Chapter-III
CHAPTER - III

PRESENT POSITION OF MEDICAL SERVICES

Professionalization in Medical Services

The word ‘profession’ is having a variety of meanings. It may broadly be used to refer to any occupation by which a person earns livelihood. It may also be used in restricted sense and all occupations may not be included in profession. Thus, it may be defined as an occupation for which specialized skills and training are enquired and the use of these skills is not meant for self-satisfaction, but are used for the larger interests of the society and the success of such skill is generally not measured in terms of money alone.

The criteria of a profession were outlined by an eminent medical scholar, Dr. Abraham Flexner early in this century. These are as under:

- a body of specialized knowledge and recognized educational process for acquiring it;
- a standard of qualifications governing admission to profession;
- a standard of conduct governing the relationship of the practitioners with clients (patients) colleagues and the public;
- an acceptance of the social responsibility inherent in an occupation and the public interest; and
- an association or society devoted to the advancement of the social
obligations as distinct from the economic interests of the group.

A working group set up by the World Council of Management (CIOS) in 1972 to establish criteria for professionalism, placed its recommendations at the World Management Congress, 1975 as follows:¹

- Members of a profession subordinate self-interest to the client’s interest and the official interest.
- A profession is based on a systematic body of knowledge that is held in common and lends itself to application.
- Membership of a profession should depend on the observance of certain rules of conduct or behaviour.

McFarland also identified following characteristics of profession:²

- Existence of an organised and systematic knowledge.
- Formalised methods of acquiring training and experience.
- Existence of an association with professionalisation as its goal.
- The formation of ethical codes for guidance of conduct.
- Charging of fees based on service but with due regard for the priority of service over the desire for monetary reward.

Keeping in view these characteristics we first concentrate, on the study of professionalisation in providing medical services in the public hospitals at district level in U.P. There is no doubt that medical job is a profession. It is having systematic and organized

¹ International labour Review, Vol. 115
knowledge since centuries together. The knowledge is imparted through formal methods in medical colleges. Their association also exists and there are some ethical codes which medical practitioners have to follow. In brief, there is no dispute about medical practitioners to be considered as professionals. They are professionals. They have acquired the systematic and organized knowledge of medical science through formal methods. Now it is to be seen that how far the medical services provided in public hospitals at district level are professional.

Medical services provided in these hospitals can be classified into five groups for the purpose of study:

1. Services provided by Medical staff.
2. Services provided by Nursing staff.
3. Services provided by para-medical staff.
4. Services provided in the field of house-keeping and diet.
5. Services provided by the ward-attendants and other first line workers.

1. **SERVICES PROVIDED BY MEDICAL STAFF**

   **Table No. 3.1 - Selected Groups of Public Hospitals on the basis of Number of Beds**

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<th>S.No.</th>
<th>Group – A</th>
<th>Group – B</th>
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<td>Above 400</td>
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Recognising that the care of the sick is their first responsibility and a sacred trust, hospitals should provide at all times the best possible care and treatment to all in need of hospitalization. No hospital is better than its medical staff, individually and as a group. They influence the quality and quantity of case to a far greater degree than any other factors.

In light of this fact, the study concentrates its attention on reality and facts. If the services of qualified and specialised factors are made available in different areas in the public hospitals by the Government, it can be said that medical services provided are professional. This will be the criteria to examine the professionalisation in medical services provided by public hospitals.

The hospitals of all the three groups (Clusters) namely A,B,C are having the qualified surgeons and physicians. In the case of Ears, Nose, Trouth (ENT) services only the group A has qualified surgeons. In one case in group B the post of Ears, Nose, Trouth (ENT) surgeon is sanctioned but it remains vacant. All the hospitals are having qualified pediatrician and gynecologist except one hospital in group B which has no qualified pediatrician and other is in group C where one hospital is not having qualified gynaecologist. In the case of ophtelmoogy and orthopaedic area, one hospital in group C does not have qualified ophtelmoologists and orthopaedic surgeon. No hospital from any group has the facilities of the services of qualified cardiologist and kidney specialist.
Anaesthesiology is coming as a very important branch of medical science and it is developing very fast. Administration of anaesthesia has been recognized as so important and the variety and techniques so complex that it has become well-established as a medical speciality. The anaesthesiology department should establish clear recommendations as to the use of anaesthetic agents and techniques. All usual safety measurement should be adopted. All the rules for the use of flammable anaesthetics should be followed. Anaesthesia personnel should be available at all times in sufficient numbers to meet emergency needs and for consultation in inhalational therapy, the intensive care unit and for other patient needs. He/She should also teach all the medical staff, nurses, interns and residents in terms appropriate to their needs, the principles and procedures of resuscitation. There is no minor anaesthetic procedure any time. All carry potential danger to patient welfare. Therefore, government must provide for the post of anaesthesiologist in every hospital where surgical department is working. But two hospitals of group C have no qualified anaesthesiologist. In group B also one hospital does have the sanctioned post but it is vacant.

The hospital organization must also have other two departments under the direction of competent and qualified Radiologist and Pathologist. The technologists in both the departments must have been in sufficient number to provide effective services. The laboratory services, so far as it is possible must be maintained and be available at all the times. Routine examination required on all admissions should be determined by the medical staff. The interpretation of examination should be made by the physicians
competent in the field. Against this only four hospitals in all the groups is having a services of pathologist. Only four hospitals provide the services of radiologist. Either there is no post or if there is a sanctioned post it remained vacant.

Thus, it may be stated that the procedure of making the medical services fully professional is still in a process and still there are many vacant posts and some hospitals even do not have some very important specialists. Three hospitals are working without qualified anaesthesiologist even though they are having full-fledged surgical departments, two hospitals are working without ENT surgeon, one without paediatrician, two without ophthalmologist, two without orthopaedic surgeon and two hospitals are working without adequate services of radiologist and pathologist. Moreover, only 2 hospitals are having post of cardiologist and kidney (Urologist) specialist.

Thus, wherever, qualified and specialised doctors are not available, physicians and surgeons do the job so far as it is possible. In serious cases they send the patients to other Government hospitals where such facilities/services are available. In the absence of specialised doctors there is the policy of the authority to send the doctors (Class II medical officers) for short duration courses in needy areas. But such short duration courses, say for three to six months or so can hardly trained the doctor in any specialised branch. Only working knowledge can be provided to certain extent which can hardly be termed as professional knowledge/service. Moreover, if a doctor who is only M.B.B.S., undertakes surgery or acts as an
anaesthesiologist and if any complications arise during the operation, he or she may not be able to tackle it successfully as he/she is only having working knowledge of the specialty which creates a problem of life and death for a patient. For running ICCU and kidney unit one hospital had adopted this practice. But here also when such trained doctors are transferred, there again arise a problem. It affects the working of concerned units. “For a short period sometimes we can manage to prevent such transfer, until we get other equally qualified or trained doctor but it is not possible always,” said one of the C.M.S. When asked, “Do you believe that experienced doctors can perform all kinds of work?” Another Head of the hospital organization replied, “Not in all the cases. It depends on the concerned individuals’ skill, interest and enthusiasm to learn new things.”

One thing to be noted here is that generally in big cities most of the specialised medical services are available while in the cities situated in backward area or in the internal part of the state do not have such facilities in many specialised areas of medical science. The people of these areas are poor. They are not able to bear any extra expenditure that may occur if the case is transferred to other hospital. Therefore, they sometimes insist for whatever treatment available at their local place only. Thus, poor patients have to suffer a lot. They even accept the death of their dear-ones as a destiny of God.

It may be recommended, therefore that Government should create all the minimum required positions in different medical
specialities in all the district hospitals. In some of the hospitals posts are there but they remain vacant. When asked, "why the posts remain vacant for so long a time? Most of the hospital in-charges replied, "There are two reasons. One, people do not like to come to the backward area or in a small town and the other reason is Government’s placement policy. Government places a person who belongs to Meerut to Sunauli in Gorakhpur district and a person who belongs to Balia to Mathura." Hence, it seems that the place to which a person belongs should be considered by the Government in its placement policy. If Government considers this point, the posts would not remain vacant for a long period. In spite of this, if there remains any problem, Government must made working in Government hospitals compulsory for all the fresh specialists in different areas for some fixed period, say from 2 to 5 years.

Moreover, for making the medical services more professional, specialised and qualified doctors are not the only requirement. It also requires basic change in their outlook and thinking, working and even in their direction and leadership. They should always be ready to be fully equipped with all the new information related to their specific area. They should also always mentally prepared to accept new ideas, new techniques, methods and new concepts. Their viewpoint in every matter should be scientific, systematic and well-organized. In this context, J. Krishnamurti provides an interesting view of the phenomenon: "All challenges are new, all responses are old. Systems can never transform man, man always transforms the system". That brings in the question of management education and through it, the development of human resources in all the
organizations including hospital organization.

2. **SERVICES PROVIDED BY NURSING STAFF**

   Nursing staff is very closely related to the individual than any other hospital personnel. The quality of patient care depends on the kind of nursing care available. Good nursing services result from and are a part of co-ordinated administrative and clinical planning.

   There must be a well-organised departmental plan of administrative authority, with delineation of responsibility of each category of nursing staff dealing with both patient care and administrative responsibility. There must also be written policies, procedures and nursing care plans for such services. Meetings of nursing staff should be held at least, monthly to discuss patient care, nursing service problems and administrative policies.

   Patients look to the hospital for courteous, gentle and considerate care for security, for cleanliness, skillfulness and for personal interest and understanding. When they can attest to such care, all personnel of the hospital feel job-satisfaction and patients also would feel better. The major purpose of the nursing staff is to give such comprehensive, safe, effective, well-planned and organized nursing care to patients as to accomplish the above expectations of the patients.

   Nursing services must be under the direction and control of qualified, competent and experienced Head (Matron) for nursing care of patients. The matron has to perform dual work. In addition to having administrative responsibility to the head of the institution, she/he has to perform a very important work of co-ordinating
professional activities of the nursing staff with those of medical staff.

The duties of the nursing staff must be very clear. What a nurse is expected to do and what she is not in ordinary circumstances must be clarified. Thus, clear-cut standing orders regarding functions and duties of nurses and doctors are required to prevent any confusion between the two.

The nurse is now considered as a technical person and therefore some opined that services of nurses in certain fields should be specialised in the interest of patients and for efficient performance too. In different specialised areas of medical science such as pre-operative care, post-operative care, operation theatre, I.C.C.U., I.C.U., anaesthesiology, neonatal care, paediatrics, etc., the services of the nurses specialised in respective areas can provide more effective and efficient services. And this is the era of specialization. One has to change with changing time and advancing technology. An every specialised branch of medical science, development is very fast. Now concepts, methods and techniques are evolving continuously. New equipments and sophisticated instruments are being more and more innovated and utilized.

Thus, patient care in pre-operative stage and post-operative care have been becoming more systematic, scientific and at the same time more complex. Hospitals with active surgical services may adopt the practice of caring for patients in the first hours, following an operation in the recovery room, usually located near the surgical suite with one or two nurses per four-five patients. Here special
training and experience in post-operative care is essential.

Moreover, one of the major developments in patient care has been that of electronic monitoring. These systems are in use, nowadays not only for patients in critical condition but for routine observation and measurement of even simpler diagnostic conditions for both bed patients and ambulatory individuals. This requires a highly competent nursing personnel. Further, 'care of sick' is no more a one man show. It is a team-work. Doctors cannot perform their job with full satisfaction without the assistance of nursing staff. Therefore, the staff, specialised in respective areas would be able to perform their job in a better way and it will also help to reduce stress and strain for both doctors as well as nurses.

Most of the in-charges of selected hospitals are in favour of the idea of making services of nurses in certain fields specialised, rather than generalised as the practice prevails at present. Some are even of the view that some management training should also be provided to ward-in-charge as they have to manage the wards.

At present, nurses join some courses such as diploma in nursing, B.Sc. nursing course, etc. Going for such courses is no doubt, a good thing but this is not the point here. When we talk about specialised nursing staff, it is quite a different thing. Here the nursing staff is to be trained and specialised is some specific field, say, anaesthesia. Then the staff would be trained about the procedures and methods used in that branch, drugs and doses to be employed, their importance, hazards, utilization, everything. So that they can assist the anaesthesiologist doctor with utmost efficiency
and effectiveness. Such specialised staff would not only be helpful to the doctors concerned but it would be a great blessing for the patients too.

If such specialised staff is to be created in any hospital, then it should not be transferred to any other section as it is not feasible and advisable. If transfer is essential then it should only be within the same specialised area so that no district hospital has to suffer any inconvenience. Most of the specialised doctors are in favour of specialization of nursing staff.

One of the C.M.O. is of the view that at present most of the nursing staff at district hospitals is below the standard quality considered essential for it. Sometimes they do not even know the technical medical terms commonly used. Hence before any kind of specialisation, they need certain basic field training. “At present even in their routine work their performance is not satisfactory in this hospital and in other hospitals wherever I worked during my service”, he said. “Their behaviour with patients and their relatives also create problems. First, they need training about how to behave with people. if we can do this then only we can think on any kind of specialised training”, he added.

According to one of the specialist doctor, nurse should, no doubt, be considered as a technical person and specialisation in nursing job is desirable too but it is not necessary in India and is not even practicable in our country. He pointed out, “we are not even getting enough number of qualified nurses. How can we expect specialisation in the job?”
In view of one of the matrons, specialised courses for the nursing staff in certain areas are essential but to begin for such specialisation, there must be adequate staff, then only we can snare some nurses for sending them for some specialised training. At present in the absence of specialised nursing staff some doctors train some nurses under their guidance in their specific areas. These nurses provide very valuable services to the patients and can reduce the stress and strain of overburdened doctors in big district hospitals. But, due to the inadequate nursing staff it is not possible to provide one or two staff to every specialist doctor. Hence, there arise egoistic clashes among the doctors and consequently even from those areas where such specialised services are needed very badly, say, for example, anaesthesiologist in operation theatre, such staff is being transferred to some other areas where there is no use of their practical training.

When asked about the causes of inadequate staff, it was explained that the authority gives the staff on the basis of the strength of beds. It does not consider the staff required in conducting outdoor patient services and even it ignores the requirement of staff in operation theatre.

The staff nurses of the selected hospitals also accept the idea of making nursing job specialised. But they insisted that after attending such courses and getting specialisation, they must be provided some extra benefits, monetary as well as non-monetary. Thus, they need some incentives for any kind of specialisation offered to them.
Thus, the nursing staff who provides patient care is inadequate and it also needs improvement in the quality of services and there is no specialisation at present. Their workload is heavy. Most of them are women who have also to look after their family. On the other hand, specialisation in nursing services in every area of medical science is the demand of the ‘DAY’. Hence, Government should provide adequate staff and facilities to specialise them also. Some incentives must also be given to them to join such programmes enthusiastically, which will definitely have far-reaching positive impact on the efficient performance of hospital organization.

3. SERVICES PROVIDED BY PARA-MEDICAL STAFF

The practice of medicine today, needs more and more laboratory services for better and more precise diagnoses. Thus, para-medical staff provided valuable services to the medical staff not only in diagnostic work but in right kind of treatment to patients also. Therefore, all the required laboratory services, pharmacy services and pathological services should be available at least at the hospitals of district level. It is very much essential to have these services properly organised under the control and direction of professionally competent and legally qualified personnel in hospitals.

Mostly science graduates with a diploma or certificate of training in medical laboratory technology are appointed to the posts like technicians, etc. The category however, includes persons working in departments other than laboratories. Thus, radiographers helping in X-Ray section, persons engaged in nuclear medicine, CT
scanning, ultrasonography, artificial kidney, etc. also belongs to this category. This group forms a very important part of para medical services. Efficient and effective patient care depends upon these persons’ proficiency, efficiency and accuracy. Therefore, recruitment and selection of these personnel should be done very carefully.

As stated earlier, it was found that in most of the selected hospitals the posts of pathologist and Radiologist are vacant. Technicians work without any direction and control of qualified person. Some of the important instruments are lying idle in absence of qualified technicians.

In the absence of such important services how can doctors diagnose properly and give appropriate treatment to the patients? When asked, “How do you perform your job without these services?” They replied, “we ask the patients to take the services from private laboratories. But patients are not always affording.” “We have to work in a given set up. There is no way out.” One of the doctors reacted. Pharmacist is the only person who is available almost in all the hospitals though in one hospital of group C, a qualified pharmacist has been appointed only from the year 1988. Thus, professional services in para-medical area are not fully available.

4. SERVICES PROVIDED IN THE FIELD OF HOUSE-KEEPING AND DIET

Good house-keeping is an asset, no hospital can afford to be without it, not only because of its public relations and psychological
effects upon patients, visitors and employees, but because from the standpoint of maintenance economy it is good business. Therefore, there should be a separate department under direction and control of the house-keeper, responsible directly to the Head of the Institution.

The house-keeper should have the educational degree /diploma in the fundamentals of home-economics and those physical sciences essential to her duties. The house-keeper must be well conversant with the characteristics and qualities of cleaning agents, their proper selection and appropriate use. She/he should have the ability to take work from large staff of ordinary unskilled workers.

Apart from its primary functions the house-keeper also act as an inspector and reports to the engineer and repairs needed, such as damage to floors or walls, peeling paint, cracking plaster, etc. The job of linen control can also be assigned to the house-keeper.

Apart from the professional Services given by the doctors and nursing staff, the patients can and do judge the hospital by the personal attention given to them; while they are in hospitals. Criticism of linen service is Very common. It can be avoided by properly planned linen and laundry services under the house-keeping department. The house-keeper must plan the linen requirement by considering the total bed capacity, the allotment of beds to the various departments, the diagnostic and therapeutic facilities available, etc. There must be a provision of linen four times more against its actual requirement. That allows one set to be in use, one

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set at the laundry, one available for immediate use and one for stand-by and emergency purpose.

For hospitals with more than 50 beds, the consensus appears to be that it is usually more economical and more satisfactory for the hospital to operate its own laundry.4

There is provision of house-keeper in some of the selected hospitals. The functions of house-keeper are being performed to some extent by the sanitary inspector and ward-in-charge. But their work is restricted to see the cleanliness and supervise the work of Class IV employees, while house-keeper’s duties are wide. Hospital organisation is in need of such position for better performance.

Similarly, dietary services have very important place in hospital organization. Though the question arises as to whether it falls in the realms of management or clinical services, the fact is that it is the equal responsibility of each and hence it is truly a medico administrative area. Therefore, there should be a separate department under the direction and centred of dietician. A dietician must have a degree either B.Sc. (Home-Science) with the post-graduate diploma in dietetics and nutrition or M.Sc. (Food and nutrition). He/She should directly report to the Head of the institution.

But no hospital of any group has the provision for the post of dietician in their organization hierarchy. It shows that Government has not recognized the significance of this very important job. Not only this but some of the doctors are also not aware of its

4 (John R. McGibony, “Principles of Hospital Administration” G.P. Putnum’s sons. New York.)
importance. One of the residential medical officer stated, "We have no dietician. Our head-clerk looks after the food services!" Another officer stated, "There is no need of dietician. Our Head-cook can take care of all these things!" Only one of the medical officer gave somewhat responsible answer in one of the selected hospital. He said, "We have no dietician. The food is generally prepared according to the instructions of doctors. Mostly, three kinds of dishes are prepared general, salt-free and sugar-free and given to the patients accordingly. The whole work is under the supervision of the Resident Medical Officer (R.M.O.)."

Thus, the importance of dietician has so far not been accepted in public hospitals. Though a post of a dietician is there in the organization set up of 200-Bed hospitals but no selected hospital is having a dietician. It is advisable to create a post of dietician in at least district public hospitals.

The dietician must be well qualified and is expected to know everything about food and patient to be served. She must have the full knowledge of required inventory and essential equipments. She/he should be delegated adequate authority to work on her own way in her area of activity. She also must have the ability to detect food and money waste and control it in time. And last but not the least she/he should always be ready to accept constructive criticism against the working of her department.

5. SERVICES PROVIDED BY WARD-ATTENDANTS

Ward attendants play very important role in ward services. They help all categories of hospital personnel. They assist the
patients, take them from one place to another, carry urine samples, blood samples and other important material and documents from the wards to the laboratories and from laboratories to wards. These functions are important functions. Even a small error can lead to wrong diagnosis and wrong treatment and may endanger the life of the patient. But there is no provision for any kind of education or training for ward-attendants. This gap must be filled in the interests of patients and in the interest of better performance of organization.

Moreover, it should also not be forgotten that it is Class III and IV workers whose efficiency and dealing with patients, their relatives and public at large, make or mar the image of the hospital. People complain about their bad behaviour, inadequate services, negligence of duties and irresponsibility. These are the people who come in maximum contact with patients and their relatives. And these people are totally neglected from training point of view. It is assumed that they do not require any training. But for the improvement of hospital performance, apart from good selection, these workers need to be trained for their specific job. Along with ward-attendants, the employees like lift-operators, persons working in ambulances, nurses, dispensers, laboratory assistants, X-Ray technicians, mechanics, clerical staff, etc. should also be given some specific training in their job and behavioural area too.

Thus, to make the medical services more effective, some training and education is badly needed even at grass-root level.

To conclude, it can be said that even though medical science is considered as a profession since long, medical services provided at
our public hospitals of U.P. are not fully professional. There is no doubt that more and more specialisation is being continuously introduced by creating new posts in different specialities in some of the hospitals, but still much remains to be done.

Many specialised services which are very important are still not available and in their place general doctors perform the job. Many posts remain vacant for very long period and if they are filled in, then also most of the specialised doctors use public hospitals as stepping stone for building their own private career. Therefore, after getting some experience they leave the job and start their private practice and again the posts became vacant. Moreover, when Government transfers any specialised doctor then also he resigns and starts his private practice.

Thus, professionals in medical services, i.e., experts in different branches of medical science are not adequately available.

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