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ORIGINAL ARTICLE



AN OVERVIEW OF HOSPITAL MANAGEMENT IN INDIA

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Abstract:

Hospitals, especially in districts and other large cities, are already bursting at their seams because of ever increasing load of patients. This results in overcrowding and poor services to the community, thereby defeating the very purpose for which these institutions are meants. On the other extreme are the smaller hospitals at the Taluka and community development block levels in semi-urban and rural areas which are grossly underutilized. These paradoxes need careful examination, for studying and identifying the causes for such situation and suggest feasible solutions for corrective action.

KEYWORDS:

Hospital Management, Large Cities, Policymakers, Organizing.

INTRODUCTION

Even after sixty years after independence, the average Indian hospital continues to be more or less primitive and underdeveloped. Hospital management as an independent specialty is yet to be recognized by our policymakers. The government hospitals in particular, are the neglected lot. There is no hospital policy for the management of government hospitals. In fact, the management is the weakest link in these hospitals, giving rise to an unending array of problems in the day-to-day working of hospitals. This not only affects patient care adversely, but also leads to a situation of crisis every now and then. The hospital authorities are not geared to deal with such situations immediately. In other words, their approach remains what we call 'management by crisis.'

OBJECTIVES OF HOSPITAL MANAGEMENT:

Hospital management in India needs to be radically strengthened. To achieve this goal, the hospital administrators/managers should keep the following objectives in mind:

To increase the level of satisfaction of the patients. To use modern management methods for improving the quality of patient care. To reduce the congestion and waiting time of outpatients. To contain the costs and mobilize additional resources.

GENERAL FUNCTION OF THE MANAGEMENT IN THE HOSPITALS:

The duties of hospital managers are generally referred to as functions of management. These are

planning, organizing, directing, coordinating and controlling.

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AN OVERVIEW OF HOSPITAL MANAGEMENT IN INDIA Space The managerial activities can be divided into three groups: Those that are primarily concerned with interpersonal relationships. Those dealing primarily with the transfer of information, and That essentially involve decision making. The top managers spend most of their effort and time in planning, organizing, staffing and little less in controlling and the least in directing, as compared to the middle management, that spend most of their effort in controlling and little less in directing, organizing and planning, while the first line managers spend most of their efforts in controlling and directing and less in planning, organizing and staffing which is mainly done by the top managers. **ISSUES IN HOSPITAL MANAGEMENT** The scenario presented so far raises some very basic issues pertaining to hospital management. Some of the important ones are listed below: Undefined duties, responsibilities and roles of a hospital manager. Lack of any national policy on hospital management. Poor communication and team spirit among the functionaries of the hospital. Lack of cooperation and coordination among the different hospitals in the medical care system. Absence of a national accreditation board for hospitals. Dearth of trained hospital administrators. Hospital administration to be recognized as a distinct and essential specialty. Shortage of hospitals and hospital beds. Management by-crisis and ad hoc-ism in day-to-day administration. Rationalization of the work load for the hospital staff. Modernization and expansion of the existing hospitals. Lack of scientific planning and management of ambulatory and emergency services. Poor quality of care to the patients. Needs for community orientation of hospitals and for organizing extension outreach services. Resource mobilization and cost containment. Lack of materials planning and management Budgeting. Lack of incentives for better work. **Major Problems in Hospital Administration** A survey of 100 hospitals done in1977 by Indian Society of Health Administrators (ISHA), has shown the following major problems that are being experienced by them.

1. Leadership in the hospitals

Most of the administrators in the hospitals are professionals- physicians, surgeons or belonging to any other discipline of medicine- and who had no formal training in management science and practice, and spend about 60 to 70% of their time in routine administrative activities.

2. Lack of funds for hospital services

They face financial constraints all the time. No community involvement.

3. High degree of turnover and job dissatisfaction in professional staff

Due to ineffective manpower planning, recruitment and salary policies and no scope for growth and development, a high level of dissatisfaction, leading to many problems, like demotivated staff, high turn over rate etc.

4. Stringent Controls

Stringent control on finances and in administrative functions is exercised by people in top

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management who may not be present on the site. e.g., Director of health services or managing trustees.

5. Ineffective allocation of work and manpower utilzation

No clear cut job descriptions, allotment of duties and responsibilities, no plans for division of work or supervisory functions. lead to ineffective organizational functioning and ineffective utilization of available manpower.

6. Absence of policies for motivating employees, and employee friendly personnel policies

Those that are not favoring the employees lead to no-motivation and high degree for job dissatisfaction that affects their output and services performed.

7. Difficulty in adaptation to external pressures

Most of the hospitals face difficulty in adapting ot external pressures such as governmental policies, trade unions, and other political bodies.

PROBLEM IN MANPOWER TRAINING

1) Lack of commitment to training programs.

The top management and the policy makers show no commitment beyond allotment of funds. Training is not perceived as an integral and essential component for the success of the organizational goals and objectives. Thus they have no real commitment towards the development of the personnel.

2) Selection of candidates for training is reward based rather than need based

Most of the candidates are elected based on extraneous factors, including personal favor, reward rather than to achieve the organizational objectives or to achieve the ones of the intended program.

3) Lack of realization vis-a-vis changing environment

A lack of realization about the changing environment and about the ways to cope up with them in the employees, can be overcome by providing an environment and expertise to keep up there functional qualities.

4) Lack of awareness for the need of training and upgrading the expertise and skills of the technical staff.

Often the organizations do not consider and favor the proposition that the technical personnel need management training and orientation in administration. Thus they are reluctant to spare resources, especially when the resources to be managed range from community organization to fiscal planning. A health care manager needs to train as an interdisciplinary specialist, if he is expected to manage the health and family planning programs.

5) Lack of organization in planning a comprehensive training program that is need based.

Training inputs are given in bits or fragments. Thus the training does not become really useful and an integral part of the process of career development.

6) Lack of motivation

There is sometimes a lack of motivation in the staff in attending a training program.

7) Delay in decision making on selection or delegation for the programs.

This is demotivating to the interested participants who may not get the opportunity in the future at all or may get it very late.

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8)Lack policy decisions regarding the necessity and encouragement in organizing training

Training is not viewed as part of total personnel development system. Further there is a lack of relationship between the training and its utilization as well as there is no placement policy regarding its consideration for promotion or growth, which results in negative attitude in the people towards the training programs.

9. Lack of infrastructure facilities

Like case studies, training materials, literature or even a trained faculty.

Patient Satisfaction

Patient satisfaction should be the ultimate goal of any hospital or an indication or means to achieve its ultimate goal that includes providing the best health care. The goal can only be achieved with patient satisfaction and quality care.

A study was undertaken in 1970-71 with Indian Council of Medical Research support, to investigate these problems empirically. The objectives of this study were:

1. To identify important in-hospital variable influencing the three indices of hospital performance: length of stay, bed occupancy rate, and patient satisfaction;

2. To study the extent to which the in-hospital variables influence the indices of hospital performance;

3. To develop and standardize instruments to measure patient satisfaction, and several intraorganizational variables.

Issue of Improving Quality of Patient Care

The scarce availability of beds explains particularly the phenomenon of overcrowding of our hospitals, particularly the state-owned ones. The axe then falls on the quality of patient care which is adversely affected. There is, therefore, an immediate need to:

i) Augment the bed complement in the country substantially. As of today, a large majority of hospital beds are concentrated in the urban areas and any increase in it should be distributed rationally to provide more benefit to the rural areas;

ii) To improve the quality of patient care, i.e., to carry out periodically the medical audit of the inpatients in the hospital.

It was felt that medical audit should be routinely carried out to improve the quality of health care as well as to ascertain the proper utilization of hospital services.

Doctor-Patient Relationship and Patient Satisfaction:

The most important consideration in effective medical practice is the interaction between the doctor and other paramedical personnel like nurses, and the patient, that leads to most effective health care and patient satisfaction.

Due to overcrowded outpatient department and also the increased work load in indoor patients and additional duties given to them in addition to patient care, the doctors are not able to give sufficient time to the patient, they don't give empathetic listening to him or cut short his narration, do not completely satisfy his inquiries, and thus give an impression of being less concerned with him, even if they wish to, due to time constraint and work load, and as such the most important aspect of the doctor- patient relationship is often neglected or is unsatisfactory specially from the viewpoint of the patients.

CONCLUSIONS:

People forget the names of the most famous people in the world, or the names of winners of the beauty contests, of Olympic gold medalists, or of those ones who have won the recent Nobel Prize. But they never forget the ones who have substantially contributed to their growth like their teachers and mentors, or friends that stood in the time of adversity, or those people who made them feel special. These are the people who really matter and are thus remembered.

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A satisfied patient not only remembers the doctors who nursed him to health, but will also remember the hospital and its management, specially the top management, that cared for him and will also spread the goodwill be mouth to mouth publicity about the excellence in service in the hospital, about the empathetic and cordial behavior of its doctors and its paramedical staff.

In this highly competitive world you have to keep running, keep improving, keep changing, that's the way to win. Every morning the sun will come up again, and you will have to keep running, you will not be able to stop the race. But as you keep running you will discover the ways to win and you will be one hell of a runner.

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