1.3 INDUSTRY PROFILE

1.3.1 Hospital

A hospital, in the modern sense, is an institution for health care providing patient treatment by specialized staff and equipment, and often, but not always providing for inpatient care or longer-term patient stays. Its historical meaning, until relatively recent times, was "a place of hospitality", for example the Chelsea Royal Hospital, established in 1681 to house veteran soldiers. A hospital began as a charitable institution for the needy, aged, infirm, or young. The word "hospital" comes from the Latin "hospes" which refers to either a visitor or the host who receives the visitor. From "hospes" came the Latin "hospitalia", an apartment for strangers or guests, and the Medieval Latin "hospitale" and the Old French "hospital." It crossed the Channel in the 14th century and in England began a shift in the 15th century to mean a home for the elderly or infirm or a home for the down-and-out. "Hospital" only took on its modern meaning as "an institution where sick or injured are given medical or surgical care" in the 16th century. Other terms related to hospital include hospice, hospitality, hospitable, host, hostel and hotel. The Hotel-Dieu, a name often given to a hospital in France during the Middle Ages, is the hotel (of) God.

Types of Hospitals: Some patients go to a hospital just for diagnosis, treatment, or therapy and then leave ('outpatients') without staying overnight; while others are 'admitted' and stay overnight or for several days or weeks or months ('inpatients'). Hospitals usually are distinguished from other types of medical facilities by their ability to admit and care for inpatients whilst the others often are described as clinics.

General: The best-known type of hospital is the general hospital, which is set up to deal with many kinds of disease and injury, and normally has an emergency department to deal with immediate and urgent threats to health. Larger cities may have several hospitals of varying sizes and facilities. Some hospitals have their own ambulance service.

District: A district hospital typically is the major health care facility in its region, with large numbers of beds for intensive care and long-term care; and specialized facilities for surgery, plastic surgery, childbirth, bioassay laboratories, and so forth.
**Specialized:** Types of specialized hospitals include trauma centers, rehabilitation hospitals, children’s hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric problems (see psychiatric hospital), certain disease categories such as cardiac, oncology, or orthopedic problems, and so forth. A hospital may be a single building or a number of buildings on a campus. Many hospitals with pre-twentieth-century origins began as one building and evolved into campuses. Some hospitals are affiliated with universities for medical research and the training of medical personnel such as physicians and nurses, often called teaching hospitals. Worldwide, most hospitals are run on a nonprofit basis by governments or charities.

**Teaching:** A teaching hospital combines assistance to patients with teaching to medical students and nurses and often is linked to a medical school, nursing school or university.

**Clinics:** A medical facility smaller than a hospital is generally called a clinic, and often is run by a government agency for health services or a private partnership of physicians (in nations where private practice is allowed). Clinics generally provide only outpatient services.

**Departments:** Resuscitation room bed after a trauma intervention, showing the highly technical equipment of modern hospitals. Hospitals vary widely in the services they offer and therefore, in the departments they have. They may have acute services such as an emergency department or specialist trauma centre, burn unit, surgery, or urgent care. These may then be backed up by more specialist units such as cardiology or coronary care unit, intensive care unit, neurology, cancer center, and gynecology. Some hospitals will have outpatient departments and some will have chronic treatment units such as behavioral health services, dentistry, dermatology, psychiatric ward, rehabilitation services, and therapy.

Common support units include a dispensary or pharmacy, pathology, and radiology, and on the non-medical side, there often are medical records departments,

1.3.2 Nurse

The nurse is a person who has completed a programme of basic nursing education and is qualified and authorized in her country to supply the most responsible service of nursing nature for the promotion of health, the prevention of illness and the care of the sick


Florence Nightingale was born in Florence, Italy, on May 12, 1820. She was trained as a nurse at Kaiserwerth (1851) and Paris and in 1853 became superintendent of a hospital for invalid women in London. In response to God’s call and animated by a spirit of service, in 1854 she volunteered for duty during the Crimean War and recruited 38 nurses to join her. With them she organized the first modern nursing service in the British field hospitals of Scutari and Balaclava. By imposing strict discipline and high standards of sanitation she radically reduced the drastic death toll and rampant infection then typical in field hospitals. She returned to England in 1856 and a fund of £ 50,000 was subscribed to enable her to form an institution for the training of nurses at St. Thomas’s Hospital and at King’s College Hospital. Her school at St. Thomas’s Hospital became significant in helping to elevate nursing into a profession. She devoted many years to the question of army sanitary reform, to the improvement of nursing and to public health in India. Her main work, Notes on Nursing, 1859, went through many editions. An Anglican, she remained committed to a personal mystical religion which sustained her through many years of poor health until her death in 1910. Until the end of her life, although her illness prevented her from leaving her home, she continued in frequent spiritual conversation.
with many prominent church leaders of the day, including the local parish priest who regularly brought Communion to her. By the time of her death on August 13, 1910, her reputation as a healer and holy person had assumed mythical proportions, and she is honored throughout the world as the founder of the modern profession of nursing.

The Florence Nightingale Pledge

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

International Nurses Day

International Nurses Day celebrates the role and contribution of nurses in society. Florence Nightingale’s birthday was originally decided upon due to her seminal work launching nurse training and jobs in a structured way. The International Council of Nurses (ICN) has celebrated this day since 1965. In 1953 Dorothy Sutherland, an official with the U.S. Department of Health, Education and Welfare, had proposed that then-President Dwight D. Eisenhower proclaim a "Nurses Day," but he did not approve it. In January 1974, the decision was made to celebrate the day on 12 May as it is the anniversary of the birth of Florence Nightingale, who is widely considered the founder of modern nursing. Each year, ICN prepares and distributes the International Nurses' Day Kit. The kit contains educational and public information materials, for use by nurses everywhere. As of 1998, 8 May was designated as annual National Student Nurses Day. As of 2003, the Wednesday within National Nurses Week, between 6 and 12 May, is National School Nurse Day.
Three Essential Components of professional Nursing are Care, Cure and Coordination

a) The care aspect is more than “to take care of”; it is also “caring for” and “caring about”. It deals with the human beings under stress frequently over long periods of time. It is providing comfort and support in times of anxiety, loneliness and helplessness. It is listening, evaluating and intervening appropriately.

b) The promotion of health and healing is the cure aspect of professional nursing. It is assisting clients to understand that health problems and helping them cope. It is the administration of medications and treatments. It is also the use of clinical judgment in determining, on the basis of patient’s outcome, changed. It is knowing when and how to use existing and potential resources to help patients towards recovery and adjustment by mobilizing their own resources.

c) It is sharing responsibility for the health and welfare of all people in the community, and it is participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services that effect patient care. It is supervising, teaching and directing all those involved in nursing care.

Nurses and people

- The nurse’s primary responsibility is to those people who require nursing care.
- The nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.
- The nurse holds in confidence personal information and uses judgment in sharing this information.

Nurses and Practice

The nurse carried personal responsibility for nursing practice and for maintaining competence by continual learning. The nurse maintains the highest standards of nursing care within the reality of a specific situation. The nurse uses judgment in relation to individual competence whom accepting and delegating responsibilities.

A strong commitment to the service that nursing provides for the public is essential. Nursing is a helping, humanistic service dedicated to the health needs of
individuals, families, and communities. The nurse’s role is therefore focused on health and care. Nurses, being responsible for assessing and promoting the health status of all humans, need to value their contribution to the health and well-being of people. Since “care and caring is the central core and essence of nursing”, nurses also need to value the caring aspect of nursing.

**Need for Nursing Administration**

Nursing has been required to respond to changing technological and social forces, e.g. Managerial responsibilities evolved in response to an increased emphasis on the business of health care, thus requiring managerial expertise in the financial and marketing aspects of their departments. Because of the trends in the health care delivery the nurse supervisor/administrator manager role is becoming critical effective, quality, patient care; to confronting these expanding responsibilities, and demands the nurse manager must take on new dimensions to facilitate quality outcomes in patient care and meet other strategic institution goals and objectives. Nurses in managerial roles must be able to understand the conditions of promoting the expression of talent among team members. The present nursing administrators have been ill prepared to face those issues in all level of their administration. So there is a need for all nurses irrespective of their primary job, must assume responsibility for the management or administrative functions that are inherent in every nursing job.

**Nurse-Patient Collaboration- Indian Model**

The time honored model, which is prevalent in Indian entails. The nurse is “mother”. She works under the authority of physician (father) for the good of the patient. Her obligation is to respect authority and established procedures; to obey. Her unique contribution is the humanization of the hospital; providing care in addition to the care provided by physicians, i.e. to “mother” sick patients.

**Nurse Leadership**

Nurse Leader provides the vision, skills, and tools needed by nurses currently in, or aspiring to, leadership positions. Leadership can be defined as a multifaceted process of identifying a goal or target, motivating other people to act, and providing support and
motivation to achieve mutually negotiated goals. In the daily life of a senior nurse, this could refer to coordinating the day/night shift and the team of nurses and support staff on duty under the direction of that nurse. The successful operation of the shift, staff morale and managing difficult or challenging situations depends largely on the senior nurse’s leadership skills. Senior nurses should be able to develop other staff by enabling them to apply theory to practice and encouraging them to test new skills in a safe and supportive environment.

**Qualities of Nurse Leaders**

- Self-awareness.
- Personal quality like integrity, honesty, ability to co-operate, ability to attract, motivate, enthusiastic.
- Initiative qualities like willingness to help and assist, self-confidence, courage and decisiveness.
- Technical qualities like mastery over subject, expert knowledge and expertise to work.
- Teaching abilities, i.e. ability to communicate.
- Administrative abilities i.e. managing, organizing, coordinating, etc.
- Intellectual skills.
- Enthusiasm.
- Tactful; ability to win the loyalty and support of others.
- Emotional Control.
- Awareness of responsibilities and accountability.
- Conscientiousness.
- Quality of building human relations.

**Nurse Manager**

Nursing care is the major service of most of the health care agencies. To operate successfully, nurses should have knowledge of managerial concepts. As a manager and provider of client care, the nurse coordinates various health care professionals and their
services to help the client meet desired outcomes and to become effective nurse managers, nurses should possess following characteristics:

- Preparing themselves
- Presenting a positive image
- Demonstrating an above average grasp of written and oral communication skills.
- Networking effectively
- Having Mentors
- Knowing Organizational values
- Mobilizing Resources
- Having Vision

**Nurse Commitment**

The following work-related factors correlated most strongly with reduced commitment:

- Feeling that one’s work is not meaningful or important;
- Few possibilities for development;
- Low level of influence;
- Dissatisfaction with the ways one’s own abilities were put into use;
- Poor atmosphere at work;
- Low quality of leadership.

Nurses who considered leaving the organization most frequently thought about switching to out-patient and hospital care; the least attractive area was the health centre ward. Weak commitment was strongly associated with thoughts of leaving, and the intention to leave did actually signal leaving the organization.

**Strengthening commitment**

It is possible to strengthen nurses’ commitment by:

- improving the organization of work;
- arranging the work so that nurses can use their abilities in the optimal way;
- offering good possibilities for further development;
- ensuring opportunities for continuous professional training;
- Increasing possibilities to influence the work.
Special attention should be paid to the physical environment of older nurses. The risk of young nurses leaving the profession should be reduced by ensuring permanent work contracts and by defining their tasks so that they correspond to their professional training. Particular consideration should also be given to health centre wards to make them more attractive to nurses.

*Nurse Communication*

Communication is a key tool that doctors and nurses must use to elicit cooperation among themselves and other individuals in the delivery of health care services. It can be described as exchanging information. Differences between their perceptive can interface with exchange of necessary information. The communication can increase awareness of a health problem, affect attitude to create support for individual, demonstrate skills, and reinforce knowledge, attitudes, or behavior. Close liaison between doctor and nurse entails individually interacting to achieve common goods, i.e. the health and well being of patients. It can be an ongoing dialogue about a patient’s concern behavior, attitude, or diagnosis.

*Nurse Job Satisfaction*

Job satisfaction is a set of favorable or unfavorable feelings and emotions with which employees view their work. Job satisfaction is an affective attitude- a feeling of relative like or dislike toward something. Job satisfaction is generally defined as an employee’s affective reaction to a job, based on comparing actual outcomes with desired outcomes. Job satisfaction represents several related attitudes.

Smith, Kendall, and Hullin (1969) have suggested that there are five job dimensions that represent the most important characteristics of a job about which people have affective responses. These are:

- **The work itself.** The extent to which the job provides the individual with interesting tasks, opportunities for learning, and the chance to accept responsibility.
- **Pay.** The amount of financial remuneration that is received and the degree to which this is viewed as equitable vis-à-vis that of others in the organization.
• **Promotion opportunities.** The chances for advancement in the hierarchy

• **Supervision.** The abilities of the supervisor to provide technical assistance and behavioral support

• **Coworkers.** The degree to which fellow workers are technically proficient and socially supportive.

**Nurse Safety Climate**

Health care delivery demands both safety and efficiency. These conflicting demands are negotiated within the work of direct care nurses. Nurses receive role expectations from hospital management and reimbursing agencies demanding high workloads. Conversely, patients, families, training mechanisms, and society in general convey an expectation that one taking the role of nurse is to act as an agent of caring and protection, above all allowing no harm to come to patients. When conflicting role demands inhibit a nurse from carrying out what he/she believes to be legitimate role expectations, a distressing workplace contradiction occurs. Because the patient experience is directly linked to the work of nurses, it is not illogical to deduce that Registered Nurse distress would be related to adverse patient outcomes. In attempting to negotiate the safety/efficiency dichotomy, nurses may inadvertently be jeopardizing patient safety. Clinical staff’s safety perception is considered an important indicator of the implementation level of safety climate and safety culture. Hospitals are feeling pressure to act to improve the safety related attitudes that are part of safety culture. Safety climate is a leading performance indicator that can provide insight into safety performance before accidents have occurred.

**1.3.3 Coimbatore District Profile**

**Coimbatore District** is one of the more affluent and industrially advanced districts of the state of Tamil Nadu in India. Coimbatore is known as the **Manchester of South India.** It is one of the most industrialized towns in Tamil Nadu. It has the highest GDP among the districts of Tamil Nadu, even ahead of the state capital Chennai. The region is bounded by Kerala state and is surrounded by the districts of Tirupur District, Nilgiris District, Erode District. The headquarters of the district is Coimbatore city. Except taluks like Mettupalayam and Pollachi all other parts belong to Coimbatore
city itself and few parts of Tirupur district. Most of the city region of Coimbatore comes under this district. Proximity to the city of Coimbatore has its own impact on the district, with a considerable daily commuting population. The rural people are mostly agriculturists, although with the advent of SEZs in the area, service and IT industries are booming. Coimbatore is the second largest city in Tamil Nadu, which is located approximately 497 km from Chennai (state capital). It is highest revenue yielding district in the state, next to Chennai district.

**COIMBATORE DISTRICT**

**Industries**

Textiles are the major industry in the Coimbatore district; it is one of the important textile hubs of India. Coimbatore is also called the "Manchester of South India" because it houses many textile industries. India's leading Textile Machinery Manufacturer "Lakshmi Machine Works Ltd" produces textile machinery for textile mills in India and abroad. LMW is the pride of Coimbatore. There are many electric pump manufacturing companies in and around Coimbatore, such as Deccan, CRI, Texmo, KSB, Sharp. Coimbatore also houses some auto component manufacturing brands, such as Roots, Pricol and LGB. German auto component major Robert Bosch started their R & D
facility in Coimbatore. Coimbatore also houses many Information Technology and Business Process Outsourcing companies such as Cognizant Technology Solutions and Perot Systems. The district is home to almost 50% of the poultry population of Tamil Nadu

**Hospitals in Coimbatore:** Coimbatore has the sophisticated large hospitals offering the world class quality treatments equivalent to the best hospitals around the world. The number of Coimbatore hospitals delivering health care to the masses is increasing every day. Coimbatore's charity trusts have ensured that the district has a unique place in health care industry. They have championed the cause of health and medical care in Coimbatore. Coimbatore is also well-known for its exclusive super-specialty hospitals. The Lakshmi group started the Kuppusamy Naidu Hospital. It is one of the five centers in the country for the detection of cancer and education on cancer. The PSG Hospitals with highly scientific clinical services; The KG Hospital with the state-of-the-art facilities; The Kovai Medical Centre and Hospital (KMCH) with specialized procedures such as stenting, fallopian tube recanalisation, chemoembolisation and laparoscopic and thoracoscopic; Ganga Hospital for trauma, orthopaedic and micro-vascular surgery; Gem Hospital for laparoscopy; Rao Hospital for assisted reproduction and endoscopy; The Eye Foundation and Sankara Eye Clinic for ophthalmology - which offer world-class treatment at affordable rates; Vikram Hospital for ENT and so on. Other than this, Ayurvedic hospitals, Homeopathy Clinics, Naturopathy hospitals, Siddha Hospitals, and Acupuncture treatments are also emerging with innovative ideas to treat the people with their ancestral knowledge.

**Health care industry in Coimbatore has huge potential:** Coimbatore city's health care sector has the potential to see its annual turnover zoom to Rs 5,000 crore from the current level of around Rs 750 crore in two or three years if government joins hands with the industry in promoting the city where the quality of health care matches international standards even while the cost is a fraction of what one pays in the US and much less than what it would cost in hospitals in major metros within India. The city has also been witnessing a reverse-brain drain with doctors working abroad showing an interest in coming back to work here. The Government of India, which conducts the
‘Incredible India’ tourism promotion campaign, could also add the potential of Coimbatore as a health care destination. The industry would be willing to join it and share part of the cost of promotion of the city. The hospitals have to pay their loans back, take care of their employees and should constantly invest in infrastructure improvement, for which their bottom-line should be healthy which hinges on promotion. But this is not profiteering. This required the entire industry to come together to promote the city as a health care destination. With the city becoming well connected with the Gulf and the Far East through direct flights, there was huge potential for growth and felt that the industry should do road shows outside the country. The nursing assistants employed globally had studied in Coimbatore. Five doctors a month come back from countries like the UK, Australia (though reverse brain drain has not happened significantly from America), since the working environment here was good and the added bonus was living amidst familiar environment and culture. The major hospitals in Coimbatore are part of the industrial groups who are aware of the importance of quality and this “quality-oriented journey has been in our Coimbatore blood”. The competitive spirit that is ingrained in the people of the region has seen hospitals vying with each other in offering quality health care by modernizing the hospitals and employing top notch professionals. The “hospitals in Coimbatore are of national standards” and once we get the NABH certification, “we have graduated to a level on par with American standards” and proclaim that we are on par with international hospitals. The cost of treatment here will be far cheaper compared to cost of treatment not only in the US but even in other cities within the country. The cost of treatment in Coimbatore could be cheaper by 20-40 per cent compared to hospitals in the key metros depending on the ailment and there is more personal attention.