

Healthcare Service Providers' Perception Towards Service of Public Hospitals in Kolkata: An Empirical Study

J.K. Das★, Sarada Prasad Datta★★

Abstract

Indian healthcare sector has undergone profound changes during the last decade. In the last few years, hospitals have been equipped with world class infrastructure, latest sophisticated technology and world class surgeons to deliver services. Both private and public hospitals have been delivering indispensable services to large number of patients both from India and neighbouring nations. As number of patients have been increasing by day, certain changes are to be undertaken for hospitals to cope up with such pressure and maintain quality of service. In view of this scenario, a service providers' survey for the period 2014-2016 on selected public hospitals of West Bengal (public medical colleges and general public hospitals) has been conducted by authors to analyse present status of health care service and suggest measures to enhancement their quality of services to cope up with challenges. Many public hospitals have acquired reputation for commendable services provided to the poor and lower income group patients particularly in Kolkata although they operate under several constraints. The objective of the study is to analyse strength and weakness of the public hospitals from the providers' point of views. With the help of primary data collected through survey, the SWOT analysis is done and important attributes are identified to improve functioning of the hospital as per the perception of healthcare service providers' on areas such as managerial and staff functioning, physical and equipment facilities and overall response on their job satisfaction.

Keywords: Healthcare Services, Public Hospitals, Service Providers, Hospital Performance

Introduction

In post-independent India, the systematic health care arrangements have been planned and implemented by setting up different kinds of hospitals and medical colleges. The importance of health services and the concern of the government were reflected both in declaration of the Government of India's National health policy 2002, and allocation of planned outlet made by the planning commission. In eighth plan period, 1992-97, the total health

sector allocation was 3.2 %, it was hiked to 4.09 % in next plan period and then was increased to 6.49% in the eleventh plan period of 2007-2012.

Health sector comprises of two segments-1) the public health sector and 2) the private health sector. In India the public health sector's share in the healthcare delivery market is 20% while 80% is with the private health sector (ICRA Report, 2005). The reliance on the private health sector is increasing day by day despite the fact that the cost of the private health services is roughly double than that of the public health sector and the cost is much higher in urban area than rural areas. Even though there are various constraints against the public health sector, the state hospitals are more accessible to the common people of this country. The health

-
- ★ Prof.(Dr). J.K. Das, Professor,
Department of Commerce,
University of Calcutta, Kolkata, India
 - ★★ Mr. Sarada Prasad Datta, Assistant Professor,
Department of Commerce, Gour Mohan Sachin
Mandal Mahavidyalaya, South 24 Paraganas,
West Bengal, India

services from the public and the private sector are different among states in India as shown in table 1 in the appendix.

West Bengal has the most of the public health service provider in India. The state has a fairly large health infrastructure and it has achieved improvement in health indices of the population (Health Report, 2006-07). In 2005, the figure of sanctioned beds in West Bengal were 58,312 while in 2011 these increased to 1,07,346- an increase of 54.32 % (Health Report, 2004-05 & 2010-11).

Along with the change in infrastructure, demand for quality health services has also been increasing during last few years. As reflected in the Table 2 in Appendix.

Kolkata, the capital of West Bengal has a variety of Medical and Healthcare institutions. Major part of health infrastructure of West Bengal is also located in this city. Total number of hospital beds in West Bengal was 1,07,061 in 2011-12 out of which 27,687 are available in Kolkata alone. Total number of medical college hospitals in West Bengal is 13, out of which 5 are in Kolkata. Total State Government hospitals and other hospitals under the Department of Health & Family Welfare, Government of West Bengal is 66, out of which 20 are in Kolkata alone. For complicated surgeries and advanced treatment, huge numbers of patients gather everyday in different city hospitals (super/ multi specialty) from all the districts of the state. The city hospitals not only served health care facilities and services to patients in districts but also patients from the North-Eastern region of India and neighbouring countries like Bangladesh, Nepal, Bhutan etc. To meet the huge requirements of healthcare services in this city, a large number of hospitals are run by both the state and private health care providers. So, it is clear that major pressure and infrastructure of health services of the state lie primarily in Kolkata. But existing facilities available in the public hospitals are not

adequate to meet the present demand for health services. Public hospitals served a huge number of patients with its limited capacity and different constraints and are overburdened with the pressure of patients. The public health sector faces different types of troubles increasingly throughout the world, not only in Kolkata (Flynn, 1994). Private health sectors are, therefore, have opportunities to enter into the vast field of health care and number of private hospitals have increased to 366 in 2012 which was 288 in 2006.

But in line with the National Health Policy of India (NHP-2002), the state government has now embarked on a mission, Health policy 2004-13, in 2004 to improve the health status of all the people in the state especially the poorest and those are in greatest need of this service. To achieve this goal, performance appraisal and expansion of public hospitals [major health service provider of the state] are essential. To maintain parity with rising demand, healthcare services must be at par with global standard as regards both patient-needs and quality of service. Under the present situation public hospitals need better infrastructure, equipment, technological advancement, modernization of various department and deployment of efficient manpower. SWOT analysis of the public health sector is needed to find out the strengths, weaknesses, opportunities and threats to identify areas of changes for modernization and better performance. Health sector comprises of two important aspects such as the health service provider and the service recipient or patient. To understand the current status and to know internal and external factors with significant influence on health sector, health service provider's perception in the public health sector is chosen for the study. This will have an impact on better performance and sustainability of the sector at present competitive global market of health care industry.

Literature Review

Coe (1970, 1988) explained in detail various aspects of modern healthcare system and development of modern hospitals. He also identified 5 A's in patient's expectation, viz. Availability, Accessibility, Accountability, Affordability and Acceptability. Yesudian (1988) concluded that according to the planning commission of India, 20 percent of the population living in urban areas had the facilities of 70 percent of the total hospital beds and 80 percent of the doctors in the country. However, though all varieties of health services were available in Indian cities, not all sections of the community were benefited by these facilities. There was a wide gap in the utilization of health services between the various sections. Rao (1992) illustrated health scenario and hospital administration in India. Barnum and Kurzin (1993) investigated different issues of healthcare provided in public hospitals. Duggal (1995) investigated the trends in public health budget in India and its impact on health sector. Francis and DeSouza (2000) explained the hospital administration in India and India's health policies. They observed that new pressures are required for better responses from the private administration. They also indicated that the cost of providing hospital care was increasing with alarming speed. The healthcare system needed changes which are both challenge and an opportunity. Srinivasan (2002) explained the profile and future of healthcare in India and its managerial aspects. Kunders et al. (2003) emphasized the importance of the privatization of the health sectors for quality healthcare facilities, modern planning facilities and better management in this field. Kunders (2005) explained the need of the planning in hospitals and health sectors as well as need for different managerial style. Ghosal (2006) described the need of the public sector in health care through health policy 2004-13. She noted that the presence of the private sector and its increasing trends was

inevitable. E-management in health sector, public private partnership and other issues are to increase quality of health service considering the huge demand of the people of the state.

Paul (2007) explained the concept of performance measurement which involved quantification of efficiency and effectiveness of the past activities on the basis of data collected through survey. Effectiveness implied accomplishment of a task while efficiency implied accomplishment with minimum utilization of resources. Determining indicators were an important function in performance measurement. Sharma (2007) explained that since government expenditure in health care sector was declining, the private sector investment would drive the sector's transformation. He observed that the government alone would not be able to cope with demand; private sector investment would be needed. Singh and Sharma (2011) clarified various issues like healthcare and social development, healthcare system, healthcare economics and finance in lucid style. They also mentioned various hospital functions, organization, classification and components to understand hospital services as well as the health care sector. Govindarajan and Rammurti (2013) observed that innovative hospitals in India were adapting to the technique of delivering world class affordable healthcare facilities. Innovations at Indian hospitals comes not from a grand design but from constant experimentation, adaptation and necessity of the customer. Indian hospitals, doctors, and administrators have traditionally looked to the west for advances in medical knowledge, but it's time for the west to look towards India for innovations in the healthcare delivery. Singh (2013) investigated about the perception of the hospital administrators towards healthcare services of speciality hospitals in north India and highlighted shortcomings of the government hospital. Shukla et al. (2013) analysed an image of corporate hospitals by measuring

their customers' satisfaction. They revealed that, medium and low income group patients needed more access and irrespective of profession, patients always demanded quality services at reasonable cost. Nagpal (2014) explained that the increased commitment to strengthen the magnitude of public health spending and the initial lessons from the current generation of Universal health coverage programs together augur well with India's objective toward Universal health coverage. Bansod and pedgaonkar (2014) observed that, there were always some differences among health status of different people and different communities. To monitor these inequalities, generation of high quality reliable data regarding health status and health care utilization by periodic surveys is mandatory. Jain et al. (2015) interpreted NSSO 71st Round of Household survey on "Key indicators of social consumption in India:Health" in the light of new definitions and explanations. They also reviewed public healthcare providers' performance and the Government expenditure on healthcare. Research of Das and Datta (2015) showed that the health sector of India is predominantly dominated by public hospitals delivering indispensable services to a large number of patients in India. West Bengal is leading in this respect, so performance analysis of the public sector hospitals is essential to review. Sundararaman et al. (2016) investigated the public health outlay, private and public expenditure on healthcare on the basis of NSSO 71st Round data to understand the present scenario.

Apart of individual studies, some of leading organizations also made useful observations on health care segment in general and Indian health care segment in particular. For example, World Bank (2003) studied the need and trend of Corporatization of Public Hospitals and innovations in health sectors. FICCI and Ernst & Young (2006) report on health sector highlighted that various opportunity prevails within the health

sector in India. West Bengal Development Report (2010) an edited volume published by Planning Commission of India, highlighted several socio-economic developmental issues relating to West Bengal. Annual Administrative Report (2011) of health & family welfare department, the Government of West Bengal stated the present status of health planning, finance, human resource, organization, health facilities available and many significant issues. Healthcare. Indian chamber of commerce, PWC, (2012) studied the need and trend of Indian Hospitals, innovations in health sectors, feasibility of PPP, different health indicators and future challenges. Manual of health statistics in India, (2015) segregated in 8 Chapters presented a comprehensive picture of health system of the country, inter and intra state comparison with quality and reliable health data.

Objectives and Methodology

Objectives are to:

- Evaluate the performance of public health sector of public hospitals from the perspective of service providers .
- Find out strength, weaknesses, opportunities and threats of health services provided by public health sector

The study period is 2014-2016 covering 11 public hospitals (public medical colleges and general public hospitals). Primary data for the study are collected through structured questionnaires. Respondents' degree of satisfaction is recorded on five point Likert's scale. The secondary information is collected from published reports, magazines, newspapers, journals, websites of the hospital, medical colleges and different institutions. Data are coded, tabulated and analyzed by using SPSS package. SWOT analysis is done and important attributes of health care sector are identified.

Data Analysis and Findings

At present, to identify the health scenario in Kolkata we interviewed 280 health service providers [doctors, nurse, office staff] with 5 point Likert's scale 1 being strongly disagree and 5 being strongly agree about different problem and prospects associated with public hospitals in Kolkata. SWOT analysis is an acronym for strength, weakness, opportunities and threats. Here strength and weakness are considered to be internal factors over which one has some measures of control, whereas opportunities and threats are to be considered as external factors over which one has essentially no control. SWOT analysis is involved in strategy formulation and selection. It is an effective tool, but it involves a great subjective element. SWOT analysis helps strategic planning in following manner:

- It processes information for strategic planning.
- It builds organizations' strength.
- Reveals many weaknesses and overcome organizations' threat.
- Maximize its responses to opportunities.
- It helps to identify core competencies of the hospital.

Analysis provides information that helps synchronising the public hospitals resources and capabilities with the competitive environment in which they offer services. (Table 3-5 in Appendix)

The main strength of the public hospitals is free healthcare, doctors, minimum cost government policy which has tremendous impact in this sector. Location, infrastructure and supporting staff can be considered as a huge opportunity in public hospitals.

60% of the respondents agreed with the causes of weakness and threats (Table 5 in Appendix). There are many weaknesses in public hospitals these are

enumerated below. In the Table 6 (in Appendix) different attributes are recognised. The major weakness of the public hospitals is shortage of medicine, human resources and equipment, which has great impact in this sector. External interferences from outsiders, lack of funds and community awareness can be measured as a massive threats in public hospitals.

Table 7 (in Appendix) exhibits that 91.4% of the respondents opined that overall managerial functioning doing well. Table 8 shows significant attributes for measuring effective managerial functions.

It is revealed from the study that formal communication running most efficiently and worst area is inventory management in Table 8 (in Appendix). Table 9 (in Appendix) shows that 80% of the respondents agreed that overall position and functioning of medical staffs are good. Apart from that it was observed 94.3% agreed that doctors are available for OPD and IPD. 60% feel present number of doctors are not sufficient. 56% opine that referral system working satisfactorily. 67% believe doctor's time is fully utilized professionally. 77% satisfied with the team function and 53% said regular meetings are held and 41% said training programs organize for better performance team function to ensure quality. Table 10 (in Appendix) shows that 47.1% of the respondents believe that overall position and functioning of nursing staffs are fine, 94.2% believe number of nurses is not adequate. 61% think nurses are properly utilized and 26% agreed that nursing provided per patient per day, is not sufficient. 50% of the respondents said that training programme is held and nursing staff is distributed rationally. Table 11 (in Appendix) clearly exhibits that 35.7 % of the respondents think that overall position and functioning of other staffs are good. Most of them stated that number of staffs is not adequate and regular training programmes are

not conducted. Table 12 (in Appendix) shows that only 47.1 % of the respondents think that overall physical facilities are fine, but rests are against the issue. 75% stated that location and design contribute towards better quality of patient care but 55% think physical structure need to be properly planed and adequate space is required to increase work output.

Table 13 (Appendix) discloses that 17.1% of the respondents believe that overall equipment facilities are good. Essential equipments are available as observed by 83% respondents. But for non-functioning of equipments, most of them identified to be the non-availability of trained staffs.

Table 14 (Appendix) shows that except 5.7%, all the respondents agreed that their job responsibility at par with qualification. It means right persons are delegated at right job within the public hospitals. In Table 15 exhibits that 82.8% respondents agreed about their job satisfaction.

It is observed most of the respondents satisfied with the performance except 8.6% in Table 16. They believe that, they serve a huge number of patient everyday.

Table 17 (Appendix) exhibits that only 52.9% feel that Government funded Projects implemented and operated properly within the hospitals.

In Table 18 (Appendix) clearly shows that all respondents believe that present hospital system needs to be improved.

Lack of coordination is a significant problem between departments and persons, hospital efficiency reduces to the great extent as shown in Table 19 (Appendix). So, efficiency of other managerial functional areas are minimised and create a serious impact on public hospital services.

Table 19 shows that 55% of the respondents think that paid-bed need to be increased.

Concluding Remarks

This study has made an attempt to show, based on the health service provider's perception study, the usefulness of public hospitals in Kolkata. Most of the poor people of the society select public hospitals for their treatment. This is only the sector where the free healthcare facilities are offered till today to the poorest and those who are in the greatest need.

Through data analysis on the health service provider, respondents identified many attributes for strength, weaknesses, opportunities and threats. We have also identified managerial functioning in the hospital and observed that some areas require more administrative attention like: Inventory, planning and finance.

80% of the respondents agreed that overall position and functioning of medical staffs are good. Apart from that 94.3% agreed that doctors are available for OPD and IPD. It may be noted here that, the Government of West Bengal introduced OPD tracking system in recent years. 60% feel that number of doctors at present is not sufficient. 56% think that referral system is working satisfactorily. 67% believe doctor's time is utilized fully professionally. 77% satisfied with the team-function and 53% agreed that regular meetings are held and 41% said that regular in-service training programs are organized for better performance.

Most of the respondents think that overall position and functioning of nursing staffs are fine but they are not satisfied with the same for other staffs.

The primary survey reveals that most of the service providers are satisfied with overall hospital performance. However, majority of them feel that the system needs to be improved and agreed that lack of coordination decreases hospital performance.

World Development Report (1993) indicated that different indicators can help us to measure

health status. It is also argued that, in case of underdeveloped countries health status is low compared to developed countries. The reasons cited are: income level, higher population growth, industrialization which also exists and is relevant in current study. Growing industrialization is a major cause of environmental pollution. Pollution also observed in different form and different times in the city hospitals in current study.

References

- Bansod, D.W. and Pedgaonkar, S.P. (2014). Health Equity in Public Health, *Yojana*, Vol 58, February, pp 35-43.
- Barnum, H. and Kurzin, J. (1993). Public Hospitals in Developing Countries: Resources Cost and Financing 1993 edition. The John Hopkins University Press, Baltimore, USA.
- Coe, R.M. (1970). Sociology of Medicine, Development of Modern Hospitals, pp. 292-317.
- Das, J.K. and Datta, S.P. (2015). Healthcare Service Providers' Perception towards Service of Public Hospitals: A Study in Kolkata, Conference proceedings of 12th international accounting conference.
- Duggal, R. (1995). Trends in Public Health Budgets in India, *Radical Journal of Health*, A Socialist Health Review Trust Publication, Mumbai, pp. 188-198.
- Francis, C. M. and DeSouza, M. C. (2000). Hospital Administration, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi.
- Ghosal, M. (2006). Health Infrastructure in West Bengal -the monthly *Journal of Govt. of West Bengal*, October issue, pp. 5-6.
- Goel, S.L. (2001). Healthcare System and management, Deep & Deep Publications, New Delhi.
- Goyal, R.C.(2007). hospital administration and human resource management, PHI, New Delhi.
- Govindarajan, V. and Rammurti, R. (2013). Delivering World-class Healthcare, Affordably, *Harvard Business Review South Asia*, November, pp 105-110.
- Heggade, O.D. (2000). Hospital Management, Mohit Publication, New Delhi.
- Jain, N., Kumar, A., Nandraj, S. and Furtado, K. M. (2015). NSSO 71st Round: Same Data, Multiple Interpretations, *Economic & Political Weekly*, Vol L, Nos 46 and 47, 21 November
- Jesani, A. (1995). *Radical Journal of Health*, Recent Efforts in India to marketize health services, pp. 171-173
- Kandula, S. R. (2009). performance management, PHI, New Delhi.
- Kunders, G.D., Gopinath, S. and Katakam, A. (2003). Hospitals-Planning, Design and Management, Tata McGraw Hill, New Delhi.
- Kunders, G.D. (2005). Hospital-Facilities, planning and management, Tata McGraw Hill, New Delhi.
- Mehta, S.R (1992). Society and Health, Vikas Publishing House, New Delhi.
- Nagpal, S. (2014). Financing India's Quest for Universal Health Coverage, *Yojana*, Vol 58, February , pp 4-9.
- Nandaraj, S. and Duggal, R. (1996): Review of Private Hospitals in the Santra District in Maharashtra, *Radical Journal of Health*, New Series, 2, pp. 188-98.

- Paul, K.C. (2007). Performance measurement - a system approach and recently developed models, paper presented at the 8th International Accounting Conference at Taj Bengal, Kolkata, 6th January.
- Pareek, U. (1996). Training Instruments for Health Management, Tata McGraw-Hill, New Delhi.
- Parsad, P.B. (1992). Marketing of Health Services in Maternity Care - A managerial approach, Doctoral Thesis, Venkateshwara University, Tirupati, September, pp.1-5
- Rao, M.S. (1992). Health and Hospital Administration in India, Deep & Deep Publications, New Delhi.
- Roy, K. (1998). History of Public Health, Colonial Bengal 1921 – 1947, K.P.Bagchi, Kolkata.
- Sahani, A. (1992). Hospital and Health Administration, Indian Society of Health Administrator, Bangalore.
- Sakharkar, B.M.(2009). Principles of hospital administration and planning, Jaypee, India.
- Sarang, S.K, (2011). Health care management (text and cases), Himalaya Publishing House, New Delhi.
- Schulz, R. (1983). Management of Hospitals, McGraw-Hill Book Company, New Delhi.
- Singh, R and Sharma, D. (2011). Health care management (concept and cases), Himalaya Publishing House, New Delhi.
- Sharma, K.E. (2007). Public Health Private Opportunity, Business Today (March), pp. 126-132.
- Shukla, R.K., Upadhyaya, A. and Modi, D. (2013). Impact of Profession on Customer Satisfaction for Corporate Hospital Services – An Empirical Investigation, Anvesha, Vol VI, No. 3, pp 7-13
- Srinivasan, A.V. (2002). Managing a Modern Hospitals, Response Books, Sage Publications India, New Delhi.
- Sukanya, S. (1995). Investment Patterns in Corporate Hospitals in Chennai, Radical Journal of Health, New Series, 2.
- Sundararaman, S. and Muraleedharan, V. R. (2015). Falling Sick, Paying the Price, Economic & Political Weekly, Vol L, No 33, 15 August.
- Tabish, S.A. (2005). Hospital & Health Services Administration: Principles & Practice, Oxford University Press, New Delhi.
- Vyas, S. (2006). Essential of Health Management, Mangaldeep Publication, Jaypur.
- Reports**
- Annual Reports (2002-03 to 2011-12) *Health on the March*, the State Bureau of health intelligence directorate of Health Services, Govt. of West Bengal.
- Annual Administrative Report (2010-11). *Health and family welfare department*, The Government of West Bengal
- Central Statistical Office Ministry of Statistics and Programme Implementation (2015)
- Manual of health statistics in India*, Government of India, New Delhi
- European Health Report (2002). Copenhagen, WHO Regional Office for Europe.
- FICCI and Ernst & Young Report (2006). *Report on health sector in India*, New Delhi
- Indian Chamber of Commerce. (2012). *Healthcare infrastructure and services financing in India operations and challenges*. PWC

- Parikh K.S. Radhakrishna, R. (2004-5). *India Social Development Report*, An edited volume, Oxford University Press, India
- Planning Commission, (2010). *West Bengal Development Report*, Academic foundation, the Government of India, New Delhi.
- KPMG and ASSOCHAM. (2011). *Emerging trends in healthcare: A Journey from bench to bedside (Policy Paper)*. Associated Chambers of Commerce and Industry, New Delhi
- Report by Atlantic Institute of Market Studies (2007). *Taking the Pulse: Hospital Performance Indicators from the Patient's Perspective*, Atlantic Institute of Market Studies.
- Report of Government of Kerala Kerala (2002) *Idle Capacity in Resource Strapped Government Hospitals in Resource Trapped Government Hospitals*, Govt of Kerala
- Report on WHO Workshop,(2003). *Measuring Hospital Performance to Improve the Quality of Care in Europe* Barcelona, Spain
- Preker, A. S. (2003). *Innovations in Health Service Delivery–The corporatization of public hospitals*, World Bank, Washington D.C.
- World Health Report (2000). *Health Systems: Improving Performance*, Geneva, World Health Organization
- World Health Organization (2001). *Assessing Performance Management of Human Resources for Health in South-East Asian Countries Aspects of Quality and Outcome*, WHO, Geneva, Switzerland.

Appendix

Table 1: Growth in Health Services in West Bengal

Services	1997	2005	% of Change	Average Growth Rate (%)
Outdoor Patient (in lakhs)	148	225	+ 52%	6.50
Indoor Patient (in lakhs)	15	24	+ 60%	7.50
Major Surgery (in thousands)	55	144	+162%	20.25
Maternity (in thousands)	281	392	+40%	5.0
Ultrasonography (in thousands)	2	120	+5900%	737.5
X-ray (in thousands)	400	855	+114%	14.25
Pathological Test (in lakhs)	11.3	35.2	+212%	26.50

Source: Monthly Journal of Govt. of West Bengal, Oct, 2006

Table 2: Overall Responses about Weaknesses and Threats

Opinion	No. of Respondents	%
Very Low	00	00
Low	112	40.0
High	160	57.1
Very High	8	2.9
Total	280	100.0

Table 3: Attributes for Measuring Strengths and Opportunities

Attribute	% of Respondents Agreed	Rank of Attribute
Free healthcare	100	1
Doctors	88.6	2
Govt. Policy	87.1	3
Minimum cost	80.0	4
Location	75.7	5
Quality treatment	67.1	6
Infrastructure	48.6	7
Sufficient supporting staff	34.3	8

Table 4: Overall Responses about Weaknesses and Threats

Opinion	No. of Respondents	%
Very Low	00	00
Low	112	40.0
High	160	57.1
Very High	8	2.9
Total	280	100.0

Table 5: Attributes for Measuring Weaknesses and Threats

Attribute	% of Respondents Agreed	Rank of the Attribute
Lack of medicine	52.9	1
Lack of human resources	50.0	2
External interference	47.1	3
Lack of community awareness programme	45.7	4
Shortage of equipment	42.9	5
Shortage of funds	31.5	6
Administrative problem	27.2	7
Lack of physical infrastructure	15.8	8

Table 6: Overall Response about Managerial Functioning

Opinion	No. of Respondents	%
Poor	00	00
Average	24	8.6
Good	188	67.1
Very Good	68	24.3
Total	280	100.0

Table 7: Attributes for Measuring Effective Managerial Functions

Managerial Functions	% of Respondents Agreed	Rank of the Attribute
Communication	74.3	1
Organization	71.4	2
Human resource	70.0	3
Leadership	65.7	4
Financial management	58.6	5
Planning	57.1	6
Inventory	35.7	7

Table 8: Overall Functioning of Medical Staffs

Opinion	No. of Respondents	%
Poor	00	0.0
Average	56	20.0
Good	176	62.9
Very Good	48	17.1
Total	280	100.0

Table 12: Overall Position of Equipments Facilities

Opinion	No. of Respondents	%
Poor	32	11.4
Average	200	71.4
Good	48	17.1
Very Good	00	0.0
Total	280	100.0

Table 9: Overall Functioning of Nursing Staffs

Opinion	No. of Respondents	%
Poor	16	5.8
Average	132	47.1
Good	132	47.1
Very Good	00	0.0
Total	280	100.0

Table 13: Overall Response about Job Responsibility

Opinion	No. of Respondents	%
Very Low	16	5.7
Low	00	0.0
High	88	31.4
Very High	176	62.9
Total	280	100.0

Table 10: Overall Functioning of Other Staffs

Opinion	No. of Respondents	%
Poor	108	38.6
Average	72	25.7
Good	100	35.7
Very Good	00	0.0
Total	280	100.0

Table 14: Overall Response about Job Satisfaction

Opinion	No. of Respondents	Percent
Very Low	40	14.3
Low	8	2.9
High	116	41.4
Very High	116	41.4
Total	280	100.0

Table 11: Overall Position of Physical Facilities

Opinion	No. of Respondents	%
Poor	36	12.9
Average	112	40.0
Good	132	47.1
Very Good	00	0.0
Total	280	100.0

Table 15: Overall Response about Hospital Performance

Opinion	No. of Respondents	%
Poor	00	0.0
Average	24	8.6
Good	240	85.7
Very Good	16	5.7
Total	280	100.0

Table 16: Overall Response about Hospital Project Implementation

Opinion	No. of Respondents	%
Poor	28	10.0
Average	104	37.1
Good	148	52.9
Very Good	00	0.0
Total	280	100.0

Table 18: Overall Response about Coordination in Hospitals

Opinion	No. of respondents	%
Poor	80	28.6
Average	16	5.7
Good	116	41.4
Very Good	68	24.3
Total	280	100.0

Table 17: Overall Response about Healthcare System Improvement

Opinion	No. of Respondents	%
Poor	00	0.0
Average	00	0.0
Good	216	77.1
Very Good	64	22.9
Total	280	100.0

Table 19: Overall Response about Paid-Beds in Hospitals

Paid-beds should be Increased	No. of respondents	%
Strongly disagreed	100	35.7
Disagreed	24	8.6
Agreed	32	11.4
Strongly agreed	124	44.3
Total	280	100.0