Prevention and Health Promotion

Many diseases can be prevented. Others, if diagnosed in early stages, can be treated and cured. Hospitals play a significant role in this aspect by educating people:
When they come to the hospital as patients along with their relatives.

By reaching out to the community.

(d) Research

Better medical care depends on medical research. Investigating patient records, medical audit, etc. all form part of research. Doctors and staff should be encouraged to develop research facilities.¹⁵

CHARACTERISTICS OF HOSPITALS

Hospital is responsive to the community’s health needs and expectations.

Hospital renders personal care and treatment to individual patients.

Hospital’s work tends to be variable and uneven instead of planned and stable.

The nature of hospital work is such that there is less tolerance of errors and great concern for clarity and responsibility. The cost of error or mistake in hospital is very high involving life and death and legal implications.

The hospital work is specialized, heterogenous and professional.

Hospital work is inter-dependent.

The hospital employees come from different socio-economic culture with different education and class background. Hospital requires close contact and frequent interaction within the organization. Therefore, inter-cadre relationship becomes very effective for carrying out the objectives of the hospital.

Hospital working needs extensive co-ordination of efforts, resources, time and expectations and demands of the community.  

The health and hospital administration in a country like India is to deal with a myriad of medical and health related institutions which are highly varied, complicated, difficult and confusing. It has to take into account of various conflicting interests and approaches to matters like curative, preventive, promotional, wholistic etc. Hence it must be flexible enough to evolve with required changes and shifts as and when necessary.

Thus the basic purpose of the study is to find out the genesis and the magnitude of the problems and the factors involved such as the service of the doctors, staff nurse and beheras; the accommodative and infrastructural facilities provided, the quality of the drugs, the perception or the opinion of the patients, the extent of result awarded in terms of treatment, the shortcomings or the drawbacks noticed, and the suggestive measures that can be taken those which will be a referral point or platform for the government, institutions,

concerned public, researcher and the administrative authorities in the days coming ahead.

Hospital administration must ensure that the hospital is serving the purpose for which it is created and is meeting the needs of those it serves. To meet this aim, the objective of the study is to find out whether all those concerned with the hospital make a conscious effort to project the correct image of the hospital.

The three things that project the positive image of hospital are:

(a) Technically competent medical care.

(b) A mutual trust between the hospital and its clientele.

(c) Good will and understanding between patients and the hospital staff.¹⁸

B. OBJECTIVE OF STUDY

So from the above discussion it is learnt that the very purpose of medical practice is to cure diseases of the patients and to reduce sufferings of the public. Thus the modern hospital has to adopt and develop such sentiment as its. In such a sentiment, the hospital is no longer regarded as a healing temple, but it must establish, develop and maintain a close and cordial relations with all professional, technical and non-technical workers in the institution which serve the public without any partiality.¹⁹

The present health scenario of Orissa needs the study of the socio-economic reasons for which the urban poor are rarely be able to avail the costly private medical care. As Orissa is a backward state, frequent criticisms came regarding maladministration and callous attitudes of doctors towards the patients. Media very often highlights this problem. This prompted the researcher to find out the genuineness of the criticisms made regarding the poor functioning of Capital Hospital, Bhubaneswar.

The study proposes to keep the following objectives in view.

(i) It wants to study Hospital Administration and its organizational behaviour.

(ii) It wants to study how far the degree of professionalism in services provides relief to the public.

(iii) To study whether the employees of the hospital organization are honest and sincere in their duty.

(iv) Keeping in view of the rapid increase in the number of the patients, whether the infrastructure of the hospital is sufficient.

(v) To examine the allegation that corruption and malpractice in government hospitals are a common phenomenon.

(vi) To study whether the preventable causes of illness like the prevalence of unhygienic conditions and poor sanitation in hospitals are properly taken care of by the hospital authorities.
(vii) To study whether India's economic reforms has affected her commitment to the provision of basic services like primary health and primary education.\(^{20}\)

C. HYPOTHESES

The study wants to test the following hypotheses:

(1) Doctors spent more time in private practices.

(2) The quantity of the medicines supplied to the patients is inadequate and of inferior quality.

(3) Number of doctors is insufficient in comparison to the patients.

(4) Discrimination of treatment between rich and poor people is one of the major ills of the hospital.

(5) There is corruption in indoor patients' daily diet scales.

(6) The infrastructural facilities in the hospital require much improvement.

D. THE METHOD

The selection of an appropriate methodology where the hospital is a sample is by no means an easy task.\(^{21}\)

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The method of science is the essence of the whole enterprise; elaborating hypotheses, testing their validity through objective verification, proof and demonstration and finally arriving at a body of established laws.\textsuperscript{22}

Generally, there are three methods of obtaining information in social research: One can ask concerned people questions. It is direct personnel investigation method for collection of primary data. One can also observe the behaviour of persons' groups or organization or one can utilize existing records or data already gathered for purpose – other than one's own research.\textsuperscript{23} The researcher had made use of the relevant theoretical materials available at Sriram Chandra Bhanja Medical College Library, The Saheed Bhawan Library, Assembly Library, State Library, Library of State Archives, National Library.

The study has also used the "Survey-cum-Evaluation" type research method. For the study of the hospital administration and its functioning, the researcher selected the Capital Hospital, Bhubaneswar as no study has been made on it. The patients are of different ages, castes, of varied educational qualification and of different background.

It is revealed from the data available from the sources of Capital Hospital that number of patients (both indoor and outdoor) in the hospital daily were approximately 1200. 360 patients were selected for interview as this constitute almost 30 per cent of one day's population through the system of random sampling method.

\textsuperscript{22} A. Mohanty and N. Hazary, "Indian Prison System", Ashis, New Delhi, 1990, p.11.

\textsuperscript{23} Nalini V. Dave, Op cit., p.40.
For meeting and interviewing the patients (both indoor and outdoor) the researcher could get the permission of the Chief Medical Officer, Capital Hospital, Bhubaneswar. He was very much co-operative. However some of the doctors did not allow the researcher to record their views.

An interview schedule utilized for the work contained three major subjects like

(a) Social background of the patients
(b) Problems of patients, and
(c) Perception of patients.

The schedule was typed in English but since some patients were either illiterate or semi-literate, in most cases its translation in Oriya was made by the researcher for their understanding.

But it is a pity that some of the patients who are very poor were hopeful of their early recovery from the disease or any financial help from the government or redressing of their grievances by the researcher's appeal to the Government. Here the researcher had to confess that nothing of that sort could be done by her. Once the patients were convinced about the motive of the research work, they were free in their discussion. It took more than 4 months for the scholar to complete the interview.

Since very little work is done in this field in Orissa, it was not possible to get much materials on it. Yet, the researcher has attempted to explore the functioning of the existing hospital system which so far has not received any attention.