Education for Health Administration in India

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This is the second and concluding part of the article by *Mr. H.B. Joshi*. The first part appeared in the June 1985 issue of the Journal.

IT is an admitted fact that in organised sectors like industry, transport and power, the required skills are largely managerial and the administrative system is amenable to considerable rigour. But in the case of community development and especially in health field the various skills required are more complex. The organisational system then has to be conceived in terms of specific structure by way of divisions, branches and other organisational units which would be able to handle the activities involved and provide for the number and type of services to be performed. Experimentations are being performed in various parts of the country to evolve various models of health care delivery system and organisational structure in different social set-ups. In Dr. Mahler's words: "India can serve as a developing world's laboratory. It is because of its pluralism and incredible socio-cultural variety," India, he said, "will be able to give us not one single model but richness of ideas, as how to mobilise communities to take rssponsibility for their own health. How to make move for tomorrow's physician to be more socially attuned to realities than the doctors we produce today."

Dr. J.R. McGibony[1] came to India as a Consultant to the Government of India and was the first to impress upon the physician managers and those incharge of health administration the need for scientific management of health care institutions. According to his observation, "health administration is a virgin territory" to strengthen his own recommendations and because of his academic acumen he developed and prepared brochures as guide material in hospital administration. He also planned a two-year degree programme for the education of health/hospital administrators to be started in the All India Institute of medical Sciences, New Delhi. A blueprint of nationwide seminars for informal education was planned but it remained only on paper. However, in the evening of his stay a seminar was successfully organised in Delhi and this writer had the privilege of participating actively as an administrative resident assgined from Australia.

The greatest gift of Dr. McGibony is the Indian Hospital Association which came out of an Ad-hoc Committee formed at a post-seminar meeting of Medical and other Administrators. I had the responsibility to work as its Secretary and was the founder Secretary of the Indian Hospital Association. The broad objectives of this organisation were to develop educational programmes for different levels of workers and lay norms for the hospital and health care institutions. As a national association I.H.A. was to develop consultancy services with expertise on its executive. But it is a pity that the IHA has not risen to the occasion and has not come to the expectations envisaged in its objectives. IHA has only been instrumental in spreading the informal education through seminars and workshops.

To accelarate India's health administration the F.P. Ad-hoc committee of the Planning Commission prepared a set of proposals, viz., establishment of: (1) National Institute of Health Administration and Education in Delhi; (2) National Institute of Family Welfare; (3) Pilot Projects in Intensive districts discussed earlier.

After a feasibility study and in implementation of the proposals three Consultants[2] under the Ford Fundation were invited to make these two institutions viable. After careful planning the first organised education programme was the four-week workshop for senior medical administrators and bureaucrats from different States. This writer had the privilege of being the convenor of this programme under the auspices of NIHAE. Since then, this Institute is engaged in staff college programmes. The other recommendations of the consultants were: to establish planning and evaluation units at the State level and that NIHAE should prepare these officers by education. Initially, the officers recruited to head these units were practising physicians from senior cadre of states and lacked the basic preparation in health administration (Planning and Evaluation).

These newly created planning and evaluation units also lacked the basic collection of statistical data which was not an integral part of both procedurally and organisationally and the health planning was based upon imperfect data or impressions and imaginations of these officers. Health information system has yet not developed as a part of the sub-system of the total health care system. Without sophisticated information system and feed-back a major breakthrough is not possible. However, the first training recommendation for data collection and processing came from Dr. E. Burdick, a population expert and Consultant to the Planning Commission. He suggested that "training in medical record is a component

1. Dr. McGibony, J.R., Director, Pennsylvania University, Pittsburgh, USA, 1959-61.

2. Late Dr. Leavill, Dr. Gregor MC, Dr. Mayer of Ford Foundation.

of health planning and be the base for such planning." Simultaneously came the recommendations from the Consultant[1] in Health Statistics to the Ministry of Health to establish Bureau of Health intelligence at the Centre and the State Directorates. The bureaus have been established, but medical record still remains in infancy and so is the data collection, because state bureaus are headed by Statisticians and have not been supported by a Medical Record Officer as recommended by Dr. McGibony.

A Committee under Mr. P. L. Verma, an eminent Engineer and town planner, was appointed by the Government of India to study the working of engineering unit in hospitals and to suggest to expand maintenance unit and improve hospital administration. The recommendations were : (i) Fulltime Medical Superintendent or qualified Hospital Administrator is a must; (ii) Stress on the need for qualified Hospital Engineers.

The engineering department at the Post-Graduate Institute in Chandigarh was upgraded. This department developed one year diploma programme for Hospital Engineers to be executed in collaboration with the Diploma in Health and Hospital Administration programme of the Institute.

The newly formed Ministry of Ecology has, with the Ministry of Education, planned to establish training programme in pollution control for engineers in Chandigarh with the Engineering Department of PGI. It now depends on the vision which the programme officers of Diploma in Health and Hospital administration display for future development of these programmes jointly.

Recently one of the private Consultant groups studied the functional parts of Bombay Hospitals in depth and had pointed that.

...hospitals do not observe managerial techniques commonly practised in Industry.

...cost control system needs to be supported by an appropriate budgetary control system.

...presently no cost standards exist and the operating cost is increasing faster than the inflation rate.

...material consumption accounts for more than 30% and three to four months' inventory is being maintained.

Inspite of the large number of personnel there is no personnel/ welfare officer when it is essential according to Labour Law in industry.

With all these developments, progress, deficiencies (shortcomings) it is realised that as far as talents in different fields are concerned such as humanities, social sciences, medical health, engineering, electronics, space, etc. we are second to none. But in the field of health and hospital management I feel we not only need to learn a good deal from the developed nations but also from our own industrial units which have become more cost and quality conscious in management. Health no doubt is a special type of industry differing only in respect of humanitarianism but unless we develop scientific management in the institutions of health care and its subsystems to suit our own genius and to cater to the needs of the society, individual clientele to keep pace with changing philosophies and policies the maximum benefit of available resources can not be gained.

This pervasive need for administrative leadership in areas of health and medical care system which have the community as clientele can and must have educational system in health administration so that the health administrator could be a catalyst (instrument) of change.

A Deputy Health Minister of the Government of India at one of the meetings of the Indian Hospital Association said :

"Medical or non-Medical is a paradoxical situation in our hospital and health industry where, while on the one hand we are short of specialists, a great deal of the time and labour of highly qualified clinicians is taken by administrative work. What should be the balance between administrative and other responsibilities and to what extent authority be delegated to persons other than medical need to be answered after careful consideration."

He further said: "This dispensation should develop in a manner so as to make it possible for the medical practitioner to shed a large measure of administrative load. For this to take place, it is necessary that those non-medical should have opportunity for adequate training in special requirement of health and hospital administration."

The Central Health Council at a meeting in Bangalore resolved that the busy Medical Superintendent at each Medical College Hospital should be assisted by a qualified Administrator. The stress here is on qualified administrator with education in Hospital Administration and Management.

At a joint meeting of ESCAP[1] and a Government of India representative under manpower development and training it had been emphasised that training of doctors in management and supervision at District and PHC levels is essential. They also proposed induction and orientation education and continued education in management of resources for optimum ultization. The present manpower is as in Table 7.

Table 7
Health Personnel

No. of Doctors	241,179
No. of Dentists	7,518
No. of TSM	269,558
No. of Nurses	135,103
No. of ANMs	54,959
No. of Health Visitors	8,814
No. of Pharmacists	607,425

1. Dr. Linder, F., Statistical Expert under USAID.

1. Economic Social Commission for Asia and the Pacific: Delivery of Health Service in Rural Areas (Nov. 1979).

Existing Health and Hospital Administration Programmes

The oldest existing institution is the National Institute of Health and Hygiene, Calcutta, run by the Central Goverment. This Institute is engaged in formal training programme in the fields of Public Health, Post-graduate and Doctorate level, and Social and Preventive Medicine for Doctors only. Public Health Engineering is for engineering students, and Health Statistics is open to both medical and non-medical streams leading to Doctorate level education. This is the oldest school of Public Health in South East Asia.

The All-India Institute of Medical Sciences, New Delhi, have a two-year Degree Programme leading to Master's in Hospital Administration. The intake is very little, probably because of the limited size of the faculty. Only service personnel are enrolled.

The Post-Graduate Institute of Medical Education and Research, Chandigarh started a one-year (two semester) Diploma Programme in collaboration with the Public Administration Department of the University of Punjab. The Diploma programme was suspended for restructuring the contents which by now have the approval of the Punjab University. Together with academic work field work is an essential part and a project report in the second semester is required to be completed. On successful completion, the Diploma is awarded by the Punjab University.

The University of Pune (Maharashtra) started two semester programmes leading to diploma at the Armed Forces Medical College. This programme is confined only to Army personnel (Doctors) and needs careful reviewing.

The University of Madras is contemplating to start a Diploma in Hospital Administration on the Chandigarh pattern.

The Jawaharlal Nehru University provides for Post-Graduate education in Community Health and leading to Doctorate level education.

Indian Institute of Management, a Government of India institution, organises syndicate programmes for top-level health managers from time to time. This Institute also provides for fellowship programmes in health and population control.

The YMCA in Delhi is running an evening programme leading to Diploma in Hospital Administration but it lacks placement service. Few of the Universities in India have a Department of Public Administration which undertakes regular and correspondence courses for post-graduates leading to Master's and Doctorate degrees. In the Master's programme in the fourth semester one of the subjects is Social Services Administration and Health is one of the component subjects. This subject has little significance in career development because of inadequate coverage and lack of qualified faculty. But this subject is beneficial for the hospital and health personnel for pursuing higher education and for Doctoral level working candidates who are interested in such studies and pursue on their own and no financial or any assistance is given.

With all these efforts on health point to improve health status, delivery system and the administration through education, the progress had been slow and this cannot be attributed to lack of talent. Because as far as talents in different fields are concerned, such as humanities, social sciences, medical care, health engineering, electronics, space, etc., we are second to none. In the field of health and hospital management, however, I feel we not only need to learn a good deal from the West but also from our own industrial units. Keeping in mind that health industry is a special type of service industry we have to develop scientific management in the institutions of health care and its sub-systems to suit our own genius and to cater to the needs of the society and individual clientele so as to keep pace with the changing philosophies and policies.

This pervasive need for administrative leadership in areas of health and medical care system which have the community as clientele can and must be addressed through the educational system.

What Education?

Health Administration in simple words could be defined as a process of organising man, material, money and ideas in order to make something useful happen effectively and efficiently.

In essence efficiency according to the scripture is *Yoga Karamshu Kaushalam:* 'Yoga is efficiency or dexterity in action not only in contemplation and speculation.' This efficiency is the product of intelligence yoked to a great social cause, consciously and deliberately, such an awareness brings out of the worker and without the stimulus in this wider reference. Without the consciousness of organisational and national purpose no worker can achieve true efficiency or life satisfaction. Chester Bernard[1] also defines formal organisation in similar terms which is consciously coordinated action of two or more. Such blending requires the brilliance of the administrative leadership ability to understand relationship of knowledge to realities of administration in the health field.

Health care and the sciences and services are part of a complex system that not only include some element of commerce and business but also a whole series of interdependent, interlocked or overlapping elements that are not specifically associated with commerce and business. These include economics, sociology, religion, politics, manpower development, distribution and utilisation of engineering and virtually every aspect of human endeavours woven into an increasingly complex pattern in which all are enmeshed.

Pierson and Randall subscribe to the view that a broad and general education in liberal arts and science is desirable minimal requirement in education for management whether it is health or an industry. It is generally accepted that management is

1. Bernard, C.I. *The Functions of the Executive*, Harvard Press.

largely selection and synthesis of knowledge from other related fields. Technical training is said to be proper packaging and summarising of known solutions of past problems whereas management development is the acquisition of skills and strategies to attach unknown future problems. It is, therefore, the conviction of this writer that management education in health requires development of knowledge, abilities, attitudes, values to guide a hospital/health care system to accomplish the objective of better service through this newly developed instrument, i.e., Health Administrator.

General nature of education is beneficial because specialisation in only one aspect will take the administrator to a narrow sphere: whereas he is required to understand and take into consideration the totality of organisation (environment). Thus, in achieving the efficiency in health care administration it is proposed to have generalist training and short-term education in the form of diploma programmes which at a later date be developed as a career programme. Further, every executive recruited to middle management level be induced to in-service (Pre-service) education of general nature.

A generalist education of diploma holders will create a corps of hospital administrators. The future educators, administrators, researchers be selected or recruited from the corps of diploma holders for further preparation in higher echelons and administrative positions as well as faculty positions. Such a diploma programme should have time-bound targets under the two successive Five Year Plans (1983-93) integrated into the whole complex web of planning development.

The enrolment to all these educational programmes, diploma or degree, is through the State Governments and only sponsored candidates are enrolled. For degree programmes in addition to sponsorship the government provides a scholarship and they are considered on deputation from their institutions. This arrangement is likely to continue for a decade or more because these programmes are not career-oriented.

The basic requirement for a career oriented programme is the placement service. This requires job opportunities in government as well as other institutions. Moreover, the placement service will need streamlining the manpower planning of the government institutions and job descriptions in clear terms.

Regular career programmes as in the other developed countries will also require a well organised preceptorship programme for which there is dearth of qualified persons in the field of health administration. And, let me also say that a lot of expertise and care is necessary not only in building up professional health managers, but also selecting them and developing their faculties to the fullest extent. It is time we lay lesser emphasis whether in the management of private or public institutions on seniority and age and place the right kind of values on merit and performance. It is of paramount importance for the survival and growth of health care delivery system, for planning sound financial management and budgetary controls, costs analysis and good public relations by way of periodical evaluation and dissemination of information. Secondly, I will like to stress the need for continuously furnishing the skill and knowledge of our servicing managers by insisting on their attending refresher courses, induction of training programmes, in-service education and continuous educational programmes so that they keep abreast of the latest developments in their respective fields and also the latest tools of management. A commendable practice in our armed forces is orientation course and efficiency test for leading to further promotion and we need this for all levels of management in health too.

Curriculum Contents

Our basic need on health administration is on two fronts: Firstly, the management of quality; secondly, management of cost.

Management of quality has two aspects: one is medical or health care and the other is administrative care of an organisation whereas management of cost is concerned with utilisation of resources, man, material, machines and money. To meet these two basic needs preparation of health administrator should include such related subjects : skills in problem solving especially of decision making in solving problems and cost benefit analysis, communication; application of industrial engineering techniques or management techniques; basic labour legislation and working conditions and motivational aspects of the personnel. However, the objective of the education in this case should be to have hospital health administrator as a catalyst of change. This change will also need change in organisational culture and administrative practices. The conceptual model to be followed will be diagnosis, prescription, implementation of treatment and follow-up evaluation.

Faculty

The core faculty have to be selected carefully from within the existing graduates without any bias of basic medical or Nursing qualifications and designated as Coordinator of the programme. Rest of the faculty members could be borrowed or invited as guest lecturers from various disciplines, Public Administration, Business Administration, Commerce, Economics, Psychology, Sociology, Industrial Engineering, Architecture, Law, etc. so as to make it a multi-disciplinary programme. The Coordinator of the programme has to provide some orientation to these faculty members so enrolled and discuss with them the applicative process of the course or subject. It is hoped that these academicians with expertise in their own field will develop special material for hospital and health field; such prepared material will prove useful for development of graduate and Doctoral programme at a later date. Those already in faculty positions in various institutions and not practical managers should be provided opportunity of gaining practical experience of management in their respective fields. This goes to improve the

quality of what I may call the mentors in management.

The Course Coordinator should be given a senior position in Faculty as well as in management of the Institute so that he is to have dialogue with the top management and is always consulted in operating practices and do strategic work of organisational planning, manpower utilisation and development. This Coordinator should be a generalist with innovative and intuitional approach so that he may not be ineffective and appear to be riding with a vengeance on a particular hobby horse.

What we need is the programme of quality with comparable standards nationally and internationally. Thus mushrooming of the programmes should not be allowed. To be assessed for quality these programmes should have standards so that these could be evaluated. How these programmes will be evaluated is the question we have to ask ourselves in this field in the absence of any licencing (accreditation) authority/board, other than the University itself. It is almost essential to have such a board constituted on national level. Some writers in the past suggested that this authority be vested in the Indian Medical Council. The speaker is apprehensive of implementation of such a proposal because of its medical bias. Such a board should be independent of its own and the Indian Hospital Association in collaboration with National Institute of Health and Family Welfare should take necessary steps in this direction with members from health administrations, Medical, Nursing and other educational and administrative fields to evolve a common code and programme for standardising the educational programme and institutions for health administration education. Without such a national body no comparable standard could be set for diploma or degree programmes. Even standards have to be laid for such institutions of health care affiliated to these programmes as there is no institutional licencing system. The innovative programme of diploma level should be aimed at organisational development which may include multilevel programmes, bringing the top management and middle management together in a dialogue and work enrichment programme which may provide an opportunity to other staff to see afresh the job and work environment.

Since the core functionaries in the health administration have to be developed and it is a time-bound programme with fixed targets it is desirable that manpower inventories be made at this time so as to assess the manpower needs which will serve as a basis for systematic identification of needs and duration of education should be fixed as one year or, say, two semesters' intensive programme. The graduate programmes will be for two years. Personally speaking diploma should be a trimester programme leaving the fourth or final trimester for field work and project report writing.

The Education of the Health Administration Programme should be University-based with affiliation to teaching hospitals or it should be located in the large medical/health University level institutions, e.g.. AIIMS, New Delhi and PGI, Chandigarh. Th faculty under which this programme should b attached is in a paradoxical situation whether thi should be under Business Administration. Public Administration or Arts faculty or Medical Sciences faculty. Our own experience has taught us that to have better recognition it should be with the Dean of the Faculty of Medical Sciences. Some of the University Business Administration Schools have plans to commence health administration together with their programme, but because of dearth of qualified faculty to head such a programme are unable to do so. All diploma holders, on successfully qualifying be placed as heads of various departments and be included as practising teachers in the execution of the programme. Thus, a consultancy service could be developed out of the faculty. Presently, there is no consultancy service for Health Administration except in NIHFW who have taken some jobs in government institutions in Delhi and nearby areas.

Faculty members should be encouraged to attend meetings, seminars and workshops held on district, state, local, national and international levels so that they can keep themselves abreast of the latest developments at home as well as in other parts of the world. Financial constraints should not be allowed to stand in their way as this had been in case of this writer. I suggest IHF[1] and AUPHA[2] international wings should pool their resources and collaborate to create a fund to be named as delegate fee or fund for this purpose. Also, there is need for creating exchange programme within the developing and developed countries.

Getting things done and making decisions are the hallmark of efficiency of an administrator. This would mean understanding not what the administration is but what it does for the consumer and the organisation, by feeling the pulse of both and knowing how to secure public and personal cooperation of the individual worker and client. As said earlier, "individual will only cooperate and contribute if he understands purpose," personal, organisational and national. According to Chester Barnard[3], the cooperative system of an organisation is the creative factor and not the leadership of the administrator.

Such an administrator, whether in health industry is to be the product of an educational programme and so should be our objective. The outcome of the discussions will not be tailor made as such. They have to be moulded according to the need of the land and circumstances in changing culture so that judicious use could be made of scarce resources to provide health care to all by 2000 A.D.

(Concluded)

1. IHF: International Hospital Federation, U.K.

2. AUPHA : Association of University Programme in Health Administration—U.S.A.

3. Barnard C.I., *The Function of the Executive, op. cit,*