# Role of Hospital Management in Health Related Issues

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Abstract – The nation's prosperity and happiness lies in the health of its citizens. Good health is a fundamental human right, and each country is responsible for the provision of adequate health facilities for its population, since health and development are closely inter-twined and inseparable aspects of the government. Promotion of health is essential for national progress.

Health contributes to a better quality of life and World peace. The health of a nation is not only an essential component to the nation's economic growth but also for internal stability. Assuring a minimal level of health care to the population is a critical constituent of the development process. Hospitals and health centers play a vital role in protection of health of the people. Good health delivery is always associated with better capability and leadership.

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#### INTRODUCTION

Health administration is a key part of governance and an important social welfare activity of the government. The Government of India has a separate ministry for health and family welfare. The ministry of health and family welfare is the nodal agency to look after health services. The central government undertakes the responsibility of policy formation regarding health and it develops new health programmes. It provides financial help and technical assistance to the state governments for the implementation of health policies. (Goel S.L and Kumar.R, 2004:48-49).

In general, health means the ability to lead a socially and economically productive life. The term health is defined by different organizations in different ways. According to preamble of the Constitution of World Health Organization(WHO), health is defined as "A state of complete physical, mental and social well-being and not merely an absence of disease or infirmity" (Sakharkar B.M, 2009:4).

Health is not only the basic to lead a happy life to an individual, but also necessary for all productive activities in the society (Anand K.K, 2006:1) According to Christian Medical Commission "Health is a dynamic state of wellbeing of the individual and the society of physical, mental, spiritual, economic, political and social well-being in harmony with environment and God." (Methodist church, 2005:12).

Health is the state of well-being whether it is of the mind, body, or soul. The determinant of good health is often evaluated by physicians and others in the medical field.

Health is multidimensional. The WHO definition envisages three specific dimensions. As the knowledge base grows, the number of dimensions increases. Although these dimensions function and interact with one another, each has its own nature and for descriptive purposes it will be treated separately.

The important dimensions are:

- 1. Physical dimension: The Physical dimension of health is probably the easiest to understand. The state of physical health indicates the notion of perfect functioning of the body. It conceptualizes health biologically as a state in which every cell and organ is functions at optimum capacity and in perfect harmony with rest of the body.
- Mental dimension: Good mental health is the ability to respond to many varied experiences of life with flexibilities and a sense of purpose. It can be defined as " a state of balance between the individuals and the surrounding world, a state of harmony

between self and others and that of the environment"

- 3. Social dimension: Harmony and integration within the individual between each individual, other member of society and between individual and the world in which they live can be considered as social well-being. It also can be defined as quantity and quality of an individual's inter- personal ties and extent of involvement with the community.
- Spiritual dimension: It means the part of the individual who reaches out and strives for meaning and purpose in life. It is the intangible something that transcends physiology and psychology.
- Emotional dimension: Emotional dimension and mental dimension are closely related. The research revealed the difference between both. Mental health can be seen as knowing or cognition, while emotional health relates to feelings.
- 6. Vocational dimension: This is a new dimension related to the vocational aspects of life. When work is fully adapted to human goals, capacities and limitations, work often plays a role in promoting both physical and mental health. The importance of this dimension is exposed, when individuals suddenly lose their jobs or face mandatory retirement.(Rajesh Choudary and Kumar,2005:5)

In recent years, governments all over the world have accepted the health of the people as public responsibility but the scope of health services varies widely from country to country and is influenced by general, ever changing national, state and local health problems, needs and attitudes as well as available resources. The countries that see health care as basic right, the state is the main provider and health care is largely subsidized. In countries where health care is seen as commodity, the private sector is the dominant provider and the cost of health care is market driven.

China, UK, Cuba, Canada and Serbia have the state as major provider while in countries like USA and Australia private sector is the major provider. (Sheela and Rama Chandraiah,2007:1).

There is a broad agreement regarding the features of health services they are:

- Comprehensive,
- Accessible,
- Acceptable

- Provide scope for community participation; and
- Available at a cost the community and country can afford.

## ROLE OF HOSPITAL MANAGEMENT IN HEALTH RELATED ISSUES

According to the World Health Organization (WHO), the United States spent more on health care per capita (\$7,146), and more on health care as percentage of its GDP (15.2%), than any other nation. Health care in the United States is provided by many distinct organizations; Health care facilities are largely owned and operated by private sector businesses.

Health for public sector employees is primarily provided by the government. 60-65% of healthcare provision and spending comes from programs such as Medicare, Medicaid, TRICARE( The department of Defense heath care program known as TRICARE.

It provides three levels of health care coverage for medical services, medications, and dental care for military families and retirees and their and survivors), the Children's Health Insurance Program, and the Veterans Health Administration. Most of the population under 65 is insured by their or a family member's employer, some buy health insurance on their own, and the remainder are uninsured. The U.S. Census Bureau reported that 49.9 million residents i.e. - 16.3% of the population were uninsured.

The present study made an effort to review, all aspects of governing management control in Non-profit organizations, with special reference to hospitals. Here the author tried to develop a working model of management control system in medium size hospitals. The author intended to study the different control systems in the two hospitals, one government and other Private hospital. Venkatadri A. critically examines policies and practices of modern health system in Municipal Corporation of Hyderabad. An attempt has been made to understand the role of various officials in promoting health of citizens in the corporation.

Discussion was initiated on the nature of preventive measures to be adopted against spread of diseases. In this study it was found that health workers are hardly working for three hours a day and skip the remaining duty hours. The higher levels of people also are not showing an interest in these matters.

WHO Chronicle, Regional committee series, hospital planning and administration, Application of modern management methods and techniques for improved delivery of health services, Role of hospitals in programmes of community health protection. Some of the reports in the area of Healthcare and Hospital

Management include Healthcare in India, World Development Report, National Health Policy, Health Information of India, The Private Medical Sector in India, A Fine Balance, Report of the Independent Commission on Health in India, Healthcare System in India.

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Apart from books and studies, there are few research researchs that which have appeared in different which journals include -- the research "Organization and Working of Government General Hospital", written by Satvanaravana, which emphasizes Organization and Administration of hospitals with particular reference to GGH, Guntur.

The study concentrates on the facilities and problems faced by the various patients. The Researcher discussed the internal administrative setup and duties, responsibilities, recruitment process and training facilities. The researcher feels that, proper management is the only solution for effective functioning of hospitals.

research "Principles of The Management Applicable to Hospitals" written by V.B.Desai, briefly explains the functions, principles and complexity of the hospitals. It says that management with a human touch is a must in management of a modern hospital. The research "Hospital Management Training" written by Miles Hardie discusses the issues and approaches to health services management training.

Opinions were collected from 500 senior doctors, nurses and administrations from 80 countries, who have attended a 10- week annual course. It emphasized on the managers' role in preparation of profiles. policies. programmes and implementation. The need for developing appropriate management training facilities was explained. The research "Some Aspects of Hospital Management Requiring Personal Attention of a Hospital Administrator" by Bhola and Anand highlights the areas needing personal attention of the hospital administrator. This research concentrates on the aspects like application of Management principles to meet existing conditions, doctor-patient and staffpatient relationships, patient care and community satisfaction and optimizing the utilization of supportive hospital services.

The research "Hospital Management-past, present and future" written by R. F. Bridgeman, discussed the role of hospitals in the past, present and predicted into the future. He developed different model systems for a hospital with particular reference to developing countries where financial and manpower resources are restricted. He suggests that hospitals have to widen the scope of their activities in becoming an essential tool in delivering total healthcare to the community.

Beaufort B Longest in his research, organizational linkages in health sector" emphasizes The research "Effective Communication in Hospitals" written by Gouri S.Gupta discusses the importance of communication in maintaining sufficient levels of morale and efficiency in hospitals. The writer suggests that the success of effective communication lies in managing some important barriers like limited capacity, personality perception.

healthcare

She suggested that management should allow enough time for employees to report back. Bandari81, in his research, "Effective leadership with reference to hospitals", feels that an effective manager must be an adaptive individual. Further he mentions that the leader must evaluate each situation based on its merits and demerits. The major problem lies in sizing the situation, since effective behaviour in one may be ineffective in another.

B. Literature related to Patient Satisfaction: There are some theses dealing with patient satisfaction. A Socio Economic Conditions Satisfaction Levels of Patients visiting a Corporate Hospital concentrates on studying relationship between socio economic factors and the behaviour of patients. Veera Prasad examines why the hospital administrator should take the patient- satisfaction seriously as a measurement.

In another step he explained the procedures to evaluate the patient satisfaction, Chaskar R.P, tried to examine the satisfaction levels of the patients and to study the complaints with regard to various services and to assess whether such complaints affect the overall image of the hospitals. He made some suggestions for improving the quality of patient care.

Prasad et. al., concluded that appropriate awareness should be created amongst recipients of healthcare and to ensure that they demand, utilize and appreciate healthcare of a qualitatively high level.

Thimmappayya. A established a relationship between hospital status, employee satisfaction and service leading to patient satisfaction.

### **DISCUSSION**

The data for the study was collected by administering the questionnaire schedules and through observation method. Observation method is one of the most important and extensively used methods in social sciences research. It is one of the primary research methods. All the time it is not possible to use quantitative techniques, in such circumstances, observation method bridges the gap.

On the other hand Questionnaires are widely used for data collection in social sciences research particularly in surveys. It is a fairly reliable tool for gathering data from large, diverse, varied and scattered social groups. It is used in obtaining objective and qualitative data as well as in gathering information of qualitative nature. It is treated as the heart of the survey operation.

In this context it is proposed to distribute questionnaires to the Chief Executives posing questions relating to overall organization and management of the hospitals. The data for the study was collected by administering a two part questionnaire to administrative staff, doctors, and nursing staff and to both inpatients and outpatients.

The instrument was tested for its reliability and validity. A Three point scale was used. It contained the column of Satisfied, Partially Satisfied and Not Satisfied. In this aspect researcher took help from the questionnaire prepared by Voluntary Health Association of India.

The instrument was tested for reliability and validity. Three point scale was used which contained 'Yes', 'Cannot Say' and 'No'. Satisfied, Partially Satisfied and Not Satisfied.

To begin with, permission was sought from the three selected hospitals. Then the researcher went to them as and when time was given. Questionnaires were distributed to the personnel who were selected as sample and in some cases the researcher explained the implications of the questions. Respondents were asked to fill up the set of questions as per instructions mentioned on them. They were specifically requested not to read all the items at once but to go through each individual statement and answer it and then only move on to the next. Respondents were assured of the confidentiality of their responses.

All respondents were encouraged to express their opinions freely and fairly. Precautions were also taken to obtain unbiased results. On an average it took more than one hour to answer one questionnaire. Schedules are explained by the researcher personally and questionnaires were in the vernacular language and were filled by Respondents / patient attendees themselves. The completed questionnaires were collected by researcher personally. The interview schedule was distributed when the patients were in private rooms/ward before their discharge from the hospital. Each patient was given a brief explanation about the purpose of the enquiry and their cooperation and was sought they were assured that strict confidentiality would be maintained.

During interview, the researcher attempted to establish for patients a neutral and independent position. The questionnaire was collected back after two hours. Some of the government hospitals are among the best hospitals. Most essential drugs are offered free of cost in these hospitals. Government hospitals provide treatment either free or at minimal charges.

### **CONCLUSION**

Osmania General Hospital and Gandhi Hospital, together attend to more than 5000 Out Patients and about 300 Emergency patients daily. It performs about 80,000 outpatient consultations and 42,000 inpatient admissions yearly and 11,000 major and about 15,000 minor operations are also being performed yearly with free of charge.

For inpatient treatment, an amount of Rs. 15/- per day per bed is provided as diet charges, the commercial value of services rendered to the poor people would run into thousands of crores. The above services rendered by a large work force. Inspite of these many efforts, patients and general public are not satisfied with the services of government hospitals.

The main problem of the present system in government hospitals is that the medical doctors are not able to take up the entire administrative functions and the Lay Secretaries, are not trained in hospital administration ,so they are unable to gear their work to suit the specific requirements of the Hospital.

The administrator trained in hospital administration and administration in general, knows the special requirements of the hospital and would devote his full attention to its administrative tasks. Then the Superintendent and RMO's can concentrate mainly on the medical needs of the patients.

Proper planning, changes in administrative structures, value system and motivating leadership are essentially required in the health administration. The state has great potential to solve the present emerging health administration problems. Government hospitals will do well with professional administrators.

#### REFERENCES

Arun Kumar (2010). Encyclopedia of Hospital Administration, Anmol Pvt. Limited, New Delhi, p.5.

Bhatia S. L. (2014). A History of Medicine, Management Committee B C Roy National Award Fund Medical Council of India, New Delhi p.175.

Chee Hew (2015). Healthcare in China: Toward Greater Access, Efficiency, and Quality, IBM Corporation, New york.

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- DeNavas-Walt, Carmen; Proctor, Bernadette D.; Smith, Jessica C. (2011). Income, Poverty, and Health Insurance Coverage in the United States: 2010. U.S. Census Bureau, Washington, DC, pp. 60-239.
- Goel S. L. (2015). Public Health Policy and Administration, Deep & Deep, New Delhi, p.10.
- Goel S. L. and Kumar R. (2014). Hospital Core Services-Hospital Administration in 21st Century, Deep & Deep publications, New Delhi, pp. 48-49.
- Government of Andhra Pradesh (2011), Directorate of Medical Health, Hyderabad.
- Goyal R. C. (2010). Human Resource Management in Hospital, Prentice hall, New Delhi, p.15.
- Heraold E-Smalley (2012). Hospital Management Engineering, Prentice Hall, New Jersey, p.7.

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