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Need of Public Health Administration with Regards to Patients Care

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Abstract – In India a systematic public health administration was introduced under the British rule. The British rulers appointed several committees and enacted a number of Acts in order to develop the health system. After independence the era of scientific planning in India started with the establishment of Planning Commission in 2000. Since then, the Government of India has been giving priority to health matters and several steps have been taken through five year plans.

Keywords: Hospital, Patient, Administration

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INTRODUCTION

Regulations and setting standards for measuring performance of public/private sector in health, issuing guidelines to help the states, development of partnership with non-governmental stakeholders, developing framework for effective interventions through capacity development and decentralization including transfer of schemes and financing in the states, where the Central Government would continue to play a role. Effective monitoring of performance, support for capacity development at all levels, sharing the best national and international practices, providing more financial resources to drive reforms and accountability, disease surveillance, monitoring and evaluation will be the thrust of the Central Government's interventions.

(GOI Health and Family Welfare: 2007) Union Ministry of Health and Family Welfare The Union Ministry of Health and Family Welfare is the apex executive organization dealing with issues of health and family welfare in India. It lays the national health policy in accordance with the policy decisions of the Cabinet. "Health" is the state subject in India, so the Union Ministry of Health and Family Welfare acts as a co-ordinator between the state health departments, Planning Commission, Central Council of Health etc., besides implementing various national programmes and items under Union list and Concurrent list.

In the process, it is aided by the Directorate General of Health Services. Health administration at the apex level of the Government of India consists of Secretary for Health, Secretary for Family Welfare supported by additional and joint secretaries who are recruited from the Indian Civil Service. The rest of the organization is mostly program/project based. Ad-hoc project structures such as TB project and Malaria project etc., Since state governments implement the projects and deliver the regular health services they have fairly well demarcated systems.

Health policy in India is formulated in each of the five year plan.

First Five Year plan (2001-56): Many factors like social, economic and educational have an intimate bearing on the health of a community. The first five year plan gave prior importance for proper housing, water supply, it increased the number of hospitals and dispensaries in the country.

Second Five Year plan (2006-61): During the second five year plan, arrangements were made for the training of an increased number of nurses, midwives, pharmacists, sanitary inspectors and other technicians at medical colleges and larger hospitals.

Third Five Year Plan (2001-66): The broad objective of the third five year plan was to expand health services and family planning programmes to bring about progressive improvement in the health of people by ensuring a certain minimum physical well-being and creating conditions favorable to greater efficiency and productivity.

Fourth Five Year Plan (2009-74): Family planning found the highest priority in this plan. It aimed at bringing about a group acceptance of a small-sized family and personal knowledge about family planning methods. During this plan, efforts were made to prevent communicable diseases like malaria, small

pox etc. It established leprosy control units in different parts of the country.

Fifth Five Year Plan (2004-79): The primary objective of fifth five year plan was to increase the accessibility of self service to rural areas and quality improvement in education and training of health Personnel.

Sixth Five Year Plan (2000-85): During this plan, priority was given to health infra-structure. Incomplete buildings and some new buildings were constructed for family planning centers.

Primary Health Centers(PHCs) were upgraded as 30-beded hospitals. Medical college admission had also increased.

Seventh Five Year Plan (2005-90): In the seventh plan, priority was assigned to medical educational facilities, training of paramedical, to meet the requirements of community health services.

Eighth Five Year Plan (2002-97): This plan gave importance to human development and committed to attain "Health for all by 2000". It initiated major efforts to expand health and educational facilities.

Ninth Five Year Plan (2007-2002): The approach during this plan was to enhance the quality of primary health and promotion of human resource for health. To enable Panchayat Raj Institutions (PRIs) to plan, monitor and improve the work environment in industrial and agricultural sectors. (Goyal R C, 2000: 19-37).

Tenth Five Year Plan (2002-2007):The aim of this plan was to evolve and implement a whole range of comprehensive norms for service delivery, prescribing minimum requirements of qualified staff, conditions for carrying out specialized interventions and a set of established procedures for quality assurance; promotion of rational use of diagnostics and drugs; evolving, implementing and monitoring transparent norms for quality and cost of care in different health care settings; exploring alternative systems of health care financing including health insurance so that essential, need based and affordable healthcare is available to all; improving content and quality of education for health professionals and Para medical, so that all health personnel acquire the necessary knowledge, attitude, skills, to effectively take care of the health problems, and improve the health status of the people.

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The other aims of the plan are development of accurate Health Management Information System (HMIS) utilizing currently available IT tools; this communication link will send data on births, deaths, diseases and request for drugs, diagnostics, equipment and status of ongoing programmers through service channels. It will also facilitate decentralized district based planning, implementation and monitoring; building up an effective system, strengthening and sustaining civil registration, sample registration system; improving the efficiency of the existing healthcare system in the government, private and voluntary sectors, building up appropriate linkages between them; mainstreaming Indigenous System of Medicine (ISM) practitioners, so that in addition to practicing their system of care, they can help in improving the coverage of the National Disease Control Programmes and Family Welfare Programme; increasing the involvement of voluntary and private organizations, self-help groups and social marketing organization in improving access to health care; improving inter sectoral coordination; devolution of responsibilities and funds to Panchayati Raj institutions (Planning Commission of India, 10th five year plan,2002-2007).

Eleventh Five Year Plan (2007-2012): The objectives of this plan are assessment of procedures for estimating mortality/morbidity in women and children, review of the functioning of family welfare infrastructure and manpower in rural and urban areas and suggesting measures for rationalizing, restructuring the infrastructure, development of an effective health system, a broad overview of the current health status and development of appropriate policy interventions is.

The thesis on hospital administration with reference to Bombay's Municipal Hospitals, written by Aloo Noshir Dalal the Functioning and Prevailing Organizational Stress of Three Major Municipal Teaching Hospitals. In interviewing the informants, a stratified random sample was used. The findings of the study are training is noticeably absent where mostly needed. It is found that there is no proper communication between patients and different categories of staff which leads to insufferable problems in management of hospitals. It is found that unionization has been regarded as major obstacle in effective administration. Public relations in hospitals are completely neglected. In spite of their limitations and shortcomings, these hospitals were making genuine attempt to serve the public with a wide range of medical services.

The thesis, Hospital Management written by Nalini V. Dave4 a published work, concentrated on the need for professionalisation in Management of Hospitals and also dealt with behavioural problems. The work emphasizes the need for an administrator in hospitals. From the study it has been observed that the professionalized medical services are available in big cities but not in remote areas. It was noticed that there is no professionalisation in Government hospitals. It is also found that there are some problems between nursing staff and doctors. The author suggested that the hospitals should have professionalized management, so that one could overcome most of the behavioural problems.

Hospital organization and administration written by M. Shankara Rao, presents the current issues involved in hospital administration. The book concentrates on healthcare and administrative infrastructure at various levels, development of hospitals from time to time, quantum of services, problems with human resources, patient satisfaction and opinions on various hospital services.

It was found that the age old rules and bureaucratic practices cripple the working of hospitals. The effects of these can be minimized through recasting the rules and regulations and by providing training and orientation programmes.

This study made an attempt to find out the gaps in the present system, linkages with government and suggested ways and means to fill the gaps so as to improve its administrative potential.

Private Healthcare in India written by Rama V.Baru examines the trends in privatization of healthcare and its social basis. The book also deals with future of public health services in India. It is based on empirical study of private hospitals. It delineates the emerging patterns of medical care in the private sector with a historical and global perspective. It traces the growth of the private sector in India and examines the role of professionals, certain classes and international capital which have shaped the content of privatization.

The author demonstrates, through an in depth study of the background of medical entrepreneurs, that there has been a movement of capital away from agriculture and business into the medical sector. Dr. Baru shows how the growth of the private sector has had a negative impact on the public sector.

Urban Healthcare, A Study of Public and Corporate Hospitals written by Sheela Prasad reveals the functioning of both private and public healthcare system. It examines the performance of each sector through perceptions of the users. The basic objective of the study was to test the hypothesis, that growth of corporate sector in urban healthcare widens inequalities in the quality of healthcare.

The study preliminarily investigated the dynamics of urban healthcare. The study observed that healthcare was becoming capital-intensive and this was truer of corporate healthcare. The study stated that the public hospitals are now identified as largely for the poor while the corporate hospitals are for the rich. Hospital Management, written by Mohammed Akbar Alikhan deals with the financing pattern of Healthcare and hospitals and cost efficiency of public hospitals.

The study empirically examines the allocation of expenditure for healthcare and hospitals and evaluates the cost efficiency on the basis of cross sectional analysis. It helps in developing a mechanism for suitable criteria for allocating resources. It evaluates the efficiency of their operations and recovery of costs. Here an attempt has been made to observe the relationship of cost and hospital service indicators by using statistical tools. Management Control System in Non-profit Organizations with special reference to Hospitals by Rozmin A Jani reveals the role of Management Control System in achieving the objectives of a hospital.

DISCUSSION

This study is mostly exploratory in nature and it aims at discovering general problems in providing patient centered care and variables related with it. In this part, an attempt has been made to explain the research design, the procedure of sample selection, methodology used in data collection, analysis, and presentation.

The present study is an attempt to probe into both public and private healthcare hospitals and examine the performance of each sector. Private, in this study refers to the corporate sector in health care and government and public sector are used interchangeably. The scope is so vast that the effort in this study is limited to public, private and Government hospitals.

Due to the vision and mission of many committed professionals and the quality of the services rendered, the hospital has grown in size as well as popularity and has been expanded many times over a long period of a 106 years of existence. The hospital presently has a bed strength of 250 and is equipped with the latest hi-tech precision instruments. It is working with 25 full-fledged departments including Critical Care Unit with a 15 bedded state-of-the-art emergency medical unit with the facilities for providing multi parameter, Haemo dynamic monitoring and total ventilator support for the critically ill patients.

It is having 8 wards with 90 doctors more than 160 nursing staff, 70 paramedical staff and 80 ministerial staff. It is a beacon of hope, affordable to many, while 70 it keeps abreast with the latest breakthrough in medicine. The hospital extends services round the clock and it consists of all the medical and surgical speciality departments. It is having doctors, nursing staff, paramedical staff and ministerial staff.

The questionnaire for departmental heads was distributed. The questionnaires developed for doctors were distributed; Out of 175 doctors that are in Government General Hospital, 85 respondents were selected as sample by using stratified random sampling method. But 05 responses were found faulty and deleted and only 80 respondents were taken for final analysis. Out of 220 doctors in NRI, 80 doctors were selected for sample survey and finally 80 were taken for analysis. Among 90 doctors in St.

Joseph's General Hospital, 60 doctors were taken as sample and all the response sheets were taken for final analysis.

In the case of questionnaire developed for Nursing Staff, out of 174 nurses who are on roll, 120 (two third of 174) were taken as a sample by using stratified random sampling, and 120 responses were taken for final analysis. Of 350 nurses in NRI General Hospital, 120 were selected as a sample which constitutes one third of 350, and 120 response sheets found fit for analysis. In the case of St. Joseph's General Hospital among 160 Nursing Staff, 125 were taken as sample and finally 120 were taken as a sample for study after careful scrutiny. The sample was finalized accordingly.

Trained and professional administrators can bring change in hospital the environment. There are two sets of hospital administrators emerging these days. One group comprises the medicos, who branch out into hospital administration after completion of their medical education. The other group comprises non-medicos who choose to specialize in hospital administration. Many people are of the opinion that doctors should restrict themselves to clinical practices and leave the administration to the professionals because a doctor spends a period of nine years to complete his masters in medicine.

Having spent such a long period in acquiring a professional degree, he must be properly utilized by society. The present study is also of the opinion that "a good doctor may not always be a good administrator". For Doctors, it is difficult to attend to both kinds of duties effectively .So, hospitals need a separate cadre for hospital management since a medical job is no more a one- man job. To keep pace with the changes, hospital administration has to be vibrant, dynamic and proper leadership has to be provided to face the challenges encountered by it.

CONCLUSION

The present study concludes with the words proposed by the then Chairman, Center for Good Governance that "The world is changing. It is changing so fast that by the time we take stock of things, we face newer challenges. The aspirations of the people from the government have increased so that the government should initiate a new approach called good governance like informed decision making and transparent program implementation.

The government is one of the actors in governance. People are at the core of governance. One cannot talk of good governance without ensuring the basic necessities like drinking water, health and education". The study understood that it is not only infrastructure, efficient and qualified staff but the attitude of the administration and staff that makes an institution to be accepted by society. Commitment, accountability and ethics in governance are the need of the hour in both public and corporate hospital administration in India.

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