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"Hospitals as Service Organizations: Evolution and Growth"

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Abstract: Hospitals have been always categorized as service units due to their inherent characteristics and the nature of work done there. Due to the element of intangibility it is always difficult to evaluate the quality of services produced by multispecialty hospitals. Hospitals have marked their presence in the society way back during the period of Greeksduring 291 BC and the rule of King Ashoka in India during 230 BCE along with Brahmanic hospitals in Srilanka during 431 BCE. The following describes the evolution of Hospitals in the past and its subsequent growth in India.

Introduction

Hospital: A Service Industry

Hospitals are to be categorized into service industry as there is no manufacturing of a tangible product but delivery of intangible services. The government tries to provide health related services through state run hospitals. The areas that fall under the purview of healthcare are hospitals, medical devices, clinical trials, outsourcing, pharmacies, medical tourism, online medicine, insurance companies and companies manufacturing medical equipments and software. Healthcare sector as a whole has evolved rapidly since the past. This has been due to the overall progress achieved in various sectors by different governments in India from time to time. Hospital services are completely intangible since it cannot be measured directly but can only be experienced when an individual is being treated and also on the basis of his post treatment well-being.

Healthcare industry just like many service sector companies concentrates on the interaction between patient and healthcare service providers (Conway and Willcocks, 1997), (Benbassat and Taragin, 1998). Patient care is always central to hospitals and the government should take active part in protecting the rights of patients. In this service process hospitals should also play a critical role in creating awareness among patients regarding their rights. This would further enhance

patient satisfaction. Such awareness campaigns should be periodically organised by hospitals which would also enable hospitals to understand patients' expectation from the hospital. This would further help in finding the service gaps between patients' expectation and patients' perception. By addressing these gaps patient satisfaction can be effectively achieved. When it comes to intangible services patients' service literacy also helps in enhancing patient satisfaction. Similarly, the employees should also be trained to understand the psychology of patient in the pursuit of providing effective service quality.

Healthcare services in the past and its evolution

The word hospital has been derived from the latin word "hospes" which means for host or hospitium i.e. a place to entertain. In Asia the temples of Saturn and Asclepius were observed for curing of diseases. Some scholars also believe that hospitals were first built in Mesopotamia. While some researchers believe that the Greeks are the originators of rational medicine they never had hospitals but use to cure the patients in their homes. As early as in 431 BCE Srilanka had Brahmanic hospitals and during 230 BCE King Ashoka had established a chain of hospitals in India. Similar to this the Romans also had established hospitals for treating the soldiers, the gladiators and the sick. According to the old literature hospitals were built in Srilanka by Sinhalese King Pandukabhaya long back in the 4th century BC. The oldest hospital is found to be in Mihintale, Srilanka in the 9th century. The architectural remains suggested that the patient's rooms were sized 13 x 13 as they are in the present day. The ancient cultures were known to link the medicine with religion and many diseases were treated by the Greeks in the temples during 291 BC. Prayers and sacrifices always played an important in the healing process in the past. The ancient medical practioners also use to stitched wounds and set broken bones. Opium was more prominently used in the healing process. During the 6th century B.C. medical schools were constructed in Greece, while it believed that in 300 AD the first teaching hospital was constructed in Gondisapur, now in Iran. The hospitals that were built in Switzerland during the 1st century AD had patient rooms that were very small in size with courtyards built around. "Patient-ward" as a concept can be traced to earlier periods of the 1st century when 3-4 beds were place in a single room. During the period of earlier Christianity in Europe, Rome especially, the church started playing prominent role in healing people. Monasteries were being founded to accommodate the poor, the sick and the people travelling around in that period. During the 6th century cathedrals were found to be associated with hospitals that served the sick people in the empire. Later on many religious institutions in the European region started providing healthcare facilities to the sick and the poor. The concept of ward started getting more popularity and expansions were made to accommodate more patients. Soon it became a standard for many public hospitals in Europe. But as the number of patients was increasing the ward concept was endangered due to infections from multiple patients, as a result of which the pavilion plan was introduced. This plan provides with ample quantity of light and fresh air for better recovery of

patients. The St. Thomas hospital in London and the John Hopkins hospital in Baltimore were the first to use the pavilion plan. Further the concept of ward was exported from the Europe to the North America with its exploration and settlement. In 1524 the oldest hospital was built in the city of Mexico. As the popularity of ward system increased, people preferred to stay at hospitals rather than get treatment at homes. Patients preferred to be at hospital simply by paying. Further better accommodation and treatment might have got associated with the capacity to pay by the nobles and the rich. In the late 1800s the first pay hospital was introduced in London with a capacity of eight bedded rooms. Soon the concept of single and semi-private rooms was introduced in the healthcare sector. England witnessed the first voluntary hospital in 1718. In between 1719 to 1787 many hospitals were established outside London in around 18 cities. As the medical technology advanced and medical facilities improved patients started preferring the religious and the public hospitals at large. The concept of multiple ward system soon started getting momentum with hospitals being constructed as multi floored buildings. The management of hospitals soon started feeling the need and urgency of private rooms. Private rooms are relatively more beneficial to patients in terms of less noise, less crowding and reduced risk of infection. Due to this private rooms are being costlier than multi bedded single ward which is also called as the general ward. Along with the advantages to patient's private rooms also possess certain disadvantages. Patient admitted in a single private room is socially detached from other patients as a result of which he or she may experience isolation. Also it may get difficult for a private room patient to get the attention of a nurse or a ward boy in case of emergency which may not be the case in ward system.

Hospitals in Ancient India

The Vedic period

Indian culture has its roots to the times of the Aryan culture in the Indus valley. As the Aryan culture propagated in India, their medicinal principles also got prominence. The Aryan medicinal knowledge and culture was based on the four Vedas viz. The Rigveda, Samaveda, Yujurveda and the Atharvaveda. The Rigveda is all based on hymns and prayers for protecting the people from various diseases and natural disasters. During the vedic period the main concern for people was a positive physical and mental health which are the principles of the yajurveda, meaning people should practice a positive state of mind for being a healthy human being. The Ayurveda (Ayur i.e. life and veda i.e. knowledge) means science of life. During the vedic period Ayurveda was practised as the traditional way of healing people. Ayurveda was further developed by a physician Charak in the court of king Kanishka. It is believed that ayurveda was initiated by lord Dhanvantari (Indian god of medicine) and was further developed by Sushruta, a celebrated surgeon of his time.

The Medieval period

Just like the European counterparts the sick in India was also treated at home while those who had no on to look after were treated at some arranged place by the local governemnet at respective places. According to a Chinese traveller Fa-hein (CE 405-411), there were charitable dispensaries in India during the times of Chandragupta Maurya in Patliputra where the sick from different communities were treated. Another Chinese traveller Hiuen Tsang (CE 629-645) who came to India describes the presence of "hospices (punya-salas) along the highways of towns and villages where food and drink was provided along with medical facilitiesby physicians to the poor and sick. These hospices were popular as punyasthanas, dharmashalas, muths, punyashalas and the viharas. These were similar to the monasteries and almshouses in Europe. Some epigraphical records prove the presence of dispensaries during the pallava rule between CE 574 and 879. During the cholakings dispensaries were known as atulasalai or vaidyasalai and allowances were given to the physicians. During the same period medicines were known as atula or vaidya. The physicians in those days were being appointed by the kings or the queens and the profession was followed from generations to generations. During the period of VeeraRajendra Deva of the Cholas in CE 1067 fifteen bedded hospital was used for treating the members of temples, the students and school teachers. The medicines were all extracted from herbs obtained from nearby jungles and administered to the patients. An inscription dated CE1226 at Malkapur in Andrapradesh indicates the presence of a maternity home and a general hospital.

During the 12th century hospitals were built in Baghdad and Damascus where hospitals treated patients irrespective of their caste, religion, race, belief or social order. The Arab hospitals were supported by community and people donated a part of their earnings for healthcare institutions. In India as the Mughals expanded their rule from the 10th century onwards, the popularity of Unani medicine increased as many physicians from the middle east created their impact. Later the Unani and the ayurvedic medicinal systems were integrated during 1555 to 1605 when Emperor Akbar ruled. The mughals were successful in translating the principles of ayurved into Arabic and Persia and then into Urdu. Soon the mughals started losing the grounds to the Portuguese due to increasing influence of the later in Goa by 1510.

Upto the 18th century in India the sick was being treated by the Hakims and the Vaidyas. The treatment available then was ayurvedic. Allopathic treatment gained popularity in India during the period of British missionaries in the sixteenth century. During the Portugese rule in India, Royal Hospital was founded in Goa in between 1510 and 1515 and there onwards the practice of general medicine was introduced by the Jesuits. The hospital was later converted into the school of medicine and surgery in 1842. It was the Portuguese who introduced the modern medicine in India and later during 1664 and 1668 the French and the British established the first hospitals respectively. In India the first medical school was started in Calcutta and then in Madras. The western medicine was brought to India by the medical officers of East India Company. India

received its first hospital in the form of Madras General Hospital in 1679 while in 1796 the Presidency General Hospital was formed in Calcutta. The Britishers started a medical department in 1764 in Bengal for the servants of the East India Company. During 1800 to 1820 four hospitals were formed in Madras. The Calcutta Medical hospital was formed in 1835. In 1852 in Calcutta the Medical College Hospital was established while in 1860 in Lahore, the Lahore Medical School was formed which was later renamed as King Edward Medical College. The English established medical departments in Bombay and Madras which comprised both the military and civil servants. The Indian Medical Services was formed in 1896. As the British rule spread in India, the local governments encouraged the establishment of local dispensaries at district levels. Many small hospitals were started by the British in India in different states thus forming a network of Medical hospitals. In 1918, Lady Reading Health School was formed in Delhi. The All India Institute of Hygiene and Public Health was started in Calcutta in 1930 while in 1939 in Singur, Calcutta the first Rural Health Training Center was established. The Imperial government of India had around 1200 public hospitals and dispensaries under its control in 1880 which had increased to approximately 2500 by 1902. The patient turnover had increased to 22 million in 1902 as against 7.4 million in 1880. Though allopathic practice was introduced in the 16th century in India, ayurvedic was still the most prominent practice. The credit of introducing the allopathic practice in India goes to the Britishers. Over a period of time it was felt that allopathic medicines are more effective in providing symptomatic relief and overall healing process than its ayurvedic counterpart which led to further proliferation of allopathic medicines in India.

Post-Independence evolution of Hospitals in India

After independence India witnessed a gradual change in its medicinal infrastructure with the establishment of the Darbhanga Medical College in 1946 in Bihar. Soon in Bangalore in 1953, Manipal Hospitals was founded under the Manipal Education and Medical Group. The government passed an act in parliament to establish institutes of national importance in India. In accordance to this act in 1956 the All India Institutes of Medical Sciences (AIIMS) was founded with its first college in New Delhi. The All India Institutes of Medical Sciences are autonomous public medical colleges which were later expanded throughout India and have facilities in many states across India. In 1962 another institute of national importance in the form of the Postgraduate Institute of Medical Education and Research was established in Chandigardh. In 1970, Anugrah Narayan Magadh Medical College and Hospital was founded in Gaya. In 1971 in Bhagalpur, Jawaharlal Nehru Medical College and Hospital was founded. With the aim to eradicate cataract related blindness a network of Eye hospitals in the form of Aravind Eye Hospitals was initiated by Dr. GovindappaVenkataswamy in 1976. These eye hospitals were established in different regions of South India like Tamil Nadu, Madurai, Theni, Tirunelveli, Coimbatore, Pondicherry, Dindigul, Tirupur, Salem, Tuticorin and Udumalpet. By

2012 the hospital had treated over 32 million patients and around 4 million surgeries had been performed. Majority of these surgeries were cheap or free making it the world's largest and most productive eye hospital. In Bandra, Mumbai, Lilavati Hospital and Research Centre a private hospital was established in 1978 by the LilavatiKirtilal Mehta Medical Trust. In 1997 Lilavati Hospital was started by the same trust with 314 beds, 12 operating theaters, 300 consultants, intensive care units (ICUs), and 1,800 staff members to provide care for 300 in-patients and 1,500 out-patients daily. In 1983, in Chennai Apollo Hospitals Enterprise Limited an Indian chain of hospitals was started by Dr.Prathap C. Reddy. The hospital has received accreditation by Joint Commission International, America and National Accreditation Board for Hospitals & Healthcare Providers hospitals. The hospital is famous for providing quality healthcare services to patients and has over 43000 employees across India. In 1992 in Chennai, a multi super speciality Fortis Malar Hospital was founded by Malvinder Mohan Singh. It is a chain of hospitals with operations in Delhi. Amritsar, Kolkata, Navi Mumbai, Mohali, Ludhiana, Jaipur, Chennai, Kota, Bengaluru, Gurgaon, Nashik, Noida, Faridabad, Mumbai and Odisha. Fortis Healthcare is another famous hospital for quality healthcare services employing around 80000 people across India.

In March 1995, The *Ministry of* Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, abbreviated as AYUSH was initiated by the Department of Indian Systems of Medicine and Homeopathy (ISM&H) for development, education and research in ayurveda, yoga, naturopathy, unani, siddha, homoeopathy, Sowa Rigpa (Traditional Tibetan medicine) and other Indigenous Medicine systems. In the year 2000, in Ahmedabad, the Krishna Heart and Super Specialty Institute, also known as Krishna Heart Institute or Krishna Hospital was founded under the leadership of Dr.AtulChoksi an interventional Cardiologist as a super speciality hospital for heart related diseases. The hospitals is also famous in various branches of medicine and has so far performed around 25000 heart related procedures which includes 4000 surgeries on heart. It has a capacity of over 140 beds and sophisticated operation theatres. In 1973 at Thiruvananthapuram, Kerala another institute of national importance was founded by ChithiraThirunal Balarama Varma as an autonomous medical school in India. The institute is controlled by Department of Science and Technology, Government of India. The Narayana Health also famous as the Narayana Hrudayalay was founded by Dr. Devi Shetty in the year 2000 and has headquarters in Bangalore. It is a chain of multispecialty hospitals with location in Delhi, Kolkata, Jaipur, Ahmedabad, Raipur, Jamshedpur, Guwahati, Mumbai, Mysore, Dharwad, Kolar, Shimoga and Davangere along with the international subsidiary in the Cayman Islands. The Narayana Health offers a wide range of services in the area of cardiac surgery, cardiology, gastroenterology, paediatrics, obstetrics and gynaecology, nephrology, urology etc. It has around 14000 employees at 24 different hospitals. The Ford Hospital and Research Center was established in the year 2008 in Bihar. The hospital is famous for its state of the art facilities in cardiac care, surgery and rehabilitation. The hospital has expanded to more than 105 beds and is

one of the largest private hospitals in Bihar. Another multispecialty chain of hospitals in the name of Columbia Asia was established in the year 1996 with across 29 medical facilities across India, Malaysia, Indonesia and Vietnam. In India the hospital has started its operations in Gurgaon, Patiala, Ghaziabad, Bangalore, Mysore, Kolkata, Pune and Ahmedabad. In 2009 KokilabenDhirubaiAmbani a multi-bedded multispecialty hospital was established in Mumbai, Maharashtra. The hospital has state of the art medical facilities and provides world class services in areas of surgery, cardiology, paediatrics, obstetrics and gynaecology, oncology, neurology, nephrology etc.

Conclusion

It is difficult to imagine a society without hospitals. Hospitals have always been a source of relief and motivation for the sick and will continue to. Hospitals all over the world have seen a great evolution from the basic structure of simply having three elements viz. the Doctor, the Patient and the Medicine to the present state where witnessed by modernization in medicine and infrastructure along with the methods of diagnosis. This would continue and hospitals in the future would continue to emerge as centres of excellence in human healthcare and rehabilitation to meet the growing needs of the modernized world. Similarly, this growth would also continue to emerge in fierce competition among various multispecialty hospitals in individual countries and among different nations. It would not be wrong to mention at this point about Darwin's theory of survival of the fittest that only those healthcare centres with excellence in human healthcare and service quality will dominate.

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