

CHAPTER - VII

CONCLUSSION AND SUGGESTION

7.1 Major issues:

The issues that were taken up in this study included the aspects of Human Resource Management and Administration of Hospitals and effectiveness of available regulatory mechanism for controlling the Hospitals by Government.

Organizational structure: The first issue examined was the organizational structure of Hospitals. The type of organizational structure i.e. whether formal or informal, speaks about the relationship of employees with their superior or subordinate staff and their role and functions in the organization. In examining the organizational structure of Government; Autonomous and Medium Corporate (Multi-specialty and Super Specialty) Hospitals, the same were found to be formal where the duties and functions were assigned to functionaries according to their position. Authority is synonymous with legitimacy in case of Government Hospitals. It rests upon the belief of employees that it is legitimate for the superior to impose upon them practices adopted and procedures made on the basis of policies made by the Government and it is illegitimate for them to refuse to obey. In examining the issue of linkage of organizational structure with administration, this study found that in Hospitals with a formal organizational structure, each administrative position has specific inherent rights that incumbents acquire from the positions, rank or designation they hold according to the organizational structure. All small private Hospitals have an informal organizational structure, where a particular position holder is allowed to exercise authority which is derived from sources other than his formal position in the organization. Existence of positions like General Manager; Administrative officer and Manager in small Hospitals and allowing them to exercise authority without legitimacy over all categories of employees (including Paramedics, medical and nursing staff) speaks volume about errors in administration committed by small private Hospitals. From the

nature of functions performed by General Managers and Managers of small Hospitals, it becomes clear that in exercising power they compel obedience of others by force or by threat of punishment. In Government and Autonomous Hospitals; Medium size corporate Hospitals, the authority of a particular position holder like Medical Superintendent; Senior Administrative Officer; Chief Medical Officer or Manager of a department function within the purpose and limits granted to them by the rules of the organization. Within these limits thus defined, the office bearers act, take decisions, direct and command others under them. However, this is not so in case of small private Hospitals where functionaries like General Manager, Administrative officer and Manager are allowed to exercise power without limits and without their position clearly shown in the organizational structure.

The principle of division of work is basic for the proper and efficient functioning of an organization. In formal organization, there is always a division of labour. This study has shown that Hospitals with a formal structure allows division of labour where works are divided on the basis of specialization. In case of small Hospitals, work is not on the basis of division of labour because of which there is lack of coordination among different employees. As regards the span of control in organizations what can be said based on this study is that type of span of control prevailing in an organization is one that makes the supervision effective. In case of Government and Autonomous Hospitals, there exists a hierarchical structure where the relationship moves vertically. These Hospitals maintaining hierarchical order in the organization is bound by scalar chain or chain of command. Government and Autonomous Hospitals functions on chains of command from the top to the bottom most level. The rigid observance of the rule of “through proper channel” seen in these Hospitals is linked to centralization of authority in the hands of those occupying the top position in the organization. However in case of Multi-specialty; Super Specialty

corporate and Trust Hospitals there exists matrix type functional structure which possess both tall (vertical) and flat (horizontal) span of control. This facilitates decentralization of administration. Because of decentralization of authority, functional autonomy is available to various departments in respect of their functions. So division of labour is more conspicuous in case of Multi-specialty and super specialty private Hospitals. In case of Super Specialty Corporate Hospitals, the process of decentralization of administration gives the Managers both power and authority to make changes in rules and policies pertaining to administration in their respective departments and also to suggest to the top authority changes to be made in the overall strategic management policy of the Hospital so that on the whole the culture remains employee friendly. This is a characteristic of professionalism which is not seen in case of Government Hospitals. In case of Government Hospitals, policies are centrally made at the bureaucratic level with the approval of the leader of the party in power. There is no system of involving administrative heads of Hospitals in making policies for Administration of Hospitals. The practice of appointing personnel with specialization in Hospital Administration or Human resource Management has never been a part of Government policy because of which administration and Human resource management of Government Hospitals are being run on conventional style by giving responsibilities in these areas to senior doctors who does not hold any specialization in Hospital Administration or possess knowledge about the science and art of Human Resource Management. While Private Corporate Hospitals have moved far ahead in showing professionalism by making changes in their policies as and when required, Government Hospitals are being run on policies which were made at the bureaucratic level decades back. So it can be said that dynamism is the characteristic of administration of Private Multi-specialty and Super specialty Corporate Hospitals whereas being static is the order in case of Government Hospitals.

Human Resource Management: The second issue taken up in this study was Human Resource Management in Hospitals. In essence, Human Resource Management is a strategic approach to the acquisition, motivation, development of the organization's most valuable asset, the human being. It is a specialized field that attempts to develop programmes, policies and activities to further the satisfaction of individual and organizational needs, goals and objectives. One of the objectives of this study was to examine the adequacy of organizational strategy adopted by Hospitals for Human Resource Management. The other objective was to examine the adequacy of Human Resource of Government and Private Hospitals from the perspective of available departments and manpower therein. The third objective of this study was to examine the functional effectiveness of Human Resource department of Hospitals and examine the Human Resource Management practices adopted by them.

This study revealed that there is no Human Resource department in State Government and Autonomous Hospital because as per policy of Government there is no need for this since the Medical superintendents are capable of handling Human Resource Management issues efficaciously. In case of Central Government Hospitals also the same is seen. According to policy of Central Government, there exist Human resource department in the parent departments of Central Government under which the Hospital functions. So, there is no provision of appointing Human Resource Managers or Executives (HR) in Hospitals. In case of Private Super Specialty Corporate, Multi-specialty Corporate and Trust Hospitals, there exists a functional Human Resource Department headed by a Director, An Assistant General Manager or a Manager. These Hospitals shows professionalism by appointing persons with specialization in Human Resource management as Head of Human Resource Department and by constituting the Human Resource Department in a scientific manner. The Heads of Human Resource Department are involved in decision making regarding strategic Human

Resource Management of the organization and they are invited to Board Meetings where important policies regarding Human Resource Management are made. The small private Hospitals do not maintain a Human Resource Department at all and functions related to this department are done by proprietors or Managing Directors or General Manager of the Hospital. Interview of Heads of Small Corporate Hospitals and proprietary Hospitals conducted for the purpose of this study reveal the opinion that their Hospital functions effectively even without a Human Resource Manager which shows that small private Hospitals are yet to learn about the disadvantages of not having Human Resource department in Hospitals. In the absence of personnel who are experts in Human Resource Management, all important functions like recruitment, selection, performance evaluation are done single handily by the Directors, Proprietors and General Managers who knows neither the Science nor the Art of Human Resource Management. In contrast to functions performed by Human Resource Department of Medium Corporate and Trust Hospitals, in small private Hospitals, there is no practice of making survey on morale, attitude and job satisfaction of employees and making survey on employee Turnover. Performance evaluation of employees is regularly done in Medium Corporate Hospitals and training needs of employees are determined on these Hospitals by the Human Resource department. Since no Human Resource department exist in Government and small private Hospitals these functions remain undone because of which there is no scope to assess the efficiency and motivation of employees. In case of Proprietary Hospitals, Human Resource Management practices adopted is a matter left to the sole discretion of proprietors. Employees of Proprietary Hospital being paid fixed salary even lower than what is prescribed by the Minimum wages Act of the state without any Dearness and Medical Allowance, not providing increment in salary even after putting in continuous service for more than 5 years, not providing any kind of leave, not providing the benefits of P.F. and gratuity, not providing medical facilities under E.S.I.C. proves that exploitation of

employees is at its peak in small Hospitals. In case of small private Hospitals bad Human Resource Management practices like appointing nursing and paramedic staff without interview; appointing employees with degree or diploma from institutions not recognized by Government or not approved by appropriate councils, not providing appointment letters even after putting in more than 2 years of service; not providing the benefit of medical leave, privilege leave and festival leave to employees proves that employees are not considered as “Human Resource”. This shows that culture of small private Hospitals is not good at all which contributes to low morale of employees. Service condition of employees is a direct reflection of policies adopted by their controlling authorities to retain manpower in Hospitals and see that employees remain motivated to their work. In accordance with personnel policies made for Government employees, all regular employees appointed in Government and Autonomous Hospitals have service rules; are entitled to scale pay, increments and seniority in service; leave, and benefits of provident fund and Gratuity through appropriate financial approval for the same. Since small private Hospitals do not have Service Rules for employees, matters like salary, leave, increment and benefits related to social security and code of conduct and Discipline matters are never made clear to employees. Moreover they do not have an appellate authority to air their grievances in the absence of written Service (conduct, Discipline and Appeal) Rules. All Private Multi-Specialty; Super Specialty corporate Hospitals have a Service (Discipline, conduct and appeal) Rules for employees based on which matters related to service conditions are settled. Benefits payable to employees like scale of pay, system of increment and promotion, Conduct and Discipline matters, the appellate authority in the Hospital; provident fund and ESIC medical facility payable are all part of service conditions of employees appointed in Private Multi-specialty and Super Specialty Corporate Hospitals. Since Private Hospitals do not have the policy of providing any facility for dependent family members of employees, there is no system of providing medical facility in the

form of reimbursement of medical bills for the dependent family members of employees. As against this, in accordance with policies made by the Central Government, dependent family members of employees appointed in central Government Hospitals are entitled for free medical treatment under CGHS. The service conditions of employees of State Government Hospitals provide for retirement benefits but do not provide for any welfare or benevolent scheme for employees because there is no Government policy regarding this issue. The policy of State Government is to appoint a section of employees in Hospitals on contractual basis where instead of providing salary on scale, a fixed salary is paid. The service condition of this category of employee is different from regular employees in matters of salary, leave rules and medical benefits. Contractual employees appointed under NHM and those appointed by Hospital Management committees are not entitled to benefits equal to that of regular employees because it is based on policies made by Government.

For ensuring quality care of patients both quality and quantity of Human Resource is important. In case of state Government Hospitals, quantity of doctors, Nurses and paramedic staff has been found to be inadequate due to not filling up of vacant posts. Recruitment into Government services involves long formalities including budget approval. Regular appointment in Hospitals gets delayed whenever Government faces financial crunch. Contractual appointments made under NHM and those appointed by the Hospital Management committee are not lucrative and employees in these categories have low morale. Appointments into positions like chief Medical Superintendents are not free from political interference. Quality control department and many support and utility services departments like Food service department, Housekeeping department, Bio-Medical Engineering Department are not available in Government Hospitals. None appointments of important functionaries like Dietician; Public Relation officer, Maintenance Manager; Housekeeping in charge; Sanitary Supervisor and System Analyst indicates inadequacy of Human Resource for ensuring quality care in

Government Hospitals. In case of Small Private Hospitals, quality of Human Resource is a question because employees are appointed without a proper recruitment and selection procedure. Moreover all appointed nursing and paramedic staff does not possess degrees and diplomas from Government recognized institutes. Many private hospitals does not have a research department with adequate staff despite the fact that they suffix the term “Research centre” to the name of the Hospital under which they are licensed to operate service. There is enough ground to believe that private Hospitals tag the words “Research centre” to the name of their Hospital just to get some tax benefits without actually taking up any research activities.

Regulatory measures and Government control over Hospitals: Assam Health Establishment Act, 1992 (amended in 1993) and Rules 1995 which is an instrument in the hand of State Government to regulate functioning of Health Establishments has failed to achieve its objectives since private Hospitals continue to operate in Guwahati city, the largest and the gateway to North East India without clinical Laboratories with necessary infrastructure; without a Central Drug Store and without Diet section. Small Private Hospitals have been found to be operating without Equipment and Linen Store. Noncompliance of provisions of the Assam Health Establishment Act, 1992 and Rules 1995 is manifested in totality because user charges are not displayed by Private Hospitals. All Small private Hospitals also violate the provisions of the Assam Health Establishment Act, 1992 and Rules 1995 by not displaying in public the services provided by them. The provisions of the Assam Public Health Act, 2010 are found not effective because information regarding Indian Public Health Standards (IPHS) about the charter of citizen’s grant received by the institution and Medicine and vaccines in store are not displayed by Government Hospitals. Mandatory display of services and user charges are not displayed by Government and Private Hospitals.

Though there is provision in the Assam Health Establishment act, 1992 for the Health Authorities to visit all Hospitals, licensed or unlicensed for the purpose of inspection, they do not do so because of which they fail to exercise control over Hospitals. Section 14 of this Act empowers officials of District Authority to inspect Hospitals twice in a year. However, Rule 9 of the Act is violated because inspecting officials from District authority never inspect Hospitals twice in a year. The authorities of State Pollution Control Board has the power to inspect Hospitals in connection with renewal of Hospital license, since they have to issue the consent to operate without which licence issued to Hospitals cannot be renewed. Visit of officials from State Pollution Control Board is available only whenever there is some adverse publicity about Hospitals stating that they are contributing to pollution in some form or the other. The Health Authority of the State in General and the Directorate of Health in particular cannot have control over Hospitals because updates about manpower position, Quality control and training updates about Nursing, Paramedic or medical staff is never asked for. The District authority never asks Hospitals about public Grievances relating to Hospital service and no periodic meeting is organized either by the District Authority or the Health Department to have updates about these issues.

7.2 Policy Suggestions

7.2.1 Developing Professionalism

- Total overhaul of the Health Policy of the state with emphasis on the point that no Hospital whether Government or Private shall be allowed to function without Hospital Administrators being appointed.
- A policy to ensure a force of trained manpower in all Hospitals and a mandatory condition for all Hospitals to have an effective disaster management team comprising of medical, paramedic and security staff.

- Appointing Administrators in Hospitals with specialization in Hospital Administration. District Hospitals and State Hospitals in the Government Sector and Corporate Hospitals in the Private Sectors should mandatorily have Administrators who possess Master Degree in Health Administration. Small Hospitals may be allowed to function with Administrators who possesses a post Graduate Diploma in Hospital Administration.
- Establishing two tiers of administration in Government Hospitals to ensure efficient and effective patient care. The incumbent to take responsibilities of medical service in District and State Hospitals should be designated as Medical Director and the incumbent responsible for the overall administration of the Hospital should be designated as the Chief Administrator. In small Government Hospitals, the officials may be designated as Medical in-charge and Administrator respectively.
- Defining clearly the duties and responsibilities of the Medical in charge and the Administrator and fixing accountability for lapses in functions.
- Appointing Manager, Maintenance in Hospitals to ensure that all equipment, Hospital furniture and Ambulances remain in working condition. Bio Medical Engineers should be appointed in District and State Hospitals
- Making it mandatory for Hospitals to have Support services like Housekeeping; Engineering, Food Service, Security and Transport services.
- Decentralization of authority to various departments functioning in the Hospital for providing services to the patients. The heads of departments should be delegated authority to take decisions in day to day administration for smooth functioning of the department.

- A policy to ensure Total Quality Management (TQM) in all Hospitals by ensuring Quality System Management by organizational Analysis; Training of all levels of employee; Development of Quality Manual and Development of Hospital Information system.
- Maintenance of quality in Clinical services; Dietary Services, Housekeeping service; Engineering Services; Functional Transport system including Ambulance service and effective Hospital Equipment Management with elements of Accountability on the in-charge official..
- Building Good Public Relation through an effective public Relation Department in Hospitals.
- Mandatory requirement for all Hospitals to constitute Hospital Infection Control Committees and to meet monthly to discuss about Hospital Infection Control programme.
- Medical Audit of all Hospitals, whether Government or Private on regular basis.
- Policy to ensure appointment of Public relation officer, dietician, system analyst and medical Record officer in all hospitals.
- A policy to make it mandatory for Digitalization of medical records in hospitals.

7.2.2 Human Resource and Human Resource Management

- All Hospitals should have a Human Resource Department headed by a Manager irrespective of whether the Hospital is Government or Private. In Hospitals where employee strength is 200 or more, the services of a qualified

full time Human Resource Manager should be available. In Hospitals where employee strength is less than 200, Human Resource Manager should be assigned additional responsibilities such as Grievance redress, Public Relations, Transport management etc.

- Human Resource Management should be necessarily made a part of Hospital Administration for all Hospitals and in making personnel policies the Manager, Human Resource should necessarily be consulted. In case of Private Corporate Hospitals it should be mandatory to have a Director, Human Resource in the Board of Directors/ Board of Trustees.
- All vacant posts in Government Hospitals should be filled up. Doctor to Bed ratio should be as recommended by the Indian Medical Council. Nurse to Bed ratio should be same as recommended by the Indian Nursing Council.
- B.Sc. Nurses should be appointed in adequate number in Government Hospitals and should be assigned administrative responsibilities and duties commensurate with their qualification.
- Politicization of appointment in Government Hospitals should be stopped.
- The policy of Government to allow Doctors to work in two different Hospitals by keeping them attached to a particular Hospital and allowing them to work in another Hospital should be done away with.
- Maintenance Supervisors, Sanitary Supervisors, Bio Medical Engineer, and System Analyst should be appointed in all Hospitals.
- Disparity in Pay structure existing between Doctors appointed under Health A and Health B Department, Government of Assam, should be minimized.

- Service condition of contractual employees appointed under NHM needs immediate review since they are paid an exceptionally low salary as compared to their regular counterparts.
- Performance evaluations of all employees should be regularly done and training needs ascertained on the basis of this.
- Survey on morale, attitude and job satisfaction of employees of Hospitals should be done on a regular basis.
- Recreational facilities and adequate welfare services such as staff quarters, transport, canteen and counseling should be provided to employees. Welfare and benevolent schemes for employees of Hospitals should be available, no matter whether the Hospital is Government or Private.
- Introduction of induction programme in all Hospitals, Government or Private to introduce the newly appointed employee a brief about the history of the Hospital and its administrative machinery including names of key officials; to appraise the employee in full about terms and conditions of the appointment letter; the attitude expected from the employee with regard to patients and visitors and orientation about the Hospital departments and layout of the Hospital.
- Providing Hazards allowance to those employees who work in sections/departments which are likely to cause health hazards.

7.2.3 AYUSH Institutions:

- Human Resource strength in the Government Ayurvedic College Hospital should be as per norms set by Central Council of Indian Medicine. (CCIM).

- Matron should be appointed immediately and 2 posts of Assistant Matron should be created in the Government Ayurvedic College Hospital, Jalukbari, Guwahati to overcome the present deficiency in nursing service in the Hospital and to comply with provisions of CCIM norms.
- Security staff should be appointed in the Hospital. Presently there is no security service in the Government Ayurvedic college Hospital and Government Homoeopathic Hospital putting the Hospital premises, its employees, patients and attendants at great security threat.
- Residential accommodation should be available for all staff, especially the Nursing Staff and Doctors.
- Casualty Department should be made functional.
- To ensure that all beds available are made functional and the Hospital runs 24×7 Strength of nursing staff should be enhanced to 65 from the present strength of 29 to meet requirements as set by CCIM.
- Practice of appointing Doctors by way of attachment of service in other far flung areas should be stopped forthwith. Presently 3 Doctors from Kokrajhar, Goalpara and Dibrugarh are attached to the Government Ayurvedic College Hospital, Jalukbari because of which these Doctors are not available regularly for medical service.
- Regular reception Staff should be appointed in the Government Ayurvedic College Hospital. Presently this work is done by contractual employees appointed by the Hospital Management Committee which is against CCIM norms.
- Stores Department; Food Service Department, House Keeping Department and Medical Record Department is nonexistent in the Government Ayurvedic College Hospital and the same should be made functional and Personnel appointed for this.

- There is no computer operator and no cashier in the Government Ayurvedic College Hospital. The same person doing the works of cashier and Accountant is prone to financial risk, Cashiers; Computer Operators, Gardener and other personnel required to be appointed as per guidelines of CCIM should be appointed immediately to overcome the problem of shortage of manpower and assure quality care in the Hospital.
- 2 storied Hospital building of S.J.N. Homoeopathic College Hospital the construction of which was started in September, 2010 by the P.W.D.(Building) department has not been completed although it was supposed to be completed in 3 year time. This need to be completed at the earliest.
- Salary of Homeopathic Doctors should be made same as Ayurvedic Doctors in compliance with judgment passed by the Gauhati High Court in 2016.
- Doctors appointed S.J.N. Homoeopathic College Hospital by way of attachment is hampering medical service. These Doctors need to be appointed in the Hospital without being attached to some other Hospital located in some other district of the state.
- Permanent Nurses as per norms set by Central Council of Homeopathy should be appointed immediately. With only 3 nurses it is not possible to run 25 beds Hospital 24×7.
- Laboratory Technician appointed by the Hospital management committee needs to be replaced by regular employee. Salary paid to the contractual Laboratory Technician needs to be enhanced to ensure that what is paid is at least not less than what is payable under the Minimum Wages Act.

- Steps should be initiated to augment financial resource of the Hospital so that better salary can be given to employees appointed by the Hospital Management Committee.
- Making the S.J.N. Homoeopathic College Hospital fully operational by opening of IPD services by increasing the number of nurses to meet the requirements of Central Council of Homoeopathy.
- Introducing Ambulance service in the S.J.N. Homoeopathic College Hospital and appointment of Ambulance Driver for the same.
- Appointment of cleaner and night watchman for S.J.N. Homoeopathic College Hospital.
- Appointment of Staff for registration of patients. Present practice of engaging clerical staff of Principal's office for the purpose of registration of OPD patients should be done away with.
- Computer operators and Pharmacist need to be appointed in compliance of provisions of central council of Homeopathy. Engaging clerical staff from Principal office as Pharmacists should be stopped immediately.
- Medical Record Department needs to be started along with House Keeping Department.
- Canteen facility should be provided to employees of the Hospital.
- Security services should be made available in the Hospital.
- Maintenance staff, electrician, Plumber and sanitary supervisors need to be appointed in the Hospital.

7.2.4 Control and regulatory measures of Government:

- Establishment of a Regulatory Body at the state level and empowering them through legislation the power and authority to recommend actions against Private Hospitals which run without Service Rules of employees which are approved and recommended by office of the commissioner of Labour.
- Prompt and serious action against private hospitals for violation of provisions of Equal Remuneration Act, Payment of Gratuity Act; Maternity Benefit Act; PF and Miscellaneous Provision Act,1952; ESIC Act,1948; Payment of Wages Act,1936;
- Repeal of the Assam Health Establishment Act and Rules and substituting it by an Act that makes control of Hospitals easy and feasible.
- Fixing accountability on Medical Superintendents/in-charges of Government Hospitals which fail to display information regarding Indian Public Health Standards.
- Making it mandatory for Hospitals to maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal or any form of handling of Bio-medical waste.

7.3 Major recommendations

- Annulment of the Assam Health Establishment Act and substituting it by the Central Clinical Establishment (Control and Regulation) Act.
- An Act for the State making it mandatory for all Private Hospitals to have total transparency in Bill realization from Hospitals.

- Ensuring parity in scale of pay for Doctors under the Assam Health Service (Health A) appointed in FRU, District and State Hospitals and Doctors under the Assam Medical Education Service (Health B).
- Taking up Infrastructural improvements on priority basis for all State Government Hospitals to ensure that Doctors develop the desire to join and work in Government Hospitals.
- Framing an employment policy for B.Sc. Nurses who are now engaged in duties meant for GNM's in Government Hospitals.
- Constituting a Recruitment Board for selection of personnel for appointment in Private Hospitals.
- Monitoring by the apex authority the visit of Drug Inspectors to Hospital Pharmacies.
- Establishment of a Centre for Human Development for training of all employees of Government and Private Hospitals.
- Introducing Hospital administration as a specialized subject in Medical Course.
- Starting course on Master in Medical Science and Technology (MMST) and advance courses like Medical Imaging by Opening of institutions of Higher Medical education in Guwahati so that to get quality human resource for hospitals is not a problem.
- Framing a scale of pay for employees appointed in Private Hospitals of different categories and making it mandatory for them to implement it.
- Framing a quality policy for all Hospitals and making it mandatory for Hospitals to follow this.

- Close monitor on the financial position of Hospital Management Committees and its transparency in functioning.
- Close monitoring of Corporate Hospitals by Government to ensure that they fulfill their corporate social responsibilities.
- Making it mandatory for all Corporate Hospitals to publish in Newspaper statement of income and expenditure and profit and loss statement at the end of every financial year.
- Bringing in new legislation to stop any form of exploitation of employees appointed in Private Hospitals.
- Ensuring recruitment through correct procedure, compulsory notification of vacancies and barring all Private Hospitals from appointing those Nurses and Paramedic staff who acquired their qualifications from non-recognized institutes and private institutes located outside the state which is not recognized by Government of Assam.
- Compulsory accreditation of Hospital laboratories from NABL and its renewal as per rules.
- Asking by controlling authorities for updates from Government Hospitals about Human resource position and grievance redress mechanism adopted.
- Introduction of a Rule making it mandatory for private Hospitals to intimate the office of Joint Director of Health of the concerned district, position of Employee Turnover every six month with a detail remark on reason for the employee leaving the organization; his last designation and pay and allowances drawn; his length of service in the organization and his salary at the time of joining.

- Strengthening of AYUSH Medical System by facilitating the enforcement of quality control of Ayurveda, Siddha and Unanni and Homeopathy Drugs and Co-location of AYUSH facilities at PHC's; CHC'S and District Hospitals.
- Up gradation of existing Government Hospitals located in Guwahati city; improve infrastructural facilities and manpower position therein and control private AYUSH Hospitals by bringing fresh legislations.

7.4 Conclusion

This work was an exploratory research which was taken up to find out certain core issues related to Administration and Human Resource Management in Hospitals. Of all the objectives taken for the study, the one which sought to examine the link of organizational structure with Administration of Hospitals was of highest significance. This study found that structure of an organization has much to do with administration since there is a linkage between the two. Government Hospitals, Autonomous Hospitals and Multi-specialty and Super Specialty corporate Hospitals have been found to have a formal organizational structure which is evidenced by results found from this study. Decentralization of authority and delegating administrative power to Department heads can make administration vibrant and effective. In examining the administrative structure of Government Hospitals it has been found that there is centralization of authority because of which the Medical Superintendents cannot take administrative decisions without approval from those at the top of decision making body. Here the span of control is Tall and every personnel has the duty to carry out functions based on directions that come from those upper in hierarchy. However, in case of Trust Hospitals; Multi- specialty and Super specialty Corporate Hospitals where the functional structure is of Matrix type which is a mix of the vertical (Tall Span of control) and Horizontal (flat span of control), there is prevalence of a system of administration where Head of the Department is given the authority and power to take administrative decisions. Here many strategic decisions can be taken without referring many issues to higher ups. In case of small private Hospitals there is centralization of authority which is the result of its organizational structure. The

characteristic feature of small private hospitals as found from this study is that in these Hospitals there exists functionaries whose position is not shown in the organizational structure but they are empowered to exercise control and supervise employees. These functionaries exercise power without authority and get the work done by employees by threat or compulsion which is not legitimate.

Another objective of this study was to examine the organizational strategy adopted by Hospitals for Human Resource Management. To meet this objective, this research made attempt to find answer to few questions pertaining to existence, functioning and effectiveness of this department and whether or not the Head of Human Resource Department was engaged in making strategic decisions. The result of this study reveals that there is no Human Resource Department in Government Hospitals and small Private Hospitals. It is because of absence of Human Resource Department that many important functions like Human resource audit, Manpower planning, performance evaluation, survey on morale, attitude and job satisfaction of employees, developing improved employee's attitude and providing scope for improvement through training and development are not taken up in Government Hospitals and small Private Hospitals. In case of Government Hospitals there is no Human Resource Manager and all functions of Human Resource Manager are performed by the Medical Superintendent. In contrast to this, Multi-specialty and Super specialty Corporate Hospitals and Trust Hospitals recruit Human Resource Managers and they are provided full functional autonomy to run their department in a manner that promote effective administration on one hand and ensure quality patient care on the other. The result of this study reveals that human resource department exists in functional form in those Hospitals where the department is constituted in a scientific way by taking into consideration the strength of employee and the need to have specialization within the employees appointed in the human resource department. In case of Government Hospitals, the employees get more salary and benefits both, during service and on superannuation from service but they do not see professionalism in the administration of Government Hospitals and management of Human Resource during their service because of which their morale are unlikely to be

high. Moreover, this study has shown that a major percentage of employees of Government Hospitals are not sent for training because in the absence of a Human Resource Manager, there is no official who can scientifically ascertain the training needs of employees by regular assessment based on performance evaluation. In comparison to Small Private Hospitals, the Multi-Specialty and Super Specialty Corporate Hospitals and Trust Hospitals adopt better Human Resource Management practices because it is the Human Resource Manager who is consulted by the top management in making Human Resource Management policies. The strategy adopted by these Hospitals for Human Resource Management is therefore adequate in as much as Human Resource Managers are always called to attend Board Meetings where strategy for Human Resource Management is drawn which has been ascertained by unstructured interview of Head of Hospitals. The effect of having or not having a functional Human Resource Department lies in the fact that those Hospitals which appoint Human Resource Managers also provide them autonomy in taking decisions pertaining to management as a result of which these Hospitals adopt practices which are holistic and Humanitarian in approach. This exploratory study takes us to the conclusion that in Proprietary Hospitals; Society Hospitals and small corporate Hospitals the process of recruitment is faulty; compensation available to employees are inadequate; there is no system of training and development; there is no system of performance appraisal for employees because the organization's policy is not to appoint Human Resource Manager or to have a Human Resource Department in their Hospital. The result of not having a Human Resource Manager is that all sorts of practices which are not humanistic in approach are practiced here, the service condition of employees are such that it provides no motivation to the employees and morale and attitude of employees never remain high. The service condition of employees in this category of Hospital is not subjected to any Service Rules. The employees in these Hospitals are put in a state of exploitation because they get exceptionally low pay, do not get the facility of paid leave; they do not enjoy PF facility, ESIC facility, Holidays and sufficient break between working hours and also are deprived of overtime even if they work beyond schedule hours. Not providing

employees good compensation for their work, not providing paid leave, Holidays, Medical facilities, PF facility and gratuity and not providing them social security measures amounts to exploitation as well as violation of statutory laws which can only be stopped if there is control of Government over private Hospitals in matters of recruitment and framing of Personnel policies. Hence, this study comes to the conclusion that better control of Government over Private Hospitals is very much necessary. The provisions available in the Assam Health Establishment Act and Rules for regulating private hospitals have been found to be grossly inadequate and ineffective and hence this should be replaced by other act as suggested.

About adequacy of Human Resource in Government Hospitals this study found that man power position especially Doctors and Nurses are grossly inadequate in Government Hospitals. Giving official notification for appointing two persons as Principal cum Chief Medical Superintendent of Hospital of Gauhati Medical College within three days and the issue reaching Gauhati High Court in 2016 which was published in newspapers during the period when this work was going on speaks about reasons for which important administrative positions remain vacant in Government Hospitals. This study found that quantity of Human Resource is adequate in Private Hospitals but their quality is a big question. Faulty recruitment system; poor compensation, lack of scope for promotion; lack of training; absence of proper evaluation system and poor increment are the reasons for poor quality of Human resource in small private hospitals. This study brings us to the conclusion that many important departments pertaining to support and utility services like Food Service; Housekeeping, Bio medical Engineering; Maintenance and security are not available in Government and small Private Hospitals. Many important positions like Public Relation Officer, Maintenance Supervisor, Bio Medical Engineer, Dietician, and Sanitary Supervisor are non-existent in Government and small private Hospitals. Absence of Quality Control and System Administration department is a contributory factor for poor quality service of Government and small Hospitals. Quality improvement is a continuous process about which Multi-specialty; Super Specialty Corporate Hospitals and Trust Hospitals seem to be concerned to some extent. This is

substantiated by the fact that the first corporate hospital to get accreditation from NABH is a Multispecialty Hospital of Guwahati whereas not a single Government Hospital has this accreditation.

In trying to find answer to the question of service conditions of employees this study found that service condition of employees arises out of policies framed by the organization. In case of Government Hospitals and Autonomous Hospitals policies are framed by the Government or by the Managing council which comprises of representatives from different departments. As such all regular employees are eligible for pay on scale; increments; allowances, leave as per Government Rules, Benefits of provident Fund, Medical benefits, Gratuity and pension after retirement. There is difference between the service conditions of employees of Private Hospitals and Government Hospitals which is based on policies made. The policy of private Hospitals is to take care for employees only during their service period. As such their service condition does not provide for pension; Privilege leave; family pension etc. Gratuity and provident fund facility; Salary on scale is available for employees appointed in Trust, Multi-Specialty and Super Specialty and Trust Hospitals but not in small private Hospital because the policy of small private hospitals is to lay more stress on their business policy and not on their strategic policy. Trust, Multi-Specialty and Super specialty Hospitals have some amount of professionalism which is reflected in their Human Resource Policy. However in the matter of providing welfare facilities for employees and providing benefits like crèche for working mothers, recreation facilities or other benevolent schemes for employees, the service condition of employees of Private Hospitals is silent. Not providing salary on scale, not effecting increment in salary every year, not providing medical leave; Annual leave; Holidays; putting employees to work more than schedule hours, not following the provisions of Statutory acts like Payment of wages Act; Minimum wages Act; Maternity benefit Act, ESIC Act, PF and Gratuity Act and not providing social security to employees indicates that service conditions of employees of Small Private Hospitals are based on the policy that these category of Hospital exist primarily to fulfill the profit motive of those who run it.

This study examined the issue of Government control over Hospitals by taking into consideration the provisions of various regulatory Acts that are in force in Assam. What can be concluded from the study is that although these Acts have provisions for controlling Hospitals, yet, in its implementation, they are very feeble. Data collected from hospitals have revealed that practically the provisions of these Acts and Rules are not implemented in Hospitals due to poor action or inaction of the authorities concerned and due to absence of accountability factor on the part of enforcing agencies. Licencing and regulatory authorities including statutory Boards have been found to be not exercising control over Private Hospitals. Data collected from this study has revealed that many Private Hospitals have been granted licence by the office of the Joint Director of Health of the District despite the fact that they do not have a laboratory with adequate infrastructure and a regular pathologist which is in violation of the provisions of Assam Health Establishment Act, 1993 and Rules 1995. Moreover a mandatory rule under this Act according to which no Hospital should be allowed to operate service without maintaining a Central Drugs Store; Diet Section; equipment Store has been found to be violated fully. This study found that no Private Hospital, big or small display charge showing different charges chargeable under different caption and compliance in the matter of display of information with regard to Indian Health Public Standards in various respects like Charter of user's rights; Charter of Citizen's grants receipted by the institution and user charges as envisaged in the Right to Information Act has been given a good bye because in public on these areas is not available in any of the State Government Hospitals or Private Hospital. The findings of this study according to which there is no regularity of Medical Audit of Private Hospitals is an area to be taken seriously by Government. This study shows that Audit of Medical Records and maternal and child death by the Health Department is not regular. Government has failed in controlling Private Hospitals who violate guidelines given in the Assam Health Act, 2010 according to which BPL category patients should be given free treatment in Private Hospitals. Only 10% Private Hospital provide concession in bed charge and 50% of the Private Hospitals provide

concession in investigation charge to BPL patients which indicate violation of the regulatory Act in force in the state.

In conclusion, it can be stated that there is need for bringing in professionalism in the service of Government Hospitals by ensuring that the responsibility of running Hospitals should be entrusted only to those Administrators who are professionally specialist in this area. Human Resource Managers should be appointed by all Hospitals and they should be involved in making of policies related to Administration of Hospitals especially in the matter of Management of Human Resource. Health Administration, to be effective and efficient, needs to have those ingredients which are also the ingredients of good governance. These are: Administrative innovation; people's participation; definite policies and monitoring of those policies by the appropriate authorities; modern management techniques; achievement orientation; commitment and dedication. Factors affecting motivation of employees need to be taken care because without a motivated work force quality patient care cannot be assured. Health administration in a country is a part of the total administration and thus influences and is influenced by the general administration culture. Since accountability is the hall mark of administration, in Health Administration also there has to be accountability. If Government has devised mechanism to control and regulate services of Hospitals, it must be ensured that those mechanisms remain effective in letter and spirit.

This exploratory study has the potential to pave way for future researches to carry on analytical or statistical research on hypotheses which can be framed out of this work about Human Resource Management Practices in Government Hospitals and also about other issues related to bringing in professionalism in Hospital Administration. This study and its results can help the policy makers in bringing in necessary changes in policies pertaining to health administration and can throw light on areas like need of restructuring the organizational structure of Government Hospitals and tightening of Government control over Private Hospitals to ensure absence of any sort of exploitation over its employees.