

Management Challenges in Healthcare Service of Hospitals in India

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KEYWORDS

Health, Healthcare Centres, Hospital management

ABSTRACT

The true values of human life are found in medicine and health care. Human life expectancy has grown as a result of their development, giving them a true dictatorship. Not only does the opening of hospitals or health centres impact the development of healthcare facilities, but their administration and management have a greater impact. Proper management of hospitals and health care centres would allow for the expansion of medical facilities with the least amount of investment. Any act or performance that is primarily intangible and does not lead to the ownership of anything is considered a service. By this view, the hospital offers us perishable, intangible medical and health care services. The service sector is highly diverse, and hospitals are no exception. They could be employed by the government, a private charity, or a commercial enterprise. The following adjectives best describe the qualities of the goods they sell: Kindness Paying attention and showing compassion. Any country's lifeline is its medical and health care facilities, which fall under the broad category of people-based services.

1. Introduction

There is no one cutoff point; rather, health and sickness are situated on a continuum. Death is the lowest point on the health-disease spectrum, while positive health, as defined by the WHO, is the highest position [1][4]. Thus, it is clear that states of health vary from optimal well-being to different degrees of dysfunction, including the condition of complete malfunction, which is death. It is often difficult to determine when one state of health ends and another begins since the change from optimal health to illness is frequently gradual. In India, national socioeconomic planning included health planning. In order to evaluate the nation's material, financial, and human resources and create development plans that maximise their use, the Indian government established the Planning Commission in 1950. A Perspective Planning Division, which projects 20 to 25 years into the future, was given to the Planning Commission in 1957 [2]. There is a chairman, a deputy chairman, and five members that make up the Planning Commission. The three main divisions of the Planning Commission are Programme Advisers, General Secretariat Technical Divisions, and themselves are in charge of examining and evaluating different plans and projects that are going to be included in the Five-Year Plans. The recent years have seen a rising interest in the performance and effectiveness of healthcare delivery systems all over the world [7]. The WHO in its year 2000 Report has compared the health systems world-wide and yet failed to take into account Socio-economic factors that lie behind these wide disparities.

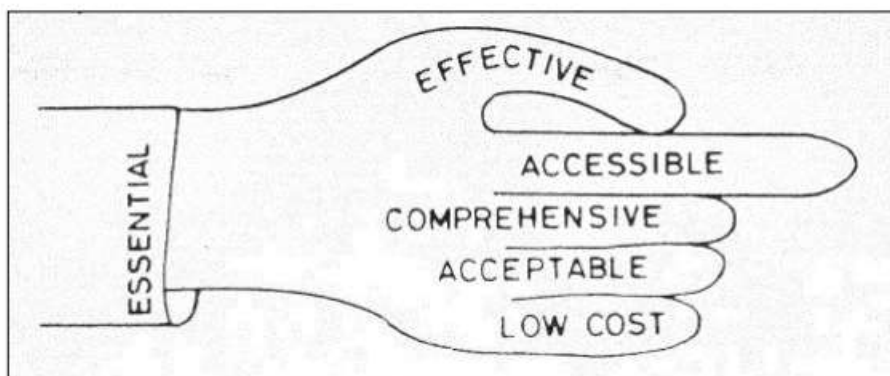


Figure 1. Five Fingers of Primary Health Care

The WHO has sparked grave concerns about the global health crisis. The WHO Goal of Health for All by 2020 AD was demanded to be accepted in the Alma-Ata (USSR) Conference, which also declared

primary health care to be the first step towards attaining this goal. We can use additional words. Every person should, at the very least, be in a state of health that allows them to work effectively and engage in the social life of the community in which they reside [3]. From the Vedas to the modern era, medical and health care services have grown at a constant rate, daily building on their foundational ideas. Nevertheless, there is still much room for improvement and demand to reach a level that meets human happiness. The current educational system was founded with the goal of preserving human life and benefiting humanity.

2. Literature Review

The most vital aspect of life is managing one's health. Formal institutions are created by modern society's health to provide patient care. The hospital is a significant social institution that benefits society and patients in significant ways [11]. a hospital with a significant number of highly qualified professionals and technicians who use cutting-edge technology and appliances to help them apply their knowledge and skills. The efficient use of both human and material resources to advance patient care determines the quality of hospital services. The hospital serves as a facility for the diagnosis, treatment, and restoration of human health as well as the valuation of individuals who have been temporarily incapacitated. Hospitals' primary duty is to provide medical care to the ill and injured without regard to social class or ethnicity. Medical nursing and care are provided to patients in hospitals [5]. The greatest asset will always be people, and managing people will need more effort than in the past. In *The Management Challenges of the 21st Century*, Peter Drucker is quoted. "People cannot be managed in a single way. People are not managed by one. The job is to guide others. The intention is to utilise each person's unique talents and expertise to maximum effect." Health concerns must be addressed through operational analysis, responsibility for the creation of evidence-informed decision-making in the development and implementation of policies, and program evaluation and monitoring for health research [6]. It has been observed that population-level public health interventions are more cost-effective and efficient than individual-level interventions [10]. Certain states are actively working towards creating public health cadres as part of their commitment. Others are still thinking about things like its governance structures, efficacy, utility, and institutional framework. In this case, professional associations like the Indian Public Health Association (IPHA), the Indian Association of Preventive and Social Medicine (IAPSM), and educational institutions play a crucial role in effective campaigning.

3. Methodology

This article uses a case study of a few Indian hospitals to highlight the managerial issues faced by the healthcare industry [12]. The complete research process is divided into the following stages in order to address the study's objectives.:

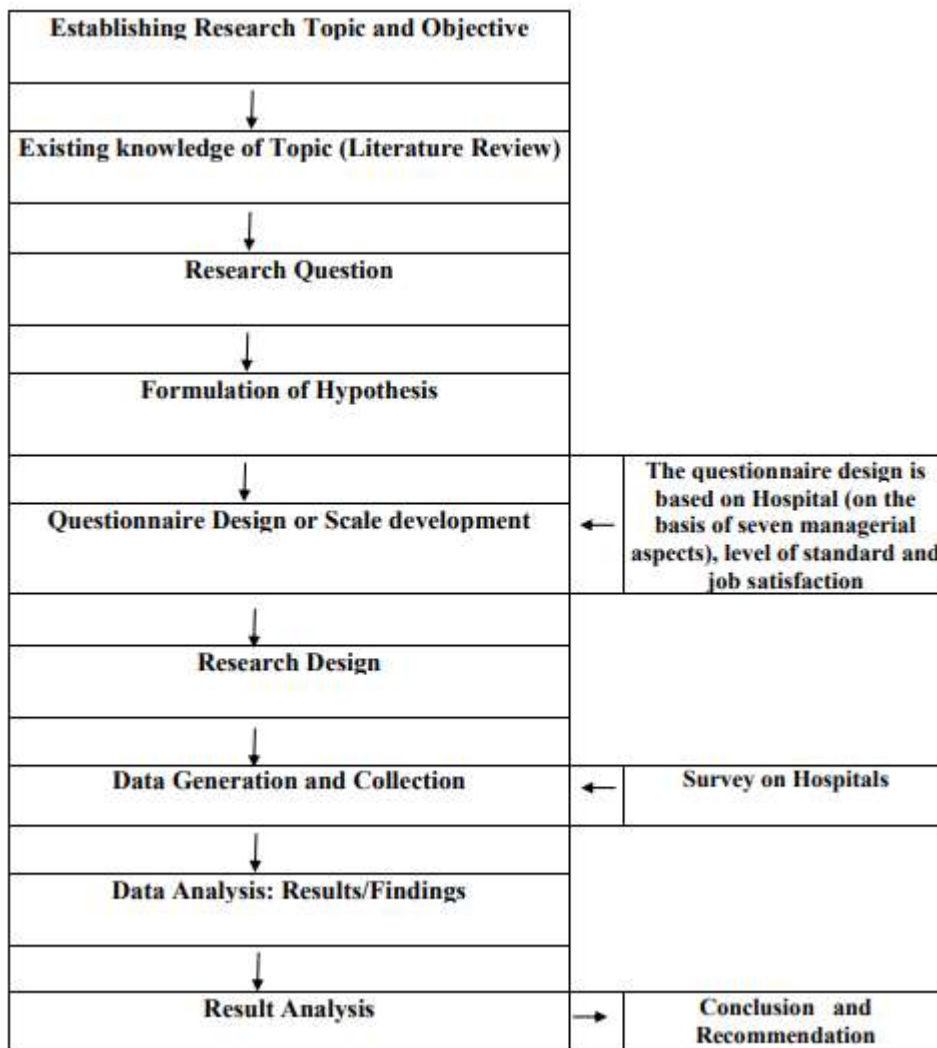


Figure 2. Research progress

- A series of questionnaires were created and distributed to hospital staff members, including physicians, nurses, and ward attendants. To determine the quality and job satisfaction of health care services, a sample size of eight to ten was chosen and rotated to each class. The survey received positive feedback, and the medical professionals and nursing staff expressed their thoughts, as indicated by the tabulation form.
- Working as a professional in the medical sector, a live interview was conducted with a sample size of three to four members of each class of medical staff. The results of this interview were recorded, and the results are reported in this comparison study and presented in tabular form.
- A sample survey of the Medical Hospital's departments was conducted, and the medical staff members' distinct approaches, ways of thinking, and working styles were noted. The tabulation study has the information pertaining to this poll.

The focus of the study was on hospital standards and employee satisfaction with reference to medical care and services. Additionally, surveys in the form of various questionnaires were distributed to various medical sector segments through research methods. The general consensus and specific data collecting on patients' interactions with physicians, nurses, and hospitals was assessed, and the research findings of hospital services were implemented [8].

Table 1. Descriptive Statistics

		Gender	Age	Educational Qualification	Income (INR)	Years of Stay
N	Valid	246	246	246	246	243
	Missing	0	0	0	0	3
Mean		1.46	2.34	2.04	3.13	3.22
Median		1.00	2.00	2.00	3.00	3.00
Std. Deviation		.499	.888	.861	.879	.927
Skewness		.181	.295	.347	-.868	-1.053
Std. Error of Skewness		.155	.155	.155	.155	.156
Kurtosis		-1.984	-.599	-.727	.130	.201
Std. Error of Kurtosis		.309	.309	.309	.309	.311

Following the organisation and tabulation of data, statistical computations are performed in research projects to visualise the effects and performance of various variables. The dimensions and mean of the job satisfaction scale were computed and are shown in table 2 below.

Table 2. Total Job Satisfaction scale and dimension

Dimension	Possession of Health Insurance or Policy	
	Frequency	Frequency
job satisfaction among doctors of Hospitals	60	21
job satisfaction among doctors of Hospitals	37	225
Total Job Satisfaction	149	246
Total	246	

For the current study, a summary model has been developed to describe how management strategy accounts for changes in Patients' service quality, or the percentage change of the independent variable in the dependent variable. The utility of the model has been demonstrated using the F-test. In order to handle the numerous comparisons that have been made, this study uses ANOVA. This test overcomes some of the problems that occur when analysing the parameters of multiple populations at once by doing hypothesis tests on two parameters at a time [9].

Table 3. ANOVA on total Job Satisfaction scale and dimension

ANOVA					
Total Job Satisfaction		Sum of Squares	df	Mean Square	F
Carrier Development	Between Groups	.209	1	.209	5.158
	Within Groups	8.485	47	.181	
	Total	8.694	48		
Privilege attached with job	Between Groups	.002	1	.002	6.011
	Within Groups	9.549	47	.203	
	Total	9.551	48		
Human Resource	Between Groups	.002	1	.002	6.008
	Within Groups	9.998	47	.213	
	Total	10.000	48		
Working Environment	Between Groups	.000	1	.000	.
	Within Groups	.000	47	.000	
	Total	.000	48		
Inter Personal Relationship	Between Groups	.150	1	.150	7.145
	Within Groups	48.667	47	1.035	
	Total	48.816	48		
Organizational facilities	Between Groups	.076	1	.076	12.491
	Within Groups	7.271	47	.155	
	Total	7.347	48		36.81(7.36 Avg)

Private hospitals are analysed and understood as highly professional, a haven of theft, and a place to receive opulent care. Even though they have made an attempt to provide a justifiable, standardised medicine service, they have not been able to demonstrate their efficacy to the general public. Demand and situational economic policy are being played with. Health care is purchased by the consumer, demonstrating its great cost-effectiveness, and as a result, private medication is not well-liked or comfortable. Thus, the present inquiry is proceeding in this direction [13].

4. Conclusions

The goal of the current study was to assess the various healthcare levels, healthcare solutions, and managerial difficulties that various hospitals encounter. The establishment of health care solutions in response to risks has primarily been the responsibility of the government. Despite the fact that the general public has benefited from the charitable organisations, social upliftment, mission campus, and private hospitals in society. Since it has been demonstrated that clinical research and diagnostics have

produced the answers to health problems, technological innovation has given it an advantage over the entire healthcare system

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