



Evaluate the management and regulatory capacity of district hospital Tumkur

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ARTICLE INFO :

Received : 10.07.2014

Accepted : 22.05.2015

KEY WORDS :

Management, Regulatory capacity, Resources, Men, Materials, Management

HOW TO CITE THIS ARTICLE :

Kumara, N. and Farooquee, Nehal A. (2015). Evaluate the management and regulatory capacity of district hospital Tumkur. *Adv. Res. J. Soc. Sci.*, 6 (1) : 87-90.

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ABSTRACT

A study was conducted in Tumkur District Hospital of Karnataka state to evaluate the Management and Regulatory Capacity to how Resources like men, money, materials are used effectively to achieve goals / objectives. A sample of 100 respondents was selected randomly from Specialists, Ministerial Staff, Staff Nurse, technical / supporting staff and group D staff of 20 each. 87 per cent of staff expressed the good availability of funds (money) and 13 per cent not knowing the fund availability. There is a vacancy of 118 posts (35.65 %) against the 331 sanctioned post and 66 equipments (13 %) out of 508 were not working as a result patients treated reduced to 328 in 2013-14 with a total of 251118 patients against the total patients treated in 2012-13 were 250790.

INTRODUCTION

The term management is a generic term used often by one and all, and plays a very important role in any organization in successor failure over a period of time management has gained importance because of the following reasons (Rao and Narayana, 1983).

- Expectation of the society.
- Growing complexities of business.
- Huge size of business requirement heavy investment.
- Increasing competition in the market.
- Eves changing technology.
- Tough social marketing and sensitive issues like health

Management capacity in its practical sense is the capacity building to enhance efficiency of stakeholders at all level viz., administration, finance, secretaries, executives and management staffs etc., to undertake activities properly across all functional areas, by

- Drafting clear-cut roles and responsibilities of each staff/ members without any ambiguity and overlapping.
- Provisions for specific capacity building (training, workshop etc.) programs for all staffs based on their need and work, general management principles, introduction of new methods and technologies etc.,
- Provision of sensitization programs for attitude change (for better service delivery or output) of

different staffs (Nanda, 2006).

The father of scientific management was Fredric W. Taylor in the year 1878 to 1890 studied workers efficiency and attempted to discover the “one best way” one fastest way to do a job”. He exhorted the drastic changes in technology, the growth of organization, the rise of union and the government concerns and interventions concerning working people resulted in the development of personnel departments.

Improvement in the health status of people requires co-coordinated efforts of the health sector and supportive activities of other sectors such as nutrition, education, housing, water supply and sanitation.

Health and family welfare Department established by government (Central as well as state) which is responsible for formulating policies and implementing health care programme, providing promotive, preventive, curative and rehabilitative services accordingly and includes at least the followings.

- Education concerning prevailing health problems and the methods of preventing and controlling them.
- Promotion of food supply and proper nutrition.
- Adequate supply of safe water and basic sanitation.
- Maternal and child health care and family planning.
- Immunization programme.
- Prevention and control of endemic diseases.
- Appropriate treatment of common diseases and injuries.
- Provision of essential drugs.

Tumkur district is about 70 kms to the west of Bangalore, the capital city of Karnataka, three national highways run through the district connecting many districts of Karnataka to Bangalore.

Tumkur is at 818.51 metres from the sea level has 10596 Sq km land area and it is in the third place in land area of Karnataka state occupying 5.53 per cent of total area consisting of 10 taluks, for the smooth administration district divided into three revenue divisions. According to 2001 census Tumkur district is having a population of 2584711 (rural 2077509, urban 507202) out of which males are 1313801 females are 1270910 with a literacy rate of 76.10 per cent and 56.90 per cent, respectively.

Tumkur district has 10 towns and 2708 villages where 5.50 lakh families resides, out of which 4.41 lakh (80.18%) and 1.09 lakh (19.82%) families resides in rural and urban areas, respectively.

Tumkur District Hospital was started in 30-01-1948 by Mysore kingdom prince Sree Jayachamaraja Odeyar Bhahaddoor. It is a 250 bedded Hospital and in 2001, it is upgraded to 400 bedded hospital with sanctioned posts of 331, out of which 41 are Specialists / Sr specialists, 12 ministerial, 93 Staff nurses, 08 lab technicians, 12 Health Assistants, 48 technical / supporting Staff and 117 group D posts.

The concept of management regulatory capacity in District Hospital Tumkur helps in finding the solutions for, why not achieved objectives. Why do policies fail, why do not programme sustain and effective utilization of resources.

Resources like men, money, materials are to be used effectively to achieve goals, Fail to use resources effectively leads to organization failure and for any successful system following accomplishments here to be there, they are

- Structure
- Function
- Human interests

MATERIAL AND METHODS

The study was carried out in Tumkur District Hospital of Karnataka state in India. The current study was based on both primary and secondary sources of data. The primary data was collected with the help of a survey questionnaire. The population consisted of all the District hospital Departments like Specialists, Ministerial Staff, Staff Nurse, technical / supporting staff and group D staff of 20 each. The final sample consisted of 100 staffs selected randomly from the each Department. The data collected for the study was tabulated, processed and analysed using simple statistical tools like frequency and

Table A : Government health facilities in Tumkur district

Sr. No	Health facilities	Number
1.	District hospital	01
2.	Taluk hospitals	09
3.	Community health centers	04
4.	Primary health centers	131
5.	Urban health centres	02
6.	Sub centers	477
7.	Ayurvedic hospitals	22
8.	Homeopathy hospital	01
9.	Unani hospital	01

Sr. No	Categories of posts	Sanctioned	Working	Vacant
1.	Senior specialists / doctors	41	29	12
2.	Ministerial	12	12	0
3.	Staff nurse/Sr. staff nurse	93	71	22
4.	Lab technicians	8	6	2
5.	Health assistants	12	11	1
6.	Technical/Supporting staff	48	24	24
7.	Group D	117	60	57
	Total	331	213	118

Sr. No.	Departments	Total equipments	Working	Not working
1.	Emergency ward	48	44	4
2.	Maternity care	18	17	1
3.	Major OT	59	51	8
4.	Laboratory	66	64	2
5.	Eye department	18	17	1
6.	ICCU	25	18	7
7.	Radiology	4	3	1
8.	Burns ward	23	23	0
9.	Physiotherapy	13	13	0
10.	OPD	48	26	22
11.	Electric laundry	7	7	0
12.	Haemodialysis ward	18	18	0
13.	NICU	60	60	0
14.	Telemedicine	21	18	3
15.	IPP OT ward	8	7	1
16.	Regional diagnostic lab	51	41	10
17.	Art centre	15	15	0
18.	Geriatric ward	6	0	6
	Total	508	442	66

Sr. No.	Month	2012-2013	2013-2014
1.	April	19107	18561
2.	May	21081	21542
3.	June	20956	23869
4.	July	20888	26831
5.	August	22217	24440
6.	September	21794	23551
7.	October	21959	21905
8.	November	20947	21558
9.	December	21999	3283
10.	January	21183	22978
11.	February	17721	20825
12.	March	20938	21775
	Total	250790	251118

percentage.

OBSERVATIONS AND ANALYSIS

A cursory look at the Table 1 indicates that a majority of Technical / Supporting Staff (50 %) posts were vacant against the sanction posts of 48 followed by Group D Staff (48.71%) posts were vacant against the sanction posts of 117 and only 60 Group D staff (51.29) were working. 29.26 per cent of Specialists, 23.65 per cent of staff nurse posts were vacant. Against the total sanction posts of 331, only 213 staff were working and 35.65 per cent of posts were vacant.

It is evident from Table 2 that out of 508 equipments only 442 equipments were working and 66 equipments (13 %) were not working.

It is implied from Table 3 that the patients treated reduced to 328 in 2013-14 with a total of 251118 patients against the total patients treated in 2012-13 were 250790 as a result of and 35.65 per cent of vacant posts and 13 per cent the equipments were not working even though funds / money availability is good.

Conclusion :

From the findings it can be concluded that even

though good availability of funds / money were there resources like Human and equipments shortfall resulted in failure to achieve the objectives / goals. Patients treated reduced to 328 in 2013-14 with a total of 251118 patients against the total patients treated in 2012-13 were 250790 due to 35.65 per cent of vacant posts and 13 per cent of the equipments not in working conditions.

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