The Academic
International Journal of Multidisciplinary Research

An Online Peer Reviewed / Refereed Journal
Volume 2 | Issue 7 | July 2024
ISSN: 2583-973X (Online)
Website: www.theacademic.in

Enhancing Healthcare Management: Development and Operation

[1]Rani Parveen [2]Tahseen Barney
[1,2] *Al-Falah University, Faridabad, Haryana, India*

ARTICLE DETAILS

Research Paper

Keywords:

Healthcare, management, PHC, CHC, Functionaries, Management system, Need

ABSTRACT

Healthcare management is a critical profession providing leadership and guidance to organizations delivering personalized health services. Managers oversee diverse divisions, departments, or specific services within these organizations, handling substantial scopes and complexities beyond the capacity of individual staff members. They play a pivotal role in ensuring efficient execution of organizational tasks and securing essential resources such as finances and personnel. Effective management integrates social and technical functions to achieve predefined objectives utilizing available resources. Despite challenges like inadequate infrastructure and shortages of specialized medical and para-medical staff, Public Health Centres (PHCs) remain preferred by a majority of beneficiaries over other alternatives. Healthcare management necessitates comprehensive skills encompassing conceptual, technical, and interpersonal domains for effective guiding, controlling, staffing, organizing, planning, and making decisions. Supervisors need to understand both internal and external.

1.0 Introduction

Management of healthcare is a specialized field focused on providing headship and guidance for organizations that deliver individualized health services. Healthcare administration oversee various aspects of these organizations, including departments, sections, units, or particular services. This chapter

provides an in-depth exploration of healthcare management, offering a thorough understanding of its duty, status , and functions [1]. Health services management has emerged as a significant discipline, with human resources management (HRM) playing a crucial role in the effectiveness of health systems. HRM involves a strategic approach to managing personnel, fostering a management style that is open, adaptable, and compassionate. This approach aims to motivate, develop, and supervise staff to enhance their performance and support their respective departments. Within healthcare organizations, human resources development is a continuous, planned process designed to support and advance employees' skills and abilities. This process helps staff achieve their current roles and prepare for future responsibilities, unlocking their potential and contributing to both personal and organizational growth. The primary goal of human resources development is to build a workforce that is skilled, motivated, dedicated, and disciplined, which in turn promotes increased productivity, profitability, and organizational progress. Effective HRM practices are essential for meeting departmental goals and promoting productivity. HRM practices are critical; scheduling, directing, coordinating, and supervising healthcare delivery are the main responsibilities of medical and health services managers, sometimes referred to as healthcare supervisors or administrators.[2].

1.1 The Healthcare Management: A Need and Their Viewpoint

Healthcare organizations are intricate and dynamic systems that demand effective leadership, guidance, and coordination from managers. The scope and complexity of the tasks within these organizations are so extensive that individual staff members would find it challenging to manage them independently. Managers play a pivotal role in ensuring that organizational tasks are executed optimally and that adequate resources, both financial and human, are available to support the organization.

Healthcare managers hold positions of authority, making critical decisions regarding staff recruitment, technology acquisition, service modifications, and allocation of financial resources. Their decisions are crucial not only for delivering appropriate, timely, and effective patient care but also for achieving performance targets established by the organization.

Healthcare management involves navigating two distinct domains: the external and internal. The external domain includes factors outside the organization's boundaries, such as community needs, population demographics, and reimbursement processes from commercial insurers and government programs like Medicare and Medicaid. Conversely, the internal domain focuses on daily operational aspects such as staff levels and types, financial performance, and quality of care. Balancing these dual

perspectives requires considerable skill and effort from management to ensure well-informed decisions [3].

Table 1: Domains of Health Services Administration [4]

External	Internal
Community Profiles data /Need	Workforce
Certification	Allocating Funds
Accreditation	Quality services
Guidelines	Patient contentment
A stakeholder's expectations	physician-patient relationship
Competitors/ Others Parties	Financial Outcome
Medicare and Medicaid	Acquirement of technology
Managed care organizations/Insurers	Expansion of new services

1.2 Healthcare Management Function and Competencies

Management is a vital process in healthcare organizations, integrating both social and technical functions to achieve specific goals through the use of human and other resources. Managers are responsible for leading and collaborating with others, carrying out interpersonal and technical duties to achieve organizational goals. They also keep an eye on their workers' performance.

Healthcare organizations feature a range of managerial roles, including supervisors, coordinators, and directors, among others. Although learners of healthcare administration often focus on senior managers or lead administrators, it is crucial to recognize that management is carried out by individuals at various levels, not just those people with formal managerial titles. The following section will provide a more detailed exploration of these different levels of managerial responsibility.

Table 2: Management Roles in Each Organizational Environment.[5]

Organizational Setting	Examples of Managerial Positions
Medical Doctor Practice	Practice Manager Medical Records Director Supervisor, Paying Administrators
Nursing Home	Administrator Manager, Corporate Office Director, Food Services Admissions Coordinator Supervisor, Environmental Services
Hospital	Chief Executive Officer Vice President, Marketing Clinical Nurse Manager Director, Revenue Management Supervisor, Maintenance

The management functions of a manager encompass planning, organizing, staffing, controlling, directing, and decision-making. Planning involves setting priorities and defining performance targets. Organizing pertains to structuring the organization effectively. Staffing focuses on acquiring and retaining human resources, as well as developing and maintaining the workforce through various strategies and tactics. Controlling entails monitoring staff activities and performance and implementing corrective actions to enhance performance. Directing is about initiating action through effective leadership and clear communication with team members. Decision-making is integral to all these functions, involving the evaluation of benefits and drawbacks of different alternatives. Effective managers must possess key competencies in conceptual, technical, and interpersonal skills [6]. Conceptual skills involve the ability to analyze and solve complex problems, such as optimizing service delivery or addressing patient complaints. Technical skills reflect proficiency in performing specific tasks, such as creating and implementing an incentive compensation program or designing a computer-based staffing system. Interpersonal skills are crucial for effective communication with colleagues, supervisors, and subordinates, such as counseling underperforming employees or articulating performance expectations for the upcoming fiscal year [7].

2. Structure of Health Care Organization in India

The healthcare system in India features a blend of public and private providers, resulting in notable disparities in accessibility, quality, and affordability across various regions and socioeconomic groups.

Ongoing efforts are focused on improving infrastructure, broadening access, and enhancing the overall quality of healthcare services throughout the country [8].

2.1 Central (Main) level

The Union Ministry of Health and Family Welfare, which consists of three important ministries, is in charge of the organization at the federal level: the Department of Health & Family Welfare, the Department of Ayurveda, Yoga-Naturopathy, Unani, Sidha & Homeopathy (AYUSH), and the Department of Health Research. Every division is led by a Secretary to the Indian Government. the Directorate General of Health Services, provides technical support to the Department of Health & Family Welfare.

(DGHS) [9].

2.2 State level

Healthcare organizations are governed by the State Department of Health and Family Welfare at the state level. The department is chaired by a Minister and is assisted by a Secretariat under the direction of a Secretary or Commissioner.(Health and Family Welfare). The State Directorate of Health Services functions as the technical arm of the State Department of Health and Family Welfare and is managed by a Director of Health Services. The Director of Medical Education, who leads the Directorate of Medical Education and reports directly to the Health Secretary or Commissioner of the State, is in charge of the medical education division under the State Directorate. Additional positions have been generated in certain states, such as Director (Homeopathy) and Director (Ayurveda).

These officers typically have greater autonomy, though they may still fall under the jurisdiction of the State Directorate of Health Services [10].

2.3 Regional level

Zone, regional, or divisional arrangements between the State Directorate of Health Services and the District Health Administration have been developed in a number of states, such as Bihar, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Karnataka, and others. Under the power granted by the State Directorate of Health Services, each of these regional or zonal institutions covers three to five districts.[11].

2.4 District level

Every district has a single point of contact for all healthcare initiatives, acting as a bridge between the State or regional organization and lower-level institutions like Primary Health Centers (PHCs) and sub-centers. Chief Medical and Health Officer (CM & HO) or District Medical and Health Officer (DM & HO) is the title of the district officer in charge of overall control. These officers, who are often called DMOs or CMOs, are in charge of the district's family welfare and health initiatives. Deputy CMOs and program officers assist them[12].

2.5 Community level

Adequate referral support is necessary for primary health care initiatives to succeed. Thus, for every 80,000–120,000 individuals, a Community Health Center (CHC) has been established. These healthcare centers are capable of providing basic specialist services in obstetrics, gynecology, surgery, pediatrics, and general medicine.13].

2.6 Community Health Centres (CHCs)

The State Government creates and oversees Community Health Centers (CHCs). Along with 21 paramedical and support staff members, each CHC employs four medical specialists: a paediatrician, gynaecologist, surgeon, and physician. In addition to having 30 inpatient beds, these centres contain an operating room (OT), X-ray, labor room, and path lab In addition to offering obstetric care and specialized consultations, CHCs act as referral hubs for four Primary Health Centres (PHCs). In the nation, there were 4,535 CHCs in operation as of March 2011.

[14].

2.7 Primary Health Centre (PHC)

Primary Health Centers (PHCs) play a pivotal role in rural health services, serving as the initial point of contact for medical care in rural areas, catering to both the sick and individuals directly seeking care or referred from Sub-Centers. The concept of PHCs was introduced by the Bhore Committee in 1946, envisioning them as fundamental healthcare units that bring integrated curative and preventive healthcare closer to the rural population, emphasizing preventive and promotive aspects of healthcare [15].

Health planners in India have recognized PHCs and their Sub-Centers (SCs) as the essential infrastructure for providing healthcare services to rural communities. Initially, PHCs were established in Community Development Blocks but functioned with limited community involvement, inadequate staffing, equipment, and basic amenities, leading to insufficient healthcare coverage [16]. To address these issues, the 6th Five-Year Plan (1983-88) proposed the reorganization of PHCs based on a ratio of one PHC for every 30,000 rural residents in plains areas and one PHC for every 20,000 residents in hilly, tribal, and underdeveloped regions, aiming for more effective coverage. PHCs serve as the initial point of contact between the village community and the Medical Officer, offering integrated curative and preventive healthcare with a focus on curative, preventive, Family Welfare Services, and health promotion. Typically, one Primary Health Center covers approximately 30,000 residents (or 20,000 in challenging terrains) or more. Many rural dispensaries have been upgraded to establish these PHCs. Presently, a PHC is staffed with a Medical Officer supported by 14 paramedical and other personnel. It serves as a referral unit for six sub-centers and forwards cases to Community Health Centers (CHCs), which are 30-bedded hospitals, sub-district hospitals, or district hospitals. Additionally, PHCs usually have 4-6 indoor beds for patients. As of March 2011, there were 23,673 functioning PHCs across the country. The staffing pattern of these new primary health centers has evolved to meet the healthcare needs of rural communities effectively [17].

3. Findings and Suggestions

The evaluation study indicates that Public Health Centres (PHCs) have struggled to offer specialized health care services due to deficiencies in infrastructure, a shortage of medical specialists and para-medical staff, and non-functional support facilities. Despite these challenges, a significant majority of beneficiaries still prefer PHC services over other options. To enhance access to public health care, several recommendations can be proposed:

Increase the allocation of resources in the health sector to address the supply gaps. Exploring alternative funding sources and delivery modes is essential to meet the demand for specialized health care services in rural areas.

Efficiently utilize existing resources to bridge infrastructure and manpower gaps in PHCs. Priority should be given to optimizing the complementarity of facilities and personnel through strategic resource allocation. It is advisable to fully equip select PHCs in each district with comprehensive facilities and staff to effectively serve their roles, while ensuring information about their capabilities reaches local communities through Panchayati Raj Institutions (PRIs).

Despite challenges, people have utilized PHC services, often overcoming inconveniences like location. Ensuring PHCs are adequately equipped to provide specialized health care services remains crucial. Address issues such as doctor shortages and non-functional equipment to improve health care access. Establishing a district-level Monitoring Committee comprising the Chief Medical Officer/District Health Officer and PRI representatives could enhance routine monitoring efforts.

Recognize the challenges posed by distance and inadequate communication infrastructure, particularly in tribal and desert regions. Many individuals resort to PHCs out of necessity when alternate facilities are unavailable or private.

4. Conclusion

The field of healthcare management is complex and requires professionals to possess a broad range of conceptual, technical, and interpersonal abilities in order to plan, organize, staff, direct, control, and make decisions. In addition to acknowledging the need for development at the person, unit, team, and organizational levels, managers must maintain a dual focus on the internal and external components of their business. Within a healthcare organization, there are opportunities for promotion to supervisory, middle, and senior management roles, among other tiers. While augmenting financial resources via public and private funding holds significance, it does not inherently result in improved efficiency.

Significant reforms are necessary to address challenges such as low quality of care, inconsistent medical staff attendance, insufficient equipment, and poor maintenance [15]. The commitment and motivation of healthcare providers in the public sector are critical to ensuring resource allocation yields desired outcomes. Reforms need to address not only the public domain of the healthcare sector but also the private sector, such as lack of proper training and qualifications among private medical practitioners in rural areas. Decentralization is necessary to align local needs with available healthcare services, enhance service accountability, and improve efficiency. India faces significant disparities between public and private healthcare, preventive and curative services, primary, secondary, and tertiary healthcare services, and imbalances between salary expenses and other recurrent expenditures within the public healthcare sector. Both central and state governments bear responsibility for providing primary healthcare in the country, but less than 1% of GDP is allocated to public health. Private partnerships should be utilized more effectively to enhance service delivery and establish robust forward and backward linkages through an improved referral system.

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