

## A CONCEPTUAL INTEGRATION OF HEALTH ORGANIZATION IN TAMILNADU

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### **ABSTRACT**

*The primary function of a hospital is the provision of medical care to a community. A hospital has two important roles to fulfill to be a center for the education of all types of health workers-doctors, nurses, midwives and technicians – and for the health education of the public. It is essential that hospital and health services be planned on a wide area basis; planning on an individual or local community basis creates gaps and overlapping. The idea of regionalization is the placing under unified, general, administration control the hospitals and health services of a wide area, containing a population of upto several million people. In this way the provision of hospital services can be related with reasonable accuracy to the population they are intended to serve, gaps and overlapping can be avoided, and new hospitals can be sited in the most strategically suitable positions with regard to population density and means of communication. The Directorates are headed by specialists and are concerned with the supervision, coordination and execution of the policies framed by the Government. The Health Services in the State may be classified into 3 major categories namely Medical Education, Medical Services and Public Health. All the Directors function under the authority of the Department of Health Services and Family Welfare.*

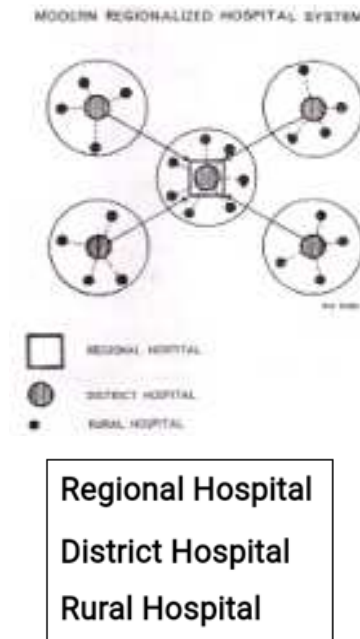
**KEYWORDS:** *Health, Medical, Services, Hospital, Tamilnadu, Director, Welfare, Policy, Ministry*

### **INTRODUCTION**

After the Tamilnadu General Election in 1951, a separate Ministry of Health was formed in Tamilnadu with a Minister of cabinet rank with an exclusive portfolio for Health. This Ministry took charge of all matters concerning the policy-making planning and administration in the sphere of public health and medical services. The medical and public health departments functioned as independent department till 1966 when they were integrated and reconstituted to form a separate Directorate of Health Service and Family Planning. At the same time they Control and Direct the Medical Education, Training, Administration of all Training Institutions as well as Teaching Hospital under the Direct Supervision of Directorate of Medical Education.

#### **Regional Planning**

It is essential that hospital and health services be planned on a wide area basis; planning on an individual or local community basis creates gaps and overlapping.



**Figure 1: Modern Regionalised Hospital System**

The idea of regionalization is the placing under unified, general, administration control the hospitals and health services of a wide area, containing a population of up to several million people. In this way the provision of hospital services can be related with reasonable accuracy to the population they are intended to serve, gaps and overlapping can be avoided, and new hospitals can be sited in the most strategically suitable positions with regard to population density and means of communication.

An important aspect of regional planning is that it readily enables certain hospitals to be designated as centers for the treatment of conditions that call for highly specialized staff or equipment conditions such as tetanus, paralytic poliomyelitis, poisonings, severe burns, and serious accidents.

The role that each hospital is to play in a regional service should be laid down in general terms by the regional authority; but, within this broad direction of over-all policy, the day-to-day administration of individual, hospitals are often best left to local initiative.

In the first report of the WHO Expert Committee on the Organization of Medical Care, three types of the hospital were contemplated:

- The regional hospital, designed to provide a complete range of treatment, including such specialties as radiotherapy, neurosurgery, thoracic surgery, and plastic surgery. Where possible, such a hospital would comprise, or be closely associated with, an undergraduate medical teaching center. This hospital would be strategically placed in the region so that patient in the region need of its highly specialized services could be readily referred to it.
- The intermediate (or district) hospital of several hundred beds, providing a high standard of medical, surgical, obstetrical, and specialized treatment.

- The small, local (rural) hospital of 20 to 100 beds, probably undifferentiated, providing, where necessary, general medical, surgical and maternity care.

Here are some considerations that the planners and administrators need to keep in view in planning hospitals.

### **Health Care Considerations**

Hospitals are a part of the total health system. In planning hospitals, we have to look into the health needs of society, emerging health needs, health policies, health care delivery systems, future policies and trend in health care, i.e., Central and State Governments, Private, Voluntary, Corporate levels of health care, qualities of health care, qualities of health care felt needs of the community, gaps in health care international cooperations in health care, policies and priorities of the international organizations such as WHO, UNICEF and World Bank.

### **Ownership or Promoters Considerations**

These will help determine the objectives of the institution such as services, profit, power, properties, tax evasion, the size quality of service and structure. This would determine the role of the hospital-teaching, general health care, primary health care, medical health programmes, and so on.

### **Patients or Consumer Considerations**

The hospitals or the nursing homes have to serve the community or meet with the needs of the community. We would need to know the nature of clientele, consumption patterns of the consumers, ability to purchase or pay for the services, awareness or educational levels, the power structure in the community involvement of the community, disease patterns in the community, quality and quantity of health care to be required by the community. The utilization patterns differ from country to country and within the country; even within a city. Inpatient and outpatient loads-hospital utilization statistics of other hospitals; the average length of stay, bed occupancy rate, turnover interval. These statistics will help in planning the nature of facilities required in the proposed hospitals/nursing homes. This information would determine the general medical services and special medical services which the institution should provide such as health clinics, public health, accident, and emergency services. Paediatric services, maternity, geriatric, infectious services, antenatal, alcohol and drug consumption and mental health services.

### **Physical Considerations**

Nature of space required for the programmes, physical facilities, nature of equipment, nature of modern technology to be used; site and locational factors; growth and change programmes; climate, hospital hygiene, specifically for infection control; hospital emergency; nature of raw material locally available; winds, storms and cyclones; nature of raw material locally available; winds, storms and cyclones; hot, moderate and cool climates, high rain zones versus low rain zones.

### **Cost Considerations**

Hospitals and nursing homes are very expensive to build and maintain. Not only the initial cost is high but the operating cost, especially inpatient services are increasing. The construction cost has been rising each year. The maintenance and serving of equipment, cost of drug, insurance, and staff salaries are increasing. Many hospitals in western countries have been closed due to lack of funds to maintain them. Sources of funds, sources of

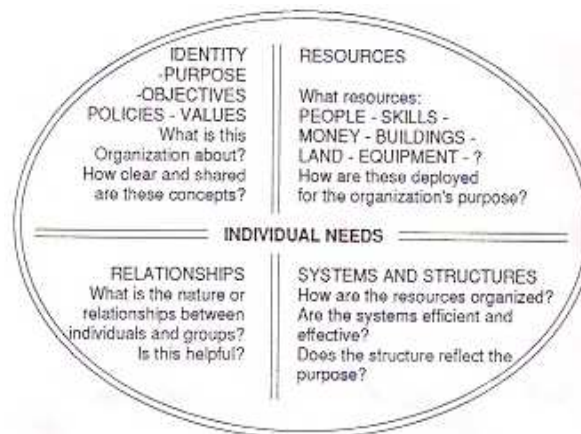
plan and non-plan expenditure need to be ensured on a continuing basis.

### Organizational Structure and Staffing Patterns

The organizational structure should be always goals and objectives oriented; should be functional: should enable providing best health care to the community (inpatient and outpatient) : should enable development and utilization of the staff; should enable delegation and development of staff, should be flexible and adaptable to the changing needs of the community and internal and external changes in the institutions. The organizational structure should never be personality oriented so as to satisfy the egoistic needs of the owners and promoter should be a means to an end rather than an end by itself; should not be fashion oriented such as having a certain number and level of positions without justifications of needs and should never be rigid such as particular organizational structure may be appropriate at one time and may not be appropriate after a few years or under a different leadership.

Effective administration of health care requires an integrated interaction between formal and informal organizations on the one hand and between the formal organization and the external environment on the other. In the modern contest of welfare state, especially in a developing milieu which demands maximum governmental involvement the attainment of health policies depends on the prevalent cultural norms and values. Therefore, no scientific administrative pattern could be applied to it.

However, historically speaking the department constitute the most fundamental and direct organizational structure for governmental action. The department is a unique organizational factor that blends the administrative and functional processes at all levels of governmental activity especially in the sphere of welfare service.



**Figure 2**

Thus it is one of the most popular structures of public administration in most developing countries especially in the execution of social and public utility services like the delivery of health care. The department presided over by officers having a general oversight of them all and entrusted with the duty of seeing that they work harmoniously towards the attainment of the common end. The advantage of the department type is that by grouping the related activities under a single governmental authority. They are brought into a close relationship and coordinated with one another. The line of authority runs from the several services to the departments of which they are the units and from the department to the chief executive – the minister to the legislative whose jurisdiction extends completely over a department or all the departments.

The Health and Family Welfare Department – Cabinet Rank – Minister / legislator – as a member of the legislature and as a minister in full charge of the health portfolio he Consolidates and coordinates the political aspects regarding all the health issues, including various shades of public opinion introduces and guides the health bills to acquire legislative approval within the framework of the total policies of the Government.

As the executive head of the department, he ensures the implementation of the policies approved by the legislative and exercises supervision over the entire administrative machinery involved in its implementation.

Below the Health Secretariat an Executive Directorates that bring to bear technical expertise and skills on the administrative and policy-making levels in Public Health and Medical Services. The Directorates are headed by specialists and are concerned with the supervision, coordination, and execution of the policies framed by the Government.

The Health Services in the State may be classified into 3 major categories namely Medical Education, Medical Services and Public Health. All the Directors function under the authority of the Department of Health Services and Family Welfare.

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## REFERENCES

1. Dr. Ashok Sahni, *Health Care for the Villages and Urban Slums, Indian Society of Health Administration, Bangalore, 1990, pp.23-35.*
2. S.L.Goel and R.Kumar, *Hospital Administration and Management – Volume 3, Deep and Deep Publication, New Delhi, pp.215-216.*
3. Nalini, V.Dev, *Hospital Management, Deep and Deep Publication, New Delhi, pp.10-14.*

