

Public Health Program Planning And Evaluation: A Management Approach

Dr. Diwakar¹

¹Assistant Professor, Department of Management, Kalinga University, Raipur, India. Email: ku.diwakar@kalingauniversity.ac.in ORCID:0009-0004-3450-0406

KEYWORDS

Health, Healthcare
Centres, Hospital
management

ABSTRACT

Since the health care sector is essentially a human services organisation, any hospital setup must have administration with a high degree of personal touch. Maximum efficiency in hospitals can only be attained when all hospital employees collaborate diligently and participate in management. All health professionals must be appropriately motivated in order to harness their intellectual and practical resources for the organization's advantage and to ensure that everyone benefits from the organization's work. Although money is the greatest motivator, it is not the only one. Serious elements like job satisfaction, accomplishment orientation, recognition, acceptance, etc. are needed to motivate people who have already reached their basic psychological needs. These are only possible if management fosters a friendly environment of respect for one another and acknowledges each employee for the high calibre of their work.

1. Introduction

Building a nation depends heavily on the state of human health. A country's future is shaped more by the calibre of its human resources than by their quantity, which is decided by the quality of its healthcare system. Numerous geographic characteristics that affect public health also affect the country's ability to produce. Given this, geographers have long been interested in studying the relationship between the environment and patterns of sickness and death [1]. Thus, for appropriate health care, knowledge of the current state of health is crucial. All communities have different views regarding health as influenced by their intrinsic culture, and as such the concept of health has evolved with time. The ancient Indians and Greeks equated health with harmony and considered disease to disturbances in bodily equilibrium or “humors” [12]. The twin themes of health and disease have fascinated the scholars of different disciplines leading to the evolvement of various concepts based upon their diverse patterns of thought. Traditionally, the medical professionals in their biomedical concept view health as “absence of disease” and disease as a biological malfunction or abnormality where the human body is treated as a machine and the breakdown of the machine leading to occurrence of diseases [3].

A group's or individual's independence from disease and capacity to reach their full potential are conferred by good health. Therefore, the ideal way to conceptualise health is as the essential foundation for determining an individual's feeling of wellbeing. Because greater health frees up more time for productive or income-generating activities, good health plays a role in the production of consumable services. Thus, the provision of health care to all citizens is crucial to a nation's overall economic growth. It is important to distinguish between health and health care, with the former being considered as a direct result of the latter. Health care includes all aspects of prophylactic care in addition to medical care. Compared to developed nations, India has extremely low out-of-pocket expenses, which significantly lowers the cost of paying for medical care. A strong political economy, progress made in reducing inequality, providing health care to the impoverished, creating gainful and high-quality jobs (which help people take personal responsibility for their health and can be paid for with their earnings),

public information and development communication, and individual lifestyle modifications can all improve health care. [14].

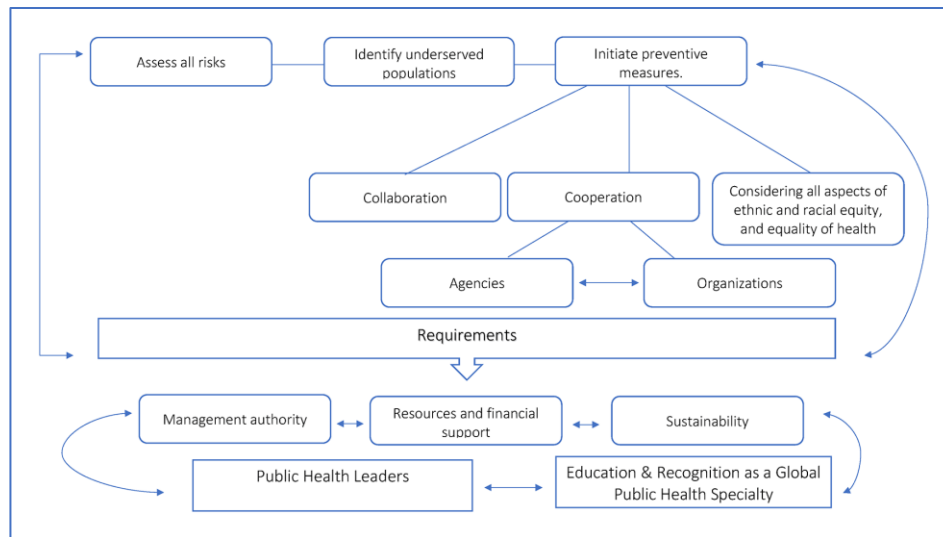


Figure 1: Work place of health model

Other ideas have emerged as a result of this limited perspective on health and illness, mostly from ecologists and social scientists who emphasise not only physiological factors but also environmental, social, political, and economic factors that affect an individual's health. The primary goals of this research are

- To study the trend of occurrence of the various diseases in the study area;
- To examine the role of physical environment in the occurrence of the diseases in the study area;
- To evolve possible strategies for improvement in health management practices.

2. Literature Review

In terms of employment and revenue, the healthcare sector has emerged as one of the most significant in the Indian economy. Since 2016, it has expanded at a compound annual growth rate (CAGR) of 22%, directly employing 4.7 million people. Between 2017 and 22, the industry could generate 2.7 million new jobs in India, or more than 500,000 new jobs annually. The COVID-19 pandemic has presented India with challenges as well as opportunities for growth [2][4][11][13]. Due to the crisis, there is an abundance of Indian start-ups in the market. Many of these companies have risen to the challenge and hastened the creation of rapid, scalable, and affordable solutions. In addition, the country's home healthcare industry and telemedicine are expanding at a faster rate due to the epidemic. With an estimated value of US 2.8 trillion, it is one of the industries that generates the most money globally. The healthcare sector in India has grown to be one of the most significant service sectors in the nation, employing four million people and contributing 5% of the GDP. Over the preceding four years, the industry has risen at a rate of 12%, according to the Investment Commission of India. The business is expected to employ around 2.5 million people and contribute between 6 and 7% of India's GDP, according to CII forecasts. [5].

India has made considerable progress in economic metrics like GDP, but the Human Development Index (HDI) ranking has not yet improved for the nation. India has dropped two spots from the previous year to reach the Medium Development Nations, ranking 131st out of 189 countries, according to the UN India Human Development Report. (2020 The Economic Times). Concerns about the safety and quality of the health care system remain paramount in many countries as evidence of discrepancies between recommended and actual practices grows. The USAID Health Care Improvement Project (2008) revealed that the vast majority of people on the planet receive extremely subpar medical care that does not adhere to evidence-based guidelines. Numerous types of problems with health care quality

have been recognised, such as a lack of variety in services and improper, excessive, and underutilised usage of them. Research indicates that hospitals experience significant avoidable patient injury, which raises the possibility of worse results and higher costs. Patient safety must be given top priority in the related service sector because hospitals are associated with human life [6]. Therefore, this kind of research will help identify the problems and help hospitals become more proactive in addressing these concerns. According to the researchers' findings, quality management strategies are crucial and might significantly improve the effectiveness of healthcare systems, especially when paired with aspects of service quality. According to the research, hospitals that want to see improvement and advancement in all facets of management should implement Quality Management because it is a comprehensive strategy. Techniques for total quality management have the potential to raise a number of an organization's performance metrics. Because they provide substantial performance advantages, all Quality Management procedures should be appropriately handled in any hospital, but especially in multispecialty institutions. [7].

3. Methodology

Schedules for structured interviews were employed to gather information from the administrative staff, doctors and PTM employees (Appendix III contains the interview schedule). The interview schedule asked on a number of topics, from employee perceptions of participatory management to real participative management procedures at the hospitals and human resource management practices. The study developed the theoretical framework of hospital administration by the use of secondary data. These details came from both public and private hospitals' unpublished records. Unofficial means had to be employed in order to protect confidential information about human resource management. Additionally, secondary data were gathered from other research facilities and libraries around the nation [8].

Table 1: Participants profile

		Frequency	Percentage
Gender			
	Male	84	49
	Female	99	51
Education	Pursuing Bachelor's degree	139	76%
	Master's degree or higher	44	24%
Family Income	2000- 10,000	180	98.36
	10,000- 25,000	2	1.10
	25,000- 40,000	1	0.54
	More than 40,000	0	0
Age	51-60 years	44	24
	46-50 years	139	76
	17-25 years	0	0
	20-30 years	0	0
Occupation	Teachers	139	76
	Doctors	44	24
	Non-Teaching Staff	0	

	Faculty Members	0	
	government or private sector	139	76
	self-employed	44	24
	Owner	0	

Statistical Analysis

Every piece of data that was gathered for the study was carefully examined and tallied. SPSS was utilised to modify and analyse them on a computer. A summary model specifically designed for this study has been developed to explain how management strategy accounts for differences in patients' service quality, or the percentage change of the independent variable in the dependent variable [9]. The usefulness of the model has been demonstrated using the F-test. ANOVA is used in this study to handle the many comparisons that have been made. This test attempts to address some of the problems that come up when evaluating the parameters of multiple populations at once by doing hypothesis tests on two components at once. [10]

Table 2: Difference In Strategies Across Various Types of Hospitals (Private, Public, Private Clinic and Others)

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
1.Organizational Opportunity and Design	Between Groups	17.649	3	5.883	37.447	.000
	Within Groups	63.625	405	.157		
	Total	81.273	408			
2.Standardization Operating Procedures	Between Groups	10.365	3	3.455	24.945	.000
	Within Groups	56.096	405	.139		
	Total	66.461	408			
3.Employees Welfare and Benefits	Between Groups	82.785	3	27.595	51.007	.000
	Within Groups	219.105	405	.541		
	Total	301.890	408			
4. Strategiesrelatedto Resources Management	Between Groups	12.632	3	4.211	10.550	.000
	Within Groups	161.633	405	.399		
	Total	174.265	408			
5. Strategies related In/Out- Country Training	Between Groups	43.055	3	14.352	10.916	.000
	Within Groups	532.466	405	1.315		
	Total	575.521	408			
6. Standard Administrative Strategy	Between Groups	11.508	3	3.836	11.267	.000
	Within Groups	137.890	405	.340		
	Total	149.399	408			
7. Community Management	Between Groups	25.251	3	8.417	9.491	.000
	Within Groups	359.150	405	.887		
	Total	384.401	408			

The survey's findings indicate that private hospitals have an extremely low union prevalence. A truly representative, responsible union is one of the best ways for employees to participate in management functions and influence decisions made by the management; the absence of such a union is a major signal of low or nonexistent employee participation in management in private hospitals. The difficulties of creating an effective unified union or organisation because hospital staff members come from various cadres, classes, and professions is another issue that has to be brought up.

4. Conclusion and future scope

Multispecialty hospitals in India are growing faster than the rest of the world. The current study concluded that multispecialty hospitals' adherence to conventional quality management standards has led to increased patient satisfaction. In order to keep patients satisfied and coming back, the hospital considers all five of the service quality factors to be important. Most people think that ineffective management is the main cause of health care facilities' failure. Consequently, further research is required to fully understand the nuances and facets of HRM generally, particularly the idea of participatory management. The investigator would like to recommend the following topics for more study.

Reference

- [1] Rathore, Yogesh, Upasana Sinha, Jaysing Pandurang Haladkar, Nilesh R. Mate, Supriya Ashok Bhosale, and Santoshkumar Vaman Chobe. "Optimizing Patient Flow and Resource Allocation in Hospitals using AI." In *2023 International Conference on Artificial Intelligence for Innovations in Healthcare Industries (ICAIIHI)*, vol. 1, pp. 1-6. IEEE, 2023.
- [2] Choudhary, A., Choudhary, G., Pareek, K., Kunndra, C., Luthra, J., & Dragoni, N. (2022). Emerging Cyber Security Challenges after COVID Pandemic: A Survey. *Journal of Internet Services and Information Security*, 12(2), 21-50.
- [3] Bera, Sasadhar, Pradeep Kumar, and Subhajit Bhattacharya. "A study on how to achieve flexibility in healthcare process: a simulation-based approach." *International Journal of Productivity and Performance Management* 72, no. 8 (2023): 2292-2316.
- [4] Kutlu, Y., & Camgözlü, Y. (2021). Detection of coronavirus disease (COVID-19) from X-ray images using deep convolutional neural networks. *Natural and Engineering Sciences*, 6(1), 60-74.
- [5] Munavalli, Jyoti R., Shyam Vasudeva Rao, Aravind Srinivasan, and Frits Van Merode. "Dynamic layout design optimization to improve patient flow in outpatient clinics using genetic algorithms." *Algorithms* 15, no. 3 (2022): 85.
- [6] Roy, Sudipendra Nath, Bhavin J. Shah, and Hasamukh Gajjar. "Application of simulation in healthcare service operations: A review and research agenda." *ACM Transactions on Modeling and Computer Simulation (TOMACS)* 31, no. 1 (2020): 1-23.
- [7] KAMBOMBO, Mtonga. "Optimized patient flow process-A case of outpatient and surgical departments in Sub-Saharan Africa healthcare systems." PhD diss., University of Rwanda (College of science and Technology), 2022.
- [8] Dai, Tinglong, and Sridhar Tayur. "OM forum—Healthcare operations management: A snapshot of emerging research." *Manufacturing & service operations management* 22, no. 5 (2020): 869-887.
- [9] Uvarajan, K. P., and K. Usha. "Implement A System For Crop Selection And Yield Prediction Using Random Forest Algorithm." *International Journal of communication and computer Technologies* 12.1 (2024): 21-26.
- [10] Yaduvanshi, Deepak, Ashu Sharma, and PrafulVijay More. "Application of queuing theory to optimize waiting-time in hospital operations." *Operations and Supply Chain Management: An International Journal* 12, no. 3 (2019): 165-174.
- [11] Jha, R. K., B. S. Sahay, and P. Charan. "Healthcare operations management: a structured literature review." *Decision* 43, no. 3 (2016): 259-279.
- [12] Clifford Ishola, B., Ojokuku, Y., Akpobasah-Amugen, S., & Eluyemi, O. (2023). Library Services Amidst the COVID-19 Pandemic: Study of Remotely Exploitable Electronic Academic Databases in Selected University Libraries in Nigeria. *Indian Journal of Information Sources and Services*, 13(1), 49–54.
- [13] Persis, D. Jinil, Vijaya Sunder M, V. Raja Sreedharan, and Tarik Saikouk. "Improving patient care at a multi-speciality hospital using lean six sigma." *Production Planning & Control* 33, no. 12 (2022): 1135-1154.
- [14] Ajwad, A.A., Ahmed, A.A., Kamal, M., Jaleel, R.A., & Mahmood, M.B. (2023). Improved Secure IoTs-Based Visual

Computing with Image Processing and Artificial Intelligence Techniques for Accurate Predicting of Novel COVID. *Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications*, 14(1), 1-14.

- [15] Kuppasamy, Vimhala, and Lavanya Gowrishankar. "Performance Evaluation of a M/G/1 Queue Model for Patient Flow in a Health Care System." *Mathematical Modelling of Engineering Problems* 11, no. 4 (2024).