Chapter- VII

SUMMARY OF FINDINGS AND SUGGESTIONS

Introduction

The aim of this chapter is to provide summary of findings leading to suggestions for improvement and effective functioning of the three types of selected super speciality hospitals namely Government, Corporate and Trust Based Hospitals towards better patient care.

Life is precious gift of God. It is not just being alive but being well. Health is fundamental to quality of life. People constitute valuable human resources needed for the development of any country. It is needless to say that the development of the national economy rests on the health, ability and well being of the people. The promotion and protection of health of the people is essential for sustained economic and social development. In fact, health is an important input in any process of development. In assessing a country’s resources for economic development, the health of the people should be reckoned with. This draws our attention toward the health sector.

Need for the Study

The new paradigm of health care management requires planning of healthcare delivery which takes into account the needs of the patients in terms of quality care by doctors, nurse and paramedical staff. Effective healthcare delivery becomes possible only through effective management of healthcare organisations. But, unfortunately, the issues in management aspects have not received adequate attention. Though the government and management scientists are putting efforts for the improvement of hospitals' management, the results are not satisfactory. Most of the hospitals in India follow the western system of medicine and public hospitals today are exclusively run in administrative framework designed by Britishers in 19th century. Even after sixty years after independence, the average Indian hospital continues to be more or less primitive and underdeveloped. Hospital management as an independent speciality is yet to be recognised by our policymakers. The government hospitals in particular, are the neglected lot. There is no hospital policy for the management of government hospitals. In
fact, management is the weakest link in these hospitals, giving rise to an unending array of problems in the day-to-day working of hospitals. This not only affects the patient care adversely, but also leads to a situation of crisis every now and then. The hospital authorities are not geared to deal with such situations immediately. In other words, their approach remains what is called 'management by crises.'

The hospitals that run on traditional and rigid practices have failed to respond effectively to the growing needs of the society. At present most of the hospitals are run by the Superintendent who is the senior most doctors with a smaller number of administrative staff. The administrative body tends to rely on rules, procedures and techniques which have not been changed over the years. The physician who commands the reins of administration may not be well versed with good management practices and it becomes difficult for him to attend to both kinds of duties effectively. But time has changed. Today is the era of specialisation. In view of the tremendous expansion of health services, it has become essential to have specialists or experts not only in their fields but also in other fields of hospital administration so that maximum efficiency can be achieved with minimum possible cost. The rapidly increasing number of patients and the inadequate expansion of hospitals and medical services have thrown the administrative machinery completely out of gear. It is therefore, imperative to have separate specialist for general administrative and personnel functions in the hospitals. This is era of quality service. Presently, patients prefer to those hospitals where efficient physicians along with good services are available. In the light of these circumstances, it is necessary to have a separate cadre of administrators who can combine some knowledge or medical system with sound management principles. Here the question as how to manage an organisation like hospital and provide better services to reach the common man is to be answered. It is possible only through application of management principles which is grossly ignored in the hospital.

In the light of this, the researcher felt that management on a planned and scientific basis is necessary for the smooth functioning of every organisation. A hospital is no exception to this fundamental rule. Effective management in hospitals is crying need of the hour because the number of people who use hospital services has increased manifold,
where as financial and other resources available to hospitals in India have not kept pace with the growth of the number of users. Hence, as a researcher my effort is to explore the necessity of establishing scientific management into administration of hospitals for more efficient and cost-effective running. The study is limited to some super speciality hospitals. Emphasis has been laid on application of management functions i.e., need for better planning, organising, staffing, coordinating and controlling which make a hospital an affordable and comfortable centre of relief and healing rather than an unpleasant experience to the common man.

Objectives of the Study

The main objective of the study is to examine into the management process in the selected super superspeciality hospitals and to attempt an overall assessment of the functioning of the selected hospitals in catering health care needs of patients. Specifically the objectives of the study are:

1. To review the growth and performance of health sector in India
2. To analyse the present state of hospitals in India
3. To investigate the planning, organising and staffing process in the selected hospital in Visakhapatnam.
4. To probe into direction and controlling process in the selected hospital in Visakhapatnam.
5. To conduct a survey on patient satisfaction in the selected hospitals
6. To offer suitable suggestions to the policy makers for strengthening the process of management of health care system in hospital.

Hypotheses

The present study is based on the presupposition that super speciality hospitals run under different ownerships cannot be differentiated with respect to management functions. The hypotheses framed for the purpose are:

1. The perceptions of Departmental Heads, Doctors, and Nursing Staff of the three selected hospitals vary with respect to management functions.
2. The perceptions of the Out-patients and In-patients of the three selected hospitals are not synonymous with respect to registration procedure, consultation and treatment facilities; diagnose procedure, physician and nursing services etc.

3. The hospitals that follow management principles function satisfactorily and are able to perform well to the satisfaction of the patients.

Scope of the Study

The scope of the study extends to analyse how far the management functions are carried out effectively in the sample units. Opinions were elicited from departmental heads, doctors and nursing staff. In the next step, an attempt has been made to take the perceptions from patients i.e., out patients and inpatients to gauge the satisfaction levels because the success of the hospital depends upon the satisfaction of its service users.

Limitations of the Study

The present study is limited only to three selected super speciality hospitals in Visakhapatnam and the scope of the study is confined only to the management process and patients satisfaction. The other issues like materials management, financial management, industrial relations in hospitals, hospital waste management, disaster management, legal aspects of medical practice and other related problems are not discussed. However care was taken for arriving at the representative sample of the doctors, nursing staff and the patients along with the hospitals.

Majority of administrators are under the impression that research on management means probing into their internal affairs especially in healthcare sector. With this opinion they hesitated in providing required data. However, administrators of different hospitals did co-operate. This research project would not have been possible without the help extended by them.

Selection of Sample Hospitals

The researcher has selected three different hospitals in Visakhapatnam city viz., King George hospital (KGH). This hospital is selected to observe the management functions provided in government general hospitals. Secondly, Queen’s NRI hospital (NRI). This hospital runs on modern scientific and high tech lines, under the control of a
private management and is selected to study management functions of private/corporate hospitals and thirdly Krishi Trust Hospital (KTH) which is a non-profit voluntary organisation administered by the Milk Producer's & Employees Educational, Health & Medical Welfare Trust; more often referred to as the M.P & E.E.H & M.W Trust.

Collection of Data
The data required for the present study is collected from primary as well as secondary sources. The primary data has been collected mainly through questionnaires, discussions and observations. Separate questionnaires were prepared for the, departmental heads, doctors, nursing staff and patients. Three Point Scale was used and the instruments were tested for their validity and reliability. Secondary data has been collected from the reports of Government of India, World Health Organisation, Directorate of Health and Family Welfare, Central Bureau of Health Intelligence, All India Medical Association, and other important organisations; Five Year plan Documents, magazines, newspapers and websites. All important leading libraries in Andhra Pradesh were visited for the collection of literature and relevant data for the study.

Statistical Methodology
Apart from the tabular analysis and percentages, the researcher has also adopted the following statistical methodology.

The data were fed to the computer. The tabulations and the results for analysis were done with the help of SPSS (Statistical Package for Social Sciences) version 14, MINITAB version-14 and Microsoft Excel for Statistical measurements such as simple percentages, mean values etc.

ANOVA Test: To know the significant mean difference in the opinion score of the respondents with regard to each and every factor of management functions ANOVA Test is conducted.

Scheffes’ Post Hoc Test: To know the significant mean difference in the opinion score of the respondents of each and every pair of three hospitals (Multiple Comparison) Scheffes’ Post Hoc Test is being administered.
Construction of Sample Size

The sample includes the departmental heads, doctors, nursing staff and patients of the selected three hospitals as specified:

For analysing the perceptions of the departmental heads, doctors and nursing staff the researcher selected 55 departmental heads (KGH-25, NRI-20 and KTH-10), 110 doctors (KGH-60, NRI-30, and KTH-20) and 210 nursing staff (KGH-120, NRI-60 and KTH-30) from the sample hospitals. The departmental heads, doctors and nursing staff are selected using Stratified Random Sampling Method from all three selected hospitals on the basis of their department, designation, age, qualification and experience.

For analysing the perceptions of the patients the researcher has selected 520 out-patients (KGH-220, NRI-180, and KTH-120) and 530 in-patients (KGH-200, NRI-180 and KTH-150) from the sample hospitals. These out-patients and in-patients were selected using Stratified Random Sampling Method. The outpatients were taken based on average number of patients visiting each hospital in a day. Inpatients were taken based on bed capacity of each hospital. The patients were selected using multiple variables like gender, age, residence, education, income and marital status.

The opinions of Chief Executives were mentioned wherever necessary. Further the research scholar visited and spent considerable time in these hospitals personally and observed the management process and patients' attitude/feelings in the selected hospitals. These observations are also quoted in specific places.

SUMMARY OF FINDINGS OF THE STUDY

Health is man’s most precious possession, it influences all his activities; it shapes the destinies of people. Without it, there can be no solid foundation for man’s happiness. Good health is a pre-requisite of human productivity and developmental process. It is essential to economic and technological development. Health is defined as "a state of complete physical, mental and social well being and not merely absence of disease or infirmity. The dimensions of health include-physical dimension, mental dimension, social dimension, spiritual dimension, emotional dimension and vocational dimension. Health is multi-factorial. These factors may be internal or external. When these factors
interact the health of the individual or community would be affected. Where does the health ends and disease starts? It is telling like where does a colour ends and other colour starts in VIBGYOR Spectrum of a prism. At the one end of this spectrum is the most desirable state called 'positive health' while the other extreme is the undesirable event of death.

I. Health Care in India

Health care is an expression of concern for fellow human beings. It is defined as 'multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting good health. Such services may be staffed, organised, administered and financed in every imaginable way, but they all have one thing in common: people are being "Served", i.e., diagnosed, helped, cured, educated and rehabilitated by health personnel.

India has incomparably rich heritage in ancient systems of medicine that make up a veritable treasure house of knowledge for both preventive and curative health care. These systems, through their safe, effective and inexpensive treatments, have the potential to make a significant contribution to the health care of the common people. But their true potential is still largely unrealised, despite a large and well-dispersed infrastructure. These systems of medicine include Allopathy Pahchakarma, Homeopathy, Naturopathy, Unani, Physiotherapy, Acupuncture, Sidha, and Yoga.

1. Role of Hospitals in Healthcare

A Hospital is an integral part of a Social and Medical organisation, the function of which is to provide for the population complete health care, both curative and preventive, and whose outpatient services reach out to the family and its home environment; the hospital is also a centre for the training of health worker and bio-social research. A comprehensive description of a hospital highlighting all the essential services rendered by a modern hospital can be given as "A modern hospital is an institution which possesses adequate accommodation and well qualified and experienced personnel to provide services of curative, restorative and preventive character of the highest quality possible to all people regardless of race, colour, creed or economic status; which conducts educational and training programmes for the personnel particularly required for
efficacious medical care and hospital service; which conducts research assisting the advancement of medical service and hospital services and which conducts programmes in health education.

2. The Present State of Hospitals in Visakhapatnam:

A study on the present state of hospitals in Visakhapatnam with respect to Government, Corporate or Trust Basted reveals that there are many problems in getting the treatment by the patients. Certain times, the patients and their attendants are undergoing pathetic situations and the following are the examples that show the real situation of these hospitals in Visakhapatnam-non-attendance, lack of co-ordination, lack of clarity in communication, negligence, lack of attention, failure to screen, irresponsibility, non availability of specialists, poor dietary services and lack of ethical values.

3. The State of Public Health in Visakhapatnam

The health system in Visakhapatnam is facing emerging threats and challenges. The rural public health care system in Visakha regions is in an unsatisfactory state leading to pauperisation of poor households due to expensive private sector health care. Visakhapatnam is in the midst of an epidemiological and demographic transition – with the attendant problems of increased chronic disease burden and a decline in mortality and fertility rates leading to an ageing of the population. Non-communicable diseases such as cardio-vascular diseases, cancer, blindness, mental illness and tobacco use related illnesses have imposed the chronic diseases burden on the already over-stretched health care system Visakhapatnam. Premature morbidity and mortality from chronic diseases can be a major economic and human resource loss for the region. The large disparity in the region places the burden of these conditions mostly on the poor and on women, scheduled castes and tribes especially those who live in the tribal areas of the region.

4. Service Quality in Hospitals

Quality has indeed emerged as the managerial imperative of the new millennium. Presently, the service industries are also enforcing quality in their business operations. Concepts of Quality of Life (QOL), Quality Enhancement, Quality Assurance, and Total Quality Management currently have significant impact on healthcare services. Quality of
a service is "the totality of features and characteristics of a service that bear on its ability to satisfy the stated and implied needs of the patients." In the context of health service the stated needs can be availability, accessibility, appropriateness, effectiveness, efficiency and affordability of the service to the community.

Unique Characteristics of Services: Services are different than goods. It is, therefore, imperative to understand the special characteristics of services such as Intangibility, Heterogeneity, Inseparability of productions and consumption and perishability.

Dimensions of Service Quality: There is a classification that creates a total of ten detailed dimensions of the service quality. These dimensions are:

1. Reliability: The service should be performed with dependability, and as per its promise.

2. Responsiveness: This concerns the attitude of the service provider to be willing to provide service. It also includes their sensitivity as well as timeliness in responding to customer requests

3. Assurance: This relates to the knowledge, skill and competence of the service providers. It also indicates their ability to generate trust and faith and also capability in service delivery with politeness and consideration

4. Empathy: This dimension includes caring, feeling as well as the ability to give personalised service.

5. Tangibles: This is a measure of the effectiveness of the physical evidence of the service provider like design, lay-out, physical facilities, equipment, personnel and communication materials.

Parasuraman, Zeithaml, formulated a service quality model that highlights the main requirements for delivering the expected service quality. There are five gaps which cause unsuccessful service delivery. They are described as: (1). Gap between consumer expectations and management perceptions, (2). Gap between management's perception and customer expectations and service specifications, (3). Gap between service delivered and the service specification, (4). Gap between the promised
service and the service provided, (5). Gap between the expectations and perceptions of the customer. These are the five gaps that need to be worked out urgently by the hospital management for the delivery of the expected service quality. There are five determinants of patient satisfaction that need to be practiced in the hospital for successful service delivery. They are Reliability, Responsiveness, Assurance, Empathy and Tangibles

6. Marketing of Health Services

Marketing is the management process responsible for identifying, satisfying and meeting customer’s requirements profitably. By marketing of healthcare services, it means, making available quality healthcare services to the users at a reasonable cost. The aim of health care marketing is to present an appropriate blend of 7 ‘P’s service mix elements. These elements in the selected sample hospitals are summarised as:

1. **Product**: KGH being teaching hospital offers a wide range of products (Services) to meet the medical needs of different types of customers (patients) compared to NRI and KTH. But the service quality of these products (services) in case of KGH and KTH unable to satisfy the ever growing number of patients due to lack of funds, commitment on part of the staff, and lack of professional management etc. The special type of products that are offered by the NRI hospital include "Health Diagnosis Programme" which is a complete, comprehensive, periodic health check up offered for busy executives, professionals, business persons and so on.

2. **Pricing**: The three selected hospitals have no belief in profit maximisation and these hospitals aim at providing quality service for their customers at reasonable price. In general, KGH has no service charges and from the private room patients’ very nominal fee is collected. The NRI Hospital charges the services depending upon the length of stay, level of illness, frequency of visits, type of room, use of equipment and treatment procedures, etc. The charges are collected at bill section and are considered reasonable when compared to the other hospitals in Visakhapatnam. It provides best services to the patients. In case of Krishi Trust Hospital, subsidised amount of fee is collected from the card holders’ i.e.,
milk producers. The product has to be adequately priced. This involves the cost, consideration of profit margin, the concept of right price.

3. **Place**: As far as accessibility and convince are concerned among the three selected hospitals, KGH is better placed. But, it suffers from excessive pollution and noise. NRI hospital though situated in a residential area, no easy, convenient and frequent transportation is available from railway station and bus terminal and reaching the hospital itself is somewhat expensive. In case of KTH, the place of the hospital is not easily accessible.

4. **Promotion**: The NRI hospital and KTH conduct camps in rural areas to give medical check-up at a reasonable price so that the rural people approach the hospital again in future. They also sponsor frequent visits to the spastic society, old age homes, etc. The promotional programmes of **NRI hospital** include advertisements on hoardings and in T.V. Channels, Cine Slides, leaflets, small booklets, posters, health and fitness magazines, publicity, word of mouth and public relations. The **KTH** does not normally undertake aggressive promotion; it relies a lot on a favourable word of mouth and public relations. To increase the clientele, a hospital may continuously introduce different health services like the master health programmes and diabetes health check-up, Mammography tests for female apart from annual health, T.B. Check ups for rural poor, check-up offered to different companies and public. In **KGH** there are no promotional programs, it also depends on the word of mouth from its own patients and their relatives.

5. **People**: The people mix in **KGH** comprises of different categories of personnel such as departmental heads, doctors, nursing staff, paramedical and other supporting staff, managerial administrative personnel and other service users. Besides, post graduate doctors, house surgeons students and nursing students also form a part of people. The success of marketing as service is tied closely to selection, training, motivation and management of these people. There are many instances of services failing in **KGH** as a consequence of ineffective management of these people. The object of providing quality service in government hospital can be achieved by motivating employees to be efficient, dedicated and loyal to
the organisation, providing regular on-job-training to ensure continuous improvement in the services rendered and the use of modern technology. The personnel policy of KGH should be made in such a way as to attract the professionally competent people towards government service.

NRI Hospital: In this hospital people mix consists of doctors, nursing staff, paramedical and supporting staff front office executives and administrative managerial personnel. The hospital manages the people through an efficient Human Resource Department, which effectively performs diversified functions relating to personnel such as manpower planning, staffing, supporting, motivating, communication, coordinating, evaluating and rewarding training. In order to provide world class quality services, this hospital has been concentrating more on making competent service oriented personnel. NRI hospital is having training system and infrastructure basically to meet the objective of developing and enhancing communication skills and service skills among employees. Sometimes it also hires specialists for its training needs. Besides direct compensation, NRI hospital is providing extended benefits to the employees like employee measures within the organisation such as children education, functions and social interactions etc. An encouraging rewarding system is also designed to motivate the best performing employees. The hospital is successful in maintaining the eminent specialists, competent skilled staff and service oriented employees with smile on their faces without much turnover.

For appropriate people mix, KTH is concentrating on finding qualified people who have the attitude for service job and orientation. The management of TH is giving importance to the attitude of the people. The hospital superintendent with the help of the hospital administrator looks after all the aspects relating to man management in the hospital. Often, some kind of discontentment is found among the people to the extent that they are not getting handsome remuneration as it is being paid to the employees of other hospitals in the city. However, these people are motivated well by the managerial staff by regular liaison with them, showing real interest in their problems, providing medical concessions to the near and dear of their
people and constantly making the people realise the fact that there is nothing greater in life than serving the humanity.

6. **Physical Evidence in the Selected Hospitals**: Physical evidence plays an important role in the hospital where the patients are already depressed or traumatised and a good atmosphere could make all the difference. The physical evidence includes all the tangible components of the healthcare organisations such as good looking buildings, sophisticated machines and equipment, employees' dress, uniform culture and other tangibles such as brochures, letters heads, reports, formats, business cards, billing statements and food, etc.

Except NRI hospital, in case of other two sample hospitals i.e., KGH and KTH are unable to create favourable physical evidence that contribute to the positive image over the hospital patient's satisfaction. In case of NRI hospital, right from the reception onwards they are maintaining right environment to create a positive feeling in the minds of the patients and visitors. The interior decoration in NRI is very much eye pleasing and creates a sense of 'feel good'. This hospital is also maintaining good ventilation, safe drinking water and sewerage. For uninterrupted power supply the hospitals has installed latest power generators and maintaining well. Transportation system and communication facilities are maintaining up to the level in the hospital. The NRI is rightly placing the awards and service certificates won by the doctors for building confidence in the minds of patients. On the whole, it is observed that NRI hospital is having good physical evidence mix compared to the other two sample hospitals.

7. **Process**: Within the hospital, each department is inter-related, it is noticed that each department serves the needs of another department, for example, the purchase department serves the needs of the stores and the billing department serves of the finance department and so on. So in a way, each department is a customer to another department, at the same time it might be a supplier to another department. Each department is an "internal customer" of the other departments. Only when each unit of the hospital understands who customers are and what their needs are, will the hospital be able to develop a basis for giving the best
service in the most efficient way to the patient. In a way, each department or unit should consider itself to be a service provider, serving the needs of the customer department. In a superficial level, it may seem as if each department is working as an independent unit rather than a team. However, the world-over, in many organisations that have used this concept, it has been found that this kind of a customer-supplier relationship helps to offer an important system of checks and balances and gives the organisation a more focused customer orientation.

The analysis of the 7 'P's reveals that the KGH and KTG have not taken any effort to practice effectively the 7 'P's of marketing mix. Whereas, the NRI hospital is totally involved in the marketing of their services. It is implementing the service marketing principles to achieve its goals of serving the patient with utmost care and satisfaction.

Management of Hospitals-I

Management is a universal process in all organised social and economic activities. In fact all mankind is the management province. Hospitals are no exception to this fundamental truth. The importance of management knowledge is emphasised in various health committees constitute by Government of India from time to time. Management in healthcare deals with processes management and leadership in healthcare practice. Hospital management is a dynamic subject because of its philosophical and methodological implications. An efficient and effective hospital management is inevitable for stable and meaningful growth and development. In the initial step perceptions of the departmental heads is elicited with the help of a questionnaire. The analysis reveals that in NRI hospital the management process is nearly perfect. Whereas in case of KTH, management functions are ineffective. For further confirmation, opinions were taken from different categories of employees on different of management functions (planning, organising, staffing, directing and controlling) has been analysed. The scores have been arrived at using the statistical tools namely ANOVA and Scaffe Post Hock Test.
II. Planning Function in Hospitals

Planning is the basic and proactive function of management, is a process by which goals are set and the means to achieve them are determined. Through planning, a hospital can bridge the gap between where it is currently and where it wants to go. In fact no hospital can aim to achieve anything without proper planning. Planning is a necessity at all levels of management. An observation with respect to planning function in sample hospitals reveals the following facts.

KGH: It is observed that there exists a centralised planning activity in the hospital. No organised efforts are seen on part of the administrators to forecast the growth of the hospital year after year. The authorities are envisaging interest towards day-to-day operational matters. As a result, making ad-hoc arrangements is becoming necessary. Long-term planning needs are determined by the health department in the government. NO strategies are found to meet the crisis situations. The hospital Standing Orders which contains the rules and regulations has not been revised since its adoption in 1956. Most of the existing policies were found to be out-dated and are not suitable to present day needs. The decision making process in KGH is centralised in the hands of health secretary and Chief Superintendent of the hospital. The Chief Superintendent has to deal with variety of issues relating to day-to-day administration of the hospital. As a result, he may not be able to concentrate well towards planning activity.

NRI Hospital: In this hospital, it is observed that there is a special planning committee consisting of Chairman, ECO and other departmental heads. Due importance is given to long-term and short-term plan. Derivative plans are also developed within the framework of overall planning of hospital. Short-term plans are in line with the long-term plans. An insight into the mission statement reveals that objectives are set in the order of priority and are well balanced. Sincere and organised effort is also visible on part of the management to forecast the growth of the hospital year after year. Hospital manuals are prepared which contain rules and regulations for exercising good discipline and control. Policies are formulated for different areas of work; standard procedures are established for various activities. Decisions relating to key and vital matters are centralised in the hands of top management and routine matters are decentralised. As a result of sound
planning system, the hospital is rapidly progressing in increasing the bed strength and in providing quality patient care.

**KTH:** The planning process in KTH reveals that there is no systematic effort by the administrators to forecast the constant growth of the hospital year after year. Mission statement has not been stated in clear cut terms. Policies are being found in informal manner and the procedures are not in black and white. Most of the rules are communicated verbally. Well codified standing rules and regulations are not evident in written form. Decision making is mostly centralised in the hands of the trust board. It is also observed that the budgets are not being prepared on scientific lines. Further in order to confirm the facts, the opinions are elicited from departmental heads, doctors and nursing staff.

**Perceptions of Departmental Heads:** It is observed from the survey that in case of KGH and KTH year plans are not based on long-range plans, changes in policies and procedures are not communicated in writing and adequate budget is not allotted for capital items and supplies. In NRI hospital respondents expressed that departmental goals are in harmony with organisational goals and there is active participation of the staff in setting the departmental objective. The statistical analysis reveals that all three sample hospitals are not identical. By taking mean values into account, it can be said that there is effective planning process going on in the NRI hospital compared to the other two hospitals.

**Perceptions of Doctors:** From the survey, it is found that in case of KGH and KTH, year plans are not prepared based on long-range plans, reasonable amount of budget is not devoted to administrative expenses. Majority of the respondents in the selected hospitals expressed that schedules are prepared well in advance. In NRI hospital, the respondents opined that the services are in line with long range plans, adequate budget exists for salaries and supplies and there is sound mechanism for communicating procedural changes. In order to know whether the perceptions of the doctors towards planning function in the sample hospitals are identical are not ANOVA test is conducted. F ratio reveals that in most of the cases, hospitals can be differentiated. With the help of the
statistical tools, it is further observed that NRI hospital is occupying the first place leaving KTH to the last place.

**Perceptions of Nursing Staff:** Majority of the respondents in KGH opined that reasonable budget does not exist for supplies and the long range plans are not need based. In case of NRI hospital, a high majority of respondents opined that services are in line with long range plans, adequate budget exists for salaries and supplies and schedules are prepared well in advance. While in KTH considerable percentage of respondents depressed their inability in quantifying their qualitative attitude in respect of communicating procedural changes in writing, long range plans are need based and objectives are set in consultation with staff concerned. The statistical analysis also reveals that the average opinion score of nursing staff in NRI hospital regarding the dimension planning activity is greater than that of the remaining two hospitals’ nursing staff.

From the discussion, it can be concluded that a systematic and scientific planning process is going on in NRI hospital when compared to the rest of the two hospitals.

**III. Organising Function in Hospitals**

Organisational structure acts as a channel for achieving organisational goals. Hospitals are characterised by dual or at times multiple pyramid of organisation because of the relationship between medical component and administrative component. The organising function consists of creation of structures, degree of decentralisation, basis for departmentation, committees, line and staff relations and determination of authority and responsibility etc.

**KGH:** The organisation structure of KGH does not provide a clear-cut division of functions. There are problems with duties of Lay secretary-1, RMOs and Nursing Staff. Departmentation takes place on functional basis as well as specialisation basis. Key and vital decisions are centralised in the hands of Health Department and decisions relating to routine matters are referred to the superintendent. The functioning of the committees is also in effective. It is also observed that some officials are managing the men more than the ideal span. Unity of command is also lagging behind in certain areas. The lower level
employees on certain issues do not go ‘through proper channel’ and prefer to meet directly the higher level authorities.

**NRI Hospital**: The organisational chart of NRI hospital is clear and well structured. The chart clearly showed the flow of authority, responsibility and lines of communication in the hospital. It also depicts who is accountable to whom and who is in-charge of which function. However, there is no room for research and development. Departmentation is done based on function and specialisation. The span of management of Director of Medical Services and General Manager is too wide that it places heavy burden on the superiors. De-centralisation is in practice as such all routine matters do not go to the top management. The top management, however, centralises the power to deal with key and vital matters of the organisation. The authorities favour the constitution of committees and accordingly certain special issues are dealt with effectively through committees.

**KTH**: A well-defined structure with formally defined authority-responsibility relationships is not visible in this hospital. The organisation chart shows poor division of activities of the hospital. Departmentation is done on the basis of function and specialisation. The span of management of Chief Executive Officer and Medical Superintendent is not ideal. Decision making power to a maximum extent has been centralised by the Chairman and Trust Board members. Committee form of organisation is also absent in the hospital.

From the discussion, it may be said that there is a need to modify the existing organisation structure of KTH so as to suite to the present day requirements of the hospital. In KGH, The decision making process is centralised to a greater extent by the government. As a result, even the small issues will be referred to the higher authorities which cripples their efficiency. On the other hand, in NRI hospital, the situation is far better. Span of management is to be taken care of in all the sample hospitals. Hospital committees are to be strengthened in KGH. The authorities of KTH should give due importance for creation of comities.

In order to confirm whether the observed facts are true or not, it is proposed to take the perceptions from Departmental Heads, Doctors and Nursing Staff.
**Perceptions of Departmental Heads:** Majority of the respondents in KGH opined that organisational chart does not provide channel for formal communication, Major administrative policies and procedures are not found in writing and there is no periodic review of the job description. Whereas in NRI hospital, high majority of the respondents expressed their agreement in respect of all the variables under the study. In KTH, majority of the respondents dissatisfied to the extent that organisational chart does not indicate superior – subordinate relation, major administrative policies are not in writing, responsibilities of heads are not formally stated and also employees are not given a copy of job description. Statistical analysis also reveals that for all types of responses, the perceptions of Departmental Heads in three sample hospitals defers significantly with each other. Scheffe test also reveals that in all aspects NRI hospital is in a far better position when compared to the other two hospitals.

**Perceptions of Doctors:** In KGH most of the respondents claim that they are waiting for a long time before taking decision and sufficient material is not available to accomplish the task. Whereas in NRI hospital a very high percentage of respondents expressed that every employee is having knowledge about the organisational structure of their respective departments as well as the hospital, but they are not able to make the decisions on their own. In case of KTH it is found that majority of the respondents are unable to quantify properly their qualitative attitude. The analysis of variance reveals that there is significant mean difference in the opinions of the doctors among the three hospitals regarding the dimension organising function. The Scheffe test exposes that there is significant difference between the pairs opinion scores between KGH and NRI as well as NRI and KTH. Whereas there is no significant difference between the pairs of KGH and KTH at 5% level of significance.

**Perceptions of Nursing Staff:** The perceptions of nursing staff towards organising function reveals that majority of the respondents in KGH and KTH expressed that the organisational structure of the department is not known and they do not have clear understanding about the decisions to be taken, also said that they would be waiting a long time before receiving for approvals. Whereas in NRI hospital, a high majority of the respondents are of the opinion that policies and procedures are in writing and for all
positions duties and responsibilities are clearly specified. Analysis of variance with respect to perceptions of nursing staff reveals that there is a significant difference in the opinion score of the respondents of three hospitals. As per the mean value, one can say that the organising function is effective in case of NRI hospital. Scheffe test also reveals that there is significant mean difference in the opinion score of the respondents in each and every pair of three hospitals.

IV. Staffing Function in Hospitals

Hospitals are labour intensive organisations. This large work force comprises of highly skilled, competent professionals to class-IV employees. Ensuring competent personnel to accomplish organisational goals is an important function of the management. The managerial function of staffing thus involves: Manpower Planning (estimating manpower in terms of searching, choose the person and giving the right place); Recruitment, Selection & Placement; Training & development; Remuneration Performance Appraisal; Promotions & Transfer. An in-depth study of staffing function in the selected hospitals reveals the following facts.

KGH: In this hospital there is no separate man-power planning department to assess the present and future man power needs for technical and non-technical posts. Hospital Standing Orders which came to force in 1960 are still being followed without modifications. The vacancies for all categories of employees except class-IV are notified through advertisements. Presently class-IV employees are recruited through outsourcing method. There exists a separate committee for selection of other employees. But no scientific method of selection is been observed. Promotions are given on the basis of seniority ignoring the performance of the employees. Orientation and training programs are not visible at any level. There is no formal process for scientific evaluation of employee’s performance. There are no rewards and incentives for best performance.

NRI Hospital: In this hospital there exists a separate Human Resource Department which prepares a master staffing plan for properly assessing a man power requirement and scientifically recruiting and selecting the employees for the hospital. Performance of the employees is taken into consideration for fixation of salaries, increments and to confer promotions. There is a periodic review of the performance of the employees on
scientific lines. Orientation and training programs are conducted regularly to make the staff fit to the hospital requirements.

**KTH:** In this hospital there is no separate HR department to take care of the matters relating to personnel in the hospital. It is observed that there is a severe dearth of competent technical staff in this hospital. For recruitment, posts are advertised in newspapers and also on-line. There is no scientific process for selection of candidates. It is also found that orientation and training programs are not scientifically designed; salaries incentives and promotions are not given on rational basis. No incentives are provided for better performance. On the whole, it is found that the staffing process in this hospital to a large extent is un-scientific.

**Perceptions of Departmental Heads:** Majority of the respondents in KGH expressed their dissatisfaction that the management development programmes are not conducted, performance is not considered for promotions and polices related to staff are not made by taking the heads into confidence. Where as in case of NRI hospital, a high majority of the respondents expressed that there is scientifically designed master staffing plan which takes into consideration all aspects that are conducive to effective managerial staff function in the hospital. In case of KTH majority of the respondents expressed their dissatisfaction over on-the-job-training, periodical review system and lack of grievance procedure.

In order to find out whether the three hospitals can be differentiated in respect of staffing function, ANOVA test is administered. It reveals that the perceptions of the departmental heads are not identical as there is significant mean difference in their opinion score. As the mean value is high in case of NRI hospital, it can be inferred as staffing process in the said hospital is effective.

**Perceptions of Doctors:** Majority of the respondents in KTH opined that the number of staff is not adequate and the staff is not having good understanding about the needs of the society. In NRI hospital a very high percentage of respondents stated that there is adequate number of staff; their qualifications are also appropriate and their education and experience are in line with duties allotted. Where as in KTH, majority of the respondents claimed that the existing staff is not adequate; there are no enough opportunities for
promotions. The ANOVA Test reveals that there is significant mean difference in opinion of the doctors among the three hospitals and as the mean value is high in case of NRI hospital, it can be inferred that there exists a good staffing process in the said hospital.

**Perceptions of Nursing Staff:** The Perceptions of Nursing Staff towards staffing function reveals the following facts. A high majority of the respondents in KGH are happy to say that their jobs are well secured. On the other hand, the staff of NRI & KTH expressed their dissatisfaction over the same. The respondents of KGH & KTH opined that salaries and positions of the staff do not depend on their responsibilities and especially in KGH, performance is not taken into consideration for promotions. Considerable percentage of respondents in NRI and KTH are also unhappy as there is no opportunity for in service education. The analysis of variance also reveals that there is a significant mean difference in the opinion score of the nursing staff among the three hospitals in respect of staffing function. However, the staffing process in NRI hospital is said to be sound compared to the rest of the two hospitals.

From the above discussion, it may be observed that there is an active staffing process in NRI hospital. Where as in the case of KGH and particularly in KTH the managers should look for innovative methods to overcome the staffing difficulties.

**V. Directing Function in Hospitals**

While as planning, Organising, Staffing and controlling are important facets of management, it is ‘Direction’ that synchronises the activities and maintains momentum towards desired objectives. Hence direction is called management in action. Direction is inter-personnel aspect of management which directly deals with influencing, guiding, supervising, motivating and coordinating the efforts of the individuals towards the achievement of organisational goals. Without directing function human and other resources become inactive and useless. Thus, it includes leadership, motivation, coordination and communication. The directing function in the three sample hospitals reveals the following facts.

**KGH:** The hospital is manned by Chief Superintendent who is senior most physician. He may not be well versed with modern and scientific techniques of management. As
such he is not able to lead the organisation effectively towards the goals. Though the job security is high, the employees are discontented due to the fact that their efforts are not being properly recognised and rewarded. The motivational levels in employees are found to be low due to ineffective leadership and communication practices. Coordination of various activities is also becoming a difficult task due to poor and faulty lay-out/ process in the hospital.

**NRI Hospital:** The hospital is headed by efficient and able personalities who consider the human factor as vital for the success of the organisation. The authorities believe in participation study. The CEO and Hospital Administrator adopt innovative, monitory and non-monitory techniques to motivate their personnel. In order to keep up the vigour, vitality and morale of the staff, yoga is being practiced regularly. The lay out and work process in the hospital provide good inter and intra departmental coordination. Use of modern techniques of communication such as mobiles, intercom, internet and intranet etc, enable the authorities to avoid communication gaps in the flow of work.

**KTH:** The directing function in this hospital is said to be weak due to the fact that the leaders are not professionally competent to lead the organisation. Staff motivation levels are very low as there is no security of the job and low payment of salaries. There is no system for recognising and rewarding better performance. It is also observed that the communication system is in effective.

**Perceptions of Departmental Heads towards Directing Function:** Majority of the respondents in KGH expressed their dissatisfaction over non-availability of financial and fringe benefits and arrangement of staff meetings. In case of NRI hospital, high majority of respondents stated that right man has been placed in the right job; the staff gets financial and other fringe benefits regularly and regular staff meetings are conducted with authorities. Whereas in KTH majority of the respondents opined that delegation of authority is not in writing; organisational goals and policies are clearly explained and disciplinary action is not taken in time. The analysis of variance with respect to directing function reveals that the perceptions of Departmental Heads differ significantly towards Directing Function. In case of NRI hospital, the mean value is high which suggests that the direction function is effective in said hospital compared to the other two hospitals.
Perceptions of Doctors towards Directing Function: It is observed that majority of the respondents in KGH & KTH expressed their dissatisfaction over the variable that superior acknowledges the job done and provides reward. Further stated that their superior does not show concern for the professional advancement of the staff. On the other hand in case of NRI hospital the high majority of respondents are happy to mention that superior enjoys respect of the staff; handles the matters fairly and disciplines the staff without bios. There exists regular communication between staff and society. The ANOVA test demonstrates that the perceptions of doctors among three vary significantly. The test further reveals that the mean difference in the NRI hospital is greater than the remaining two hospitals shows that effective direction process is going on in the said hospital.

Perceptions of Nursing Staff towards Directing Function: The analysis reveals the following facts. Majority of the respondents in KGH and KTH opined that the superior does not consult employees and seek their suggestions; there is no adequate appreciation and encouragement for good work done in the hospital. It is also found that there are no sufficient opportunities for improving professional knowledge & skills and the staff are not very much satisfied with their job. Whereas in case of NRI Hospital majority of the staff are satisfied with the job which shows that the direction process is effective in leading the staff towards the organisational goals. The analysis of variance also displays that the perceptions of nursing staff are not identical towards direction function in the three hospitals. As the mean value is high in case of NRI hospital, one can say that the direction function is effective in the said hospital than the rest of the two hospitals.

From the discussion it may be said that in almost all cases NRI hospital stands in the first place and this is followed by KGH and KTH.

VI. Controlling function in the Hospitals

Controlling is one of the essential managerial functions, is concerned with checking current performance against predetermined standards contained in the plans, with a view to ensuring adequate progress and satisfactory performance. Controlling goes with good planning. Some of the basic control systems which can be implemented
in the hospitals are medical audit, budgeting and hospital information system. Controlling function in the sample hospital reveals the following facts.

**KGH:** It is observed that the hospital follows traditional system of budgeting. The hospital Superintendent with the help of an office manager submits the budget proposal to the Government. The Government, depending on the availability of funds, sanction the annual budgets. There is no scientific method adopted in the process of preparing budget. Formal control mechanism is not visible in the hospital. Hospital information system is the weakest area in the hospital. There is no systematic and sophisticated reporting system.

**NRI Hospital:** An effective control mechanism is evident in the hospital. There exists predetermined standards. The performance of the staff is measured against standards at regular intervals and if deviation persists, immediate corrective action is being taken up. The hospital is using different control check such as medical audit and HIS. Apart from Chairman and CEO, the departmental Heads, Dean and Director act as members of the budget committee. The budget is prepared on scientific lines. A sound and sophisticated data base covering all important areas of hospital should be established for effective communication, reporting and feedback.

**KTH:** It is observed that there is no formal mechanism for exercising effective control. Pre-determined standards are not visible. There is no system for evaluating the performance of the employs. Annual budgets are prepared by the management on traditional methods. There is no internal audit and HIS is also absent. Computers are used in important areas of hospital functioning.

From the discussion, it may be concluded that there is no formal mechanism is existing for effective control of hospital operations in case of KGH and KTH whereas in NRI Hospital the controlling mechanism is very effective.

**Perception of Departmental Heads:** From the analysis, it is observed that majority of respondents in KGH and KTH are not satisfied with the pre-determined standards. Whereas high majority of respondents in NRI stated that standards are set for each
department after thorough discussion with the staff concerned. Periodic measurement of performance of the departments and comparing the same with standards is not visible in KGH and KTH. On the other hand, a high majority of respondents in NRI Hospital opined that there is periodic measurement of performance of departments with standards and deviations are if any one analysed and immediate corrective action is initiated. In KGH and KTH staff is lagging behind taking inventory on regular basis and proper studies are also lacking with regard to usage of materials. Further, the respondents also expressed that no budget exists for individual departments. Whereas in NRI Hospital the departmental budgets are prepared in consultation with the staff concerned. In case of KGH and KTH, it is observed no periodic information is provided to the department regarding income and expenses. The financial performance is not reviewed in the presence of staff. But in case of NRI Hospital sufficient care is taken in respect of matters relating to the budgets. Considerable majority of respondents in KGH and KTH claimed that the reports don’t provide clear picture of departments and no mechanism exists to assess patient satisfaction. In NRI, there exists effective mechanism to assess the patient satisfaction. Recording of critical incidents is a regular feature in NRI but this is absent in case of KGH and KTH.

Further in order to know whether the perceptions of departmental heads towards controlling function can be differentiated among the three selected hospitals ANOVA test has been administered. It reveals that the opinions of the respondents belonging to three hospitals under the study are not identical in respect of the controlling function. Scheffe test also reveals that there is significant difference in each and every pair of hospital regarding the dimension controlling.

Perceptions of Doctors towards Controlling Function: An average percentage of respondents in KGH and majority of respondents in KTH opined that the reporting system consumes time and it does not provide usable information. Majority of the doctors are dissatisfied with regards to budgets and their projections. In NRI hospital majority of the respondents expressed that evaluation is a part of routine operations and corrective action is immediately initiated for identified problems. The analysis of variance of sample hospitals reveals that the responses of respondents of each hospital
differ significantly from others. Scheffe test also displays that there is significant difference between each and every pair of hospital at 5 per cent level of significance regarding the dimension controlling.

**Perceptions of Nursing Staff towards Controlling Function:** The analysis reveals that majority of the respondents in KGH and KTH are of the view that there are no standards set for each task; there is no periodic measurement of performance against predetermined standards and staff do not take part in the preparation of budgets, while, performance measurements and comparison with standards is a regular feature in NRI. In KTH half of the sample respondents said that they would not send the periodic reports to the authorities. The analysis of variance reveals that in most of the cases the perceptions of the respondents in the three sample hospitals differ from one another. The corresponding Scheffe test also reveals that there is significant difference in the opinion score of respondents in each and every pair of hospital at 5 per cent level of significance.

From the above analysis, it may be said that the managerial function of controlling in KGH particularly in KTH needs to be improved to a considerable extent. In this process, NRI hospital occupies first place and this is followed by KGH and KTH.

The researcher after having observed the perceptions of the departmental heads, doctors and nursing staff in respect to management functions with the help of questionnaire, intends to specify that NRI hospital stands in the forefront when compared to the other two sample hospitals. The statistical analysis inferred from ANOVA test and Scaffe Post Hock Test also establishes the same fact. Thus, it may be concluded that the hospital that functions on sound management practices would certainly excel in all its endeavours.

**VII. Survey on Patient Satisfaction**

In order to provide better patient care, first of all, the medical and other staff of the hospital should understand the physical and mental flight of the patients. The hospital authorities have to provide and maintain all the measures as may be necessary to obtain and support patient’s state of complete physical, mental and social well being. As the patient satisfaction is the real testimony to the efficiency of the hospital it becomes...
imperative for the researcher to observe the relationship between management function and patient satisfaction. In the present study, an attempt has been made to find out what factors influence patient satisfactions. Some of the factors include social factors, cultural factors, demographic factors and psychological factors. The other factors include the Out-Patient department, medical services inpatient services, dietary services and housekeeping services etc. In order to know how far a patient is satisfied with the services provided by the hospital, the perception of Out-Patient and In-Patient were elicited.

Analysis of Perceptions of Out-Patients: The perception of the sample out-patients in the three related hospitals were elicited in respect of registration procedure, consultation and treatment facilitation and investigation procedures.

Perceptions of Out-Patients towards Registration Procedure: The analysis of perceptions of Out-Patients towards registration procedure reveals that majority of the respondents in KGH and KTH are not happy with the reception services. Further, they opined that the present queue system is not satisfactory and the counters provided for registration are also not in adequate number. Whereas in NRI majority of the respondents expressed their satisfaction towards registration services. In order to know whether there is difference in the responses of the sample Out-Patients ANOVA test is administered which reveals that there is significant difference in the perceptions of Out-Patients regarding dimension registration services. Further, NRI Hospital score is positive and greater than that of the remaining two hospitals. This indicates that the respondents are satisfied with registration services in the said hospital.

Perceptions of Out-Patients towards Treatment and Consultation Facilities: The analysis reveals the following facts: Majority of the respondent in KGH and KTH expressed their dissatisfaction on the procedures adopted before consulting the doctor; attitude of the staff at waiting area and unreasonable delays in consulting the doctor. Where as in case of NRI Hospital high majority of respondents expressed their satisfaction towards consulting procedure; availability of adequate physical facilities and also treatment given by the doctor. The Analysis of variance reveals that three sample hospitals can be differentiated as far as the perceptions of Out-Patients with regard to
treatment and consultation facilities are concerned. Here NRI is considered preferred hospital as its mean value is high.

**Perception of Out-Patients towards Diagnostic procedure:** The analysis reveals that majority of the respondents in three sample hospitals commonly agree that many investigations are done for ailment. Many of the respondents in KGH & KTH expressed their dissatisfaction over facilities at investigation room and availability of required medicines in hospital premises. In case of NRI, many respondents told that the laboratory tests are done in time and sophisticated equipment is used for the purpose of investigations. The analysis of variance with respect to diagnostic procedure reveals that the three sample hospitals are not identical as there is significant mean difference in the perception of the outpatient. On the whole, the Outpatients of NRI Hospital are satisfied with the diagnostic procedures.

**Analysis of In-Patients perceptions:** In order to elicit the perceptions of the sample in-patients in the three selected hospitals, the schedule of in patients is divided into Admission procedure, Discharge services, Diagnostic services, Physician services, Nursing services, Dietary services accommodation & physical facilitation and other related items.

**Perception of In-Patient towards Hospital Admission Procedure:** The analysis reveals that respondents of NRI hospitals are happy towards reception services; availability of adequate information at reception counters, the way they are shifted to room. Those from KGH & KTH said that the number of reception counters in these hospitals needed to be increased. A majority of respondents in NRI Hospital told that registration procedure is good and paper work is completed in time, whereas in KGH the respondents expressed that there occurs delay in admitting the patients. Analysis of variance reveals that there is a significant difference in the opinion score of the respondents in the three hospitals. The most preferential hospital among the sample hospitals is NRI as its mean value is greater than that of remaining two hospitals.

**Perception of In-Patient towards Discharge Services:** The analysis reveals that majority of the respondents of NRI Hospital expressed their satisfaction with regard to
timely discharge instructions; helpfulness of the staff at billing section and health
counselling provided at the time of discharge. However, the same respondents are not
happy with the billing process. In case of KGH & KTH the respondents opined that there
is need to give proper discharge instructions in time and health counselling should also be
provide on discharge. The analysis of variance shows significant variation which reveals
that the sample hospitals are not identical.

**Perception of In-Patients towards Diagnostic Services:** The analysis reveals that
considerably a high proportion of respondents in KGH and KTH are of the opinions that
the facilities at the investigation room are needed to be improved, delays in giving test
results should be reduced. Particularly the respondents of KGH are not satisfied with the
behaviour of the escort staff. In case of NRI Hospitals a high majority of the respondents
expressed their satisfaction on the overall diagnostic services. The analysis of variance
demonstrates a significant mean difference in the opinion scores of in-patients belonging
to their three types of Hospitals. The diagnostic services are said to be good in NRI
Hospital as its mean value is very high compared to the other two hospitals.

**Perception of In-Patients towards Physician Services:** From the analysis it was
observed that the high majority of the respondents in NRI Hospital are satisfied with the
Physician services. A considerable proportion of respondents in KGH and KTH opined
that the daily rounds by Doctors are required to be increased and proper after care
instructions are needed to be given. Analysis of variance shows big difference in the
opinion score of the respondents of three sample hospitals. The physician services are
found to be excellent in case of NRI Hospital as its mean value in very high when
compared to the KGH and KTH.

**Perception of In-Patients towards Nursing Services:** From the analysis it is observed
that overall rating of the nursing service was highly satisfactory in NRI Hospital. In case
of KGH and KTH considerable percentage of respondents are dissatisfied over the
explanation of tests, procedures and treatment by nursing staff and the frequency with
which the nurses checked the patients. The analysis of variance also reveals that there is
significant difference between the levels of satisfaction of the In-Patients in the three of
hospitals. Moreover, the In-Patients of NRI Hospital exhibited a far better perception of the aspects related to this dimensions when compared to other two hospitals.

**Perception of In-Patients towards Dietary Services:** From the analysis, it was observed that a high majority of the respondents in the NRI Hospital expressed their satisfaction over Dietary Services. In case of KGH and KTH considerable percentage of respondents opined that palatability of the diet should be improved and adequate dietary counselling is required to be provided. The analysis of variance indicates that hospitals under the study are not identical with respect to the dietary service. The average opinion score of NRI Hospital is greater than that of the remaining two hospitals, which shows that good dietary services are provided in this hospital compared to the other two hospitals.

**Perception of In-Patients towards Physical / Accommodation and Other related items:** From the analysis, it was observed high majority of respondent in NRI Hospital expressed their satisfaction towards the existing accommodation/Physical facilities in the hospital except in respect of parking, canteen and prayer room facilities. In case of KGH and KTH majority of the respondents do not have positive impression regarding accommodation and Physical facilities provided in the hospital. The analysis of variance reveals that the sample hospitals are not identical. Since the percentage of the respondents of three super speciality hospitals are varying significantly. It is found that the average opinion score of the NRI Hospital is greater than that of remaining two types of hospitals. This implies that the in-patients of NRI Hospital have impressed with these facilities provided by the hospital authorities.

From the analysis of variance, it may be inferred that the patients also have rated NRI Hospital as the best performing organisation with respect to all the output parameters.

While identifying the relationship between management functions and patient satisfaction, it is observed from the study of management functions that in almost all cases, NRI hospital has occupied the first place and it is followed by KGH. Likewise the study of patient satisfaction survey reveals that in almost all cases NRI Hospital, KGH and KTH occupied first, second and third places respectively.
Testing of Hypothesis

The hypotheses framed for this study are:

1. The perceptions of Departmental Heads, Doctors, and Nursing Staff of the three selected hospitals vary with respect to management functions.

2. The perceptions of the Out-patients and In-patients of the three selected hospitals are not synonymous with respect to registration procedure, consultation and treatment facilities; diagnose procedure, physician and nursing services etc.

3. The hospitals that practice sound management principles function satisfactorily with regard to patient satisfaction.

Presented below are the findings of the study in relation to the hypothesis framed, of all the three sample hospitals.

1. As per the ANOVA tests there is a significant mean difference in the perceptions of the departmental heads, doctors and nursing staff belonging to the three categories of the sample hospitals with respect to management functions, such as planning, organising, staffing, directing and controlling. Hence, it can be concluded that the first hypothesis is accepted at 5 per cent level of significance.

2. As per the ANOVA tests there is a significant mean difference in the perceptions of the out-patients and in-patients relating to the three categories of the sample hospitals with respect to various hospital services such as reception services, admission, discharge, diagnostic services, treatment and consultation facilities, physician and nursing services and physical/accommodation facilities. Hence, it can be concluded that the second hypothesis is accepted at 0.05 level of significance.

3. There is significant mean difference in the perceptions of the respondents pertaining to the three types of sample hospital with respect to management functions and patient satisfaction. Further, ANOVA test and Schaeffer’s Post Eock test (Multiple comparison) reveals that the average opinion score of the
NRI hospital in all the cases is greater than that of KGH and KTH regarding effectiveness of the management functions and patient satisfaction. This clearly indicates that NRI hospital functions on sound management practices when compared to the remaining two hospitals which in turn reflect better patient satisfaction. Hence, the third hypothesis is also accepted at 5 per cent level of sign.

SUGGESTIONS

Effective and efficient management is necessary for smooth running of every institution. A hospital is no exception to this fundamental rule. In order to perform its functions effectively, hospitals, today, must be organised and administered in a scientific manner.

There is a greater need for efficient management in hospitals because the number of people who use hospital services has increased manifold, where as the financial and other resources available to hospitals in India have not kept pace with growth of number of users. Moreover, the optimum use of resources and result oriented functioning of hospitals is only possible with the efficient and professionally competent management. Hospitals in India have undergone a rapid change due to increase in the size, complexity. Besides, technological, socio-economic, political and cultural changes also, have a bearing on the efficient functioning of the hospitals in the country. In the light of these circumstances, the under mentioned are some of the suggestions made to the hospital administrators and policy makers to make their hospitals hospitable.

1. Application of Principles of Management in Hospitals

The role, function and tasks of general management have been codified as “principles of management” these principles comprise of guidelines as well as commandments to the manager’s function’. The understanding of the following principles becomes necessary for all administrators including hospital administrator for effective management of the hospital.
2. Total Quality Management in Health Care

The justification for the introduction of TMQ in health care organisations arises from the fact that today, there has been mushroom growth of small nursing homes and hospitals in India. The level of care provided by them varies in terms of professional support and infrastructural and facilities they have. As there are no clear cut norms for setting up health care units, a lot of compromises have been made in patient care. But, today, patients are better informed about their rights and liabilities. When they undergo treatment for any ailment, they scout various hospitals treating the same disease, comparing their reputation as far as results are concerned and cost of treatment before taking the final decision of undergoing treatment in a particular hospital. Hence it is important for the health-care units to project a positive image in terms of performance and better patient care. Today, number of organisations have implemented TMQ to meet the demands of the customers.

Total Quality Management is performance superiority in delighting customers. The means used are people, committed to employing organisational resources to provide value to customers by doing the things right at the first time, and every time, and right on time. The basic aim of TMQ is to keep the customer in focus at all stages of operational activities. It ensures that there is continuous improvement in the effectiveness and efficiency of the organisational system and procedures and process. However, implementing TMQ in a hospital requires convincing the workers that the total quality is not an extra work but it envisages changed way of working, where people have to be encouraged to be creative and find solutions to their own problem. At this juncture, the words of Crosby are worth mentioning that “Quality is something that happened not in the management of office, not just on the hospital floor. Quality begins with people”

3. Strategic Planning

Due to the technological, economic and social changes that are fast taking place all around, the environment within which the hospitals must operate is becoming increasingly turbulent. Moreover, in today’s highly competitive and volatile world,
hospitals are operating in uncertain environments. The approach to meet these changes effectively has been termed as 'strategic planning'.

In the words of Management Guru Peter F. Drucke, strategic planning is the continuous process of making present entrepreneurial (risk-taking) decisions systematically and with the greatest knowledge of their futurity, organising systematically the efforts needed to carry out these decisions against the expectations through organised, systematic feedback.

Strategic planning in the context of hospitals requires a refocusing of the planning activity, and a shift from the service-oriented (facility oriented) master planning to market-oriented planning. By being market oriented, the hospital will be obliged to develop programmes responsive to people's needs, thereby promoting and improving the hospital's ability to be economically survivable.

It helps the top management to scan the hospital environment. Analysis of the external environment helps the hospital to identify the threats and opportunities whereas, internal environment helps to identify its strengths and weakness. It enables the management to take a move or counter mover in the competitive conditions. However, the success of strategic planning depends on the involvement of key members of the hospital, effective leadership, sincere staff support and also participation of persons with expertise in their respective field.

4. Using Management by Objectives (MBO) Approach

MBO is result-oriented, non-specialised managerial process for the effective operational utilisation of organisational resources by integrating individuals with the organisation and the organisation with the environment. Over the years Management by Objectives has evolved into total management approach and has become a powerful tool for improving performance. Though hospital personnel are professional, their actions are often not professional. When the time has come when they will have to professionalise their functioning. The concept, in fact, is merely a logical extension of the normal management functions of planning, control and motivation. The important feature that distinguishes MBO from other planning and control systems is it emphasis on results rather than activities or on output rather than input.
The first step in the practice of MBO is to decide the 'Key Result Areas' (KRAs) of the hospital in which positive results must be obtained. KRAs can be expressed quantitative terms (e.g., number of patients treated and the cost of treatment) as well as qualitative terms (e.g., patients' satisfaction) The second step should be to identify main areas where improved performance is needed. The third step is to decide how standards of performance in each of these key result areas can be defined and measured taking into consideration number of personnel employed, length of time taken, cost incurred, quantity and quality of work done. In MBO each manager contributes to the objectives of the whole rather than a part and clearly sees himself as accountable for his contribution. By using MBO approach in hospital, patients can be served better and it also creates a desire to achieve goals. On the whole, MBO is an approach of worth trying in all hospitals.

5. Initiating Business Process Re-engineering

Achieving more from less is an increasing preoccupation for hospitals. The rapidly changing environment in which hospitals operate creates the simultaneous need to improve both quality and efficiency. In this context, Business Process Re-engineering is a fundamental rethinking and radical redesign of business process to achieve dramatic improvements in critical, contemporary measures of performance such as cost, quality, service and speed. Process here implies a set of logically-related tasks formed to achieve an outcome valued by customers and it may include out-patient, in-patient and emergency care.

In hospitals, responsibility is generally allocated by functional contribution to a process. Patients travel through hospitals metamorphically (and sometimes physically) horizontally, and yet hospital management structures are organised vertically. Hence, it is not possible to create excellence across hospital services without fundamental redesign of core healthcare processes. The hospital administration must be committed to initiate, sustain and achieve successful business process re-engineering programmes. This tool has already given positive results in US and Canadian hospitals and hence it is suggested for implementation in Indian hospital also.
6. Customer Relationship Management and Health Care

Customer Relationship Management (CRM) consists of the process a company uses to track and organise its contacts with its current and prospective customers. CRM provides the organisation with the chance to acquire and retain customer relationships. It serves to convert almost every customer interaction into a health management opportunity. Its diverse personality enables employers, customers and employees to access common information. Millions of patients are being contacted daily with the hospital through phone, e-mails, fax and face-to-face interaction for variety of reasons. Moreover, health care industry has realised the importance of maximising the quality of care while minimising its costs. All these things necessitated for an effective and well co-ordinate customer/patient approach.

CRM has succeeded well in transforming health care organisations into customer/patient-centric providers of efficient health care. In fact, the need for CRM in hospitals springs from the fact that today's medical sector is finding the need to know more and more about their current and prospective clients. The more efficient service the hospital can give their patients. Further they will go in retaining them.

The health sector now opting for CRM in its daily applications. Here are the eight most compelling reasons to consider CRM implementations in healthcare organisations:

1. PRM (Patient Relationship Management) Systems can greatly speed up routine administrative functions such as admissions, billing, discharge, referrals, and accounting by eliminating duplication of work and bypassing unnecessary steps, which can enhance patient satisfaction and reduce costs substantially.

2. Healthcare CRM Software can empower physicians, nurses, and other healthcare staff to get a 360-degree view of patient's personal and medical records with which it becomes easier for them to identify and correlate current symptoms with future health concerns.

3. With the help of automated CRM processes, healthcare organisations can easily ensure that all the necessary and critical safety procedures
are strictly followed. Besides, CRM tools can also help in handling issues related with privacy of patient’s records and regulatory compliances.

4. Healthcare entities can speed up the quality and consistency of health care by analysing the routine procedures and making the required improvements in the same.

5. CRM software can allow the clinicians to streamline the appointment schedules, which is generally a great hassle for them. Physicians can easily keep track of follow-up and new cases and thereby ensure that they do not miss out any important appointments. It ultimately helps in saving time and improving patient satisfaction.

6. With automatic processes and electronic data storage in place, doctors can access various important information such as treatment plans, relationship between symptoms and diagnosis, latest research materials and other case studies to provide quality health care to the patients.

7. Healthcare organisations can target proactive communications by reviewing patient’s case history and data about chronic illnesses. Imagine how your patients would react if you were to send them communications about new treatment options and educational offering.

8. CRM systems can centralise the entire data about patient’s demographic information and standardise and streamline various medical and administrative procedures, which can go a long way in enhancing the service standards and patient satisfaction.

CRM, thus, enables the hospitals to deliver better patient care, increase their loyalty and add new services as well. It also helps the hospitals in effectively marketing
their health products; to reduce operating costs, minimise errors ultimately leads to overall profitability.

7. Creating Healing Environment

Creating a patient-friendly environment is a challenge, especially, since; the patients come in all sizes and from all cultures. As evidence about the benefits of healing environment accumulates, health care organisations are starting to incorporate features into hospital design that reduces stress and promoting healing. The word “healing” comes from the Anglo-Saxon word “haelen”, which means to make whole. One way to understand the term is as harmony of mind, body, and spirit. Healing is not the same as curing, which is about fixing problems, eradicating disease, and decreasing symptoms. People can be healed even if they are not cured. Such environments can reduce stress and anxiety, which positively affects our health in a number of ways. Neuroscience is showing that our brain and nervous, endocrine, and immune systems are constantly interacting. As neuroscientist Candace Pert said, “What you are thinking at any moment is changing your biochemistry.

Thus, a noisy, confusing hospital room might leave a patient not only feeling worried, sad, or helpless but also might raise his or her blood pressure and heart rate and increase muscle tension. In addition, hormones released in response to stress could suppress the patient’s immune system, causing wounds to heal more slowly.

Malkin has identified the following ways and his research is showing how organisations can adapt health care facilities in order to alleviate stress and ultimately improve patient outcomes

- **Increase connection to nature**: A number of studies have presented strong evidence that even 3 to 5 minutes of contact with nature can significantly decrease stress, reduce anger and fear, and increase pleasant feelings. This calming effect can be achieved by providing views to the outside, interior gardens or aquariums, or artwork with a nature theme.

- **Offer options and choices**: Giving patients a sense of control can significantly decrease stress. Hospitals can do this by allowing them to adjust lighting and
temperature, choose the music they want to listen to, select where they would like to sit, and control the timing of meals.

- **Provide positive diversions**: A study by Ulrich showed that heart surgery patients in intensive care units who viewed landscape scenes reported less anxiety and stress and needed fewer pain medications than a control group that was not exposed to the pictures.

- **Provide access to social support**: An extensive amount of research has shown that support from family and close friends can help in healing. Hospitals can promote social support by providing waiting rooms and lounges with comfortable furniture, designing patient rooms that accommodate visitors, and providing amenities that make it easier for family members to stay overnight.

- **Reduce environmental stressors**: Good design can dampen noise from paging systems, equipment, alarms, roommates, and staff, making hospitalisation less stressful and more restful for patients.

- **Healing and Health Care Design Trends**: Most of the hospitals and clinics built in the 20th century were not designed for patients and their loved ones and, thus, were not designed to promote healing.

- **Private rooms**: Private rooms are designed to provide access to the patient’s support network and give patients a greater sense of control. They have amenities for loved ones such as sofas that covert to a bed, separate reading lights, and Internet access. They may also have a small refrigerator to store homemade food, lighting and window blinds that can be controlled from the bed by the patient, and wall-mounted flat-screen televisions.

- **Acuity-adaptable rooms**: This type of room may reduce medical errors because care of the patient is not handed off from the staff in one department to staff in another part of the hospital.17

- **Indoor gardens, aquariums, and landscapes to bring nature into the environment and help the patient in his fast healing process.**
Less noise: Hospitals are attempting to reduce the sources of noise and improve soundproofing with sound-absorbing ceilings and carpeting in order to reduce stress.

Better way finding: Facilities are using colour, images, and signage to better orient patients and families and help them find their destination.

8. Need for Patient Centred Hospitals

Patient-centred care has become a central aim for the nation's health system. The concept of patient-centred care has gained increasing prominence in recent years as a key aim of the India health care system. Yet, despite growing recognition of the importance of patient-centred care, as well as evidence of its effectiveness in contributing to other system goals such as efficiency and effectiveness, the nation's health care system falls short of achieving it.

Care that is truly “patient centred” considers patients’ cultures, traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions. Patients-centred care ensures that transitions between providers, departments, and health care setting are respectful, coordinated and efficient. When care patient centred, unnecessary services can be reduced.

In Patient centred Care, each physician, nurse, physiotherapist, pharmacist, and dietitian cares for one patient at a time, who exist to serve the patient. The patient is the centre of their activity. The patient’s satisfaction should be the goal; even if that is less than what modern medicine has to offer. Patient centred care is the right care, the highest quality care and the most cost effective care for that individual patient.

According to National Health Council, USA, “patient centred care is quality healthcare achieved through a partnership between informed and respected patients and their families, and a co-ordinated health team”. Thus, patient-centred care is the integral aspect of effective Health care system.

The following are the ground reasons that led to creation of patient centred hospitals.
❖ Lack of proper coordination among hospital personnel
❖ Inattentive towards duties in case of certain employees
❖ Irresponsibility on part of the hospital staff in discharging assigned duties
❖ Improper Communication among doctors-nursing staff-medicos-class IV employee
❖ Negligence in terms of wrong diagnosis treatment operations medication etc.,
❖ Non-availability of concerned specialists in time
❖ Pathetic conditions (more especially in Govt. Hospitals)-Poor hygiene & sanitation; inadequate infrastructure facilities; Non-availability of safe drinking water; unhygienic canteen facilities at high costs; insufficient supply of medicines; frequent power failures creating hell to patients; lack of proper facilities for attendants’ stay.
❖ Unethical practices by some physicians, nursing staff, and especially class IV employees causing misery to the patients and bringing ill reputation to the hospital as a whole.

In this context, Picker Institute suggests the following seven prime aspects of patient-centred care. A strict compliance to these aspects would certainly result in better patient satisfaction.

➢ Respect for patient’s values, preferences and expressed needs including an awareness of quality life issues, involvement in decision making, dignity and attention to patient needs and autonomy.

➢ Coordination and integration of care across clinical, ancillary and support services and in the context of receiving ‘front line’ care

➢ Information, communication and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion.

➢ Physical Comfort including pain management, help with activities of daily living, and clean and comfortable surroundings

➢ Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and finances

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Involvement of family and friends in decision making and awareness and accommodation of their needs as care givers

Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transition.

Access to Care in case of inpatients time take log between admission of the patient and shifting him to the room and in case of outpatient waiting time for an appointment/visit the doctor.

No institution can be more sensitive than a hospital because it deals with life and death of its patients. A slightly indifferent attitude on the part of employees in a factory may reduce production, which can be made good by taking certain measures. But it is not so in a hospital. Hence, the personnel of the hospitals should have a patient-centred attitude at all times and in all circumstances for better patient satisfaction.

9. Need for Building Organisational Culture in Hospitals

Organisational Culture is the way of behaving, following policies and doing things in an organisation. In other words, it is in the mental framework of organisational members. This framework contains basic assumptions and values which are taught to all the members the way the organisation expects them to perceive, think, feel, behave and also expect others to behave in the organisation. It is the mirror which reflects the personality of the organisation. The culture of a corporate hospital is quite different from that of a missionary charitable hospital. One can tell the culture of an organisation by looking at the building, arrangement of furniture and from the behaviour of the employees. The employees of corporate hospital talk big, have lofty ideals / dashing look and talk of maximisation of profits while the employees of a charitable mission hospital are sober, humble and talk of maximisation of service. Building Organisational Culture is ongoing process and is manifested in:

- Values and principle that founders preach and practice,
- Standards maintained and policies being followed by the management
- Stories people repeat about events in the organisation
Employees attitude and behaviour towards the organisation

The first two factors depend on management while the remaining two on employees. Therefore, management and employees are equally responsible for maintenance of the organisational Culture.

10. Evolving Patient Safety Management Programme (PSMP)

Hospitals, in India are often in the news for the wrong reasons such as physical injuries/assaults or other incidents related to patients' safety. In spite of public outcry, the hospitals have, by and large, failed to wake up and display adequate concern. Being a matter of crucial significance, safety of patients, staff and public, within the hospital premises, needs to be ensured. In this context, evolving a Patient Safety Management Programme (PSMP) is the need of the hour. In fact, PSMP is a system to identify all possible hazards the patient may be exposed during the course of his treatments in the hospital and taking all possible precautionary measures to ensure that not only the patient recovers from the disease process as quickly as possible but also remains safe and protected from all possible hazards and unexpected complications due to human or system failure. For successful implementation of the programme, Hospital Safety Committee should be established in every hospital. Such committee should be made responsible for periodic Hazard Identification and Risk Analysis and recommending preventive/corrective steps. They may, if necessary, take the help of a professional agency in assessing the safety of infrastructure. In addition, there should be a mechanism for monitoring, reporting and investigation of all adverse events occurring in the hospital. A record of deficiencies detected and recommendations made, must be maintained along with actions taken. The management must display a high level of commitment to the cause of patients' safety.

11. Decentralisation of Authority

Decentralisation disperses decision making and authority throughout and further down the organisational hierarchy. MC Farian opines that such kind of decentralisation is the crying need of the hour in case of Government hospitals in India where the administrative power to a greater extent has been centralised. Because even the small issues of any department are referred to the hospital superintendent for his decision which
results in delays in making decision. Sometimes for taking decision on certain issues again the matter is referred to the Govt. which further leads to inordinate delays, sometimes creating frustration to the people concerned with the matter. In the light of these circumstances, decentralisation only the optimal choice. The Sectional Officer, and Superintendent and other officers like RMO, Lay-Secretary, and Administrative Officer should be empowered to take decisions on certain matters which came under the purview of rules.

12. Medical Audit

Medical audit is used to review the professional work. It regulates the quality of medical care. It acts as stimulus to the practice and acts like an inbuilt check on the professional work performed in the hospital. It helps in preventing the irreparable mistakes in dealing with the life of patients. For medical audit, there should be adequate medical records which are written by doctors and nurses and there should be a separate department. Medical audit committee is to be constituted internally and it should be conducted periodically.

Medical Audit is a control technique which provides the management with a method of evaluating the effectiveness of operating procedures and internal controls. It is a constructive method of assisting the management to improve operations of its business by alerting it to any breakdown of operational controls, by pinpointing areas of cost reduction, by suggesting potential operating improvements and by pointing out where breakdowns in the implementation of functional responsibilities in various areas have significantly affected these areas. The benefits derived from Medical Audit include:

- An appraisal of strategies, policies, plans and programmes for their potential and realised effectiveness;
- Identification of areas where improvement is needed;
- Better utilisation of resources;
- Guidelines for improving inter-group, inter-personal and staff-line relations;
- Improving the utilisation of Hospital Information system and streamlining the operations.
Hence, the hospitals may get their organisations audited by outside management consultancy organisations, so that they can provide an embraced report on the Management Audit of the institution. The Medical Audit may be undertaken by the hospitals periodically.

13. Hospital Information System

The common characteristic of almost all hospitals is lack of valid and reliable data which is very essential for decision making and better patient care. In the absence of accurate and correct information, the planners and administrators are forced to make major policy decisions without rationality. No wonder if the plans go wrong and the intended programmes fail to achieve the desired objectives. It is therefore, the hospitals, on top priority basis should develop Hospital Information System (HIS) for proper policy planning, monitoring, evaluation and feedback. It is not a distinct process, in fact, it is a multi-control that supplement the decision making process, support user confidence and boost hospital professional’s commitment. HIS is needed for:

- The daily management of operations
- The planning strategy to be competitive
- The control of information dissemination
- Processing volumes of data
- Audit-statutory and for medical purposes
- Inventory management-40 per cent of the revenue is spent on material supplies
- Interaction between functional heads, for control, planning, coordination etc.

The Hospital Information System increases the importance of management, helps the hospital personnel to be more competitive and keeps the administrator one step ahead.

14. Corporate Social Responsibility

Apart from giving fair return to the owners/shareholders, fair salaries and benefits and best quality of work life to the employees, providing quality services at affordable prices to the patients and paying taxes to the government in time, corporate hospitals also hold a responsibility towards improvement of the quality life of the people
in the community. They should engage in works like providing clean drinking water, improving sanitation facilities through construction of underground drain, public toilets and garbage clearance in slum areas etc. Such measures would reduce preventable and water borne diseases. They can also distribute free medicines, nutritious food to school-going children and pregnant women, the aged and the sick. Holding open camps for operation of minor ailments, eye diseases, family planning can also be arranged by them. It is also an important responsibility of the corporate hospitals to take care of the problems responsible for ill-health of the people living in rural areas by organising mobile medical camps and through spread of health education.

15. Measures to Retain Employees

Retaining the talented employees is becoming more difficult than ever. The advent of new technologies and globalisation have made job hopping quite easy. As employees want to climb up the corporate ladder and prefer to experiment and explore new opportunities. In this context, retention of employees is becoming a major problem leading to high turnover and causing low morale to the existing employees. In case of trust based hospitals, there are sequential job shifts happening because of poor recruitment policy, poor wage and salary administration in comparison with other hospitals, and subjective approach of supervisors and managers etc. In this scenario, the hospital administrator can use the following retention tools to retain their hospital employees.

❖ It is implicit to offer growth opportunities because it is the vital factor that ensures a majority of employees remain associated with the hospital.

❖ Handsome remuneration is the driving force of any job and works as a good motivation. Besides basic remuneration, there should be performance linked incentive schemes relating to target achievement.

❖ The hospital should improve the skills of its employees and enhance their performance by providing suitable training and development activities.

❖ The outstanding contribution made by the employees should immediately be recognised and rewarded either in cash or kind.
Hospital employees undergo so much of stress every day while discharging their duties. Hence, it is necessary to introduce consistent recreation initiatives like sports, games, cultural programmes and yoga and meditation classes etc.,

In order to create a supportive work atmosphere, ensure a prompt redressal and grievances which in turn reinforces the employee’s belief in management.

**Conclusion**

Healthcare plays an important role in our lives. It affects the way we live together, and the expectations we have for our standard of living. Health is a matter of concern to the humanity and the ultimate performance and progress of any civilised society depends the state of health of its citizens. During the last two decades, medical science has made unprecedented progress. The future will undoubtedly witness revolutionary changes, new horizons opened up by cutting-edge science. Multiple, but very powerful forces are imminently accelerating the need for transformation of healthcare delivery.

In recent years, the healthcare sector has become very competitive and is changing rapidly. The rise of the patient as a consumer, the introduction of innovative technology and a new breed of entrepreneurial managers are the main factors behind this industrial metamorphosis. Today’s healthcare market is customer driven. Patients are better informed and they know more about health and medical services due to information revolution. However, in India, many hospitals fail in meeting the customers’ service quality expectations. At one extreme the hospital owners want to serve the humanity and at other extreme they want that the hospital as organisation should be productive and self-supporting. So, striking a balance between these two extremes is really a big challenge on part of the hospital administrators. The providers have their own constraints; they have to provide the best possible services within the limited resources. With the growing population and change in people’s attitude towards health, appearance and quality of life, the health care organisations are going to have increased demand as well as increased competition in the coming years.

The most generic problem confronting the hospitals today is that the increased specialisation leading to a form of alienation from the broader aims of the health service
to the automated organisation is fast becoming the main driving force directing and controlling the human beings instead of being controlled by them. In today’s hospital, SAVE (Science, Administration, Value and Efficiency) – is taking over from CARE (Compassion, Art, Reliability and Empathy). This trend will need to be reversed and an optimum balance of the two extremes will have to be achieved for hospitals of tomorrow to fulfil their role in the progress of human civilisation. To address these issues successfully, a sound, effective and well planned Management programme is imperative.

From the discussion, it can be concluded that management is universal process in all organised, social and economic activities. Wherever human activity, there is management. Hospitals are no exception to this. The practice of sound management principles enable the hospital to optimise its resources, increase productivity and achieve cost effectiveness and also leads to better inter and intra personal relations and patient satisfaction.

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\text{May all humanity be happy} \\
\text{May all be without disease} \\
\text{May all witness auspicious sights} \\
\text{May none have to undergo suffering} \\
\text{- Vedic Benediction}
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