Chapter III

ORGANISATION AND ADMINISTRATION OF SAFDARJANG HOSPITAL

1 Introduction

An organisation has been defined by Mescon as, "An organisation is a group of people whose activities are consciously co-ordinated towards a common objective or objectives". However an organisation is also referred to by Chester Bernard as a 'system' of consciously co-ordinated activities or forces of two or more persons for accomplishing a common task. So, every organisation is a social institution, composed of logically arranged task activities and persons with established patterns of interactions, having been developed to achieve specific goals. It is also defined as -"A collection of individuals formed for some meaningful purpose and having distinct structure". Therefore, in an organisation, there are people who are able to communicate with each other and

are willing to contribute action to accomplish a common purpose. A formal organisation is essentially comprising of groups of people, working co-operatively together over a prolonged period, their activities being regulated by a number of rules and conventions. The relationship between people and the activities they undertake are influenced by many things like:

a) The extent to which common objectives have been defined and agreed.
b) The routine task devised for the organisation.
c) The technology used to carry them out.
d) The formally established hierarchy of authority.
e) Rules and regulations.
f) Ethical values and norms of behaviour.
g) The emergence of friendship groups.
h) The rudiments of a social structure.
i) Codes of practice.
j) Established procedures.
k) System of reward and punishment etc.

"The study of the structure, functioning and performance of organizations and the behaviour of groups and individuals within them" - has been defined as organisation theory. The

first systematic approach to develop an organisation theory is known as classical approach, the principal interest of which was of formal structure and a concern for improving efficiency. It is often referred to as 'machine theory'. Max Weber's 'theory of bureaucracy', Henry Fayol's 'principles of organisational design and operation', Taylor's 'scientific management' are considered as pioneer of classical approach.

The principles of organisational design and operation as developed by Henry Fayol are listed below.

The Principles of Organisational Design and Operation

1) Division of work, specialisation.
2) Authority- the right to give orders and power to extract obedience.
3) Discipline at all levels.
4) Unity of command- each employee has only one superior.
5) Unity of direction-one head and one plan for a group of activities having the same objectives.
6) Subordination of individual interest to general interest.
7) Satisfactory and reasonable remuneration.

8) Centralisation vs Decentralisation.
9) Scalar chain/ hierarchy.
10) Orderliness- material & social order.
11) Equity.
12) Stability of tenure for personnel.
13) Initiative.
14) Team spirit (Esprit de corps).

However, a common feature that has been in all the classical theories is the concern for the formal organisation and the form of organisational efficiency.

The second approach to organisation theory is the human relations approach. This approach is based on human behaviour in an organisation. The Human Relations School has been defined as- "An approach to the theory of management and or organisations that emphasises the individual worker's need for satisfactory relationships with other members of his work group and his need to participate in decisions that affect his work (i.e. a requirement for participative management)."

Elton Mayo and the Howthorne experiments emphasised the importance of 'human factor' and the 'informal organisation' for output.

The American psychologist, Abraham Maslow developed a theory of motivation that focused explicitly on the content of basic human needs. This theory states that all the human needs emerge in a hierarchical order, beginning with physiological needs, leading to safety needs, social or love needs, self esteem needs and then self actualisation needs.\footnote{8}

McGregor's theory 'X' and theory 'Y' based on assumptions concerning human behaviour expressed wage incentives, external control through rewards and penalties. The theory 'X' expressed the 'scientific management' approach whereas the theory 'Y' as alternative model emphasised 'integration'.

Administration refers to the more traditional role of the state with respect to control and regulation. Keeling expressed administration as "The review, in an area of public life, of law, its enforcement and revision and decision making on cases in that area submitted to the public service."\footnote{9}

Management is considered to be more concerned with effective use and co-ordination of resources such as money, material and labour to achieve defined objectives with


maximum efficiency. French and Saward defined management as a "Process, activity, or study of carrying out the task of ensuring that a number of diverse activities are performed in such a way that a defined objective is achieved—especially the task of creating and maintaining conditions in which desired objectives are achieved by the combined effort of a group of people (which includes the person carrying out the management)."\(^\text{10}\)

The WHO states that—"Health management is essentially a system of administrative role, functions, and tasks carried out by individuals at various levels of administration in order to improve the health of people."\(^\text{11}\)

In a hospital, a group of people are working together through co-operation and co-ordinated efforts to accomplish a common purpose. Hospital is no doubt an organisation, rather a complex organisation requiring multidisciplinary professionals and workers for accomplishing diversified, specialised and highly technical activities. It is also a labour intensive organisation, thereby greatly dependent on human resources.

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This dependency on human effort contributes to those factors responsible for making hospital a complex organisation. As the organisations are made up of people, these are referred to as living systems. Administration of such a complex organisation demands a sound organisational structure, which logically and systematically group people, operations and functions. An organisation structure is effective if it facilitates the contribution of individuals to the attainment of objectives and becomes efficient when it aids accomplishment of objectives by people with the minimum unsought consequences or costs. Keeping this in view, the organisational structure of the Safdarjang Hospital was studied. Informal discussions and interview of various hospital management personnel, a number of departmental heads, administrative personnel and other functionaries were conducted for this purpose.

2. Organization of Safdarjang Hospital

During World War II in 1942 for catering to the health needs of American soldiers, the Safdarjang Hospital was set up to serve as a base hospital. Later on, it was handed over


to India after the war and thereafter, it continued functioning as an annexee of the Irwin Hospital.

In 1954 with the introduction of the Central Government Health Services Scheme, the hospital was converted into a general hospital and was taken over by the Central Government.

The Safdarjang Hospital today is a large general hospital in the city of Delhi, located at the intersection of Ring Road and Aurobindo Marg in South Delhi, opposite All India Institute of Medical Sciences. Patients come to this hospital not only from colonies in South Delhi but also from all over the Union Territory of Delhi and adjoining States of Haryana, Rajasthan, Punjab, Himachal Pradesh, Uttar Pradesh and Bihar.

This hospital is one of the major hospitals run under the administration of the Director-General of Health Services (DCHS), Ministry of Health and Family Welfare, Government of India.

It provides both, basic and specialized outpatient and inpatient care services to all categories of the public free of cost. It also serves as one of the referral hospitals to CGHS dispensaries particularly those which are situated in South Delhi. It is a teaching hospital for postgraduate
medical education in all clinical disciplines. Besides the medical education, the following formal training courses are run by this hospital:

a) Diploma in Senior Nursing and Midwifery.
b) Intensive refresher courses for STD workers.
c) Training centre for Medical Record Officers and Medical Record Technicians.
d) Periodic Training courses for other paramedical personnel.

Many research works of international standard have been carried out by the clinical department, particularly in the field of Neonatal Science, Orthopaedics, Neuropathology etc.

This hospital started with a modest bed strength of 179 in 1954. Its bed complement steadily increased to the bed strength of 1207 by 1969 and continued to be so till September 1988, when it increased up to 1387. The graphic presentation of the rise in the bed compliment over the years in relation to the patients treated annually is given in Fig 4.

The hospital, for administrative purposes, is under the control of Director-General of Health Services. The local chief executive of the hospital is the Medical Superintendent who has the power of the Head of Office. The
BEDS vs. PATIENTS
Bed Strength & Patients 1954 to 1988
Medical Superintendent of the hospital, in addition to the management functions, is also responsible for some of the clinical functions. The Medical Superintendent is assisted by an Additional Medical Superintendent, a Deputy Medical Superintendent, two Assistant Medical Superintendents, heads of various clinical departments and other supportive services, Nursing Superintendent and Chief Administrative Officer for supervising the activities of the various divisions of the hospital. The main divisions of the hospital are:

1) Medical Services.
2) Nursing Services.
3) Supportive and Utility Services.
4) General Administrative Services.
5) Hospital Engineering and Maintenance Services.
6) Hospital Committees.
7) Public Relations.

The organisation chart of the Safdarjang Hospital is given in Fig. 5.

2.1 Medical Services

The medical service is provided in this hospital through a large network of various clinical departments. Some of these departments are even given the status of an
Figure 5

Organisation Chart of the Safdarjang Hospital

Medical Superintendent

- Additional M.S.
- Deputy M.S.
- C M O S


- Lab. (HOD)
- Radiology (HOD)
- Blood Bank (HOD)
- Pharmacy (CMO)
- Linen and Laundry (CMO)
- Dietary (DMS)
- CSSD (CMO)
- Stores (AMS)
- Med Records (CMO)
- Social work (AMS)
- Condemnation (DMS)
- Academic (AMS)

Pub. Rel. Officer

Gen. Admn.

CAO

Accounts officer
institute itself providing highly specialised treatment viz., Central Institute of Orthopaedics, Burns, Plastic and Maxillofacial surgery. The clinical departments are:

i) Medicine and Nuclear Medicine.
ii) General Surgery.
iii) Cancer Surgery, Chemo Radiotherapy.
iv) Cardio Thoracic Surgery.
v) Neurosurgery and Neurology.
vi) Pediatric Surgery.
vii) Orthopaedics and Rehabilitation.
viii) Obstetrics and Gynaecology.
ix) Pediatrics.
x) Dermatology (including leprosy).
xi) Sexually Transmitted Diseases.
xii) Ophthalmology.
xiii) Otorhino Laryngology (ENT).
xiv) Burns, Plastic and Maxillofacial Surgery.
xv) Tetanus.
xvi) Drug Deaddiction Unit.

Each of these departments is headed by a Head of the Department of Professor/Director rank. Each department is further divided into one to three units headed by a Head of the unit. There are two main categories of Medical Officers in the units viz., regular service doctors and non-regular service doctors.
The regular service doctors are:

1. Senior Specialist, supertime Grade I and II.
2. Specialists and Junior Specialists.
3. General Duty Medical Officer.  
   (Senior Medical Officers and Junior Medical Officers)

The non-regular service doctors are usually appointed on tenure basis. They are:

1. Pool officers (senior specialists).
2. Senior Residents and postgraduate students.
4. Interns.

On an average, each unit is looked after by the following number of Medical Officers:

1. Senior Specialists 2
2. Junior Specialists 2
3. Junior Medical Officers 2
4. Senior Residents 2
5. Junior Residents 4-5
6. Interns 4-5
7. Registrars and Pools officer 1-2

Organisation of a medical service department is illustrated graphically and presented in Fig. 6.
FIGURE 6. ORGANIZATION OF DEPARTMENT OF MEDICINE
SAFDARJANG HOSPITAL, NEW DELHI

DEPARTMENT OF MEDICINE

CONSULTANT (CGHS) AND HEAD OF DEPTT.

MEDICAL UNIT NO. I

Consultant - 1
Physician - 1
Jr. Physician - 2
Sr. Resident - 2
Jr. Resident - 5
Pg. Students - 2

CARDIOLOGY

WARD NO. 11
OPD (TUE & FRI)

EMERGENCY
WARD 'A'
(TUE & FRI)

CARIDIOLOGY

MEDICAL UNIT NO. II

NUCLEAR
MEDICINE

WARD NO. 12
OPD (MON & THU)

EMERGENCY
WARD 'A'
(MON & THU)

HAEMATOLOGY

MEDICAL UNIT NO. III

NEUROLOGY

WARD NO. 13
OPD (WED & SAT)

EMERGENCY
WARD 'A'
(WED & SAT)

HAEMATOLOGY

CARDIOLOGY

THYROID

CLINICS

CHEST

GASTRO-
ENTROLOGY

(FOREVER PLAN)

DIABETES

NEPHROLOGY

(FOREVER PLAN)
All these Medical Officers provide patient care through outpatient department, inpatient care units and emergency services. Each of these patient care areas is discussed in detail in subsequent chapters.

2.2 Nursing Service

Service of one individual or one section alone would never succeed in bringing out desirable results in the total set up of a hospital. An organisation is necessary to translate policy and establishing the formal structure of authority through which sub-divisions of work are arranged. The formal organisation as defined by Edwin O Stone "is a number of persons who systematically and consciously combine individual efforts for the accomplishment of a common task" is an effective tool delineating the channels of communication, supervisory responsibilities and accountability. It is the best way to achieve smooth and coordinated functioning in a service organisation like hospital. There are two parallel types of organisations in nursing service viz, 1) Line organisation and 2) Functional organisation. In the line organisation,


the nursing superintendent, in charge of this service department is responsible for training and allotment of nurses and direct their administrative activities, orientation, promotion, areas of responsibility and all other activities in regard to general functioning of the whole department and its personnel complement.

In the functional organisation, the nurse is responsible for continuing the medical care delegated by the physicians. The physician, however, is not authorised to act in the line organisational manner, like he cannot take any administrative action on a nurse but can only refer the matter to the administrative superiors of the concerned person. Effective coordination and cooperation should be ensured for proper functioning of this dual authority.16

The nursing service division of hospital plays a very significant role in accomplishing the goals of the hospital. For providing patient care services in a hospital the assistance of the nursing service element is must. In Safdarjang Hospital this division is taken care of by the Nursing Superintendent who is directly responsible to the Medical Superintendent. There is a position for a Deputy Nursing Superintendent for the assistance to the Nursing

Superintendent to supervise the activities of its two elements viz, nursing service and nursing education. But the post of Deputy Nursing Superintendent (DNS) is vacant since the previous DNS retired in December 1986.

For looking after the Nursing Service element, there are eight Assistant Nursing Superintendents each assigned to a number of patient-care units. Each nursing care unit is further assigned to a ward sister. In each units, under the supervision of the ward sister, staff nurses, part time staff nurses are placed. The nurses' hostel is under the charge of one of the Assistant Nursing Superintendents. She is assisted by four house-keepers who work in shift duties.

The nursing education is provided by the school of nursing. A diploma in General Nursing and Midwifery is awarded after completion of the training. This is also called 'A' grade nursing training. The overall incharge of the school is the Nursing Superintendent. But the training is imparted by a team of Sister Tutors and Public Health Nurse.

As a part of the training, the students are placed in various nursing care units, to have clinical experiences. They are assigned to a unit to practice on patients under the supervision of a trained staff nurse or the ward sister.
The organisation chart of this division is given in Fig. 7.

A detailed description of this division with its strength, placement of the staff, various functions etc. is given in a separate chapter.

2.3 Supportive and Utility Services

Patient care, be it an ambulatory, emergency or inpatient service, cannot be successfully provided without the support of some other services to the medical and nursing care. Medical care is provided appropriately and adequately with the help of diagnostic facilities. Nurses can look after the nursing care needs of the patients and continue the therapeutic, preventive and promotive care delegated by the Medical Officers adequately only with the help of the various supportive and utility services. These services provide required materials to the trained professional for accomplishing the goals of the hospital.

The main supportive services include various diagnostic services and utility services. These include:

1. Laboratory.
2. Radiology.
4. Medical Records.
5. Stores.
7. Central Sterile Supply Department.
8. Dispensary/Pharmacy.
10. Ambulance services.

The administrative head of each of these service departments is a Medical Officer. For some of these departments viz., Laboratory, Radiology and Blood Bank the chief executive is a senior specialist in the respective discipline whereas the others are assigned to the charge of Additional Medical Superintendent, Deputy Medical Superintendent, two Assistant Medical Superintendents (AMS) and four Chief Medical Officers (CMO). Organisation charts of Radiology and Laboratory Departments are given in Fig.8 and Fig.9 respectively. In addition to these supportive services, each AMS and each CMO is given the responsibility of other services like social work, condemnation and write off, libraries administration of paramedical personnel, estate, etc.

Assistant Medical Superintendent-I looks after the following service units/areas.

1. Linen and Laundry.
2. Dispensary/Pharmacy.
Figure 8
Organisation Chart -- Radiology Department

Sr. Radiologist
Specialist Gr. I.(HOD)

Medical Non-Medical Staff Technical Staff

- Sp. Gr. II Radiologist
- Sr. MO
- Research Officer(I.CMR)
- Sr. Resident
  - 1st Yr. Deg. Student
  - PG Student
  - 2nd Yr. Dip. Deg. Student
  - House Surgeons & Interns

- Staff Nurse
  - Group D
    - Nsg. Orderly
    - Ayah
    - Sweeper
  - Administrative
    - Store Keeper
    - LDC

- Radiographer
  - Selection Gr. Radiographer
  - Radiographer
  - Tech. Asst. Radiology
  - Dark room Assistant
  - X-Ray Asstt.
Figure 9
Organisation Chart: Laboratory

PATHOLOGIST

Sr. Medical Officer

Laboratory Staff
- Technical Staff
- Ancillary Staff

Administrative Staff
- Store Keeper
- Steno
- LDC
3. Social Worker.
4. Condemnation and write off.

The Organisation chart of Linen and Laundry Department is also given in Fig. 10.

Assistant Medical Superintendent-II is in charge of the following:

1. Diet Kitchen.
2. Libraries.
3. Central Sterile Supply Department.
4. Paramedical staff.

Each of the following units is under the charge of a Chief Medical Officer:

1. Stores - medical store and general store.
2. Medical records.
3. Accident Emergency and Ambulance.
4. Estate.

Some of the important supportive and utility services were studied in detail. These are described in subsequent chapters.

2.4 General Administrative Services

The Medical Superintendent is assisted by a Chief
Figure 10

Linen and Laundry Department

M.S

A.M.S

Laundry Supervisor

Reception  Sorting  Classifying  Washing  Hydro Extracting and Drying  Calendering and ironing  Repair  Distribution  Condemnation
Administrative Officer for general administration of the hospital. The services other than direct patient care through medical, nursing and paramedical services contribute indirectly in the accomplishment of the goals of the hospital. These are quite a major bulk of the administrative responsibilities. These services enable the professionals and paraprofessionals in the hospital do their jobs. In fact this service looks after the resources be it manpower, material, physical facilities or fund. The general administration is further divided into two divisions, Financial administration and General administration. The financial administration is looked after by an Accounts officer who is assisted by a junior accounts officer for the maintenance of two accounts sections.

The general administration is divided between two Assistant Administrative officers. The general administration is divided in six sections. These are as follows:

Section I-Looks after all the gazetted staff including 168 medical officers, 9 class I nonmedical and 33 class II non-medical officers.

Section II-Takes care of group 'B' and group 'C' (non-gazetted staff).

Section III-Deals with the group 'D' staff (about 1300 + 150 daily wagers).

Section IV-Administrative work of Estate.
Section V - Coordination with other organisations and vigilance and public grievances.

Section VI - Deals with Academics.

Every section maintains personal file of each officer and staff containing all events, promotions, confirmation etc., service book including order of appointment, pay from time to time. All these six sections are distributed into two administrative divisions: Administration -I and Administration-2. Each of these two administrative divisions is under the charge of an Assistant Administrative Officer:

Admn. I: Consists of section I, III & Academic.
Admn. II: Looks after sections II, IV and V.

The organisation chart of general Administration service is given in Fig.11.

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M.S

| C.A.O

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<td>Accounts-2</td>
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<tr>
<td>Academic</td>
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2.5 Hospital Engineering and Maintenance services

'Hospital' at present is no more a simple organisation providing some curative services to the injured and sick rather it has grown to a complex organisation in last few decades. This growth is facilitated by rapid advances in the field of technology and medical sciences. The hospitals of today require a lot of equipment and other similar items. Some of which are very sophisticated and demand special maintenance. This calls for an active workshop within the hospital.

A building, once it is constructed requires close attention for increasing its life by preventing damages. This again demands a full-fledged maintenance and repair service for the hospital building. Both these needs of the Safdarjang Hospital are taken care of by Central Public Works Department (CPWD) which functions within the hospital premises in close liaison with the Medical Superintendent.

The Engineering and Maintenance services run by CPWD is divided in two main divisions:

1. Civil/Building maintenance.
2. Electrical and equipment maintenance.
The primary objective of repair and maintenance of machinery in a hospital is to minimise the chances of 'Equipment Failure' and damages of any part of the building and once it occurs than provide for an efficient effective system of repairs.

Workshop facilities for the purpose of maintenance and repair are provided at three levels:

1. Maintenance, repair or placement of parts of ordinary non-sophisticated items of daily use like hospital beds, wheel-chairs, trolleys, stretchers, etc.

2. Maintenance and repair of items which are considered sophisticated to some extent like suction machines, electrical equipment, cauteries, B.P instruments, ECG machines, boiler plant, sterilizers, laundry machines, etc.

3. Maintenance and repairs of highly sophisticated items like x-ray machines, scanners, ultra sound, etc.

1. Civil/Building Maintenance

The civil maintenance division of the engineering and maintenance service in the Safdarjang Hospital takes care of the maintenance and repair of the existing building and the
first-level of maintenance and repair of ordinary non-sophisticated hospital items of daily use.

All the staff of this department belong to CPWD. This division is run by the following different categories of staff and headed by an Executive Engineer:

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<th>Position</th>
<th>Number</th>
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<tr>
<td>Executive Engineer</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Engineer</td>
<td>4</td>
</tr>
<tr>
<td>Asstt. Engineer incharge of Planning</td>
<td>1</td>
</tr>
<tr>
<td>Junior Engineer</td>
<td>9</td>
</tr>
<tr>
<td>Accountant</td>
<td>1</td>
</tr>
<tr>
<td>Head Clerk</td>
<td>1</td>
</tr>
<tr>
<td>Upper Division Clerk (UDC)</td>
<td>3</td>
</tr>
<tr>
<td>Lower Division Clerk (LDC)</td>
<td>7</td>
</tr>
<tr>
<td>Group 'D' staff</td>
<td>5</td>
</tr>
<tr>
<td>Chowkidar</td>
<td>3</td>
</tr>
<tr>
<td>Worker</td>
<td>80</td>
</tr>
</tbody>
</table>

All these staff are responsible, only for maintenance of the building. For construction of any new building or extension of any part of the hospital, it is given on contract.

Fund

Fund for maintenance of the building is allocated from
the General Government Maintenance Fund, for non-residential buildings under the Head No.2059 in the Ministry of Urban Development.

The budget estimates are prepared by the Executive Engineer and submitted to the Chief Engineer. The office of the Chief Engineer is located in the Nirman Bhawan (Ministry of Urban Development). After examining the estimates, the Chief Engineer allocates the fund to the Executive Engineer.

But the fund required for the maintenance or repair of hospital items like beds, stretcher, trolleys etc. is drawn from the hospital budget. This maintenance service is provided only on request basis. No fixed periodical maintenance is done for these equipment.

Procedure

A service centre is established near the enquiry and a clerk is posted there who registers the complaints. Workers are reported by the clerk on their regular visit to the service centre of all the complaints who take necessary action. Sometimes complaints are also made directly to the junior engineers. The junior engineers otherwise, also supervise the workers and follow up the complaints lodged in the register.
2. The Electrical and Equipment Maintenance Division

The maintenance service of electricity of the building, all the electrical equipment, special sophisticated and highly sophisticated equipment, is done by this division. This division is also headed by an Executive Engineer. He is assisted in this work by the following number and categories of personnel:

- Executive Engineer: 1
- Assistant Engineer: 5
- Junior Engineer: 12
- Head Clerk: 1
- Accountant: 1
- UDC: 4
- LDC: 10
- Group 'D' staff: 8
- Workers: 215

All these staff belong to CPWD and are not included in the hospital strength.

Fund

For the maintenance of the electricity supply to the whole hospital building the fund is allocated from the General Government Maintenance Fund for non-residential buildings in the Ministry of Urban Development under the Budget Head No. 2059. For getting this fund, the Executive
Engineer prepares the budget estimates and submit it to the Superintendent Engineer under the Ministry of Urban Development, whose office is housed in the I.P. Bhawan. The Superintendent Engineer after examining the estimates provides the fund to the Executive Engineer of the hospital. For the maintenance of the hospital equipment, the fund is released from budget section of the hospital.

Service Procedure

For obtaining this service also the complaints are made to the clerk at the service centre who registers the complaints in a separate register. Sometimes the Junior Engineers also receive complaints directly in their offices either on telephone or written in a book. The workers are intimated and necessary is taken. The Junior Engineers follow up each complaint and supervise the workers.

Liaison with the Medical Superintendent/Hospital Administrator

Both these executive engineers take round in the whole hospital twice a week for the purpose of day to day maintenance. The defects identified on the spot are taken care of. Besides this biweekly round, they both meet the Medical Superintendent once every month. They are also members of the following Hospital Committees:
1) **Planning Committee**

Chairman - Medical Superintendent.

Members - Dy.M.S

CMO Stores

CAO

Accounts officer

Executive Engineer (Civil)

Executive Engineer (Elect.)

ii) **Equipment Repair Committee**

CPWD executive engineer (electrical) is one of the members.

iii) **Condemnation Board**

Both the Executive Engineers (civil and electrical) are members of this board.

iv) **Hospital Infection Control Committee**

The CPWD Executive Engineer (civil) is one of the members.

The Safdarjang Hospital is practically maintained (where its buildings and equipment are concerned) by the staff who do not belong to the strength of the hospital.
personnel. They lack the sense of belongingness to the organisation resulting in disinterest in their job. Even though they belong to the CPWD cadre, functionally they are supposed to be under the control of the Medical Superintendent. This dichotomy in the structure makes it difficult for controlling the staff and getting the adequate required service. The equipment like Patients beds, trolleys, wheelchairs definitely lack proper and adequate attention. Most of the trolleys make a lot of noise while taken from one place to another. The wheels do not function properly. The paint from the beds and these equipment is chipped off which provide space for the micro organism to grow leading to the high rate of hospital infection. At many places equipments are found dumped in non-working condition. This workshop does not have any facilities for maintenance of highly sophisticated electronic equipment.

2.6 Hospital Committees

In addition to this line organisation, a number of committees are formed as advisory mechanism to the administrator. At present, sixteen such committees are formed. Most of these committees are chaired by a senior level Medical Officer of specialist grade I or Chief Medical Officer. Some committees are chaired by the Medical Superintendent himself. The chairperson and members of each
committee are selected by the Medical Superintendent in consultation with the Deputy Medical Superintendent and other concerned officers. Usually an expert in the relevant speciality is selected as the chairperson of a committee. For example: The hospital Surgical Equipment Purchase Committee is chaired by a surgical specialist of a supertime grade. There are three members, one specialist of supertime grade in obstetrics and gynecology, one specialist of grade I from anesthesiology and the third member is from the speciality of burns and plastic surgery so that representation from various sub-speciality of surgery is obtained. A list of all these sixteen committees is given at Annexure III.

**Functioning of these committees**

There is no fixed date for the meeting of these committees. It depends on the Chairperson of the committee. He/she arranges for the meeting as and when he/she feels necessary. At times some committees do not meet for long.

2.7 Public relations

Another staff member who assists the Medical Superintendent in various decision making process by providing relevant information, is the Public Relations Officer (PRO). Even though the designation of a PRO is
existing in this hospital but actually the person appointed
against it, is a Labour Welfare Officer.

The functioning of Public Relations unit is discussed
separately in subsequent chapter. The PRO being a staff
member is directly responsible to the Medical
Superintendent.

3. Administration

All the facets and factors implied in administration or
management techniques, procedures or services are included
in good hospital administration, but still a difference
exists between the ordinary concept of administration and
hospital administration which is largely in the realm of
humanitarianism. The success of a hospital is not determined
by technically efficient machine like management. On the
other hand, the administrative efficiency often must be
subordinated to clinical requirements. There is a limit to
the economic position of the institution and the community.
"A sustained equitable balance is a part of good hospital
administration."¹⁷

The statement made by Drucker that "Management is tasks
discipline, people and practice."¹⁸ is very much applicable

to the area of hospital management as well as the concepts of leadership and motivation. "Management is a set of activities which can be classified as concerned with planning, organising or controlling" according to Gibson Ivancevich and Donnelly. This set of activities form a system which is referred as management system or management process. Planning, organizing, staffing, directing and controlling are expressed as managerial functions by most of the authors of texts on management. All these managerial functions are grouped in three groups which form the three stages of managerial process. These three stages take place in a cyclical order thus making the management process a cycle. The stages of this process are planning, activating and reviewing. The hospital management, whether taken as a system or a process, is based on the managerial functions. The administration of Safdarjung Hospital is also based on these managerial functions.

3.1 Planning and Policy Making

Planning is a process of bridging the gap between present and future. "Planning involves those activities

associated with objective setting, policy making and strategies for attaining objectives within the organizational policy framework. Plans are expressed in a form of written document which may govern a period, as long as five or ten years or as short as six months or a year. This document gives the organisation its objectives and the best procedure for reaching them. Plans usually made up by top management for the organisation are long term plans, whereas the short term planning is usually done by middle or first line managers. Purpose, mission, goals, policies, strategies, rules, procedure are different forms of plans.

For Safdarjang Hospital polices are framed in the controlling centre i.e. at the Directorate General Health Services level. As many management scientists believe that this responsibility is never delegated and used as an organisational control device, the DGHS also hardly delegates this power of policy making to the hospital level. Policy issues related to the general administration of the hospital are decided at the DGHS level keeping pace with the other Central Government hospitals. This shows that the main controlling centre is not located within the hospital. The

Medical Superintendent is of course involved in policy formulation by the DGH.

At hospital level, minor policy decisions are taken but otherwise the hospital administrator does everything in consultation with the DGH.

The hospital administration team of the hospital comprising of the Medical Superintendent, the Additional Medical Superintendent, the Deputy Medical Superintendent, the Asstt. Medical Superintendent, the Chief Medical Officers and heads of various departments prepare Five Year Development Plans on the general guidelines prescribed by the DGHS. Every department gives departmental plans to the Medical Superintendent. Depending on the grants received, priorities are fixed and submitted to the DGHS.

Plans like departmental routine, standing procedures, job description of certain level of personnel etc., are prepared at each departmental level. But it was observed that, very few departments initiate this activity in the hospital, resulting in non existence of such documents within the hospital.

Decision making is also part of planning process. Management of hospital is a team effort which is essential for effective performance of such diversified functions.
Management by a team becomes effective when it adopts the principle of participative style of decision making. The participative style of decision making takes maximum time compared to consultative and autocratic styles. Autocratic style is the most suitable one for quick disposal of some issues but in a situation like hospital, it may not lead to optimum acceptability and effectiveness of the decision. For incorporating participative management, a number of committees are formed which have been described earlier.

3.2 Organising

Organising is the second element of the management process. This function determines the activities needed to be performed in the organisation in order to achieve the objectives and how these activities should be grouped and who shall have the authority and responsibility of carrying out these activities. The organisational structure is used as the control device for the particular function. The organisation structure of Safdarjang Hospital which has been discussed earlier depicts various departments carrying out different activities. Organising involves the facets of delegation, accountability and span of control. From the organisation structure it is evident that delegation of authority is not done in a specific way.

23. Goldsmith B. Seth, _op.cit._, p.69.
Mostly, authority for various departmental activities is delegated to departmental heads to some extent by the Medical Superintendent, whereas some of the major issues in general administration are delegated to Chief Administrative Officer. He is mostly recruited on deputation selected by Union Public Service Commission (UPSC) from any department under the governmental control. He generally hardly has an idea of managing hospital activities.

The ideal span of control of placing 5-6 under one supervisor has also not been followed while organising the levels of supervision. No definite mechanism has been followed as far as span of control is concerned. The lacuna of having too many positions directly under the Medical Superintendent in the organisation chart is noticed. This indicated a too large span of control. The Medical Superintendent is supposed to supervise too many departmental heads directly which is not conducive to good supervision.

Because of dual authority and dichotomy in the various levels of structure, the accountability suffers in the working situation. Lack of an effective supervisory mechanism further reduces the sense of accountability among the personnel.
3.3 Staffing

The most useful and most critical management function is staffing an organisation. This involves getting the right people for the jobs and developing the potential people for their present jobs as well as for taking up higher responsibilities. The development of personnel may be planned through inservice training or continuing education programmes. Estimation of manpower requirement should be done on the basis of developed norms. For some professional staff, norms approved by the central government are available which are used for calculating the number of staff required. For most of the categories of technical and non-technical personnel, no guidelines or norms have been established and the estimation is done absolutely on assumption basis. Many a times, norms developed in one situation may not be applicable in another setting. Every organisation, depending on the availability of related facilities and the type of structure prevalent, needs to develop its own norms for different categories of staff.

Creation of promotional avenues and reward and incentive system are also part of the staffing function. Taking care of a person from his recruitment to retirement is the main function which should be performed by a specially trained personnel manager. In Safdarjang Hospital
there is neither a separate personnel department nor a personnel manager. The staffing function is carried out by a number of people like the head of the concerned department, Administrative Officer, clerical staff of the concerned section etc. part by part. Coordination between all these people involved is rarely achieved.

3.4 Directing

Directing in an organisation is a force which translates the policies into actions. This simply means, making arrangement for movement of the recruited and developed staff towards the defined objectives. This is the function which is also called leading, motivating and actuating. A hospital being run by a number of teams at various levels, depends much on its leaders and effective leadership depends on interpersonal relationship, effective communication system and motivating environment. In the hospital no planned and sustained effort for establishing all these three factors was found existing. No mechanism for getting feed back from the functionaries has been paid any attention. Staff meeting is a very uncommon feature. People only meet the MS while agitating on some issues.

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3.5 Co-ordinating

A team can never be successful without proper coordination between team members, whose activities are interdependent for achieving the objectives. Each member performing some activity should understand the linkage of his or her action with another member doing a different part of the whole job. For providing adequate care to patients the performance of doctors and that of nurses have to be co-ordinated in such a way that the efforts made by both contribute effectively towards the patient care.

Unless and until the nurses continue the medical care delegated by the doctors, the treatment of patient cannot became successful. In Safdarjjang Hospital this coordination at ward level, operation theatre, out patient department involving various categories of personnel is being achieved by sheer traditional practices. No deliberate, intentional, planned effort is made by any special coordinator. Therefore, a team leader for the whole team consisting of all categories of personnel working at each unit should be selected who will take the responsibility of co-ordinating all types of services towards better patient care.

For achieving coordination at inter-departmental levels, a number of committees are formed, which make decisions regarding a common issue among a number of departments.
Controlling

Controlling is a mechanism for ensuring all other activities are being performed in the expected manner. In a way this is concerned with measurement of performance against some predetermined standard. One example of an effective control device is the 'budget'. The Safdarjang Hospital itself being controlled by Central Government has to follow the prescribed control mechanism for controlling its activities. For controlling the personnel the Central Civil Services (CCS) conduct rules and Government Financial Rules (GFR) for controlling financial matters are used as control devices. Similarly, many rules and standards have been prescribed by the governmental procedure which have to be adopted for controlling equipments, various activities like purchasing of materials, condemnation of equipment, etc.

The hospital has yet to develop a performance appraisal system for controlling the qualitative and quantitative performance of the staff in addition to the Annual Confidential Report (ACR) being filled on the guidelines prescribed by CCS conduct rule.

Authority is also assigned to various heads of departments but at places authority does not accompany the responsibilities. For example the sister incharge of a ward
has to get work done by Group 'D' staff assigned to her Unit without any authority over them.

Maintenance of discipline is the responsibility of each head of department towards staff working in his/her unit.

The principle of unity of command is violated by making nurses, group 'D' staff in the wards, OPD etc. receive orders from both the medical head of the department as well as from her/his own superiors.

Unity of direction is also not followed, as a group of activities is performed by a number of professionals for achieving the same objective. Among the professionals, particularly medical professionals individual interest at times come over the general interest of the hospital or public. As a high degree of dedication and perfection is expected out of the hospital employees, their remuneration should be higher than other personnel working in a different field.

Even though the centralisation of power is a specific feature in the organisation of the Safdarjang Hospital, decentralisation is also there wherever necessary.

Even though an attempt has been made to establish a
scalar chain on levels of hierarchy, the nature of activities are such that parallel positions like staff nurses senior radiographers in Radiology Department are also noticed. Material and social orderliness and equity are maintained. Particularly equity is ensured by the intervention of Trade Unions and Associations.

Stability of tenure is not cent percent. Medical staff are appointed on a tenure basis.

Initiative should very much be adopted, but in real practice it is not easily found. Generally the staff perform the routine work in traditional ways unless intervened. No initiative is found for conducting any research in the field or revise any procedure, etc.

Team spirit is supposed to be the spirit behind the running of a hospital. In fact, instead of departmentalisation, functioning on the basis of teams would perhaps be more effective by eliminating the competitive attitude of the professionals.

4. **Concluding**

The following conclusions have been drawn on the basis of analysis of the data gathered through informal discussion with various categories of staff, observation and record study. The Medical Superintendent as an administrative head
enjoys very little autonomy in policy decisions. No policy regarding issues in hospital management is made at the hospital level indicating too much of centralisation of authority in the controlling agency.

The similar picture is repeated at the hospital level for the decisions in day to day functioning of the hospital. All the decision making powers are centralised with the Medical Superintendent, resulting in a large span of control of the M.S. The M.S. directly supervises and controls at least 12 major functions in the hospital. The excessive span of control does not leave sufficient time and attention with the M.S. to plan, supervise and control effectively all the components of the hospital administration. Lacunae in the existing organisation structure are noticed. Hence the present structure is not effective and an alternate model is suggested and given in the last chapter.

In addition to this, the Medical Superintendent takes care of his own discipline, meaning thereby, he acts only as a part-time Medical Superintendent. Since the Medical Superintendent is responsible for everything happening in the hospital and outside in the community to the extent the hospital has extended itself into the community, all information is directed towards him and all decisions and orders flow from his desk. There is hardly any scope for
delegation of this massive work. In the act of organising, very little attention is paid to proper assignment of jobs to suitable personnel. No job responsibilities are prepared for the middle level and other technical and paramedical staff. No mechanism has been developed for ensuring implementation of these job responsibilities wherever these exist.

The personnel management aspect of the management of the hospital is a very much neglected area. Because of the diversities of the activities to be carried out in the hospital, different categories of people with specialised education, training and skills are appointed in the hospital. Their expertise not only needs to be maintained throughout but also to be developed further and refreshed from time to time. These needs of the personnel demand special and constant attention. In addition to that, the hospital personnel are expected to work with great dedication and zeal required for providing patient care. The hospital administration has to take care in creating and maintaining a motivating environment so that the personnel continue working with the same enthusiasm. It is not possible to achieve this state without the service of a specially trained personnel manager.

Because of the nature and type of work, the violation
of principles of unity of command and unity of direction can not be avoided in some situation.

As the Hospital, being a complex organisation, the principles of organisation and management are violated in many areas within the hospital. It is not due to ignorance of the authority but because of the types of work to be performed.

Lack of professionalisation of Hospital Administration and promoting clinicians to administrative jobs in the hospital without adequate training in the managerial aspects of running a hospital, undermine the importance and need for a sound adequate management system for the hospital.