
UNIT 3 ROLE OF HOSPITALS

Structure

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Evolution of Role of Hospitals
- 3.3 Functions of Hospitals
 - 3.3.1 To Take Care of Sick and Injured
 - 3.3.2 To Take Preventive Care and Health Promotion of Community
 - 3.3.3 Surveillance Centre
 - 3.3.4 Continuing Care of Patients
 - 3.3.5 Rehabilitation
 - 3.3.6 Education and Training of Staff
 - 3.3.7 Research
- 3.4 Role of Hospitals and Peculiarities
- 3.5 Hospital as a System
- 3.6 Hospital as Community Institution
- 3.7 Changing Role of Hospitals
- 3.8 Challenges and Strategies
 - 3.8.1 The Problem
 - 3.8.2 Land Marks of Efficiency of Hospital
- 3.9 Let Us Sum Up
- 3.10 Further Readings

3.0 OBJECTIVES

After studying this unit, you will be able to:

- enumerate the various functions of hospitals;
- discuss role and peculiarities of hospitals and also challenging role to keep pace with rapid updation of technology and science;
- describe challenges hospital has to face; and
- deal with problems and select strategy for optimum functioning.

3.1 INTRODUCTION

This unit aims to familiarise you with the role and functions of hospitals within the community and futuristic challenges and changing role of Hospitals.

In the previous units of this block you have studied the process of evolution of hospitals, their classification, how hospitals are organised and functions as a system. In this unit you will learn about the role and functions of hospitals and how a hospital is related to the community it serves. You will also learn the peculiarities of hospitals which dictate the management needs, and the problems and challenges required to be handled by hospital administration.

3.2 EVOLUTION OF ROLE OF HOSPITALS

It is mentioned that early Hospitals in India were built by King Asoka (273-232 B.C.). The attendants were ordered to:

- give gentle care to sick
- furnish them with fruits and vegetables

- prepare medicines
- give massage
- keep their own person clean
- maintain confidentiality of patient

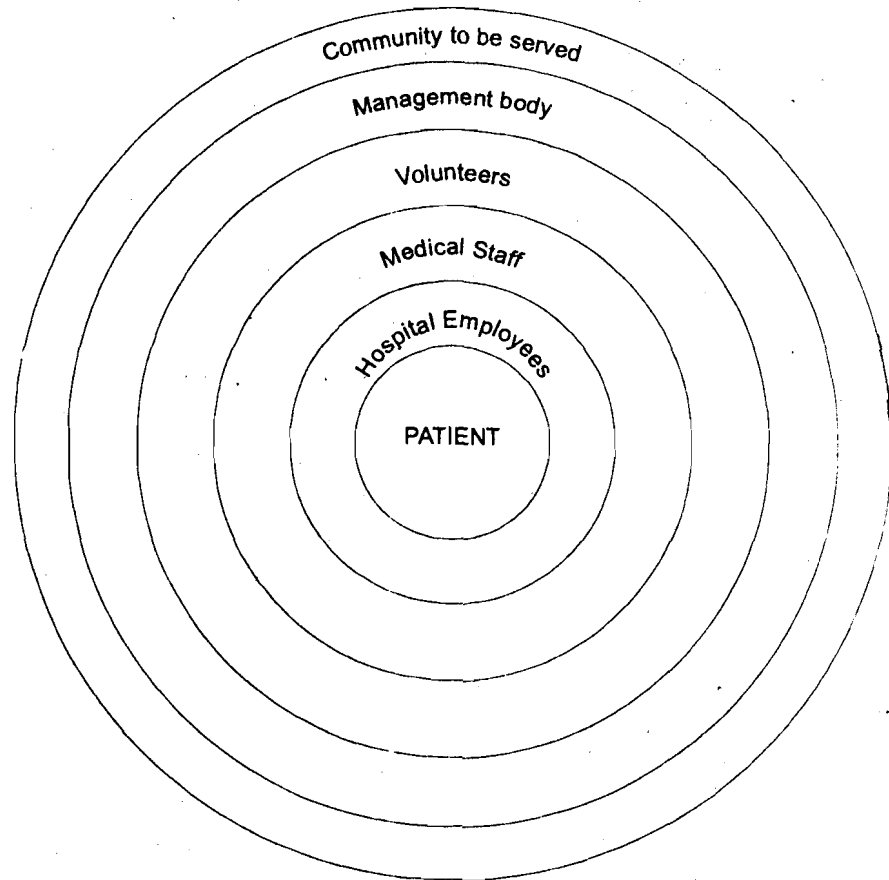
The story of the birth of hospitals is an indication of advancement of civilisation from individual to family and then to community. The word Hospital came from a common route Hospes (Latin) which means a guest and also a host. The hospital originated as a result of sympathy for sick and suffering.

The modern system of medicine was introduced in India in 16th Century. In 1943 Bed population ratio was 1.3 per 1000 and it was decided to increase this ratio up to 5.6 per 1000 in 25 years. Until 1960 there were 12000 Hospitals and 185000 beds in India and Bed Population ratio in 1960 was 0.4 per 1000 population only.

Hospital of today is the evolutionary product of long struggle. It is expression of man's right to be well and it is the formal recognition by the community or social structure of the country of its responsibility for providing the means of keeping him well. You know Health as defined by WHO is "a state of physical, mental and social well being and not merely absence of disease or infirmity". The task of hospital is to restore health of community. Therefore, Hospital is defined as "integral part of social and medical organisation the function of which is to provide complete health care viz. preventive, promotive, curative and rehabilitative and hospital is also a centre for training and research of medical and paramedical staff".

Hospital is also defined as an institution where "for the patient it is a place to receive medical care; to the physician it is a workshop in which he/she practices his profession; to medical or nursing student it is an educational institution.

Patient is at the centre of gravity in entire working of hospital as depicted in the figure.



Hospital is very complex organisation wherein patient is at the centre of gravity of entire operations. Hospitals are focal point of delivery of health care services to entire community irrespective of age, sex, cast, creed or colour. The diversity of staff contributing towards patient care from highly skilled physicians, nurses, technicians, administration and unskilled staff. Hospital has continuous operation (24 hours working) without true off makes it more

complex in nature. Hospitals deal with life and death and surprisingly in many areas of hospital operations there is dual line of authority.

Check Your Progress 1

Fill in the Blanks:

- a) is the centre of gravity in entire working of hospital.
- b) In India in 1960 Bed Population ratio was.....

3.3 FUNCTIONS OF HOSPITALS

You know that hospital has broad responsibility of maintaining and restoring health of community. Therefore, functions of modern hospitals are:

3.3.1 To Take Care of Sick and Injured

To take care of any patient who is sick and injured is most primary function of the hospital. All other functions are subordinate and are recognized as part of the responsibility of the hospital because they contribute indirectly to the care of the sick.

The first requisite to give him proper accommodation in the hospital. Accommodation to the patient can be given according to:

- Physical condition of patient
- Social and financial status
- Availability

You are aware that patient needs to be admitted as per principles of progressive patient care. It means "right patient on right bed with right services around him". In other words patients are given accommodation according to the degree of illness and need. As far as condition of the patient is concerned may be seriously ill whose care has to be taken in Intensive Care Unit, where patient who is critically ill with potentially reversible lesions and who are unable to communicate their needs and who require extensive nursing care and needs constant observation irrespective of age, sex and economical status are admitted. From the second stand point of accommodating patients as per social and economical status hospital has special, semi special rooms and General wards for admission.

- Hospital should provide proper facilities for diagnosis and treatment with supportive services of radio-imaging, laboratory, and logistics.
- To provide efficient medical care through expert doctors, nurses and paramedical staff.
- Hospital needs to provide food services to patients. The diet of patient should be nutritious and have appropriate caloric value as per his disease requirements.

3.3.2 To Take Preventive Care and Health Promotion of Community

Other than the curative services, the hospitals required to play a very important role in hospital promotion and prevention from diseases. As the preventive medicine for many communicable diseases, hospitals are involved in various activities like, immunisation, MCH and family planning activities. Other than these, hospitals can be very effectively utilised for health education activities, as patients and their relatives are in right frame of mind to know more about the disease, which the patient is suffering from. Hence any health education activity imparted will be better accepted and practised.

3.3.3 Surveillance Centre

Hospitals may be the most important surveillance centre for non-communicable diseases other than communicable diseases as in a health care delivery system active surveillance is very minimal for non-communicable diseases.

Also O.P.D. of the hospitals can play a very crucial role in early detection of some disease out-breaks along with its geographical situation and population at risk.

3.3.4 Continuing Care of Patients

Patients are taken care after surgery till he is completely cured. It is done as a follow up measure and rehabilitation programme. There are certain diseases which are chronic in nature and need continuous follow up advise on repeated schedule of drugs, physiotherapy, and personalised care.

3.3.5 Rehabilitation

Hospitals can play a very important role in rehabilitation of the patients particularly who had some physical deformities. This is done through the development of physiotherapy unit and occupation therapy unit.

3.3.6 Education and Training of Staff

Hospital has to organise training programmes for various cadres like doctors — for their clinical/non-clinical subjects, for nurses, for paramedical (technicians) like x-ray technicians, ECG technicians and also for unskilled workers for cleanliness, maintenance, sterilization etc. other than the basic training courses for medical and nursing staff.

3.3.7 Research

In hospital research is carried out on early diagnosis, treatment of patients. Research is carried out in relation by physical, psychological and social aspects of health and disease and also in technical and administrative aspect of hospital practices.

Check Your Progress 2

Which of the following is True/False?

- Hospitals are not supposed to render preventive and promotive services. (T/F)
- Research is one of the very important function of hospitals. (T/F)
- Hospitals can be utilised as a very useful surveillance centre. (T/F)
- Hospitals should not be used as a training centre for medical and para medical staff. (T/F)

3.4 ROLE OF HOSPITALS AND PECULIARITIES

Purpose

The purpose of Hospital Administration is provisioning of good patient care with efficiency and economy, within the resources available.

The Special Needs or the Peculiarity of a Hospital

The hospital as social institution facilitates interaction of a wide spectrum of the society from varied cultural and socio-economic stratum. The hospital is a media, through which the scientific technological innovation of Medical Sciences are put into operation and practised for healthful living of the community.

The peculiarities of a hospital as an organisation are:

- The product of the hospital is 'service' which cannot be qualified in any economic terms and no objective criteria can be laid down to evaluate the standard of services.
- The service in the hospital is always personalised, professional and directly rendered by the medical, nursing and other specialised personnel according to the needs and requirement of each case or client. As such the hospital service cannot be mechanised, standardized or pre-planned to meet the specific need. The hospital service is a term work rather than an individual service.
- The hospital service is normally emergent in nature and no two situations are similar needing the same treatment. So the Hospital Administration cannot always be

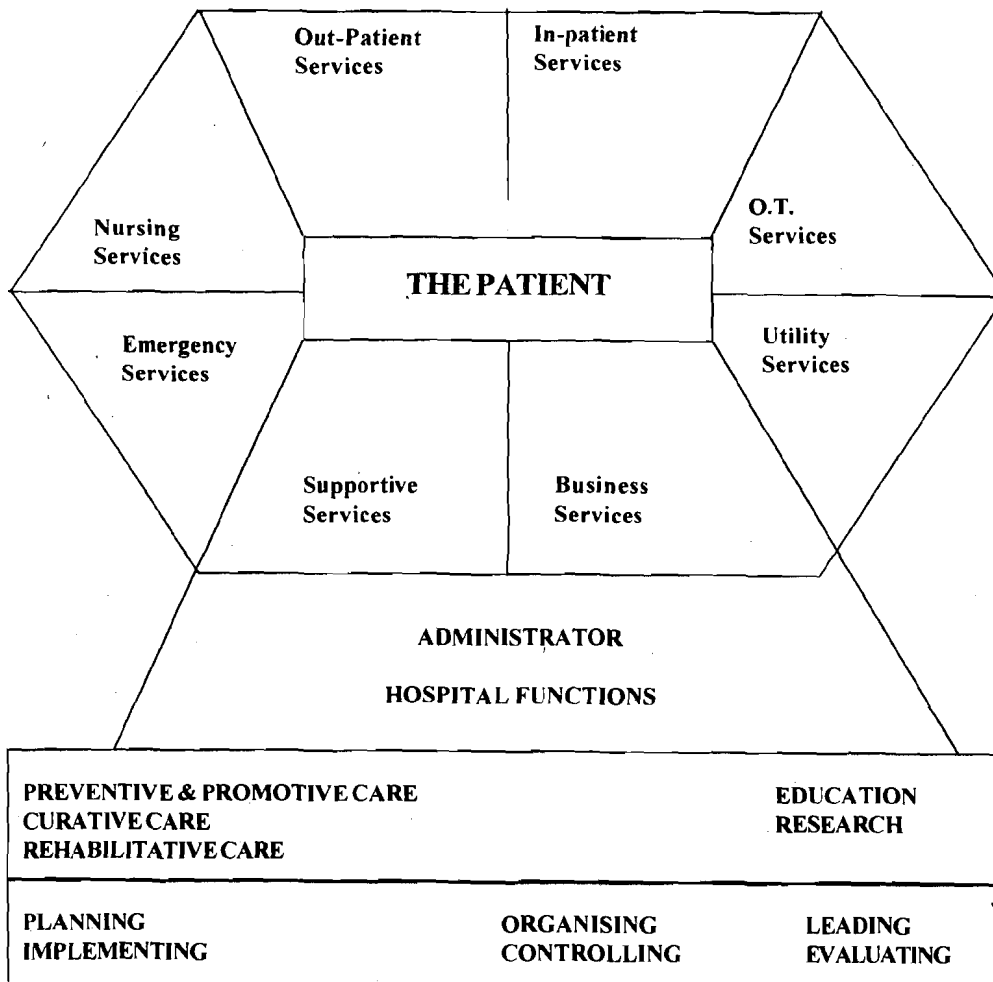
preplanned in micro level implementation, with straight jacket formula. It is more often in management by crisis than management by objective.

- d) The wide spectrum of people involved in the hospital activity ranges from the highly skilled professional to the man who may not have visited a school. Therefore, the management of this varied group of people calls for a balanced psychosocial approach.
- e) The dual control by way of professional authority and the executive authority in the Hospital invariably leads to management conflict which is a peculiar situation every hospital administrator has to face in the day to day operation.
- f) Of late the hospital being treated as industry for profit as well for maximization of the output with minimal input has led to application of management tools and techniques for its administration.

In view of this peculiar nature the hospital administration is a multidisciplinary approach. It is an art of application of the principles of public administration, behavioural science and the modern management skill, in the milieu of scientific medicine to subserve the objectives of the hospitals.

Public Administration	For General Administration
Behavioural Science	Community and the people in the hospital
Management Science	Methodological improvement
Clinical Medicine and Community Health and Epidemiology	Hospital infection specialised service
Biostatistics	Planning and Forecasting

Patient Centered Activities and Services Offered by the Hospital



3.5 HOSPITAL AS A SYSTEM

From a management point of view the Hospital can be treated as an organised whole and termed as an open system. This hospital system can be grouped into four distinct sub-systems:

- a) Clinical and Nursing Service — Primary Services
- b) Supportive Services
- c) General Administration and Business Services
- d) Utility Services

Clinical and Nursing Services	Supportive Services	General Administration Including Business and Utility Services
1) Out-patient services	1) Radiological services	1) Personnel Management
2) In-patient services	2) Laboratory Services	2) Financial Management
3) Emergency and casualty Services	3) Central Sterile Supply Services	3) House Keeping
4) Operation Theatre	4) Laundry Services	4) Material Management
	5) Blood Bank Services	5) Dietary Services
	6) Mortuary Services	6) Hospital Engineering Services
	7) Rehabilitation Services (Physical Medicine)	7) Transport
	8) Medical Records	8) Public Relations
	9) Medical Social Worker	9) Communications
	10) Pharmacy Services	10) Fire and Security

Thus, to sum up the hospital administration for the patient care services has become complex and multidimensional. It consists of coordinated activities provided by a variety of categories of health personnel, utilising a variety of precision equipment and skill and is spread over a large physical area of activity.

The Hospital Administration is responsible for synthesis of 'whole' organisation consisting of a wide skill of men and variety of materials into a functionally effective machine. The product of this machine is the 'service' or the 'medical care' provided by a hospital. This product is intangible and dependent on so many people acting individually and collectively and does not lend itself to easily definable standards or to simple units of measurement. No such ready indices are available, which can be universally applied to measure directly the quality of hospital care.

Check Your Progress 3

Which of the following is True/False?

- a) Product of the Hospital service cannot be quantified in any economic term. (T/F)
- b) Hospital services are usually of routine in nature. (T/F)
- c) Wide spectrum of people involved in hospital activity ranges. (T/F)
- d) Dual control by way of professional authority and executive authority in hospital makes management easier. (T/F)

3.6 HOSPITAL AS COMMUNITY INSTITUTION

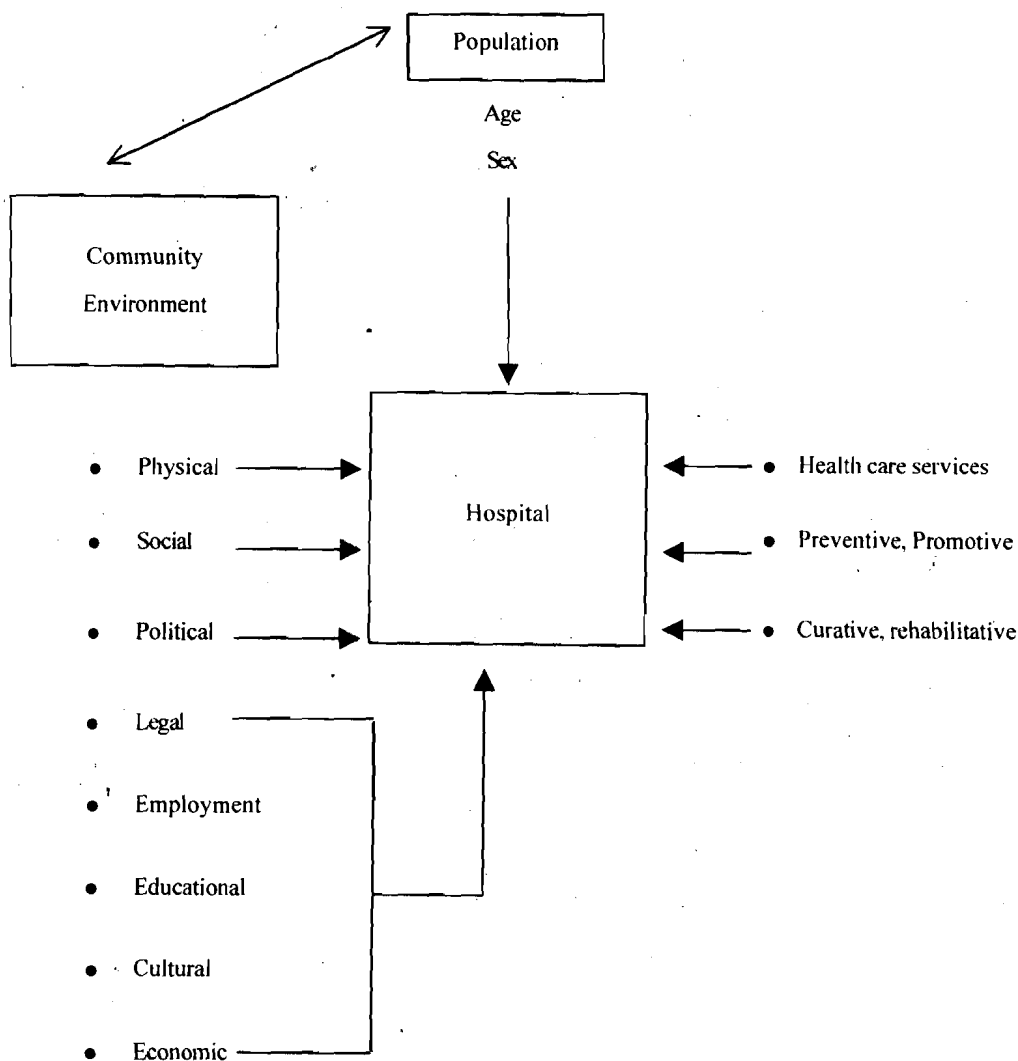
You know that a major part of health care facilities are delivered through hospitals. With changing era modern technology is also changing at a fast speed. Hospitals are delivering comprehensive health care i.e. Preventive, Promotive, Curative, Rehabilitative, Services to patient along with bio-medical research. Also education and training to various category of staff e.g. medical students, nursing, paramedical etc. Nowadays hospitals are not functioning in isolation but changing as community Institution. It is seen that participation of community for O.P.D. indoor treatment, immunization, preventive health check ups, early detection of diseases, rehabilitative programmes is ever increasing. In many places hospitals are built within a defined geographical area but do not belong to or catering local population of that area. Many a times community is not consulted hence they become foreign bodies. Facilities not meeting priority needs may lead to under utilisation of hospital. You are aware that large hospitals are overcrowded with minor or desperate cases and Rural Health Posts are bypassed.

In such cases Hospitals cannot operate because:

- Lack of Personnel
- Financial constraints
- Breakdown of Mechanical and Electrical, biomedical equipments
- Lack of Maintenance and repair facilities.

It is found that as the expectations of community is increasing with the development of medical technology, the demand is also increasing rapidly. It is not able to meet increasing demand at the same time maintain quality of patient care as staff becomes overworked and technical services overwhelmed. Reliability of health care facilities is of utmost importance. There must be a proper communication between hospital and socio-economic institutions like public works, industry, community development groups; agriculture etc.

Matrix of Health Environment and Community



Population dynamics and community environment is influencing in working of hospital as community institution.

Check Your Progress 4

- 1) What are the two main reasons for the overcrowding of hospitals.

- 2) Fill in the blanks:
 - a) Local participation of community for optimum utilisation of hospital facilities is.....
 - b) There must be proper communication between hospitals and.....

3.7 CHANGING ROLE OF HOSPITALS

Changing and advancing technology with commitment to professional developments has brought great changes in the organisational structure of the hospitals. To keep pace with the changing environment and purpose, the role assigned to hospital administrator has changed considerably.

Hence, the hospital administrator’s role in the future will include:

- Understanding the health system operating in the country.
- Awareness of the fact that decisions on planning and programming will be taken outside the four walls of the hospital. Types of services to be provided will depend on the community and regional councils.
- Greater involvement of the public and professional experts in the hospital affairs.
- Dealing with conflicting demands of the hospital board staff, clientele, and community.
- Need for practical resilience.

Today the modern hospital administrator has to strike a balance between inside management activities and outside communicator. Maintaining a positive relationship and effective communication with hospitals clinicians is an internal duty. The administrator has to provide feedback to the management board so that they can be assured that the hospital activities are consistent with the hospital mission.

Administrators are always under pressure to keep pace with changing times. They must develop new skills and apply old skills to new situations. The administrator also has a major role in educating the community about hospital matters, this role is particularly important as consumers clamor about rising hospital costs.

The most effective administrators are visionaries. Modern hospital administrators time and activities have changed greatly. Marketing public relations, medical staff relations and strategic planning are some of the key activities in which they are now involved.

Some areas in which hospital effectiveness is being questioned and the influence of administrator in these areas include:

- 1) Costs and financing of operations
- 2) Sharing of power for decision making
- 3) Organisational structure
- 4) Manpower utilisation
- 5) Patient care

Manpower Utilisation

Through job analysis, the skills, jobs and the knowledge required to perform existing tasks can be identified. This can result in a clustering of tasks into related skill and knowledge

activities. Job pathways can then be designed so that changes in output and technology can be handled by re-arranging job structures and selecting appropriate job specifications for assignment of new or different functions.

Patient Care

The responsiveness of hospital employees can be increased by establishment of units in which patient complaints are recorded and chronic offenders identified by confronting employees and their supervisors with written transcripts concerning unresponsiveness, or by confronting them with complainants and their representatives, the administrator may influence the behaviour of the employees. Continued motivation and training of employees will have favourable influence on their role performance.

Costs and Financing Operations

The administrator's influence on cost control is, at least potentially, most importantly exercised in the budgeting process. The administrator has greater influence over expenditures for new programmes and facilities. Substantial cost savings or increased efficiency, however, can probably be realised through real location of existing budgets, and better correlation of budgets to unit performance and not merely to historical cost levels. Performance budgeting assumes some quantifiable output at some given level of quality.

Cost control is seen as a legitimate administrative function by medical staff. As a representative of the organisation as a whole, the administrator is seen a likely mediator between conflicting demands and interests.

Sharing of Power

The problems of the administrator increases with the number of bargaining units and the number of the unions in any one hospital. Negotiating with unions on an inter hospital basis may result in individual hospitals securing the most expert representatives and is not being "whipsawed" by unions.

Organisational Structure

Structure refers to the organisation of tasks or task groups in units, of units in the organisation as a whole. The administrator can influence the development and implementation of formal programme of coordination.

Because of increased specialization, changing technology, and increased expectation of consumers and employees the hospitals require increased coordination and organisational adaptability. The administrator's expertise is that of a integrator structuring the perceptions among producers, and between producers and consumers, so that chain can be effected without destroying organisational integration. The administrator requires authority appropriate to this responsibility.

Check Your Progress 5

- 1) Discuss how hospital role is changing.

.....
.....

- 2) Describe changing role of hospital administrator.

.....
.....
.....
.....
.....
.....
.....
.....

3.8 CHALLENGES AND STRATEGIES

3.8.1 The Problem

Hospital has become a highly scientific and complex medical institution as against age-old concept of a poor house where people left their incurable and dying patients.

Frequently a personal visit to a hospital will produce superficial impression of sick, quality of care, standards of hygiene and decoration, physical relationships of departments and many other things, but it will almost certainly not reveal anything about the hospital as a viable concern, and the way in which it is functioning, whether it is able to give its best to the community it serves by optimum utilisation of its resources.

The community is demanding more and better care at minimum cost in the hospital. A patient will no more tolerate the indifferent and impersonal treatment offered in our hospitals. An outpatient cannot tolerate forever, long waiting in queues for registration, consultation, X-ray, laboratory examination, or for a few tablets in the pharmacy-counter. A patient now not only demands professional care of sufficiently high standards; he also seeks more elaborate comforts and cleaner surroundings. An out-of-order equipment or non-availability of essential drugs and supplies is also resented upon by hospital patients. A trace of rude behaviour on the part of hospital staff may set off a chain of complaints and allegations. This is a challenge from the consumers of medical care.

Again, there are many problems within the hospital connected with management of human and material resources. A hospital social system constitutes a network of interpersonal relationship with varying degree of complexity. There are a great number of variables and any attempt to alter any one of them is likely to start a sort of chain reaction. Orders and policies, no matter how plainly stated, will be subject to interpretation in the light of psychological set of those who transmit them or carry them out, the environment in which they find themselves, and the conflicting pressures which they are subject to. Further, the interaction of the patient with other patients and their relations, as well as with hospital staff gets structured into a network of interpersonal relationship, constituting thereby, the human relation as an important element within the hospital social system. In order to deal with these social and technological forces it is necessary to use sound business judgement, based on knowledge of human behaviour and experience of actual operating systems.

The organisation and management of material resources in a hospital still presents a greater problem. Certain services are generated in all the service areas of hospital through provision of certain facilities in terms of physical facilities, manpower, equipment, furniture, suppliers, such as medicines, food staff, chemicals and so on. It has been common experience that a lot of costly equipment are purchased for use in hospitals without prior assessment of their expected output, availability of technical competence and facilities for maintenance and repair. Utilisation of these facilities in an optimum manner, has been presenting another challenge to the management of hospitals.

All these problems can be attended to well if the administrative machinery is effective. Here again, there are certain drawbacks in our administrative process itself which fails to achieve the ultimate objective. The major concern of administration is with the art of getting things done. A decision which does not result in action is meaningless, and yet, more and more attention in administration today is devoted to the problems and processes of planning and decision making, and less and less attention given to effective follow through. Consequently, those charged with follow through action find themselves unguided, unled and confused, and, therefore, fail to achieve the desired level of results. Thus, the weakness in the administrative structures and systems in a hospital add to the management problems.

In a modern hospital a team of doctors, nursing staff, para-medical personnel, social workers, catering officers, engineers and administrative staff having specialised training in various branches are working together to achieve the final objectives of the total hospital system. Many problems are no longer confined to a single hospital department. A choice of catering system may involve a catering officer, the engineer, the bacteriologist, the work study team and the cost accountant. Therefore, in order to appreciate the dimension of a problem it is necessary to examine, analyse and evaluate the system involved in its totality.

3.8.2 Land Marks of Efficiency of Hospital

The service (output) of a health centre is the outcome of the operation (functioning) of the various facilities of the health centre. 'Efficiency' of medical care applies to the work of the

service as a whole not the end itself but the way the end was achieved. It is rather concerned with the systematic efficiency of various facilities which put together contributes towards "quality of medical care" offered by hospital. "Adequacy" on the other hand, is concerned with the results achieved, in relation to the stated objectives. The outcome of health centre operation, which is service (medical care) can be evaluated in terms of:

- a) The amount of work done — is it optimal, minimal or maximal;
- b) The quality of work performed — how good is the service;
- c) The cost of care of the patient and the cost of hospital operation;
- d) The extent to which the patient is satisfied with the type of attention he had received.

A hospital presents most of the administrative problems of a factory, a hotel, as well as a college and social service. Administration of such a complex organisation is just not an art it has become a science which has to be learnt both by active formal study and experience. With formal training a good doctor can be very good administrator or a doctor. He cannot be both. It is difficult to play dual role. Therefore, knowledge of basic principles and techniques of management can have a tremendous impact upon its practice, clarifying and improving it.

During the recent years there has been a greater emphasis on organisational development, systems and procedures. Underlying this new approach is the idea that the internal functioning organisations must be consistent with the demand of organisation task, technology, people, structure, and the power regulating the course of action. Basically, this approach seems to be leading to the development of a 'contingency' theory of organisation. Management theory and science do not advocate the best way to do things in the light of every situation. Of course internal states and processes of the organisation are contingent upon external requirements and member needs. Therefore, effective management is always contingency or situational management.

Our aim in management of health centre is optimum utilisation of inputs for better output at minimum cost to the maximum satisfaction of consumers of facilities. How can we achieve this? This calls for introduction of "quality management system" in hospital, which includes study of organisational structure, responsibilities, procedures, activities, capabilities and resources that together aim to ensure that products, processes or services will satisfy stated or implied needs of the organisation. This in turn needs development of norms and standards of quality and quantity of medical care services. For planning purposes, it is necessary to establish the following norms:

- a) The requirement of the community for medical care, covering out-patient care, supervision of follow up centres (the number of attendance per person per year), hospital care (the percentage of patients hospitalised).
- b) Norms for attendance for treatment, the percentage of emergency admission, hospitalisation rate per person, number of patients treated per bed in a year.
- c) Productivity norms, such as, the workload per hour of physicians in establishments of various types, the ratio of pathological requests per discharge, the specialist consultation rates, requests for X-ray examinations per patient or out patient and so on.
- d) Norms of requirement of drugs and dressings.

In contrast "standards" are fixed arbitrarily. It covers indices relating to the resources required to meet the needs specified by the norms, i.e. indices relating to the availability of facilities for medical care, such as, standards of staffing, provision of beds and equipment. We may however, develop standards for average length of stay of patients, average bed occupancy, financial standards for various budgetary grants and so on. Therefore, for effective total quality management it is essential to develop norms and standards, an efficient management information system and a system of quality assurance in medical care.

Check Your Progress 6

- 1) Which of the following is True/False?
 - a) Hospitals can sustain economically with updation of technology. (T/F)
 - b) Community is demanding more and better care at minimum cost. (T/F)

- c) Organisation and management of material resources in a hospital is no more a problem. (T/F)
- d) Main aim of Hospital and Health Management is optimum utilisation of inputs for better output at minimum cost to the maximum satisfaction of consumers. (T/F)

3.9 LET US SUM UP

In this unit you have learnt about evolution of various roles of a hospital. You have also learnt about the various functions of hospital. Further you learnt about the changing role of hospital in present day scenario including hospital as a system and as community institution. Towards the end you have learnt about the challenges being faced by the hospitals to keep pace with updation of technology, resource and ever increasing expectations of the community.

3.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- a) Patient
- b) 0.4 beds/1000 population

Check Your Progress 2

- a) True
- b) True
- c) True
- d) False

Check Your Progress 3

- a) True
- b) False
- c) True
- d) False

Check Your Progress 4

- 1) Hospitals are overcrowded with minor cases or cases which are desperate.
- 2) a) Increasing
- b) Socio economic Institutions

Check Your Progress 5

- 1) Changing and advancing technology with commitment to professional developments has brought great changes in the organisational structure of the hospitals.
- 2) ● Understanding the health system operating in the country.
- Awareness of the fact that decisions on planning and programming will be taken outside the four walls of the hospital. Types of services to be provided will depend on the community and regional councils.
- Greater involvement of the public and professional experts in the hospital affairs.
- Dealing with conflicting demands of the hospital board staff, clientele, and community.

- Need for practical resilience.

Check Your Progress 6

- 1) a) False
- b) True
- c) False
- d) True.

3.11 FURTHER READINGS

- Rakish, J. S. (1985), *Managing Health Services Organisations*, U.S.A.
- Srinivasan, S. (1982), *Management Process in Health Care*, New Delhi.
- Thompson, John D. (1977), *Applied Health Services Research*, Canada.

UNIT 4 ROLE OF HOSPITAL ADMINISTRATION

Structure

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Role Towards Patients
 - 4.2.1 Profile of a Hospital Patient
 - 4.2.2 Creation of a Friendly Environment
 - 4.2.3 Patient's Physical Needs
 - 4.2.4 Patient's Emotional Needs
 - 4.2.5 Patient's Clinical Needs
 - 4.2.6 Patient's Satisfaction
 - 4.2.7 Patient Education
- 4.3 Role Towards Organisation
 - 4.3.1 Strategic Planning and Management of the Hospital
 - 4.3.2 Relating the Hospital to the External Environment
 - 4.3.3 Operational Management of the Hospital
 - 4.3.4 Managing Hospital Staff
 - 4.3.5 Managing Hospital Materials
 - 4.3.6 Managing Hospital Finance
 - 4.3.7 Managing Hospital Information
 - 4.3.8 Maintaining Relationship with the Medical Staff
 - 4.3.9 Maintaining Relationship with the Public
 - 4.3.10 Risk Management of the Hospital
 - 4.3.11 Managing Ethics and Code of Conduct
 - 4.3.12 Managing Legal and Statutory Responsibilities
 - 4.3.13 Managing Marketing Responsibilities
 - 4.3.14 Quality Management of the Hospital Services
- 4.4 Role Towards Community
 - 4.4.1 Obtaining Community Participation
 - 4.4.2 Integrating the Hospital with other Health Care Institutions
 - 4.4.3 Supporting Primary Care
 - 4.4.4 Providing Extramural Services
- 4.5 Attributes, Quality and Skills of a Hospital Administrator
- 4.6 Let Us Sum Up
- 4.7 Answers to Check Your Progress

4.0 OBJECTIVES

After going through this unit, you should be able to:

- describe the complexities and ambit of the roles of hospital administrator;
- list the various functions that a hospital administration performs in relation to the community;
- define the role of the hospital administrator that he performs for the hospital;
- explain the responsibilities of a hospital administrator towards the patients; and
- identify the attributes, qualities and skills required for a hospital administrator.

4.1 INTRODUCTION

In the previous units of this block you have learnt about the evolution and classification of the hospitals, hospital organisation and the role of hospitals. In this unit you shall learn about the role of hospital administrator.