HOSPITAL MANAGEMENT AND ORGANISING FUNCTION: A STUDY OF PERCEPTIONS OF HOSPITAL STAFF IN PUBLIC AND PRIVATE HOSPITALS IN INDIA

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ABSTRACT

Organising function is one of the important aspects of management which decide the future success of any organization. Well established elements of organising function not only reduce costs and improve effectiveness but also increase staff satisfaction. And, when employees of organisations are satisfied this generally means that customers of that organisation are also going to be treated nicely. The aim of the paper is to analyze the perception of privately owned and public/Government/civil hospitals towards the organizing functions of hospitals. What the staff members think about the organizing practices of hospitals has been explored in the study. In the present study the districts of Allahabad and Lucknow (U.P.) have been selected for investigation. The study reveals that perception of staff members of private hospitals about organizing function is significantly different compared to the perception of public hospitals.

Keywords: Public hospital; Private hospital; Hospital staff; Organising function

INTRODUCTION

Organising function is one of the important aspects of management which decide the future success of any organization. Well established elements of organizing function not only reduce costs and improve effectiveness but also increase staff satisfaction. And, when employees of organizations are satisfied this generally means that customers of that organization are also going to be treated nicely. The function of organizing becomes very important with respect to hospitals due to the complex and dynamic environment within which hospitals have to perform.

McKee and Healy describe hospital environment as an environment that is technically complex, surrounded by much uncertainty and contains information asymmetry. This asymmetry only enhances the mystique of the medical professional and often leaves the outsider confused and perplexed. Scott defined hospitals as complex organizations, with goals, tasks, control systems, and relationships of authority that are articulated in both formal and informal ways.
Hospitals have to survive in most dynamic environment. On the one hand there is rapid growth in advanced technology and clinical specialization, on the other hand hospitals are just not supposed to cure the patients but also care them. Importance of hospitals become more prominent as hospitals are the integral parts of the health care system and are viewed by common man as one of the essential services that a government can provide. Enormous expectations of people are attached with hospitals. That is why, hospital administration and management has become one of the major areas of research and study, particularly in developing countries. Hospitals are complex entities which generally require most of the concepts of management studies to survive and perform effectively. Hospitals are complex structure of man, machine and management, where quality of end results depends upon many factors. Involvement of the human factor is greater in hospital and its management. Such human interface makes the task of hospital that much difficult as characteristics of incoming patients varies widely with respect to their emotion, economic and culture quotient. There is no element of hospital system on which a hospital can compromise if it supposes to work efficiently. Good machines to diagnose and test various diseases, qualified doctors to make truthful recommendations, humane support staff to help fulfill basic requirements of the patients and effective system for the smooth delivery of services to the patients, each function is important in hospital management.

Highlighting the importance of healthcare system in India, PricewaterhouseCoopers in its emergence market report 2007 on ‘Healthcare in India’ states following:

“Healthcare is one of India’s largest sectors, in terms of revenue and employment, and the sector is expanding rapidly. During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than $34 billion. This translates to $34 per capita, or roughly 6% of GDP. By 2012, India’s healthcare sector is projected to grow to nearly $40 billion. The private sector accounts for more than 80% of total healthcare spending in India.”

However, the Indian healthcare system is plagued with numerous problems. Public hospitals are criticized for poor management, unhygienic conditions, unavailability of doctors, shortage of infrastructure and resources to meet the swelling number of patients and apathetic attitude of administrative staff etc. On the other hand private hospitals are criticized for their basic intention of treating itself as a corporate entity, where money becomes more important than humanity. In fact because of the difference in stated goals, it is evident that the private sector attracts and treats persons who can pay and are non-emergency situations hence there is already a selecting out of patients. The public sector, on the other hand, seeks to provide universal access and therefore the patient load is always higher than the intended capacity. These different goals get reflected in the case mix, social background of patients and rate of patient turnover in the private and public hospitals.

Organizing involves analysis of activities to be performed for the accomplishment of organizational objectives, grouping them into various departments and section so that these can be assigned to various individuals and delegating them appropriate authority. Hospitals are characterized by a dual pyramid of an organization because of traditional relationship of the medical staff to administrative staff. Organization structures are a basic framework within which the manager’s decision making behavior takes place. Structure basically deals with relationships. Structure is the pattern in which various parts or components are interrelated or interconnected. Organizational chart is a diagrammatic form which shows the major functions and their respective relationships, the channels of formal authority and the relative authority of each respective function. The chart shows the formal relationships.

There are many differences among undeveloped, developing and developed countries' hospital management styles, but they are faced with similar problems with claims of patients. When a patient goes to a hospital, he/she expects good communication with doctors, nurses and officers, hopes equity and respect for his/her believing and feelings, wants service quality given in a smiling and humanity way, wishes solutions to his/her problems effectively in a short time. Major issues concerning proper management of hospitals are: safety and satisfaction of patients, managing finances, quality treatments, managing and retaining professionals and staff and system efficiency etc. Friesner et al. concludes that
over the years, a variety of models and schemes for hospital interventions and development have been deployed in hospitals.\[6\]

Though different sectors of the society would expect hospitals to work in a non-commercial manner, the problems that a hospital faces are purely commercial. Retaining good doctors have become one of the major challenges for the hospitals and even the corporate hospitals see a rapid exodus of experienced doctors. “As they grow, the large corporate hospital networks create layers within the organization and stop being as nimble as they used to in decision making”. This hampers individual autonomy and leads to the exodus of professional from one hospital to the other which is new, small and promising.\[7\] Thus changing basic practices in massive, complex healthcare organizations is especially challenging.\[8\] The performance of the hospital is conceptualized in terms of three different types of efficiency: managerial, clinical, and production efficiency and to meet that hospitals need the Continuous appraisal and adaptation to the changing needs of different components of the hospital process system. Mohr, Burgess and Young suggest that a teamwork culture in a hospital can reduce turnover thus providing cost savings and, perhaps, higher quality service to patients.\[9\] On the other hand, Leveck and Jones conclude that organizational and professional job satisfaction among nurses is a strong predictor of process measures of quality of care.\[10\] With concern to intensive care units, the best predictors of better patient outcomes are organizational factors such as a patient-centred culture, strong medical and nursing leadership, effective collaboration, and an open approach to problem solving.\[11\] Though it is not possible to establish an ideal organisation for all situations but, teams must engage regularly in process improvement efforts as many TQM advocates have long asserted.\[12, 13\]

Thus, it is evident from the work of many researches and reports that hospital administration is an important ingredient in the effectiveness of health care services. This research basically tries to examine whether there is any differences in the working of private and public hospitals. This research is basically trying to evaluate the functioning of public and private hospital with respect to organizing function of management.

OBJECTIVES

The objectives of the study are to:

1. Analyze the present human resource management policies, practices, and human relation scenario in hospitals and ascertaining whether policies are in conformity with the present day challenges and requirements of human resource.


HYPOTHESES

In the light of the above stated objectives and on the basis of a preliminary survey, the following hypotheses are framed in the present study.

1. The perceptions of the Doctors and Nursing Staff in Public and Private Hospitals are indistinguishable with respect to the different organizing functions such as effective organizational chart, job description etc.

2. The hospitals, whether public and private, that run on sound organizing function of management deliver better working environment to staff members.

SUBJECTS AND METHODS

This study is explanatory in nature and it aims at discovering general problems in the functioning of human resource management in hospitals and variables related with it. In the present study the districts of Allahabad and Lucknow (U.P.) have been selected for investigation. The population of the present study includes administrative and functional staff (including doctors) of the public and private hospitals situated in Allahabad and Lucknow regions of Uttar Pradesh.
Sample and Sample Size

From the universe i.e. district of Allahabad and Lucknow, a list of all the public sector and private sector hospitals was obtained. From each of these hospitals, the sample is taken from Doctors and Nursing staff.

Total sample size selected for the study was 200. This size includes 100 personnel from public hospitals and 100 personnel from private hospitals. Stratified Random Sampling Technique was used to decide the sampling composition. The complete study was conducted from January 2008 to April 2011. The time span of data collection was July 2009 to May 2010.

Instrument

The questionnaire method was chosen as a tool to collect the required data for the reason of its being simple and getting first hand and current information. Talluru developed the questionnaire to analyze the perception of doctors, nursing staff, departmental heads and chief executives towards organizing function, staffing function and diagnosing management problems. The same questionnaires have been used with some modification catering to the needs of the local population and conditions. The Likert type statements have been used with the options for the response being- Agree, Disagree, Don’t know. All items of this questionnaire are positive statements.

Collection of Data

Permission was sought from the respective hospitals for conducting the study. Each participant was approached by the investigator personally, who introduced himself and explained the purpose of the study to the subjects. Each respondent was informed about the objectives and significance of the study and consent was taken before administration of the questionnaire. A questionnaire, along with a covering letter explaining the objectives of the study and the method of completing the questionnaire was given to each subject in the population. An assurance regarding confidentiality of the results was also provided. The participant was assured that his/her responses would be kept confidential and that complete anonymity would be maintained.

Statistical Techniques Used

The objective of this study is to observe whether the two hospitals (public and private) could be distinguished with respect to organizing, staffing and diagnosing management problems. For this purpose, an attempt has been made to compare the performance and functioning on the basis of the count of responses for ‘Agree’, ‘Disagree’, ‘Don’t know’ type answers. Two-Sample t-test is used to evaluate the hypothesis. The t test has been applied only on the ‘Agree’ and ‘Don’t Know’ responses to evaluate the difference (if any and significant at .05 level) in the thinking of personnel of private and public hospitals. As statements are positive in nature and straight forward answers have been sought to assess whether respondents agree to the organizing functions of the hospital effective or not, this statistical method has been thought appropriate.

Delimitations of the Study

The population under study is limited to the municipal limits of the Allahabad Municipal Area (Uttar Pradesh, India).

The sample size of the present study is limited to 200 personnel only.

Basic limitation of the study is that, even though utmost care has been taken in selecting the sample, the results derived from a study may not be exactly equal to the true value of the population. Hence results of the study are considered to be true and relationships hold good, only for this study.

Though all efforts were made to get the correct response from the respondent, biasing by the respondent may happen in some questions.

The present study is limited in its design, method, measuring devices and statistical techniques.
RESULTS

Perception of the doctors and nursing staff towards organizing function has been recorded in the form of ‘Agree’, ‘Disagree’ & ‘Don’t know’. These responses are then tabulated percentage wise to analyze the individual statements (Table 1) for Public/Government Hospitals (GH) and Private Hospitals (PH). Further, t test has been applied to know if there exists any significant difference between the perception of public and private hospitals on organizing dimension.

Table 1. Response of Hospital Staff

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Particulars</th>
<th>Public (GH)</th>
<th>Private (PH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Organization chart indicates the position of each employee</td>
<td>Agree: 42, Don't know: 4, Disagree: 54, Total: 100; Agree: 73, Don't know: 8, Disagree: 19, Total: 100</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Organization chart shows superior-subordinate relationship</td>
<td>Agree: 38, Don't know: 12, Disagree: 50, Total: 100; Agree: 65, Don't know: 19, Disagree: 16, Total: 100</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Organization chart provides for formal communications</td>
<td>Agree: 33, Don't know: 8, Disagree: 59, Total: 100; Agree: 62, Don't know: 15, Disagree: 23, Total: 100</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Chart is indicating the relationship in the department</td>
<td>Agree: 46, Don't know: 12, Disagree: 42, Total: 100; Agree: 81, Don't know: 4, Disagree: 15, Total: 100</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Organization structure is known to staff members</td>
<td>Agree: 20, Don't know: 4, Disagree: 76, Total: 100; Agree: 87, Don't know: 3, Disagree: 10, Total: 100</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Major administrative policies and procedures are in writing</td>
<td>Agree: 25, Don't know: 13, Disagree: 62, Total: 100; Agree: 58, Don't know: 7, Disagree: 35, Total: 100</td>
<td></td>
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<tr>
<td>7.</td>
<td>Responsibilities of departmental heads are formally stated</td>
<td>Agree: 25, Don't know: 17, Disagree: 58, Total: 100; Agree: 69, Don't know: 12, Disagree: 19, Total: 100</td>
<td></td>
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<tr>
<td>8.</td>
<td>For all positions qualifications are stated</td>
<td>Agree: 50, Don't know: 25, Disagree: 25, Total: 100; Agree: 62, Don't know: 11, Disagree: 27, Total: 100</td>
<td></td>
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<tr>
<td>9.</td>
<td>Present position in department encourages growth of employees</td>
<td>Agree: 33, Don't know: 25, Disagree: 42, Total: 100; Agree: 58, Don't know: 4, Disagree: 38, Total: 100</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>For all positions, duties and responsibilities are specified</td>
<td>Agree: 42, Don't know: 12, Disagree: 46, Total: 100; Agree: 73, Don't know: 4, Disagree: 23, Total: 100</td>
<td></td>
</tr>
</tbody>
</table>
Table 1. Response of Hospital Staff (Contd....)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Public (GH)</th>
<th>Private (PH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Each employee is given a copy of the job description</td>
<td>33 Agree, 13 Don’t know, 54 Disagree, 100 Total</td>
<td>77 Agree, 4 Don’t know, 19 Disagree, 100 Total</td>
</tr>
<tr>
<td>12. Job description is reviewed and revised periodically</td>
<td>13 Agree, 8 Don’t know, 79 Disagree, 100 Total</td>
<td>73 Agree, 8 Don’t know, 19 Disagree, 100 Total</td>
</tr>
<tr>
<td>13. Department rules are flexible to meet the emergencies</td>
<td>33 Agree, 9 Don’t know, 58 Disagree, 100 Total</td>
<td>77 Agree, 8 Don’t know, 15 Disagree, 100 Total</td>
</tr>
</tbody>
</table>

The perceptions of Doctors and Nursing Staff on organizing function can be observed from the Table 1. The analysis of statement “Organization chart indicates the position of each employee” reveals that a major percentage of the respondents belonging to private hospitals (73%) opined that their hospital’s chart indicates each employee’s position, whereas 19% of the respondents expressed their dissatisfaction towards indication of the employee’s position. In public hospitals, 54% respondents stated that their chart is not providing a clear picture regarding an employee’s position in the hospital. From the discussion it can be said that in the private hospitals majority of the respondents indicated their satisfaction regarding organizational position.

The analysis of statement “Organization chart shows superior-subordinate relationship” reveals that in the case of the private hospital, 65%, respondents told that their hospital clearly demarks superior-subordinate relationship. In public hospitals out of 100 respondents 50% of respondents are not happy with the existing chart. One remarkable point is a reasonably high percentage of respondents i.e. 12% in public and 19% in private hospitals showing their neutral attitude. From the analysis it can be concluded that the majority of the respondents in public hospitals are not happy with the organization chart. High percentages of respondents who have shown neutral attitude indicate their ignorance about the chart as a mean to understand the chain of command.

The analysis of statement “Organization chart provides for formal communications” reveals that a high percentage of respondents 62%, of private sector hospitals opined that the existing chart clearly provides a channel for formal communications. In public hospitals out of 100 respondents 59%, claimed that organization chart does not provide channel for formal communication. It is noticed that 15% in private hospitals and 8% in public hospitals have not given their opinion. From the analysis it can be concluded that the majority of the respondents in public and private hospitals are informed about the existing channels of communication.

The analysis of statement “Chart is indicating the relationship in the department” reveals that 81% of respondents of private hospitals mentioned that their chart is indicating the relationship in the department whereas in case of public hospitals, out of total respondents 42% mentioned that they are not able to identify the departmental relationship with the help of the organizational chart. It can be safely assumed that public sector hospitals do not have detailed organizational charts or staff members are not made aware of this. This analysis confirms the results achieved in the preceding statement.

The analysis of statement “Organization structure is known to staff member” reveals that 76% of respondents in public hospitals expressed their disagreement towards the statement, whereas in case of private hospitals, 87% expressed that their staff knows the structure of their organizations.
The analysis of statement “Major administrative policies and procedures are in writing” reveals that 58% of the respondents in private hospitals opined that majority of the policies are in writing. In public hospitals 62% respondents claimed that there are no such policies of giving procedures in writing. 13% of the respondents from public hospitals and 7% of private hospitals have shown their neutral attitude. From the analysis it can be concluded that the majority of the respondents in private hospitals expressed their satisfaction towards the statement, whereas the respondents who belong to public hospitals are dissatisfied.

The analysis of statement “Responsibilities of departmental heads are formally stated” reveals that the considerably high percentage of the respondents, 58% in public hospitals claimed that the duties and responsibilities of their departmental heads were not mentioned specifically, whereas in private hospitals, 69% of the respondents stated that their duties and responsibilities were formally stated. 17% in public hospitals and 12% in private hospitals have shown their neutral attitude. From the above discussion it can be seen that the responsibilities of the departmental heads are mostly stated formally in private hospitals.

The analysis of statement “For all positions qualifications are stated” reveals that a considerable number of respondents 50% in public hospitals and 62% in private hospitals under study expressed their satisfaction towards the given statement. 25% of the respondents in public hospitals and 11% in private hospitals have shown their neutral attitude towards the statement. From the analysis it can be concluded that public and private hospitals are recruiting the personnel based on prescribed qualifications.

The analysis of statement “Present position in department encourages growth of employees” reveals that 58% in private hospitals stated that the present structure is encouraging the growth of employees, whereas in case of public, 33% of the respondents are not happy as far as encouragement for growth is concerned. 25% of the public and 4% of private hospitals have shown their neutral attitude. From the analysis it can be concluded that policies of private hospital are more encouraging when compared to the public hospital.

The analysis of statement “For all positions, duties and responsibilities are specified” reveals that 73% of private hospitals mentioned that they are having a clear understanding of their duties and responsibilities. In public hospitals out of 100 respondents 46% mentioned that there is no idea about the duties and responsibilities. 12% of the respondents from public and 4% from private have shown their neutral attitude. From the analysis it can be concluded that the majority of the respondents in private hospitals has a clear understanding about their duties and responsibilities.

The analysis of the statement “Each employee is given a copy of job description” reveals that 77% of the respondents in private hospitals stated that they are given a copy of the job description. Out of 100 respondents in public hospitals, 54% expressed their disagreement with the statement. 13% of the respondents from the public and 4% of private hospitals have shown their neutral attitude. From the analysis it can be concluded that the majority of the respondent in private hospitals is getting job description documents but not in public hospitals.

The analysis of statement “Job description is reviewed and revised periodically” reveals that 73% in private hospitals told that their job description is reviewed and revised periodically. In public hospitals, 79% stated that job description is not reviewed periodically. From the analysis it can be concluded that the majority of the respondents in private hospitals is happy as far as revision of job descriptions is concerned.

The analysis of statement “Department rules are flexible to meet the emergencies” reveals that 77% respondents in private hospitals told that their department rules are not so rigid. In public hospitals majority of the respondents (58%) claimed that their rules and regulation are very rigid. From the analysis of various statements it can be concluded that the public hospitals are facing severe problems
regarding the overall organizing function of the management whereas, private hospitals have shown better organizing function and working condition. Hence, maintaining the hypothesis two true.

**Hypothesis Testing**

To test the significance of the difference in the thinking of the personnel of the two types of hospitals, the ‘Agree’ and ‘Don’t Know’ responses are counted and then the t test is applied.

**Table 2. Mean and t-Values of Perceptions of Doctors and Nursing Staff towards Organizing Function (On the Factor: Agree)**

<table>
<thead>
<tr>
<th></th>
<th>Mean ‘M’</th>
<th>Variance</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>33.30769</td>
<td>111.7308</td>
<td>-9.62301</td>
</tr>
<tr>
<td>Private</td>
<td>70.38462</td>
<td>81.25641</td>
<td>-</td>
</tr>
</tbody>
</table>

**Note:** t critical two tail: 1.97 (at 0.05 significant levels)

The t value is more than the table value at 0.05 significant levels (Table 2). Thus hypothesis 1 is rejected and can be said that there is a significant difference between public and private hospitals for “Agree” response. If we compare the mean score for the “Agree” response of the doctors and nursing staff belonging to public and private hospitals, we find that private sector doctors and nursing staff are more satisfied with their hospitals organizing policies. So on organizing function, private hospitals are most preferred hospitals. Private hospitals follow proper organizing function.

**Table 3. Mean and t-Values of Perceptions of Doctors and Nursing Staff towards Organizing Function (On the Factor: Don’t Know)**

<table>
<thead>
<tr>
<th></th>
<th>Mean ‘M’</th>
<th>Variance</th>
<th>t-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>12.46154</td>
<td>44.26923</td>
<td>1.850374</td>
</tr>
<tr>
<td>Private</td>
<td>8.230769</td>
<td>23.69231</td>
<td>-</td>
</tr>
</tbody>
</table>

**Note:** t critical two tail: 1.97 (at 0.05 significant levels)

The t-value of doctors and nurses response for perceptions towards organizing function on “Don’t Know factor” is less than the t table value at 5% significance level (Table 2). It implies that there exists no significant difference between the doctors and nurses in public and private hospitals as far as their indecision towards the hospital organizing practices are involved. It implies that there are some percentages of respondents both in public and private hospitals who are unaware or not sure about the organizing function of the hospitals. On comparison of the mean score in the figure, it is clear that such responses are more in case of public hospitals than the private hospitals.

**DISCUSSION**

Results have shown areas of concern for the public sector hospitals. Organizational charts of public hospitals are not providing correct division of functions. In some of the areas the span is too wide and in other areas it is too narrow. Such type of uneven distribution gives unhealthy atmosphere which leads to conflicts. It can be said that most of the things come to the principal’s table for decision which are routine in nature. It is also observed that duties of some of the executives are overlapping which leads to confusion and chaos. The organizational charts of private hospitals reveal that most of the activities are divided perfectly. These hospitals have grouped some of the important areas under one head under the control of General Managers. The analysis of other important issues related to the organizing function reveals that the decision making in public hospitals is centralized. For this reason, many routine matters are coming to the principal’s table. This results in abnormal delay in taking routine decisions, whereas in private hospital authorities realize that the net result of the centralization leads to unnecessary paperwork and delays in decision making which causes dissatisfaction to the patients. So they are giving much importance to decentralization at all possible levels.
The perceptions of staff towards the organizing functions reveal that the majority of the employees in private hospitals feel that the organization chart indicates the position of each employee and shows the perfect subordinate-superior relationship. It is observed that the major administrative procedures and policies are in writing. The responsibilities of the departmental heads are formally stated. It is also observed that every employee is given a copy of the job description. It is reviewed and revised periodically. In public hospitals the organization chart is not clearly indicating the relationships. The responsibilities of the departmental heads are not formally stated. They expressed the view that the positions in the departments are not encouraging the growth of the employees. A majority claimed that they need to wait for the long time before taking decisions for approval resulting in delay in performing tasks. In private hospitals, the policies, procedures are in writing. For all positions the duties and responsibilities are specified. It may be said that the organization structures are to be modified as per current needs. In public hospitals, the decision making process is centralized. Many routine matters are going to the table of top officials. But in private hospitals the situation is better.

Thus it is once again concluded here that hospitals have to organized itself as per the changing environment as it was suggested by Burns & Stalker and Lawrence & Lorsch.\cite{15, 16}

Heine and Maddox while acknowledging the difficulty of bringing significant organizational change to hospitals or for that matter any complex organization suggest that a socio-technical systems movement toward greater quality focus, improved teamwork and open, timely communication can only improve the delivery of services in many hospitals and other health care delivery systems.\cite{17}

In-spite of various recommendations and suggestions offered by various researchers and other bodies on the issue of improvements in organizational design of hospitals, this research yet again highlights inability of the public hospitals to adopt the new concepts of human resource management.

**CONCLUSIONS**

Though no one basic organization design and procedure can be fit for different hospitals, yet better organizing function lead to overall better working environment for hospital staff. The study reveals that perception of staff members of private hospitals about organizing function is significantly different compared to the perception of public hospitals.

Organising function is one of the important aspects of management which decide the future success of any organization. Well established elements of organising function not only reduce costs and improve effectiveness but also increase staff satisfaction. And, when employees of organisations are satisfied this generally means that customers of that organisation are also going to be treated nicely. The aim of the paper is to analyze the perception of privately owned and public/Government/civil hospitals towards the organizing functions of hospitals. What the staff members think about the organizing practices of hospitals has been explored in the study. This study is descriptive in nature and it aims at discovering general problems in the functioning of organizing functions in hospitals. In the present study the districts of Allahabad and Lucknow (U.P.) have been selected for investigation. The population of the present study includes administrative and functional staff (including doctors) of the public and private hospitals situated in Allahabad and Lucknow regions of Uttarpradesh. From the universe i.e. district of Allahabad and Lucknow, a list of all the public sector and private sector hospitals was obtained. From each of these hospitals, the sample is taken from Doctors and Nursing staff. Total sample size selected for the study was 200. This size includes 100 personnel from public hospitals and 100 personnel from private hospitals. Stratified Random Sampling Technique was used to decide the sampling composition. The questionnaire method was chosen as a tool to collect the required data. Descriptive statistics has been used to describe the data and ‘t’ test was used to analyze the data. The study reveals that perception of staff members of private hospitals about organizing function is significantly different compared to the perception of public hospitals. Though no one basic
organization design and procedure can be fit for different hospitals, yet better organizing function lead to overall better working environment for hospital staff.

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