Chapter-IX
CHAPTER IX

FINDINGS AND SUGGESTIONS

FINDINGS

Since many health problems require a level of medical treatment and personal care that extends beyond the range of services normally available in the patients' home or in the office of the physician, modern society has developed formal institutions for patient care intended to help meet the more complex health needs of its members. The hospital, the major social institution for the delivery of health care in the modern world, offers considerable advantages to both patient and society. From the standpoint of individual, the sick or injured person has access to centralized medical knowledge and technology so as to render treatment much more thorough and efficient. From the standpoint of society, hospitalization both protects the family from many of the disruptive effects of caring for the ill in the home and operates as a means of guiding the sick and injured into medically supervised institutions where their problems are less disruptive for society as a whole.

Today, a hospital is a place for the definition and treatment of human ills and restoration of health and well-being of those temporarily deprived of these. A large number or professionally and technically skilled people apply their knowledge and skill with the help of complicated equipment and appliances to produce quality care for patient. The excellence of the product for a hospital,
therefore, depends on how well the human and material resources are applied to promote patient care.

The authority structure in a district hospital is based on hierarchical system which leads to bureaucratization and rigidity. The Medical-Superintendent/CMO heads the hospital. Each unit is under the charge of a senior specialist who is assisted by junior specialists and general duty medical officers and almost work as independent units without even essential linkages.

Presently, hospital provides for both ambulatory (OPD) and in-patient care in most of the general specialities like medicine, surgery, orthopedics, ENT, ophthalmology, skin and STD, pediatrics, emergency and dental care, etc. The districts where there are no separate women's hospitals; also have obstetrics and gynaecology units as well. Most of the district hospitals have a post partum centre as well. The beds are allocated to each speciality but there is no rational system for its distribution.

Table No. 9.1 – The Out/Indoor Patient Attendance in Government Hospitals of U.P.

<table>
<thead>
<tr>
<th>Name of Unit</th>
<th>Out Patient/ In patient</th>
<th>Year 2006-07</th>
<th>Year 2007-08</th>
<th>Year 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dist. Male Hospital</td>
<td>Out Door Patient</td>
<td>137.3</td>
<td>161</td>
<td>174.15</td>
</tr>
<tr>
<td></td>
<td>In Door Patient</td>
<td>5.46</td>
<td>6.3</td>
<td>7.25</td>
</tr>
<tr>
<td>2. Dist. Female Hospital</td>
<td>Out Door Patient</td>
<td>20.54</td>
<td>27.29</td>
<td>27.31</td>
</tr>
<tr>
<td></td>
<td>In Door Patient</td>
<td>2.57</td>
<td>4.35</td>
<td>5.3</td>
</tr>
<tr>
<td>3. P.H.C./C.H.C.</td>
<td>Out Door Patient</td>
<td>199.41</td>
<td>251.69</td>
<td>242.48</td>
</tr>
<tr>
<td></td>
<td>In Door Patient</td>
<td>3.37</td>
<td>8.71</td>
<td>9.15</td>
</tr>
</tbody>
</table>
These hospitals generally have very rudimentary, outdated, primitive and inadequate facilities for basic radiological and pathological laboratory services and blood bank facilities. Modern technology is not available and whatever is available is not of good quality. The typical district hospital totally lacks modern diagnostic and therapeutic equipments, adequate emergency care facilities, intensive care units, drugs and supplies, referral support and resources. The management and provision of even other supportive and ancillary services in these hospitals like medical rectors, dietary, contract laundry, housekeeping and nursing care services are totally inadequate and ineffective. The central sterile stores department does not exist. The units have their own autoclaves for the purpose. Many district hospitals do not even have qualified anaesthetist on their rolls. All this does tell upon the quality of the care provided by the hospitals.

There is no trained staff for hospital management or for the management of other supportive or ancillary services as they have undergone only professional courses. They find difficulty in managing resources-men, money and material leading to a number of problems. High infection rates and death rates are common. The hospitals though treat patients from rural areas, but lack in organisation of an out reach mobile care on a regular basis of an effective referral service and thus its linkages with primary health care are weakened. These district hospitals further are divorced from the responsibility of coordinating the basic speciality care provided by the community health centres and utilising them for follow up
services of rural patients after being discharged from the hospital in-patient care. The linkage and supervision by district senior specialists of the CHCs, which are 30 bedded hospitals, is very essential to impart professional training.

The health system based on primary health care stipulates the strong back up support of a district hospital and an efficient system of patient referral for specialised care, which could not be made available at first point of contact of health care system. However, in the existing set up of district medical care, the referral system is practically non-viable and lacks even basic elements of it. The questions of having a good or efficient system does not arise at all.

It is very difficult to measure the efficiency of a hospital because of the complex nature of problems that it entails. There are many indices which can help us in evaluation of its quantitative performance. But, what about quality? It can be ascertained only through specially designed surveys.

For this reason only the researcher took three cluster each containing two hospitals of various number of beds for her on the spot survey. Finding of this survey points out various problems highlighted in the chapter no. VIII of this work. During survey inquiries were made on the various aspects of hospital. Both indoor and outdoor patients, their attendants, hospital staff, visitor and other concerned people were asked questions regarding infrastructure, qualitative and quantitative aspects of the treatment and also availability of medicine etc. A big percentage of the respondents
were found highly unsatisfied on the various issues related with the hospital. Patients mostly complained of discourteous behaviour of hospital staff specially at the lower level. Most of the patients complained of a great distance between doctors and the patients. Infact hospital effectiveness can only be measured by the patients' satisfaction. The patients also complained of the preferential treatment given to the VIP and influential people. There was another complain of lack of coordination between supportive service and medical service. There is a lot resentment among the patients and their relative regarding dietary services of the hospital. The hospital administration also faces problem of over expenditure on this issue as excess diets are issued as compared to the number of patients. Corruption charges are also very common by the patients and their relatives. In most of the hospitals their is no personnel planning resulting into under utilisation of resources and another common complaint was of non-availability of medicines and blood etc. Most of the patient’s complaint of lack of human face of medical help and personal help from the doctors and the other staff.

Science of management applies not only to industry and commerce but to all fields of employment and hospitals are no exceptions. Now hospitals are fast becoming the centers of not only cure but of promotion of health and prevention of disease, therefore, hospital management has become very important in such changing society. Medical care is also no more a one man show. It involves the services of a large number of persons specialised in their respective areas. It also requires supporting services of para-medical,
administrative and other personnel such as food services, housekeeping, engineering, fire-fighting, security, etc. Thus, management of hospitals needs the same care and consideration which is essential for running a business or industrial enterprise.

It is important to accept the fact that good doctors may not always be good administrators. The head of the hospital organization himself is a doctor. His duties as a doctor itself are very hard and tiring both, physically and mentally and he has to look after so many other administrative matters. It is not an easy job. Our hospital institutions still continue to have administrators whose sole qualification is that they are doctors.

Thus study concentrates on the professionalisation not only in medical services but also in management of hospitals along with some of the important organizational behavioural problems. Researcher have also tried to test certain hypotheses by the means of primary and secondary data.

**Professionalisation In Medical Services**

**(A) Professionals on Medical side**

An occupation which needs some specialised skill and training is called a profession and medical practitioners may be termed as professionals. If the services of qualified and specialised doctors are made available in different areas in the public hospitals by the Government it can be said that medical services provided are professional. Considered from this criteria, it has been found that medical services provided in public hospitals are not fully
professional. Still there are many important posts are vacant and these posts are vacant since long period. Some hospitals even do not have some very important specialised branches. Most hospitals are working without qualified anaesthesiologist, even though they are having full fledged surgical departments. Seven hospitals are working ENT surgeon, paediatrician, gynaechologist, ophthalmologist, and almost adequate services of radiologist etc.

Whenever qualified doctors are not available, it has been found that physicians and surgeons perform their job so far as it is possible. When this is not possible, they send the patients to other Government hospitals where such services are available. There is also a practice to send Class II medical officers for training if, short duration courses conducted in such areas. But it has been observed that such short duration courses for one to three or six months can only provide some working knowledge in concerned areas. A doctor who is only M. B. B. S., when undertakes some surgery or acts as an anaesthesiologist after such training and when any serious complications arise during the process, he/she may fail to tackle it successfully. Consequently the patient has to suffer. Moreover, when such trained doctors are transferred, there again arise a problem.

It has also been observed that mostly big-cities do have most of the specialised medical services while remote areas lack these facilities. People of such areas are very poor and patients cannot afford their being transferred to other centers.

It is true that more and more specialisation is being introduced
by creating new posts in different specialities but still much remains to be done. Many important specialised services are still not available and in their place general doctors perform the job. Many posts remain vacant for a very long period and if they are filled in, then also most of the doctors use public hospitals as stepping stone for building their own private career.

It has been found that the reason for not getting required doctors and other staff is Government’s placement policy. Government places a person of Gorakhpur to Meerut. Naturally, he would not like to join the Government service.

It is also to be noted here that for making the medical services more professional, specialised doctors are not the only requirement. It needs the basic change in doctors’ outlook, thinking, working and even in their direction and leadership. They should always be prepared to accept new ideas, new techniques, methods and new concepts. They should be always ready to be fully equipped with all the new developments in their respective areas.

The nurse is now considered a technical person who has to know a lot of technical procedures. In western countries, after some specialised training nurses are given the designation of nurse technician to help the doctors in the areas like anaesthesiology, intensive care unit, kidney unit, radiology unit, postoperative care unit, operation theatre, etc. It suggests that the services of nurses in these areas should be specialised rather than generalised in the interest of patients. This would not only add to the organizational
efficiency but also reduce the stress and strain of overburdened specialised doctors. Almost all the doctors accepted an idea that services of the nurses in certain fields should be specialised in the interest of patients. At present, the nurses join occasionally some courses like diploma in nursing or B.Sc. nursing course etc. But this is quite a different thing. It is not that specialisation which is implied here. It has been found that there are some problems. One of them is inadequate staff. The authority is not able to spare any staff for such specialised courses due to this. The other problem is the policy to sanction staff on the basis of the strength of beds which is not proper. Staff is also needed in out-patient services, in emergency, in casualty, in operation theatre, etc. Government should consider all these requirements and change the policy accordingly. Moreover, nursing staff expect some benefits monetary as well as non-monetary-after completing such specialised courses. Hence, there must be the provision of some incentives to enable the staff to join such courses enthusiastically.

In paramedical areas, professional services are not fully available. In more than 60 per cent of the selected hospitals, the posts of radiologist and pathologist are vacant.

In the case of house-keeping, there is no provision for the house-keeper. The functions of a 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 a house-keeper’s duties are wide. Hospital organization is in need of one such post.
There is no provision for the post of dietician in the hospitals containing less than 200 beds. But there is no dietician even in a hospital having more than 200 beds. Dietary services have very important place in hospital organization. It is in fact, a medico-administrative area. Therefore, there should be a separate department under the direction and control of dietician. Very strangely it has been found that in the absence of qualified dietician, the head-cook looks after the food services under the supervision of the R.M.O. It shows that the importance of dietary services have so far not been accepted in our public hospitals. But this area is very important and it is advisable to create a post of dietician in every district public hospital.

Moreover, ward attendants play very important role in ward services. 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. It should not be forgotten that it is Class III and Class IV workers whose efficiency and dealing with patients, their relatives and public at large, make or mar the image of the hospital. Many a times people complain against their behaviour. 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. They require some specific training not only in their job but in behaviour area also.

Thus, professionals in medical services are not still adequately available in our district hospitals. And to that extent medical services provided there, cannot be termed as “fully professional”. The
procedure of making it fully professional is still in progress and there is a long way to go.

(B) Professionals on Management side

The study reveals that some of the distinguished characteristics of hospital organization requires professionalism in hospital management for better performance. Moreover, the role of hospital organization in health and medical care has also become too complex to permit any administrative concepts of a generation ago. As hospital organizations need services of professionals on medical side, they also need the similar services of professional on management side. Therefore, on management side also there must be some departmentation like finance department, personnel department, material and store department, public relations department, medical audit section, training and research department, project/services planning department, etc. These all departments must be supervised, directed and controlled by the persons who are specialised in the fields of concerned areas of management science. Thus, it has been observed that hospital organization requires deliberate thinking on appropriate departmentation not only on medical side but also on management side to make it more professional. But in fact, no selected hospital is having comprehensive departmentation on management side. The CMO/CMS with the help of his small office staff does all managerial work in this era of specialisation there is no reason why should we not take the services of specialists in the field of management?
Apart from basic departments like finance, personnel, material and store, public relations, etc. hospital organization need the followings

(i) Management information system (MIS)
(ii) Medical Audit
(iii) Ward Management
(iv) Education and training
(v) Separate cadre for Hospital Management

It has been found that public hospitals at district level are managed at present by the CMO/CMS whose sole qualification is that he is a senior most doctor. He manages the hospital with the help of his small office staff. He has to look after so many things such as supervision, direction and control over hospital personnel finance, personnel, material and storekeeping and all other related administrative work. How can he find enough time for attending medical side of hospital after doing so much job on administrative side?

It has been found that there are some behaviour problems between the nursing staff and doctors, between class one specialised doctors and Class II medical officers and among specialised doctors too. It Indicates that something is lacking in the relationship between the doctor, and other personnel and among doctors also. Here some knowledge and education in organizational behaviour can help in understanding the behaviour of an individual, factors responsible for such behaviour and measures which can lead toward desired behaviour. One can improve one's own behaviour too with such
knowledge. Thus, ward-in-charge, staff sisters and even doctors should be provided training in the art of dealing with people. One of the important finding is that the behavioural problems occur specially among the specialised doctors due to three factors:

Motivation is one of the important factors on which organizational efficiency depends. All the organizational facilities and the application of modern technology fail in the absence of properly motivated employees to utilize them most effectively. Hence, the knowledge of the concept of motivation and concerned theories guide management in evolving the ways and means to motivate the employees for better organizational performance. But it was found that there is no well-organized formal policy of motivation in the public hospitals. Motivation is provided by the Government only in family planning programme. In other areas employees in Government Hospitals get appreciation for their good performance only in "good and sweet words" and that too depends on the person concerned. It has been found that in one of the selected hospitals for the study, the CMO was fully conscious of the impact of motivation and even in the absence of any formal Government policy of motivation, he has managed to motivate the employees working in his hospital by declaring various prizes for the nursing staff and class IV employees for their good performance. Local people contribute the required finance for such function.

Job-satisfaction is the favourableness or unfavourableness with which employees view their work. It was found that the hospital staff is not quite satisfied with their job. There is neither a formal
procedure to find out dissatisfaction, nor any deliberate effort on the part of the head of the institution for knowing about the level of dissatisfaction among his staff. Some responsible factors came to notice during our study are as under:

- Inadequate staff.
- Lack of discipline among the staff.
- Heavy workload.
- Inadequate facilities in the areas of radiology and pathology.
- Shortage of facilities of some of the important investigation and medicines.
- Lack of appreciation from the superior.
- Problem of residential accommodation.
- Lack of scope for further promotion.
- No facility for further growth and development.
- Interference in their work by the people who have no knowledge of medical science. (Reference is here towards the Politicians and influential relatives of patients).

Working with unions is an art. Two major activities of a trade union are collective bargaining and grievance settlement which affect organizational behaviour. It has been found that there is no collective bargaining at district level. They do not have even any formally established grievance procedure. Of course, there is no
important dispute in any of the selected hospitals in last five years. But there does prevail some dissatisfaction. Conflicts with Class III\textsuperscript{rd} and Class IV\textsuperscript{th} personnel arise frequently which is being settled by mutual discussion and compromise and it takes much of the valuable time of a doctor-administrator. It is, therefore, derivable here that hospital organization needs a post of a personnel manager to deal with all kinds of personnel problems.

It is also clear that organizational climate has a great impact on the quality of performance. If management is well-aware of the fundamentals of organizational behaviour it can easily create and maintain favourable climate. For keeping the climate favourable certain elements are required such as good quality of leadership, mutual confidence, effective communication, adequate delegation of authority, fair rewards, opportunity for development, reasonable control and employee participation in decision-making, etc.

**SUGGESTIONS**

Various aspects of hospital management are discussed in the foregoing pages of this thesis. Problems related to the hospital management have also been discussed in chapter VIII of this work. Following suggestions are given by the researcher to over-come these problems. Suggestions forwarded should be studied with reference to problems discussed in chapter VIII.
1. SUGGESTIONS REGARDING GOVERNMENT POLICIES

- **Accessibility for Disadvantaged Groups**

  The government must ensure health care to all, otherwise, the well being of population may also be affected in the long-run, as. “Poverty anywhere is a danger to prosperity everywhere”. Our policy measures should go in favour of the poor to ensure equality which involves equity in provision and use of health facilities irrespective of income levels.

- **Planned Regionalisation to ensure Graded Patient Care**

  Government Hospital at all levels do not work in a coordinated manner. They loose mutual interdependence and the patient has to suffer both physically and financially it is therefore suggested that mutual faith of various hospital should be developed and the finding of one hospital should be valid for other. This problem hints at liability of various test in various hospitals. This is true, hospitals having better instrument may give better result but even than test finding at other places can not be considered as a complete waste. At least result of such test may give the direction to treating cleaner.

- **Regular Medical Audit**

  The conditions are worse in hospitals under the control of State government in regard. To medical audit It is observed that in some of the hospitals there is drawbacks related to case
history, documentation, proper recording complete case notes and no follow-up by seniors to remove all these problem. It is suggested that a committee should be formed to look after all such problems. In the mean time workshops should be organized to demonstrate proper way to do all above activities.

- **Developing Missionary spirit among the Health Personnel**

  "To help, to heal, to reconstruct, to comfort – and all along the line to act with compassion – all these bear testimony to the moral consciousness of the doctor. Whatever the new strains imposed upon medical ethics, this structure will survive and continue to guide doctors in their professional conduct. Legal and judicial obligations they have, of necessity, to fulfill. But these are not genuine ethics. Genuine ethics has to be ingrained into character and does not have to depend upon external controls. We need dedicated people with missionary zeal to serve the people suffering from illness.

- **Community Health and Health Administrative Research**

  India lives primarily in the villages and it is the villagers who are the recipients of probably the poorest quality of medical care. The future of India also depends on the progress made in the villages, particularly in the area of health. One has to watch and see how different States plan and administer their health programmes so that their rural beneficiaries are not outnumbered by their urban beneficiaries. Thus, the present
trend of our spending on curative medicine research has to be continued simultaneously with evenly significant community health research particularly in the rural areas. This is a challenge which no State of India can afford to ignore. However, this is to be cautiously observed that while giving due importance to the rural health urban health is not ignored. In fact a very rational approach is required in this regards.

- **Private practice by Government functionaries /doctors**

The state government has to combat with the government doctors engaged in private practices. Now when they are paid non practicing allowance a strict attitude is necessary on the part of government to deal with such problems. Government doctors at least should not be allowed to stay at one place for a very long time. The doctors involved in private practice should be made public, their promotions should be delayed and if inspite of all this they do not include they should be sacked from the job.

- **Comprehensive health legislation**

Since the legal provisions in the states regarding health are scattered in various acts, only piecemeal decision could be taken and implemented. This results into a lot of confusion. Whatever regulations are available, lack in many vital subjects. In several respects the legislation is ineffective and outdated. There is need for comprehensive legislation
embracing all aspects of health in a state. This would in good health policies and plans.

- **Balance between the Rural and Urban Areas**

While the state governments are diverting more funds to develop infrastructure for providing health care to the rural people especially during the last 10 years, but most of the medical personnels including doctors are not willing to work in Rural Areas and they proper to work for urban people at an urban place. The basic question is how to ensure whether the rural people are being benefited or not. It is a common ill of Indian Administration that the people are not getting benefit because of the apathy of the personnel associated with the programmes. It is high time that we must ensure the fruitful working of our health schemes benefiting the villagers. Otherwise there is a likelihood of this imbalance increasing, further for this rural services for all category of staff should be made compulsory for minimum 10 year during the whole service period.

- **Suitable system of medical Education**

The National Policy should indicate in unmistakable terms the goals to be achieved and the method of accomplishment.

Such a policy especially in the context of health being a State subject will help in maintenance of the requisite standards of medical education throughout the country in keeping with the needs of the people.
There is a need in set up a Health Care Medical Service Commission responsible for planning of medical manpower, medical education, research, training of all para-medical personnel. This commission when appointed should use Health and Medical Educational Planning as a means of rationalising the education of health manpower. Besides, the commission may encourage the health administrator to provide the policy and planning background required for this purpose.

- **Research should have Relevance to practical problems**

The purpose of medical research is to bring about results of practical utility in the fight against disease with the maximum expedition possible and that little purpose will be served unless the results of research can find immediate application in the field. It is unfortunate that resources and time and talent of the medical community of the country have not been meaningfully utilized over the years according to well thought out priorities. Thus, there is a need of costing of research projects in terms of time and money likely to be required for their completion. The aim of the research should be to solve health problems of the social significance to the country.

The foreign sponsorship of research projects has not been examined properly before accepting the proposals. The Public Accounts Committee in their 167th and 200th Reports have been very critical of the research project conducted in collaboration with foreign organizations. Thus, there is an
imperative need for the utmost care, caution and critical scrutiny before approving foreign sponsorship of research projects undertaken in India. If the foreign collaboration is indispensable, research ventures should ensure the following:

i) that such venture are not only of potential value for the country but are of immediate productive utility;

ii) that the objectives of the projects are clearly spelt out and the research plans are notified in advance so as to avoid any ambiguity;

iii) that the collaborating Indian agency or institution has personnel with the requisite qualification and equipment to concurrently evaluate and monitor the progress of the research;

iv) that the technical and administrative control of the projects and determination of policies vest only with the Indian agencies and personnel concerned;

v) that all data and materials collected are shared with the Indian collaborators;

vi) that any kind of secrecy in the conduct of research is eschewed and that the results of the research are made public; and
vii) that all research is conducted in accordance not only with the country's own environmental standards but the international environmental standards as well.

In the new era, research must also be encouraged in the areas of equity, quality, telemedicine etc. to benefit the poor people.

**Sectoral Responsibilities at National Level**

It is well recognized that the overall well-being of the citizenry depends on the synergistic functioning of the various sectors in the socioeconomic. The health status of the citizenry would, inter alia, be dependent on adequate nutrition, safe drinking water, basic sanitation, a clean environment and primary education, especially for the girl child. The policies and the mode of functioning in these independent areas would necessarily overlap each other to contribute to the health status of the community. From the policy perspective, it is therefore imperative that the independent policies of each of these interconnected sectors, be in tandem and that the interface between the policies of the two connected sectors, be smooth.

**Equity in Health care**

If modern medicine is to be humane, then compassion and wisdom on the part of clinicians are attributes that are needed perhaps as never before. Empowerment of patients will lead to medical uprising of the society by creating a class educated and aware, informed and health conscious, striving to improve
their quality of life with justified use of their rights. They can curb exploitation in the name of medicine and ensure a decline in quackery.

2. SUGGESTION REGARDING MANAGERIAL AND ADMINISTRATIVE PROBLEMS

- **Adequate Facilities**

  Shortage of funds for drugs, supplies and other consumable, shortage of diagnostic, facilities and laboratory equipment and a general downfall of physical infrastructure are the main constrain in the efficient working of hospitals. Although efforts are being made though the community participation and through a system of matching grants to combat these problems yet they are not effective as the pace these efforts is very slow. It is, therefore, suggested to accelerate them in order to get timely results.

- **Well-Designed Management Information System**

  A mechanism for the collection, processing, analysis and transmission of information required for organising and operating health and also for research and training should be evolved.

  We must ensure the accuracy of data, otherwise the whole of our planning would go wrong.

  One of the greatest possible contributors to wastage of our precious resources, whether at the local, national or levels, is
the failure of those at any level of administration, and at all stages in the management of the activity, to base all decision on verifiable facts. There should be no tolerating errors in administrative action which occur because someone failed to get all of those facts. In the evolution, execution and control of work plans, obtaining the factual evidence should always be the first step. Knowledge – which has become the most strategic raw material in all the domains of human activity – is simply information produced by sound research and managed by people well-trained in the pursuit of clear objectives and goals. Informatics is of course not a panacea especially if it is used as a purchased gadget and implanted as a foreign body in an environment which does not meet its minimum conditions. Yet it represents today the most efficient instrument which man has so far invented to help him to analysis and solve problems.

• **Good Quality of health care**

Following are few suggestions regarding Good quality of health care:

i) It should be ensured that quality of health care is an integral part of health services delivery at all levels of health care covering public and private sectors.

ii) Workshops should be organized for advocacy/ awareness on quality assurance for policy-makers, administrators and
the leadership of health care to get their commitment for quality assurance.

iii) A coordinating mechanism for quality assurance activities should be established at national level and constitute a multidisciplinary task force of national experts to provide advice on technical aspects of quality assurance.

iv) Quality assurance of health care should be initiated in selected hospitals and in primary health care through the district health system approach, document the experiences and expand gradually to more health care facilities.

v) National strategic planning workshops should be organized with technical assistance from WHO.

vi) Guidelines should be formulated to set standards and select national key indicators on quality assurance to monitor compliance and measure performance.

vii) Potential resources should be mobilized from within the state including support from international agencies.

viii) It should be ensured that orientation on quality assurance be integrated in both basic and in-service training programmes of all health care professionals.

• Dynamic Health Management System

Management today should have the following action plan while dealing with the people.
i) Openness in the sense of having wide contact with the people administered;

ii) A sense of justice, fair play and impartiality in dealing with men and matters;

iii) Sensitivity and responsiveness to the urges, feelings and aspirations of the common people;

iv) Securing the honour and dignity of the human being, however humble he or she might be;

v) Humility and simplicity in the persons manning the administrative machinery and their easy accessibility;

vi) Creating and sustaining an atmosphere conducive to development, growth and social change; and

vii) Honest and integrity in thought and action.

- **Satisfactory System of Drugs and Medical Supplies**

Following are few suggestion regarding Drug supplies:

i) Different colours and designs of medicines may be specially manufactured for distribution through hospitals like the service stamps used in the Government officers.

ii) The machinery to ensure quality of available drugs in the States needs to be strengthened.

iii) Advance planning of the requirements of the drugs should be done to ensure regular supply.
iv) Cheap drugs may be manufactured by the Government and all multinational drug companies may be asked to manufacture cheap drugs.

v) The working of medical depots under the Ministry of Health and Family Welfare needs to be streamlined so that the hospitals may not get the opportunity to purchase drugs from the open market.

vi) Ad hoc purchases may not be encouraged except under serious circumstances.

vii) The hospital authorities should ensure that only genuine and fully tested medicines are provided to the patients. Time barred medicines may not be used. Timely action may be taken to ensure that medicines may not become time-barred through the exchange of such medicines from the firms.

viii) Drug stores should be under the control of qualified pharmacists and not semi-skilled compounders.

• **Proper Space Planning**

It is suggested that:

i) Hospital Engineering section should be set-up in all big hospitals to take care of the building and equipments. At present this task is performed by State level engineering department which often result in delays causing hardship to the patients.
ii) Hospitals may be located at places where transport facilities are easily available so that the patients can reach back home the same day.

iii) Proper maintenance of hospital equipment should be ensured otherwise these would tell upon the efficiency of the hospitals.

iv) Hospital planning and administration should receive greater attention.

v) Operational studies on such aspects as the utilization of hospitals overcrowding and referral system would help to define requirements realistically and bring improvements and economy in hospital design.

- **Management of Dietary service**

  This is observed that the quantum of diet is more than the required. It is, therefore, suggested that diet should be reduced to obtain the economy in expenditure on diet. It is also noticed that there is a leakage of diet and need immediate attention for plugging such leakages. For this it is suggested that a I mechanism should be develop to watch such leakages and a committee can be formed to exercise check over it. The whole exercise however should not be done at the cost of quality of the diet.

- **Quality of Service**

  Effective coordination should be established between the medical services and the supportive services to ensure
promptness. This will bring a big satisfaction of the patients and the attendants. This brings name and fame to the hospitals and generates faith to the government hospital service.

- **Adequate Infrastructural Facilities**

CHC and hospitals must give top priority, to keep the premises clean to promote both preventive and curative health care. All the functionaries of the CHC and hospitals must keep the importance of the patient in mind. Government must prepare a patient’s charter wherein provisions should be made to compensate patients for the wrongs done by medical staff. If the sanitary facilities are bad they may cause hardship to the patients and the attendants. In hygienic conditions may communicate infection not only to the patients but also can communicate it to the attendants. It is therefore, suggested that top priority should be given to remove this problem. A committee can be formed to look after the cleanliness and the others sanitary condition of the hospitals.

- **Quality of medical Record keeping**

A unit system of record keeping should be practiced. Each patient should have a permanent number and is assigned a folder containing all relevant records, past and present, medical or surgical inpatient or outpatient indexed by a summary sheet.

It is further suggested that:

i) The responsibility of completing the medical records accurately and adequate should lie with the treating
physician. They may be provided training and instructions to ensure its compliance. A column in ACR may also be made for quality of records maintained to make them realise its importance.

ii) Diseases should be classified (coded) according to international classification of diseases.

iii) When a patient gets discharged from hospital an accurate summary of his or her record should be made and retained and a copy sent to the source of referral for future reference.

iv) Medical record should be easily accessible and retrievable.

- **Nurses should not be involved only in clinical Activity**

Due to over burden and shortage of nurses, they are unable to take any other activity in addition to their basic duty for clinical care of patients. Various health programmes at state and national level are conducted but still it is difficult for them to participate in them as they cannot be released from their main duty. Various training programmes are organised for their career advancement but they cannot devote much of the time due to their shortage and therefore are sent to the training in small groups. It is therefore suggested that:

i) Number of nurses in hospitals should be increased.

ii) Their workload should be reduced.

iii) More opportunities should be provided for health programmes and community development.
• **Technical, Administrative and managerial problems identified under five year plans**

There is a need of training health project personnel in the art of project management. In the developing world, there is dichotomy between the medical scientists and the social scientists. The medical personnel may be equipped with the knowledge of social sciences, statistics, etc. to make them understand better the implications of health project management or they may be encouraged to seek the guidance of the experts in the social sciences.

3. **SUGGESTION REGARDING HUMAN RESOURCE MANAGEMENT**

• **Availability of Dedicated Doctors/Worker to serve in the villages**

It is suggested that the Government while selecting the students for medical education must ensure that a large number of students should come from villages, i.e. rural areas. The missionary zeal for rural service and rural people may be cultivated among the doctors, who come from villages. Government should open a new cadre for rural service in P.M.S. itself. This may be named as Provincial Rural Medical Services (PRMS).

• **Human Resource Development to inject creativity and Dynamism among Health Personnel**

HRD is concerned with organizing, in systematic fashion, the goals, objectives, priorities and activities of manpower development in order to ensure that the right number of staff
with the appropriate skills are provided at the right time to meet the requirement of the work to be done.

There should be only one yard stick to judge the effectiveness of Manpower Development, namely, continuous improvement of the status and the quality of health of the population with the least friction to those who supply the services and maximum satisfaction for those who receive it. We have to achieve all this with the minimum cost and maximum efficiency.

• **Unsatisfactory management of Employees’ State Insurance Hospital**
  
  It is the general feeling of masses that ESI hospitals are grossly mismanaged and are infected by corruption. It is therefore suggested that the state government must tighten the control over these hospitals and monitor the reactions and feelings of the patients to streamline the functioning of the ESI hospitals.

• **Effective Personnel and Materials Planning**
  
  Material and personnel are the two major components of working in hospital. It being a service organisation personnel are the back bone of hospital working. If the organisation has to recover the cost of personnel which used to be highest in such organisation an efficient working and fullutilisation of resources are the pre requisite. It is therefore suggested that proper monitoring of these component should be done by a committee. Such committee should consist a representative of
personnel along with administrative officers. As and when a problem creeps in this committee should take care of the problem immediately. The main role of such committee should be to coordinate the overall working environment. Similarly asset and material management should be entrusted to committees.

- **Quality of Behaviour**

There is a need to inculcate among the staff techniques of interacting with the patients who are already agitated with their sufferings. A good behaviour creates good relationship. Hence we must ensure and encourage courteous behaviour by the medical team to patients to create good relationship. This may reduce suffering of patients on the one hand and on the other hand may bring a good name to the hospital also.

- **Job satisfaction**

As per the norms of the government highly qualified, hard working personnels should be recruited in the staff. After all hospital is a place where one can die or become alive with a fresh lease of life. This can only be done with the team work feeling among the staff. This is true that the well qualified staff deserves a better deal so for their earnings and facilities are concerned.

- **Managerial Training on the part of the Hospital Administrators**

The state government, must ensure that the top officers are appointed in the hospitals after giving them managerial
training. What happens is that the persons on promotion become hospital administrators without any formal management background.

The trainers of hospital administration must be given orientation training before they start imparting instructions. They should not be wilder the participants with glamorous managerial techniques applicable in advanced countries but should provide them, with simple tools, useful and applicable in the Indian context.

Training may be restricted only to those who are to shoulder the responsibility at present or in the immediate future.

A regular follow up of the training programme must be taken up to ensure the utility of training.

The hospital administrators should not be taught merely the art and science of managing formal organisation but should be exposed to the human dynamics as well.

4. SUGGESTION REGARDING FINANCIAL MANAGEMENT

- Adequate Financial Resources

Finance is the backbone of every organisation and it furnishes the means to obtain resources necessary for achieving the objectives of the organisation. Hospital, a non-profitable organisation, is very much concerned, particularly over the rising cost of patient care. Financing of on going activities, expansion of existing services,
replacement of workout equipment, acquiring of new techniques, equipments and overall manpower financing are the broad areas where funds are required for the operation of a hospital. Apart from this, the physicians are very keen to use the latest techniques and drugs, the surgeons, the latest instruments and equipments, to alleviate and eliminate the sufferings of human beings. All these cost money and hospital authorities have to make efforts to arrange financial resources, It is, therefore, suggested that:

i) In view of resource constraints, there is need for raising financial resources to maintain quality of health-care services and to meet the rising expectations of the people.

ii) The concept of free medical care requires reviewing and people are required to pay, even if partially, for the health services.

iii) The payment system requires to be so designed that truly indigent population are able to get free or highly subsidised medical care, Innovative approaches/practices and a system of medical audit should be developed.

iv) Maximum cost-effective utilisation of existing services should be an important agenda item.

- **Economy in expenditure**

Utmost values must be secured from the limited financial resources available. Improvements in methods and increase in efficiency are therefore a "must" in these days in the Hospital Administration. With a view to securing maximum productivity,
installation and maintenance of modern methods of accounting and financial and cost control have to be adopted. If effective control is to be exercised at all times and in all departments of the Hospital, internal financial and cost control and discipline and effective method have to be adopted.

The output of workers is very less in terms of health care delivery system. Strict disciplinary action may be initiated against those workers who are habitually late or are in the habit of wasting time. Besides, unessential activities may be withdrawn so that they can concentrate on essential services. It is no use paying salaries without any output. This may be strictly ascertained through supervision, performance appraisal, surprise checks, etc.

Equipment at health centers generally remains out of order, inspite of the fact that the equipment supplied is not old. Health workers do not take due care and also do not handle properly the equipment, resulting in the equipment going out of order. They should maintain equipment in good condition.

- **User Charges**

Introducing user’s charge in a transparent and accountable manner while exempting Below Poverty Lines (BPL) people can provide a financial resource support to the hospitals especially when revenues are used at the point of collection. Even a modest charge can significantly expand the maintenance and equipment budget. In Uttar Pradesh though, Government Hospitals have started charging for certain tests on charge basis yet this has not proved very effective
in increasing their financial as the testing equipments remain most of the time non working due to mishandling of operators who are not properly trained to operate them. It is, therefore, suggested that they should be properly trained so that effective use of such machines and equipments may generate funds.

- **Suggestion for Budgetary Problems**

The traditional Method of Budgeting has various inbuilt problems and drawback as already has been explained in chapter VIII. These drawbacks can be improved by adopting programme activity and classification. There may be functional classification or economic classification.

Performance budgeting is very useful in developing countries. It facilitates better programming, decision-making, review and control for a more intelligible presentation of governmental activities to the public and the legislature. The main purposes sought to be served by performance budgeting are:

i) to correlate the physical and financial aspects of every programme/ activity;

ii) to improve budget formulation, review and decision making at all levels of management in the government machinery;

iii) to facilitate better appreciation and review by the legislature;

iv) to make possible more effective performance audit;

v) to measure progress towards long-term objectives as envisaged in the plan; and

vi) to bring annual budgets and development plans closely
together through a common language.

- **Effective utilisation of Resources**

    Resource mobilisation and utilisation can be improved to a great extent through improved administrative system, especially in the sphere of financial administration. Besides, all the resources must be utilised economically and efficiently and the expenditure on unproductive resources must be curbed.

    We may conclude by saying that the policy-makers, planners and decision-makers may attend to the following carefully to husband all resources and to accomplish as much as possible with what is available:

    i) to identify who (action agents) needs how much money (cost) and for what (activities).

    ii) to define criteria for and priority in allocation of budgetary resources among different activities and different activities and different organisations responsible for performance of activities.

    iii) to provide flexibility in budgeting and financing, if necessary, beyond bureaucratic control.

    iv) to ensure the timely availability of funds to the programme activities of field level;

    v) to design Management Information System to get timely information on the utilisation of resources.
vi) to arrange statistical analysis to bring out what the performance data truly signify.

vii) to explore and recommend possibilities of reducing costs with due regards to the maintenance of efficiency and quality.

viii) to ensure the development of effective linkages among financial, personnel, materials and other resources.

ix) to ensure the full impact on the main objective, socio-economic development and modernisation.

- Other Suggestion

Estimates of income and expenditure; methodical recording of income and expenditure and receipts and payments; maintenance of double entry system of accounting; stores records and accounts; inventories; cost accounts; unit cost; periodical returns, etc., and all records in connection therewith are made the responsibility of the financial and cost management. Budgetary control, salary and wage payments, organization of financial procedures, creditors’ and debtors’ accounts, financial and other statistics, graphic charts, etc. are all an integral part of financial and cost management.

An integrated system of departmental and cost accounting, with appropriate unit cost, should be designed for effective control and financial and cost management. Hospital accounts should be simple and flexible. It may be elaborated to meet special requirements of teaching and larger non-teaching or modified to suit modest requirements of small hospitals: or a single Hospital or a group of Hospitals.

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Standard cost along with budgetary control may be incorporated while designing the system. But this has to be done only after stabilisation of the system and sufficient experience in departmental accounting and setting up of and testing standards has been gained.

5. SUGGESTION REGARDING ENVIRONMENTAL PROBLEMS

For having good and favourable impact of the organisation on the environment, the head of the institution is responsible to great extant. If the head of the organisation sets a good example by his own behaviour, than other personnel also follow him and behavioural problems may overcome. For this, staff who have direct dealing with the people need some training, therefore, it is suggested that "how to deal with people" training programme should be organised for such staff.

For external impact it is necessary that political interference should be checked and for this few beds may be allocated for their recommendies and there after their interference should not be tolerated. Some other suggestions may be as under.

- The hospital waste should preferably be collected in a standard disposable polyethylene bag with a fastener. Covered plastic bucket or some strong receptacle should be used for collection of pointed articles like syringe etc.

- The hospital waste should be transported by manually operated trolleys and stored at controlled temperature by in-hours
incineration in a separate storage - room. If such facility is not available, the hospital waste should be transported either by manually operated trolley or trailer to the site of outside incinerator.

- The basic approach to waste management is to reduce the quantity with due regards to environmental considerations to reduce the quantity of material entering the waste system.

- Radioactive hospital waste with low level radioactivity has a short half life. Residues are stored until their radioactivity has decayed to the point where they are no longer considered to be radioactive. These should then be disposed off according to its own characteristics, e.g. chemical, infectious or general and in conformity with applicable regulation.

- Solid waste disposal should be taken at priority by the hospital management as it may develop communicable diseases among the patient staying in the hospital and also their attendants and visitors. For this purpose management should draw a concrete plan by introducing latest techniques to remove this type of problem. This is true tackling with this type of problem may need huge investment which may be out of reach of the hospitals. To overcome financial problem in this regard government should come forward with subsidies and cheaper loans to the hospital concerns.
6. **SUGGESTION REGARDING TECHNOLOGICAL PROBLEMS**

Technological problems can be solved by increasing the awareness for use of new instrument among the concerned staff. For doing so, frequent training programmes and seminars should be organised. Literature regarding new equipments should be made available with the dealing staff personally as well as in the concerned department. New equipment become old after some time and may require repairs or renewals, so there is a need to develop a maintenance wing in the hospital. Inspite of it being costly, if necessary staff should be sent for training abroad.

7. **SUGGESTIONS REGARDING PROBLEMS HIGH LIGHTED BY RESPONDENTS**

- **Outdoor patients**

A big number patient visit outdoor patients department (OPD) everyday in the government hospitals. On the question problems it was highlighted by patients that to get medically examined in the government hospital OPD involves lot of delays and consumption of time since the ratio of patient per doctor is very high. Delays are inevitable since the hospital hours and OPD timing are prescribed, sometimes a negligence in the medical examination of the patient is also reported perhaps this is due to the fact the OPD work is to be finished within the allotted time. Respondents also complained of fact of seating capacity, discourteous behaviour and non availability of medicine. Problem highlighted by respondent regarding OPD appears to be genuine and to overcome these problems it is
suggested that:-

i) OPD timings should be increased so that doctors may not be in a hurry to examine the patient.

ii) Proper seating arrangement should be made in the waiting room and similarly proper arrangement for drinking water should be made.

iii) Doctors and other staff should be instructed to observe punctuality strictly. This will reduce the waiting period in OPDs.

iv) Proper cleanliness should be observed so that patients may not be infected from the disease of other patients.

v) As far as possible medicine should be made available.

• **Indoor patients**

Indoor patients respondent highlighted the problem of shortage of beds and wards, poor nursing and caring facilities, inferior quality of food supplied to them, inadequate infrastructure of building and sanitation etc. They also complained of poor supply of electricity and insufficient drinking water facility. They had a complaint of shortage of washrooms. These complaints are found to be true therefore it is suggested that -

i) Number of beds and wards should be increased.

ii) Number of private wards should also be increased.

iii) For better nursing and care, number of doctors, nurses should be doubled in each ward.
iv) The proper maintenance of building is necessary for the patients welfare.

v) Electricity should be made available round the clock to the indoor patient. If the general supply of electricity is not possible, big noiseless generator should be installed in the hospital to meet out of this problem. Mere installation of big generators will not serve the purpose until unless they operate.

vi) In-hygienic condition should be removed and the staff on duty should be asked to cooperate more with the staff responsible for hygienic conditions.

vii) Proper arrangement should be made for the washrooms and drinking water.

• Attendants

Attendants of the patients of general ward complained of unavailability of cheap staying place within the campus or close vicinity of the hospital. They also complained for not allowing more than one attendant with the serious patients. There were complains of in-hygienic ward conditions and inadequate water supply. Attendants also have a complaint against doctors for not giving full details of disease and the expected money required for its treatment.

We should not forget that good health of attendant is as essential as the health of patients. It is therefore suggested that

i) Staying dormitories /rooms should be constructed for attendants
within the campus at a place nearby to the hospital campus.

ii) Doctors and other hospital staff should have cooperation with the attendant and give full information regarding ailment of the patients. So that they may arrange finances for treatment of the patients.

iii) Proper drinking water facility should be provided to the patients.

iv) Canteen / cafeterias should be developed within the hospital campus so that attendants may not feel any difficulty regarding their refreshment and fooding. The food and refreshment should be available at a subsidised price.

- **Hospital Staff**

While making quarries on the working hours for the staff of the government hospitals 50% doctors, 58.3% supporting staff, 52.38% office staff and 58.3% of IV class employees felt that they are long. They also complained of low pay package as compare to their working hours. There was desentment on too much political interference by the local leaders both belonging to ruling party and opposition. On the question of working environment they termed as unsatisfactory. They felt that hygienic conditions are not good and the hospital waste management is very poor. On the issue of promotion and future prospects they felt that the process of promotion is very slow and pulls, pressure Nepotism and favourtism play a very important role. Some of them also complained of corruption in this regard on the issue. On the issue of training facility and career
development they found not only training facilities inadequate but also complained of favouritism in imparting training to the staff. The general feeling regarding career development was not very optimistic.

Keeping in Mind the above problem of the staff it is suggested that

i) the working hours should be revised to the convenient of staff.

ii) Studies of Medical students take a very long course and very spread over even for 10 year and involves a big amount of expenditure. Therefore, it seems to be genuine that their pay packages should be better than the existing amount.

iii) Political interference whether by the ruling political party or by opposition party hampers working of the hospital, it is therefore, suggested that all political parties should carry on an awareness programmes to their worker for not to interfere unnecessary.

iv) Working environment should be conclusive to the requirement.

v) Clear rule and regulation for promotion should be spelt out and regulation promotion without delay should be carried out. Promotion should be based on fair policy. This will not block the future prospects of the employees.

vi) Training is a very important aspects of Medical Science and increases efficiency of the staff Government should provide adequate training facility and opportunity for hospital
employees. So that they my acquire proper skill required for their job.

vii) Career development is very necessary among the employees of any organisation. This reduces frustration among the employees for the seminars, orientations programme and refresher programme should regularly be organised so that employees may come across the opportunities for their career development.

• General Public/visitors

A number of people coming across from general public/visitors was also interviewed the issue of facilities existing for them in the government hospitals. 73.6% of respondents from both the sex described these facilities unsatisfactory and inadequate. Some of them felt that visiting hours are very less while some other complained of bad sanitary facilities for them. Infrastructural facilities were also considered unsatisfactory. It is therefore suggested that

i) Visiting hours for the visitors coming from out of station should be fixed separately.

ii) Sanitary condition of the wards & hospital should be improved by making strict provision for cleaning regularly of the hospital premises.

iii) Infrastructural facilities should be enhance for visitors and visitors coming from out of station should be provided staying facilities with in the hospital compress or nearby at a reasonable charge. Big hospital should manage railway
reservation counter within the hospital campus. This will enable the transportation of well wisher and visitors very convenient.

iv) Banking facilities including locker facilities should be made available not only to the visitors but also to the patients and attendants. This will facilitate securities of the valuable of these people.

8. SUGGESTION REGARDING OUTSOURCING OF MEDICAL SERVICES

Government should look into the problem of outsourcing of medical services specially pathological, and radiological services etc. It is generally blamed that expert of these department are neither very competent nor the equipments are of latest and advanced technology. If at all they are of advanced technology they are not properly maintained and therefore their results can not be considered as reliable. This is also true to some extent and the management of government hospitals should immediate take corrective measures to stop out sourcing of these services. For this, equipment should be regularly checked and repaired and also the lab staff should be imparted training to use latest technology medical services specially pathological, and radiological services in the most efficient manner. Until and unless a faith in government hospital labs is established in the minds of the patients and the treating doctors the problems of out sourcing of these services cannot be checked.
9. SUGGESTION REGARDING OTHER PROBLEMS

- **Adequate PHC Building**

  There is an urgent need of providing adequate building accommodation in each centre to provide good environment for service. Besides, this construction of houses for the staff should be taken up as it will increase the morale and efficiency of the personnel working there.

- **Medicine and Equipment**

  Steps may be taken to ensure adequate and timely supply of medicines and equipment to health centres. They should maintain adequate stock of at least life saving drugs. This will raise the confidence of the people in PHCs and the people would not rush unnecessarily to city hospitals. Medicine may not be provided according to quota system but should be given according to the needs of the people.

  For efficient discharge of curative functions, even small Hospital should be provided sufficient equipment like refrigerators, X-ray and laboratory facilities, oxygen cylinders, operation tables and surgical instruments.

- **Adequate administrative powers of Medical Officers**

  It is suggested that the officers of the PHCs may be got trained in health administration either at NIHFW or some special course may be arranged for them at the State headquarters. In order to supervise and inspect sub-centres, transport facilities should be provided.
• **Urgent new appointments**

Immediate steps may be taken to fill up the vacant posts of doctors and other para-medical staff to provide health care to the people. One lady doctor may be posted in each Primary Health Center, since rural Women generally prefer to be examined by a lady doctor. New appointment in place of retiring doctors will improve the patient – doctor ratio this in turn help in better care, and supervision of the patients. Better care and supervision curtails the treatment duration in the hospital.

Public health management is an area of activity which calls for specialised knowledge and techniques which can help the people to achieve the health care. Until and unless, we understand all the implications of such and administration, we may not to be able to reap the potential benefits of health organisations. This is a definite art which can be learnt and practiced to produce pre-designed output. Health management is an art as it can help to direct and guide the efforts of those involved in such an enterprise towards some specific ends or objectives efficiently. There is a great need to make this art perfect and professional. A professionally efficient and competent administration is able to serve the people better. Besides, the health personnel must be dedicated to their profession.

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