

CHAPTER - II

REVIEW OF LITERATURE

2.1 Review of International Books and Journals

Peter in his Book *practice of Management* (1959), wrote “An effective management must direct the vision and effort of all managers towards a common goal”. Zhu Ao (1990) in *China: The goal is attainable. Achieving Health for All (HFA) by the year 2000: Midway Reports of Country Experiences*, states that the principle of ‘putting Prevention first’ is at the heart of the Health Services in China. This work gives a description about the tiers of Medical Services network available in that country and also about the system of Recruitment, Training and Assignment given to different categories of Medical Professionals and Paramedical staff of China. Work of Fernandez and Corray (1990) titled *Sri Lanka: Deep Roots in Primary Health Care, Achieving HFA by the year 2000: Midway reports of country experiences* describe about Health Services in Sri Lanka. This piece of literature furnishes information regarding the changes that have been visible in the Structure and Administration of Health Services in Sri Lanka after the establishment of the National Health Council in March 1980. According to the Authors, there is increase in the decentralized Health Division to match the number of administrative districts to which the country is divided.

The work of Brand (1992) on ‘Health services in Australia’ Published in *Hospital Management International*, describes the improving scenario in quality of patient care in that country due to the introduction of voluntary accreditation programme which has been in operation in Australia since 1974. Standards for accreditation are fixed by the Australian Council on Health care standards which involves the evaluation of the organizational structure and methods of providing care in the light of contemporary established professional standards.

The second half of the twentieth century has witnessed phenomenal changes in the Health Care System of almost all the countries of the world. The UK reforms have sought to increase responsiveness to patients and efficiency. Salter (1994) in ‘change in the British National Health service; Policy paradox and the Rationing issue’ in *International Journal of Health Service* highlighted the objectives of the 100

new Health Authorities which have been formed by amalgamation of former Family Health Service Authorities and District Health Authorities which started working from 1996. Apart from creating a single Health Authority, it also provides for regulations through which role of Medical Directors have been defined and specified. Southfield and Stephen (1998) in 'The American Health Care System: structure and Function' in *Public Health and Preventive Medicine* states about the classification of Hospitals in the USA which is based on length of stay, ownership and number of beds. Classification of Government Hospitals and description about Public Authority Hospitals, financial control of Government over these Hospitals are other areas covered in this book. The Authority that exercises powers over the Proprietary Hospitals is mentioned in this book. The Authorities named here are the Governing Board, Administration and Medical Staff. Komarrow (1997) in his "Health Care Reform in the Russian Federation" states that decentralization of the Health Care System in 1993 forced the Regional and District local Authorities to change their attitude towards Health Care. A psychological change in the attitudes and responsibilities of leaders of Local Authorities and Health Care institutions has taken place. The process of Self-Governed Regional Health Care System is already on its way. Rules have been set dividing duties between the federal and regional level.

Sushan (2000) carried out a Research Work the objective of which was to study patient care quality as a factor for selecting or rejecting a Hospital. This work titled 'Beyond unloving care: linking human resource management and patient care quality in Nursing Homes' which was published in *International journal of Human Resource Management* revealed that patient care quality in Nursing Home is a criteria that is considered by patients for selecting or rejecting a Hospital.

The work undertaken by Robert Wagner, Svapopluk Hlavacka et al. (2000) was an attempt to provide empirical evidence of the human resource practices based on a sample of 72 acute care hospitals of the Slovak republic. This research explored the perceived functions, typical customers and priorities of hospital human resource department, ownership of a work force plan and the relations between ownership of a

work force plan, and type of hospital, as well as the degree to which different human resource activities are given priority. This research revealed satisfactory significant relationship between ownership of a work force plan and the degree of priority given to having a quick, efficient and cost effective recruitment and selection system. Back (2001) in 'Human Resource and new approaches to Public Sector Management' in *Gallup Management Journal*, stated that current Human Resource systems and practices in Health Care allow approximately sixty to seventy percent capacity use of their work force at best. This is largely due to the deployment of traditional HR practices premised on close monitoring and tight control of employee behaviour which greatly constrain employee initiative, effort and motivation and undermine the optimal use of Human capacity in the organization.

Khatri and Budhwar (2002) in 'A study of strategic HR issues in Asian context' and Khatri (2003) in 'The Human dimension of organization' mentions several key issues for strategically managing Human Resource Management and categorized them into two general groups: (a) organizational level issues and (b) Human Resource Management specific issues. Set of organizational issue includes the influence of organizational structure, strategy & culture of Human Resource Management Practices. The set of Human Resource specific issues considers the influence of Human Resource strategy and competencies on Human Resource activities, practices and effectiveness. The first issue examined in this study was organizational structure and its relationship with Human Resource Management. The Second issue in the study was organizational strategy. The third issue was culture. It is necessary to manage the corporate culture of a Health Care organization well, in turn implementing a health care process capable of delivering high quality clinical outcomes. The fourth strategic Human Resource Management issue was related to Human Resource competencies. The final issue examined in this study was the relationship between Human Resource Management and clinical outcomes. The relationship between Human Resource Management practices and organizational performance (including quality of care in health care organization) is an important topic in the organization sciences, but little research is known to have been conducted

examining this relationship in Hospital settings. To establish this and to see whether there is link between the Management of Employees and Patient Mortality in Acute Hospital, Human Resource Directors from sixty one Acute Hospitals in England were interviewed. This study revealed that there is association between HR Management Practices and Patient Mortality. Khatri, wells, Mckune and Brewer (2006) took up a qualitative research to examine strategic human resource management issues in a university and community hospital. The result of their work which was titled “Strategic Human Resource management issues in Hospitals: A study of a University and a Community Hospital” was published in *Hospital topics*. The issues examined in this study were organizational structure and its relationship with human resource management; organizational strategy of hospitals; prevalent culture of the hospitals and HR competencies. The university hospital taken up for study had 250 beds which had a HR department at the system level which managed HR needs for all the facilities within the health care system. The community hospital had 198 beds, employing over 1200 people which was governed by elected board of Trustees. In this study, the CEO of the university hospital, the director HR and Nurse manager of a clinical department at the university hospital and the CEO, the chief clinical officer; the chief financial officer, the Director of acute nursing services and the Director, HR of the community hospital were interviewed. To examine the location of human resource manager in the overall structure of the organization, the four questions posed to the interviewees were: whether human resource is a separate department or is a part of other departments; whether the HR or the personnel manager participate in executive and strategic planning meetings and whether there were major changes taking place in the in the human resource department over the past five years. The findings of this study indicated that both the hospitals lacked a clear understanding of their strategic intent and objectives, as a result of which their human resource practices lacked coherence and direction. Whereas the community hospital understood the relationship between culture and human resource management, the university hospital did not. Moreover the university hospital showed only a modest understanding of competencies needed in managing HR functions which hampered

its ability to identify competent HR managers and employees. The community hospital made significant gains in the past five years in managing its culture and people by recruiting a competent human resource manager.

The concept of Human Resource Management has been explained by Jvancevich (2008) in *Human Resource Management* as the function performed in an organization that facilitates the most effective use of employees to achieve organizational and individual goal. The work undertaken by Jardari, Fadi et.al (2009) entitled “Assessment of human resource management in Lebanese hospitals” had as its objective assessing the perception of human resource managers about the challenges they face; the enabling factors including role, education, experience and HR training and the current strategies adopted by them. The findings of study showed that not all hospitals clearly delineate the departmental responsibilities for its HRM function. This study further revealed that the HR managers had limited capacity and authority to mitigate challenges that are hindering HR development at their institution. Another challenge reported by the respondent was the lack of strategic plan for HR in hospitals.

The importance and complexities of Human Resource Management in Hospitals were discussed by Send and Wilkinan (2010) in “Managing under Pressure: HRM in hospitals” in *Human Resource Management Journal*. Guest (2010) in his work entitled “Human Resource Management and Performance: still searching for some answers” published in *Human Resource Management Journal* came to the conclusion that after over two decades of extensive research, we are still unable to answer core questions about the relationship between human resource management and performance of hospitals. however, the work of Zaman (2011) entitled ‘Human Resource Management in Hospitals : A Research on the recruitment process of a Bangladeshi Hospital published in *Asia Pacific Journal of Research in Business Management* revealed that dissatisfactory recruitment policy and dissatisfactory Human Resource Management practices in Hospitals is a contributory factor towards poor Human Resource Management.

Singh and Negi (2013) in their published work entitled “Human resource management practices in large hospitals of Dehradun, Uttarkhand” published in *Global journal of management and business studies* took up as their objective assessment of human resource management processes and practices in two large hospitals of Dehradun and to prepare a detail proposal on the processes and practices which can be undertaken in large hospital. This study came to the conclusion that the HR processes and procedures are fairly good in the hospitals which have come up recently while that of the older health care facilities. The other conclusion drawn from this study was that Human Resource Departments need strengthening and constant updating in line with those of the corporate sector. . The research work undertaken by Alina , Erick , Pienning and Torstein and Salge (2013) to find out relationship between Human Resource Management practices and Hospital performance was titled ‘Untangling the relationship between Human Resource Management and Hospital performance : The mediatory role of attitudinal and behavioural HR outcomes’, which was published in the *International Journal of Human Resource Management*. The findings of this study revealed that attitudinal and behaviour pattern of employees has a direct bearing on Hospital performance. Ojha and Sinha took up a research work entitled “The role of HR in hospital administration and employee satisfaction” the result of which was published in *International Journal of Engineering Technology, Management and Applied sciences*(2016).The objective of this study was to assess the human resource management processes and practices which are prevalent in large hospitals of Ghaziabad region and to prepare a detail proposal on the processes and practices which can be undertaken in large hospitals. The findings of this study was that HR policy is important for all health care facilities as it is the guiding document for human resource management and HR department need strengthening and constant updating in line with those of corporate sector.

2.2 Review of Books and Journals Published From India:

Bhola, and Anand (1978) in “Some aspects of Hospital Management requiring personal attention of Hospital Administrator” highlights the areas that need personal attention of Hospital Administrator. Desai (1984) elaborated the functions, principles and complexity of the Hospitals in “Principles of management as applicable to Hospitals”. His work was published in *Hospital Administration*.

Goyal (2000) in *Human Resource Management in Hospitals* describe the nature of Human Resource Management to be concerned with the Management of people at work. According to him the thrust of the organization should be on self-development of all its members. In this book he describes the organizational structure of HR department for management of human resource in hospitals. According to this description, a hospital employing 200 or more employees can use the services of a full time human resource manager but he should be assigned some more responsibilities such as purchase, public relations, transport management, legal work etc. In hospitals which employ more than 300 employees, assistance should be given to the human resource manager. As the size of the hospital increases, there will be specialization within the human resource department. According to Goyal, one formula used as a guide to determine the required size of staff is that at each interval of 200 employees, the staff of the human resource department should be increased by one employee. The human resource department when constituted according to this formula makes it possible for it to assume all major functions. Another book by the same author titled *Hospital administration and human resource management* give description about manpower planning in hospitals which is based on the recommendations of the Indian Medical Council (IMC) and the Indian Nursing council (INC). According to IMC, the doctor to Bed ratio should be 1: 5, but this ratio is applicable only to those hospitals which are attached to medical colleges and where the doctors are required to participate in the teaching programmes of medical colleges. It is recommended in the book that the doctor-bed ratio should be 1:10 in general hospitals. The nurse to bed ratio should be 1:3 according to the INC. The council has further prescribed that for

every 100 beds and to cover a 24 hour period, there should be 4 ward sisters and 30 staff nurses and for fractions of 100, the staff should increase in the proportion of 1 ward sister to 25 beds and 1 staff nurse to 3 beds. When the bed strength is between 150 and 400, in addition to the nursing superintendent, there should be an Assistant nursing superintendent and when the bed strength is 401-700 and for every 300 beds in excess of 700, there should be an additional Assistant Nursing superintendent.

Tabish (2011) in *Hospital and Health Services Administration, Principles and practice* details functions of Hospital Administration. He describes Hospital as an integral part of social and medical organization, the function of which is to provide complete health care for the population, both curative and preventive and whose outpatient services reach out to the family and its home environment. According to Tabish, Hospital Administration is complex and multidimensional which consists of coordinated activities provided by a variety of categories of Health personnel, utilizing a variety of precision, equipment and skill. The impact of Hospital organization's structure related factors, namely decentralization, coordination and work autonomy on perceived levels of psychological contract fulfillment of Medical Employees and reported quality of patient care in not for profit Public Hospitals were examined by Agarwal, Khana and Sharma (2012). This study published in *IIMS journal of Management science* revealed that the factor decentralization had no significant relationship with perceptions of psychological contract fulfillment in both type of Hospital –Teaching and Non-Teaching. Findings from the study highlighted the role of 'Co-ordination' as an organization structural factor that significantly predicted perceptions of psychological contract fulfillment in both types of Hospitals. The effects of work autonomy on the quality of patient care were contradictory in the two types of Hospitals. Work autonomy emerged as a positive predictor of quality of patient care in the Non-Teaching Hospital but as a significantly negative predictor of quality of patient care in the Teaching hospital. The study revealed that the salary of employees was a positive predictor of psychological contract fulfillment in the Teaching Hospital and for quality of care in Non-Teaching Hospital.

Ratnavani in her research work on *Hospital administration: A comparative study of corporate Hospitals and Government Hospital in Hyderabad, Andhra Pradesh* examined the administrative and management pattern of multispecialty Government and corporate hospitals, and the growing importance of human resource management in selected hospitals of Greater Hyderabad in Andhra Pradesh. This study basically focused on administrative structure of hospitals; Information Technology by Hospitals; system of responding to complaints and problem of employees and level of patient satisfaction. This study found that because of prevalence of Human resource department in corporate hospitals, work allotment was much better in corporate hospitals than Government hospitals where in the absence of human resource manager, all HR functions were performed by the Medical superintendent of the hospital. This study found that satisfaction level of patient was higher in the Corporate Hospitals than in the Government Hospitals.

The book titled *Human Resource in Hospital Management (2013)* by Erickson Thomas describes four causes for poor Human Resource Management in Hospitals which are a) Indiscipline, b) High turnover, c) Poor service by staff and d) Low Morale of its personnel. Therefore the Human Resource Manager should see that there is check on all these four causes which are responsible for poor Human Resource Management in an organization. A sincere effort to discharge Human Resource Manager's functions efficiently and systematically is required. Carrying out the work processes efficiently and systematically would lead to satisfaction of the patients, thereby leaving no scope for them to complain against the services rendered by the Hospital personnel. According to Thomas, the variables determining the quality of human resource in hospital are appropriate recruitment, selection, induction, training on the job, continuing education, promotional avenues, decent salary with attractive perquisites etc. this book also mention about obligation of the management regarding payment of wages as per Wages Act,1936. This book states that building a wage and salary structure is very important for hospitals.

Garala (2012) in *Hospital Administration: A ready reference* describes what a Hospital is and its types. This book also describes the Human Resource Department of Hospital and Medico legal aspects associated with Hospital and guidelines for Hospital Waste Management.

Jha (2013) in *Human Resource Audit: optimizing of effectiveness and efficiency of Human resource* suggests that the management has to recognize the important role of Human Resource Department in order to successfully steer organization towards profitability.

Ponmer and Punitha (2014) in “*Challenges to Human Resource Audit in Hospital administration in 21st century*” discuss the approaches to Human Resource Audit in Health sector and challenges in Human Resource Audit.

Decentralization of functioning of Departments is very much essential for ensuring effective administration of Hospitals according to Rambabu (2014) .In *Realty of Hospital administration* he highlights various points for effective administration of Hospitals. According to him along with decentralization of functions the Heads of Departments should be given importance and free hand to run their departments efficiently. Both authority and responsibility must be given to them. The duties and responsibilities of the Administration, Managers and each and every category of employees should be defined clearly. While fixing duties and responsibilities the management should ensure that there is no dual subordination of any employee to ensure that advantage is not taken to escape from the duties and responsibilities and also to ensure that there is no misunderstanding between the two officers. In the interest of effective administration, it is also necessary that the Management fix the administrative hierarchy and inform the same to employees. According to Rambabu, the number of employees required for all departments should be decided based on the size and type of hospital and degree of care to be provided.

According to *Realty of Hospital administration*, the general ratio of employee per bed is 1:2 or 1:3 where employee means all the persons working in the

hospital whether medical, Para medical, service maintenance and administration, account staff etc. This book also highlights the importance of Bio-medical engineer, medical record department, Public relations department, Dietetic services and responsibilities of dietician in hospital. This book focuses on the importance of human resource manager by stating that the manager originate and leads human resource practices and objectives that provide an employee oriented high performance culture that emphasizes empowerment, quality ,productivity and standards ,goal attainment and the recruitment and ongoing development of a superior workforce. The other important aspect of hospital administration highlighted by this book is about the necessity of having security guards and security officers in hospitals.

Identifying the factors responsible for the state of affairs in various system of Hospital helps in diagnosing the problem of ill health of the Hospitals in India. According to Joshi, D.C. and Mamata, as described in *Hospital Administration (2014)* Government sector Hospitals is plagued with problem of absence of forward planning; Grouping of unrelated activities; Lack of clarity in duties and responsibilities, lack of delegation and decentralization of authority, faulty staffing procedure, ineffective leadership; lack of motivation and lack of formal control mechanism, and imprudent financial management. Semi Government Hospitals have problems of political interference, employee exodus, absence of transfer process, corruption, negligence, irregular Medical Audit, absence of Public Relation Personnel, unsatisfactory food arrangement, lack of delegation and decentralization of authority and lack of decision making at all levels. Doctors self-managed Hospitals lack Continuing Medical Education (CME); Substantial medical care, lack of preventive measures and Health Education, Unqualified poorly paid staff, lack of professional self-regulation, lack of scientific management and lack of structure. The factors responsible of ill health of Corporate Hospitals include high treatment cost, lack of CME, lack of social responsibility, Non-utilization of services of specialized people and high expertise exodus.

The book *Hospital Administration* by Joshi and Joshi also state that to ensure best care for patients, the support and utility services should function effectively which is impossible without adequate manpower.

The book titled “*A text book of Hospital and Clinical Pharmacy*” (2016) by Nand and Khar describes a Hospital – its organization and structure and Quality Control of Drugs in Hospitals. According to this book, medical record department; Dietary services; Hospital housekeeping services; Hospital engineering services; hospital equipment management and public relations are the departments which should be functionally active in all hospitals. For medical record department, the recommended staff requirement for 500 bedded hospitals include 1 medical record officer; 1 medical record technician; 3 clerks; 1 peon and 1 statistician (part time). Additional requirement for teaching hospitals are: 1 Assistant medical record officer; 1 Medical record technician; 1 medical record attendant and 1 receptionist. For the central record office there should be 1 assistant medical record officer, 8 Nos of Medical record technician/clerks and medical record attendant and 1 statistical assistant. This book suggests that as per the recommendation of Mudaliar committee, a qualified dietician should be employed in hospitals having more than 20 beds and that housekeeping is a necessary department in all hospitals. In this book, the importance of engineering service in hospitals is also highlighted by stating that hospitals with bed strength of 100 or more should have a competent graduate engineer who can be assigned complete responsibility for maintenance of power plant, telecommunication, electricity, air conditioning etc.

Phukan (2014) in *The Assam Health and Medical Manual* details various Acts, Rules, orders, Notifications, office memoranda and laws related to regulatory system of Health and Medical Institutions of the state.

2.3 Review of relevant articles and news items published in Newspapers

Eminent writers and Doctors from Assam detailed various issues like inadequate infrastructural facilities of health sector, Human Resource problems, deficiency in the areas of policy making and regulatory measures in the form of

articles which were published in *The Assam Tribune*, the most popular and highest circulated English daily of Assam. This newspaper also came up with editorial on these subjects.

In its news published on 09.10.2015, *The Assam Tribune* quoting Health Department sources reported that the State Government, Assam is keen on implementing the Assam Health Establishment Act and team have been formed to carry out inspection of Health Establishments to ensure that all Establishments follow the provisions of the Act.

In its editorial published on 11th December, 2015 the *Assam Tribune* discussed the constraints that plagues health care delivery in Assam. This editorial also threw light on shortage of Doctors, Paramedics and necessity of having a Medicine Policy for the state. The other areas covered in the editorial are lack of Manpower and amenities in the Community Health Centres and the need of developing the overall civic infrastructure in villages as an integral part of the strategy to improve health care in those areas.

Dutta (2015) in his article “Patient safety: where we stand” emphasized the need for a National Safety Policy in line with the National Health policy and the need for patient safety regulations in Assam.

Kumbhakar (2015) in “Doctor-diagnostic centres unholy nexus” brought into focus the lack of firm Laws and Regulations, lack of accountability and lenient society which contributed to an unholy nexus between Doctors, Hospitals and Diagnostic Centres. His point of highlight was that though the infrastructure for almost all types of clinical tests is available in Government Hospitals, some Doctors refer patients to particular Laboratories for tests taking advantage of insufficient regulatory measure of Government over Health Establishments.

Phukan (2016) in his article “Poor state of Assam Health Sector” discussed inadequacy of Human Resource in Hospitals by comparing the Manpower availability with the norms set by the Indian Public Health Standards. The reasons why Doctors

prefer not to join Government service were also discussed here. Improper utilization of NHM fund released by the centre to Assam, shortage of teachers in Medical Colleges and vacant position of Nurses and Doctors in Model Hospitals were discussed in detail in this article.

The Times of India in its news captioned “Lack of uniform coding slows down insurance claims” stated that except Corporate Hospitals, a large majority of other Hospitals do not have an Information Technology Department or Digitized Record. Even with the few who send Electronic Medical Records (EMR) for claims, coding is not uniform, making settlement an arduous task for Insurance Companies.

2.4 Review of certain Acts and Rules related to control of Government over hospitals

2.4.1 *Employment and management of Manpower in hospitals*

The Minimum Wages Act, 1948 applies to persons engaged on scheduled employment or in specified class of work in respect of which minimum wages have been paid. According to section 12 where in respect of any scheduled employment a notification is in force, the employer shall pay to every employee engaged in a scheduled employment under him wages at a rate not less than the minimum rate of wages fixed by such notification for that class of employees in that employment. Section 13 of the act deals with fixing hours for normal working days and Section 14 of the act deals with payment of overtime for works on any day in excess of the number of hours constituting a normal working day. Under section 18 of the act, every employer shall maintain such registers and records giving such particulars of employees employed by him, the work performed by them, the wages paid to them, the receipts given by them and such other particulars and in such forms as may be prescribed. According to section 22A, any employer who contravenes any provision of this act or of any rule or order made there under shall be liable to penalty including fine and imprisonment.

The payment of Wages Act, 1936 is applicable to Hospitals. The objective of this Act is to ensure regular and prompt payment of wages to prevent exploitation of

employees by arbitrary fines and deduction from wages. According to section 5 of this Act if the number of persons employed in the establishment is less than one thousand, wage should be paid before the expiry of the seventh day after the last day of wage period.

The Employees State Insurance (ESI) Act, 1948 provide for certain benefits to employees in case of sickness, maternity and injury sustained in course of work and to make provision for certain other matters in relation thereto. According to section 38 of the Act, all employees in the Establishment shall be insured. Under section 39 of this Act, the contribution payable in respect of an employee shall comprise contribution payable by the employer and contribution payable by the employee. Section 39(5) of the Act state that where the employer fails to make contribution except on account of circumstances beyond his control, he shall be liable to pay simple interest at the rate of 12 percent per annum or at such higher rate as may be specified in the regulation calculated till the date of payment. In broad perspective, ESI Act, 1948 is a social legislation since it has the provision of paying payment in case of sickness of employees; to women in case of pregnancy, miscarriage, confinement or premature death of child, to those suffering from disablement as a result of employment injury sustained as an employee; payments to dependents of injured person who dies as a result of an employment injury and payment to the eldest surviving member of a family of an injured person who has died, towards the expenditure on the funeral of the deceased insured.

The Employee's Provident Fund and Miscellaneous Provision Act, 1952 is applicable to Hospitals. By this Act, the principal duty is laid upon the employer to put the provident fund into operation by making contribution from the employer and also to deduct the employee's share of contribution from their wages. Every establishment employing twenty or more person is required to follow strictly the provision of this act.

The Maternity benefit Act, 1961 is aimed at regulating the employment of woman in Establishments for certain period before and after child birth and to provide

for maternity benefit and certain other benefits. Right to payment of maternity benefit entitles a women employee to 90 days of paid leave on delivery or on miscarriage.

Payment of Gratuity Act, 1972 which is a benevolent and social piece of legislation is applicable to all Establishments where 10 or more persons are employed. As per provision of this Act, Gratuity shall be payable to an employee on the termination of his or her employment after rendering continuous service for not less than 5 years on his superannuation; or on his retirement or resignation or on his death or disablement due to accident or disease.

Equal Remuneration Act, 1976 provides for the payment of equal remuneration to men and women workers and for the prevention of discrimination against woman in the matter of employment on the ground of sex and for matters connected therewith or incidental thereto.

2.4.2 The Assam Health Establishment Act 1992 and Rules 1995, the Assam Health Establishment Amendment Act, 2003 and 2006.

The preamble of this act says that this Act is an instrument in the hand of Government to regulate the Health Establishments to provide better provision with respect to medical health care of the people through these Establishments and for matters connected therewith or incidental thereto. According to section 3 of this Act no person shall establish or maintain a Health Establishment without being registered in respect thereof and except under and in accordance with terms of a license granted therefore. The authority to grant license to a Health Establishment lies with the State Health Authority wherein a Registrar is appointed by the Government to act as Secretary to the Health Authority. Section 10 of the Act describes the terms and conditions for granting license to Health Establishments. According to section 10e (i), the Health Establishment shall have its own special Doctors for respective disciplines recognized by Medical Council of India. According to section 10(ii) the Health Establishment shall have Clinical Laboratory with requisite infrastructure for necessary laboratory examination for diagnostic & treatment of different ailments. Section 10(iv) speaks for establishing and maintaining a Clinical Laboratory for

carrying out biological, pathological and biochemical test for diagnostic purposes, at least one full time Pathologist with required number of Laboratory Technician and required staff shall be appointed having required qualification like degree/diploma from the Government recognized institute. The Assam Health Establishment Act 1993 & Rules states that all Health Establishments should have adequate provision for concession or rebate or free treatment to the economically weak patients as well as for patients of the families belonging to the Below Poverty Line (BPL) of the society.

In accordance with Section 7, Inspecting Officer shall submit his report after inspection or enquiry if any within fifteen days from the date of completion of inspection or enquiry conducted. According to Section 8 of this act, every Health Establishment shall maintain an inspection book where the inspector shall note down his impression of inspection or any suggestion for the management of the Health Establishment, if any, after each inspection.

Section 9 describes the duties of Inspecting Officer and their power of entry for inspection of Health Establishments at least twice a year to have access of all records and registers maintained by all the sections of the Health establishment under visit.

Under the provision of section 10 (vii) the Health establishments are required to prescribe duty hours for Doctors and other Para-Medics to be displayed at conspicuous place of the Health Establishment. The license shall clearly state names of departments for which the permission has been granted in respect of a particular Health Establishment.

Section 12 of the Act mentions the conditions under which cancellation of registration & license can be resorted to by the Health Authority.

According to Section 14 of the Assam Health Establishment Rules, 1995 the District Magistrate or such officer as authorized by him and Sub Divisional Magistrate and the Joint Director of Health Services of the District shall be

Inspecting Officers within their respective jurisdiction and shall be competent to take any action as authorized under the provision of this Act.

The Assam Health Establishment Act 1993 & Rules 1995, mention in detail the conditions under which licenses shall be granted to Health Establishment. As per clause 7 of the condition of service, all records and registers to be maintained by Health establishments with full details. Registry showing details of line of treatment are to be kept properly. Names, Qualifications, experiences with date of appointment of the attending Specialists or Medical Officers and other Technical Manpower are to be kept in record. According to section 12 Health Establishment has to maintain Central Drug Store; Diet section, Equipment & Linen Stores. According to section 13 Display of charts showing different charges, chargeable under different captions are compulsory.

2.4.3 The Assam Public Health Act, 2010

Section 3 (c) of Assam Public Health Act.2010 states that it is obligatory on the part of Health and Family Welfare (H& FW) Department to lay down specific standards and norms for safety and quality assurance of all aspects of health care providers within the Government, private and other non-government sector.

According to section 17(i) (c) of the Act, every Public or Private Health Establishment which provide health care or any health services and every other relevant agency must establish and maintain a health information system as a part of the National Health Information System (NHIS) envisaged therein. According to Section 17(i) (d) all the data in the form it is collected as well as after analysis through the health information system, in disaggregated as well as aggregated forms must be fully accessible to all members of the general public and the government must also take proactive measures to publish and disseminate it to people so as to enhance their effective participation on the health related decision. Section 17(b) of the Act makes it mandatory for every health care establishment and institution, public or private, to have its medical records audited. 17(d) of the Act makes it a mandatory requirement

for all health care institutions and establishments to prominently display information regarding the Indian Public Health Standards (IPHS) in various respects; the charter of citizens grants received by the institution; medicine and vaccine in stock; services provided to the user, user charges to be paid as envisaged in the RTI Act and the monitoring of performance of the institutions and establishments on such parameter.

2.4.4 The Clinical Establishments (Registration and Regulation) Act, 2010 and Rules, 2012

The clinical Establishment (Registration and Regulation) Act, 2010 has been enacted by the central government to provide for registration and regulation of all Clinical Establishments in the country with a view to prescribing the minimum standards of facilities and services provided by them. The Act has taken effect in four states of our country and all union territories except National capital territory of Delhi since 1st March, 2012 after Gazette of India notification. The states of U.P., Uttarkhand, Rajasthan, Bihar and Jharkhand have adopted the Act under clause (1) of article 252 of the constitution. This Act is applicable to all kinds of Clinical Establishments from the public and private sectors, of all recognized system of medicine including single doctor clinic.

Rule 3 (1) and (2) of the Clinical Establishments (Central Government) Rules, 2012 deals with the appointment of the secretary of the National Council and his responsibilities. Rule 4 (1) deals with classification and categorization of the Clinical Establishments of recognized system of medicine. 4 (2) and 4(3) deal with sub-committees of National council. Rule 8(1) deal with District Registering Authority to be established by way of notification by the state Government. Rule 8 (3) deals with the powers of the District Health Officer or Chief Medical officer (CMO) for the purpose of provisional registration of Clinical Establishments. Rule 9 deals with condition to be fulfilled by Clinical Establishments for registration and continuation thereafter.

2.4.5 *The Indian Medical council Act, 1956*

According to section 17 of the Act Medical Officers appointed by the council as visitors are empowered to inspect Teaching Hospitals where medical education is given.

2.4.6 *The Indian Medicine Central Council Act, 1970*

Section 19 (1) of chapter III of the Indian Medicine Central Council Act empowers the Central Council of Indian Medicine to appoint such number of Medical Inspectors as it may deem requisite to inspect any Medical College, Hospital or other institution where education in Indian medicine is given. Thus, in accordance with provisions of this section, Medical Inspectors appointed by the Central Council of Indian Medicine can visit Teaching Hospitals attached to Ayurvedic Colleges.

Section 36 of the Indian Medicine Central council Act, 1970 empowers the central council to make regulations pertaining to the standards of staff, equipment, accommodation, training and other facilities for education in Indian Medicine. Under the same section, the central council is empowered to make regulations pertaining to the standard of professional conduct and etiquette and code of ethics to be observed by practitioners of Indian Medicine.

2.4.7 *The Homoeopathy central council Act, 1973*

The Homoeopathy Central Council Act, 1973 was enacted for the constitution of the Central Council of Homoeopathy and to regulate the standards of medical education and practice in Homoeopathy.

Section 7(c) of the Homoeopathy Central Council Act empowers Homoeopathic Central Council to make recommendation to the central Government in respect of facilities in respect of Staff, Equipment, Accommodation, Training, Hospital and other facilities to ensure proper functioning of the medical education or conducting the new course of study or training.

Section 7 (f) empowers the Homoeopathy Council to make recommendation to the Central Government regarding the requirement of Manpower in the field of practice of Homoeopathic Medicine in the medical institution.

2.5 Gap in Research

Although many authors have highlighted the theoretical aspects of hospital administration and Human Resource Management in Hospitals, yet survey of related literature available so far reveals that Hospital Administration in India from the perspective of Human Resource Management and organizational structure has not been taken as a subject of research. The research work undertaken in Andhra Pradesh was confined only to comparison of administration of Government Hospitals with corporate Hospitals of Hyderabad without examining if Administration and Human Resource Management is affected in any way by the organizational structure that different types of Hospitals possess. Moreover the aspects of Government control over Hospitals and effectiveness of regulatory Acts prevalent in our country has not been made a subject of research so far. Available literature survey reflects inadequate research work in North East India with focus on the importance of Human Resource Department in Hospitals. So far as Assam is concerned, Hospital Administration has not been a preferred subject for researchers.