

A B S T R A C T

A COMPARATIVE ANALYSIS OF ORGANIZATION OF HEALTH CARE MACHINERY IN HOSPITALS

by

Health Care Services are significant in providing social justice and equal life opportunities to individuals in the society. Today's health care system for its rising costs due to introduction of expensive sophisticated technology, maldistribution, dehumanization and heavy bureaucratization etc., is causing criticism from various corners. This is particularly true for the developing countries where increasing population and ever changing disease patterns (due to developing activities like agriculture, irrigation, mining and industrialization, etc.) on one hand and growing expectations of the people (due to increase in education and communication) on the other, exert further pressure on the limited health care resources. Now it is a general feeling that the health care expenditure is not matched with its

In spite of the best efforts to control and prevent several contagious diseases through preventive and public health measures, treatment of illness would continue to be imparted through hospitals. The institutional health care in the present context attracts more and more consumers for its modern diagnostic and surgical technology which is expensive and thus beyond the reach of individual medical practitioners. Hence, a sizable portion of health care expenditure goes to institutional health care through hospitals and dispensaries. Since large amount of resources

are concentrated at a single institution, elites of the society in our country corner most of the benefits and only little is left for the masses. The situation leads to hospital's criticism for the lack of basic facilities/ethics, neglect and callous behaviour of staff by the popular press. In this context, it becomes necessary to explore factors which may be related to improving hospital performance within the available resources.

Hospital performance depends upon coordinated efforts of three identifiable components, firstly input-output factors, such as specialized services, financial and manpower resources constituting input and patient turnover, bed turnover, length of stay etc., as output. Second component relates to attitudinal factors of the hospital personnel whose coordinated efforts affect smooth uninterrupted functioning of the institutions. And the third component deals with the quality of the services which is assessed through patient's perception.

In the present study, analysis of these three components has been undertaken while major emphasis has been on the attitudinal factors of the hospital personnel. A number of researchers have suggested cross comparison of institution due to the lack of single yardstick to measure hospital efficiency. Hence, three non teaching hospitals of different setting and managerial styles were selected for comparison. One is State Government Hospital of 167 bed capacity, second an Industrial Hospital (BHEL) with a bed capacity of 320 and the third one, a Voluntary organisation Hospital of 200 bed capacity.

Besides obtaining secondary data with regard to input-output factors from hospital records, attitudinal factors were assessed from the four functional categories, such as Doctors, Nurses, Paramedical and Administrative through standard questionnaires. The questionnaire was developed and repeatedly tested by Dr. Ashok Sahni on the four major attitudinal variables. Three questionnaires containing 68 questions in all included questions on four research variables that is - (1) Organizational Climate (2) Professional Commitment (3) Reaction to Job (intrinsic factors) and (4) Reaction to Job (extrinsic factors). Data were collected from 354 hospital personnel of all the four functional categories and analysed for the significance of difference within their institutions and between institution as well as within their professional category (group of three hospitals) and between the professional categories. Z scores were obtained to identify positive or negative difference among the personnel with regard to all research variables. Karl Pearson Co-efficient of Correlation test was used to measure inter-correlation among the research variables.

Attempt to measure quality of services on a three point scale by gathering data on self developed patient satisfaction questionnaire was made with regard to different hospital services. Sample of 250 inpatients and 366 outpatients of all the three hospitals was obtained.

The analysis of the data suggests that voluntary organisation hospital ranks first in the ordinal classification with respect to favourableness of the attitudinal factors for the hospital personnel while industrial and State Government hospitals were in their decreasing order. High patient-satisfaction was also recorded in voluntary hospital for its various services.

Character analysis of each question of the questionnaires used to assess four research variables in the study was carried out in order to identify factors responsible for unfavourable attitude of the personnel. Based on this analysis suitable suggestions were also made in view of improving hospital performance.

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