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## MANAGEMENT PRACTICES AND ORGANIZATIONAL PERFORMANCE: EMERGING VIEWS

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### Abstract

*Management practices have long been accepted as a carter of organizational performance and product`ivity and research shows that firms that adopt the best management practices accomplish significantly better outputs than those do not. The purpose of this research is to identify the management practices that play a role in the performance of healthcare systems in India. The study embarks upon an embedded multiple case study approach and is conduct in one of the States in India. Each hospital is the subject of an individual case study, but the study as a whole has covered several hospitals as a multiple case design. The management practices are grouped into practices related to Operations Management, People Management and Target Management. While private hospitals are moving towards more structured and better management practices, public hospitals still have a lot more to accomplish in this regard. This study adds value to the literature by trying to understand the management practices followed in the healthcare organization in India.*

**Keywords:** Management practices, Performance

### INTRODUCTION

Management practices have long been accepted as a carter of organizational performance and productivity and is considered as a means for creating value in healthcare (Agarwal et.al, 2016). Studies in the area of management practices shows that firms that adopt the best management practices accomplish significantly better outputs than other firms (Bloom et.al. 2012). It positively influences the employee well-being, performance of the workforce and the performance of the health systems as a whole (Foster et.al. 2008). The role of better management practices in improving the performance of the organizations is getting important day by day and the research in the manufacturing sector shows that there is a link between performance and management practices (Narkhede, 2017). Therefore, this paper tries to identify the key management practices that play a role in determining the performance of the healthcare systems in India. The study throws up interesting insights into the effect of management practices on the perception of patients and the performance of the hospitals and it provides the hospital management with firm evidence about the present state of organization in terms of its existing practices, principles, and expectations.

### Management Practices:

The management practices are grouped into three areas: Operations Management, People Management and Target Management (Bloom et al., 2012). Further, there is a positive association between operational best practices and a hospital's performance (McDermott and Stock, 2007). Researchers have highlighted the role of operations management practices in the performance of a healthcare organization (Rotter et. al, 2010). The best operations management practices mentioned in the previous studies are practices related to layout and design, lean system practices, quality management practices, patient pathway management, clinical practice guidelines and standard operating procedures (Vos et.al.,2007; Rotter et. al, 2010; McDermott and Keating, 2011).

Importance of people management needs to be realized and instigated in the right direction with the practical approach (Duncan et.al., 2013) and its success depends mainly on the establishment of the feeling of mutual trust and interdependence and open communication between the authorities and staff (Pestonjee et.al. 2005). Literature on people management practices in healthcare considers well defined recruitment policy, training programmes, appraisal systems, rewards, financial incentives, motivation, teamwork and autonomy as the key practices associated with increased job satisfaction and higher levels of healthcare performance (Brooks et.al. 2002; Patterson et.al. 2012; Agarwal et.al., 2016). Therefore, it is evident that organizations that incorporate the best people management practices show a high level of employee commitment and job satisfaction. Moreover, healthcare organizations which follow these practices to attract develop and hold talent deliver high quality services and care to the patients (Leggat et.al, 2011; Bloom et.al, 2012). A study carried out by Dorgan et.al (2010) recommended that healthcare organizations have to link reward systems with performance appraisal, promotions with merit rather than with seniority and balance financial and nonfinancial rewards in order to achieve high performance.

Researchers have highlighted the role of target management in the overall performance of the healthcare organizations (Dorgan et. al, 2010; Geelhoed & de Klerk, 2012). Best practices in target management include well-defined mission and vision (aligned with operational and financial perspectives), balanced short term and long term goals and well defined performance tracking system (Dorgan et.al, 2010) and its effectiveness depends on the appropriateness of the goals and targets defined and set by the management (Bloom et. al. 2012). A failure to achieve agreed targets needs reskilling the employees in the weak areas or reallocation of the duties and making it appropriate to the individual's talents. Translating long term goals into short term goals and seeing it as a staircase to reach the long term goals also is considered as a best practice in target management (Bloom et. al. 2012). Similarly, best goals

are always sincerely demanding for all and are based on hard economic rationale.

Services provided in a hospital should be appropriate to the health needs of the population (Rechel et.al, 2009). Service quality is considered as a means for achieving increased patient's satisfaction, long-term success and a competitive advantage (Pai & Chary, 2013). It has been researched and confirmed by researchers that high quality of services is directly linked to high profits (Narkhede, 2016; Devlin & Dong, 1994). Moreover, there has been a phenomenal increase in the number of people who visits the hospitals which provide high quality services (Pai & Chary, 2013). Therefore, the role of patients in defining the quality becomes significant (O' Connor et.al. 2000) and their requirements and expectations need to be understood thoroughly. Moreover, the quality of the services indicates the performance of the system (Arasli et.al, 2008) and therefore it is used as a measure of the performance (Rubin et.al 2001; Vanhaecht et.al.2003).

## METHOD

This study embarks upon an embedded multiple case study approach to research on management practices because of the dearth of exhaustive information. It required the application of multiple sources of evidence since management practices being contextually defined and multifaceted. An embedded multiple case study design offers the opportunity to explore, in depth, the nature of successful management practices through an inductive, constructivist lens while applying quantitative measures to objectively assess perception of patients.

For this research, each hospital is the subject of an individual case study, but the study as a whole has covered several hospitals as a multiple case design. This study has intended to view management practices through multiple lenses rather than one isolated characteristic. Cases are chosen from three different districts in Kerala, India. The cases are chosen based on the criteria of ownership (public and private). Taluk hospitals and public health centres (PHCs) are considered from the public sector and trust owned and family owned hospitals are considered from the private sector. Participants are selected with a view of understanding the phenomenon at different stakeholder's levels. Hospital authorities, doctors, nurses and patients are selected through stakeholder analysis wherein interviewees with requisite knowledge of the management practices are selected for understanding the practices followed in the selected hospitals.

The tools of data collection employed are in-depth semi-structured interviews, content analysis of secondary data. The survey tool originally developed by Bloom et al (2012) has been followed in order to understand the concept of management practices. However, respondents were allowed to have an unrestricted conversation with rooms for deviations. To get realistic insights, the questions asked had a wider scope than expected (Crane, 1999). The questions even allowed the respondents to comment on the perceptions regarding other stakeholders as such conversations are useful for comparison

(Arenas et al, 2009). In order to get the best results, the interviews were recorded along with points being noted down. Secondary data sources were used to triangulate the findings from interviews and to identify disagreements between the responses and the historical facts (Spence, 1982).

This study has used grounded theory methods to analyse the primary data and to reach at the conclusions. Grounded theory is a qualitative research methodology for developing theory that is grounded in the data and is methodically collected and studied. Theory emerges continuously during the research starting from data collection till final analysis and it is a method of constant comparative analysis (Glaser & Strauss, 1967). In this method, theory may be initially created from the data or if existing theories appear suitable to the exploring area, these may be expanded and revised as collected data are punctiliously played against them and it utilizes interviews, field observations and documents of all kinds as the sources of data. Grounded theory develops theory of great conceptual density. Phenomena are identified before properties of the phenomena and is followed by dimensions of the properties and links between phenomena to create a model (Strauss and Corbin, 1998). The software ATLAS ti helps to apply the concept of grounded theory to data and to develop the conceptual diagram.

## RESULTS

The data analysis using coding and building a network led to the formation of a complex conceptual web of inter-connected concepts (Figure 1). The concepts forming the backbone of the network are: overall performance, management practices (operations management, people management and target management), service quality and patient's perception.

The operations management (Table 1) practices are grouped into structure, pathway, accreditation and promptness of the management. The best practices related to 'structure' are in the area of design and size of the hospital, modern technology and equipment, proper allocation of funds, the use of sign boards and the cleanliness maintained in the hospital. 'Patient's treatment journey,' 'waiting time' and the 'general pathway management' are the best practices related to 'pathway management'. The crowd management and emergency management practices are related to 'promptness of the management'.

If the layout of the hospital is not conducive to the patient pathway, it creates problems for patients and declines the performance of the staff. Restructuring of pathways is an important practice emerged in the analysis. Patients and their family members get exasperated with the complicated pathways. It is clear from the analysis that the hospitals have improved their performance by restructuring and remodelling of the pathways.

The use of sign boards is another practice which is emerged during the analysis. Adoption of sign boards and indicators has eased the struggles of the patients. Some of the hospitals have taken measures like token display systems, proper arrangements of outpatient consulting rooms, etc. to reduce

the waiting time of patients. Moreover, hospitals have taken steps to ensure the comfort of patients in the waiting area. Hospitals have provided waiting area with drinking water facility, commode facility, television facility, newspapers and magazines, etc. Best management practices adopted in the area of promptness of the management are related to the crowd management and the emergency management. Hospitals follow different crowd management practices like allocating floor managers and public relation officers (PROs), training the front-end employees, redesigning the reception area, seeking the co-operation of patients etc. A triage system in the emergency department is followed by two of the hospitals in order to increase the efficiency of emergency services. Another important practice is related to the allocation of funds. Public hospitals (Table 2) have taken measures such as the formation of the local management committee, follow proper standards given by the government agencies etc. to effectively utilize the fund. Practices, adoption of technological advancements like new medical devices, new support systems and new medical procedures, etc. are also considered as best practices to improve the performance of the healthcare organizations.

The best practices related to accreditation are in the areas of standardization of procedures, management of records, checklists and quality indicators. Any accreditation or standardization has a significant influence on the management practices followed in the hospitals and it affects the service quality and accordingly shapes the perception of patients. Accreditation helps the organization to identify unsafe practices, reduces risk, standardize the operations and gives importance to continuous quality improvements. Even though, the hospital authorities believe that the accreditation increases the performances of the hospitals, the concepts emerged from the analysis doesn't support this viewpoint. The staff and the patients from the accredited hospital strictly objected the concept.

The network diagram (Figure 1) emerged has grouped the people management practices (Table 1) into the practices related to recruitment and selection, leadership and facilities provided to the staff. The best practices related to recruitment and selection are from the areas of task allocation, remunerations, qualifications of the staff and performance tracking. Allocation of the right staff to the right job ensures that the staff members undertake tasks for which they are qualified and it increases the quality of services provided to the patients. However, most of the hospitals do not have well documented recruitment policy. Some of them follow practices like 'proper definition of qualifications (including the specification of universities or boards)', 'shortlisting of candidates by well experienced senior staff', 'conducting interviews and practical tests (wherever applicable)', 'remuneration as per the government rules', 'filling up vacant positions' etc.

As far as leadership is considered, the best practices are from the fields of teamwork and employee centric approach. The best practices followed in the area of 'facilities provided to the staff' include benefits given to the employees and training

given to them. The employee-centric approach includes the practices related to staff motivation and autonomy. The staff motivation practices followed by them are mainly rewards and monetary benefits. Rewards consist of certificates and shields. Empowered and well-motivated staff are the assets of the hospitals and they can contribute a lot in outlining positive patient's perception. However, from the analysis it is clear that, there are some hospitals who do not prefer monetary rewards. Increments are given yearly and it is not based on the performance. The best practices related to autonomy are the freedom given to the employees and the decision-making power given to them. These practices help to increase the loyalty of employees and it is considered as a success factor.

The network diagram (Figure 1) has grouped the practices related to long term and short term goals, social responsibility, success indicator, ownership and political situation management under target management (Table 1). An important aspect that influences the management practices is the ownership and it shapes a hospital's viewpoint and determines how well hospital operates, manages the people and the performance. This, in turn, influences the hospital's service quality and perception of patients. It is also instrumental in shaping the focus of the hospital (for example, nursing care) and in prioritising the events. It can also be seen from the analysis that patients are concerned only about quality of the treatment, quality of the services, environment and cleanliness of the hospital. Further, the analysis clearly indicates the role of physicians as hospital administrators as the physician-owned hospitals performed well. Leadership influences the hospital's service quality and perception of patients and is also influential in determining the focus of the hospital. The management practices adopted by different types of hospitals are different and the best practices followed by the PHCs, Taluk Hospitals, Trust owned Hospitals and Family Owned Hospitals are given in the Table 2. A concept which is completely new in the area of management practice studies is the role of the social responsibility of the organizations in framing patient's perception. The network (Figure 1) thus formed is contributory in arriving at conclusions in the study. The discussions ahead have been significantly influenced by the interconnections of the concepts arrived in the network.

## DISCUSSION

The management practices followed in a hospital are determined by several factors. The operations management in a hospital mainly deals with patient flow beginning with admissions. In order to provide effective, reliable and quality services, hospitals need to have efficient admission, treatment and discharge processes. The way that appointments are booked, routed and implemented can have an intense effect on the efficiency and ultimately it increases the quality of the services provided and reduce the waiting time of patients. Therefore, it is necessary to have an efficient patient focused booking system for appointments. Access to the facilities is an important part of the quality of care received. The patient pathway can also be made efficient by removing 'non-value'

adding steps from the pathway and helping them with signage boards at strategic locations. Moreover, providers may benefit from the marketing aspects of sign boards by openly displaying the services and making the patients as well as the visitors aware about the facilities available in the hospital.

OPDs are the windows to the hospital services. Therefore, it is important to manage the crowd at OPDs in order to provide an excellent service to the patients. KASH (Kerala Accreditation Standards for Hospitals) standards suggests computerization of OP admissions, usage of token display system, separate queues for senior citizens etc. to improve the services. Most of the public health centres in Kerala have a token display system to manage the crowd in the OPD. Patient's OPD number is displayed on the LED display screen in front of the OPD to manage the queue without any chaos. The system is effectively followed by some of the PHCs.

Respondents have discussed about two accreditation standards, NABH (National Accreditation Board for Hospitals and Healthcare Providers) and KASH. NABH provides framework for quality assurance and quality improvements for all the hospitals in India, while KASH provides the framework for the public hospitals in Kerala. Hospital authorities and staff believe that accreditation increases the performance of their hospital and accelerate the standardization of procedures and records. They also believe that accreditation allows them to follow the standard checklists and to define and measure the quality indicators so that they can advertise themselves. Employees are keen on accreditation because they expect that accreditation will give them a chance to learn good practices and standards, enhance professional development and will give them a new career path in the area of quality management. The other advantages of accreditation include: improved work environment, improved satisfaction levels of employees, improved employee safety and development of leadership skills. One of the hospital is accredited out of the selected hospitals and this hospital is in the process of renewing its accreditation status. However, discussions with the staff and the patients of the accredited hospital revealed the challenges and issues faced by them while continuing with accreditation. They have mentioned about the terrific amount of work which was assigned to them in order to continue with accreditation. This raises concern about the accredited hospital's present scenario. Are the staff satisfied with the process of accreditation? Do they have to work overtime to continue with the accreditation status? Accreditation is an extensive review process and in order to maintain and earn accreditation, all the organizations have to experience a wide on-site assessment. This increases the pressure on employees and they have to work overtime. Studies related to accreditation and related stress on employees shows that the employees experience an increased stress associated with site visit of accreditation bodies. Further it creates health problems like depression and anxiety on employees and overall job satisfaction decreases after the visit. Another matter of concern is about the impact of the stress on the quality of care provided during the preparation process. Therefore, there is a need for hospital authorities to initiate activities to

help the staff to cope with the increased levels of stress, to minimize the physical and mental tiredness and to preserve job satisfaction. In spite of all these drawbacks, the hospitals consider accreditation as a method to increase its performance and to streamline its work. Patients also enjoy the benefit of accreditation as accredited hospitals follow a patient centric approach and give a very high importance to patient safety.

The best practices in the area of operations management are different for different kinds of hospitals (Table 2). PHCs give importance to proper signage boards, token display system, drinking water facility in the waiting area etc. However, PHCs are a patient's first point of contact with medical services. Therefore, it is essential to develop an atmosphere including the best practices and the infrastructural developments for the treatment of communicable and non-communicable diseases in PHCs.

Healthcare systems are trapped in web failed accountability (World Development Report, 2004). On one hand employees need motivation and an employee centric environment for working with full involvement and on the other hand, patients, rich or poor, wish for a compassionate and approachable behaviour and a certain degree of kind and empathetic approach from the staff and the management. This is the challenge that the authorities face in the management of hospitals or any healthcare organization. These thoughts provide a base for the conceptualization of well-structured human resource management system in healthcare organizations.

It is evident from the interviews that most of the hospitals selected for the study do not have well-documented recruitment policy. Public hospitals have an advantage of getting experienced and knowledgeable staff through the government selection processes but they face the shortage of staff. This affects the job allocation schedule of public hospitals and thereby their performance. One of the drawbacks of public recruitment policy is the 'promotion based on the number of years of experience' which can adversely affect the quality of the care provided. Private hospitals face problems in the selection and recruitment of qualified and experienced staff. Because of these reasons, the attrition rates are high in many of the private hospitals.

According to Oliva (2011), training and development has a twofold effect in the healthcare sector. First, it helps in developing and managing the human expertise and thereby achieving the employee satisfaction. Second, to improve the service quality and thereby patient's comfort. As per the respondent's opinion, one of the advantages of 'on the job training' is its low-cost approach. Moreover, 'on the job training' ensures employee loyalty and it gives high returns. All the employees unanimously agreed to the motivational effects of rewards (financial and non-financial) and monetary benefits and they believe that rewards and recognitions increase the commitment to the job, increase the loyalty of the employees, enhance the performance of the employees and keep them motivated. Hospitals follow the practice of giving small gifts, certificates, cash prizes or shields on the occasion of their

annual day celebrations. Undoubtedly, private hospitals score high on these areas whereas public hospitals can't do much because of the external constraints. As far as autonomy and the role in decision making in work, the public hospital employees are happy with the level of freedom they get in the work.

Generally, performance appraisal is done to evaluate the performance of an individual with the objective of assessing the talent and behaviour and it helps to align the individual and organizational objectives (Trebble et.al, 2014). Some of the respondents were uninformed about the performance appraisal system of the hospital in which they work. Some of the hospitals follow an annual evaluation of the employee performance and some others follow 'the continuous evaluation system'. 'The continuous evaluation system' includes regular informal, one to one discussions and tracking of performance, identifying the performance issues and addressing the issues as and when it occurs. However, it can be noted that, irrespective of ownership, hospitals neither have a well-defined appraisal system nor have rewards or incentive system. Overall, the result indicates that, private hospitals (Table 2) follow the best practices like technical training, orientation programmes, on the job training, staff meetings, rewards, recognitions and incentives for employees etc.

Political situation influences the targets or the goals of the hospitals, especially of the public hospitals. Healthcare delivery in public hospitals is hindered by several policy and management constraints like deficiency of staff, problems in referral systems, the shortfall of funds, lacks of responsibility for the quality of service and deficit of medicines and drugs etc. (Mavalankar et.al, 2003). Therefore, the role of the political atmosphere is crucial in deciding and achieving the goals of public hospitals. The issues faced by the public health systems are the lack of financial and material resources and glitches in the implementation of health policies in a pluralistic environment. The pluralistic environment creates problems in the effective utilization of funds and is an important issue that has to be addressed by the government.

Success factors are generally associated with a target and are measureable. If the goals or targets associated with these factors are not achieved, the organization will fail (Rockart, 1979). The success factors vary across the types of hospitals because of the differences in objectives, the way in which objectives are achieved and the staff who work for it. It is noted from the analysis that the success factors like patient-centric approach, giving importance to nursing care, freedom given to the employees as far as decision making is concerned, social responsibility of the organization, personal relationships, etc. are all related to the ownership. For example, public hospital's goals depend on the government's policy and decisions and they are unlikely to go for profit maximising. Trust owned hospitals may prefer to give importance to charity. There are possibilities of for-profit hospitals not aiming at maximization of revenues. One of the reasons for this could be that hospital depends for its existence 'on making profits' but does not target to maximise the profit. Secondly, it could be because of the

presence of the groups of professionals, the influential decision makers who have autonomy over patient care decisions. In order to understand the success factors of the hospitals of the different type, a broader conceptualization is necessary.

Efficient utilization of the resources is needed to improve the quality of services provided. According to the analysis, it is clear that many of the hospitals do not have such practices and they depend on the 'well-qualified and experienced' physicians as their success factor. However, patients not only give importance to quality treatment but they also give importance to the services and the environment of the hospital. Therefore, the hospitals need to think and implement the best practices rather than depending only on well-qualified physicians.

Because of the significant threat of communicable diseases, insufficient attention has been paid to health promotion and health policies related to non-communicable diseases. Therefore, the challenge is to identify the best practices for handling non-communicable diseases which goes hand in hand while tackling the burden of communicable diseases. Importantly, there is a need to keep apart the best practices according to the disease type (communicable and non-communicable) and to develop the competencies of the workforce accordingly. It is necessary for the public and private hospitals to have separate targets related to the treatment of communicable and non-communicable diseases. The effectiveness of these policies depends on the context and therefore, different strategies and policies are needed for PHCs, Taluk Hospitals and Private hospitals. Since the Kerala health system is going through a transition state, these best practices become potential pathways towards the health system reform.

## PRACTICAL IMPLICATIONS

The research has explored the manner in which management practices are followed in the Kerala healthcare institutions. The study has found that the management practices vary from hospital to hospital in the Kerala healthcare sector and it varies from public to private hospitals. On the whole, while private hospitals are moving towards more structured and better management practices, public hospitals still have a lot more to accomplish in this regard. Hospitals have internal and external challenges that they need to overcome before implementing the best management practices. Moreover, as Kerala experiences a rapid health transition, there is a mismatch between healthcare needs and resources. The requirements for delivering care become increasingly exigent as health transition proposes a new agenda for healthcare in Kerala. Therefore, the existing practices need to be reorganized, reoriented and engaged to manage communicable and non-communicable diseases simultaneously.

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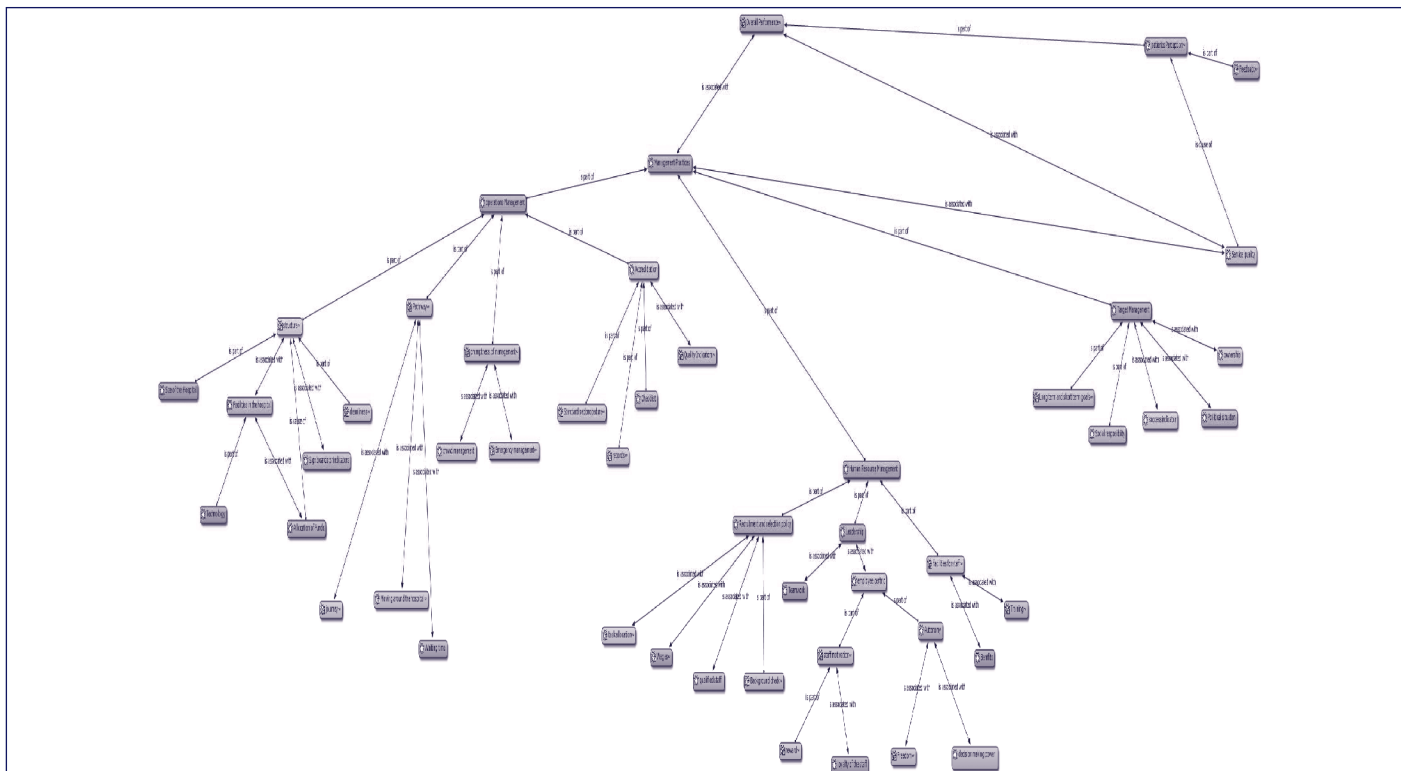


Figure 1- Network diagram of the performance of the healthcare systems as the outcome of the data analysis.

| <b>Management Practices</b>                     |   |                                |
|---|---|--------------------------------|
| <b>Operations Management</b>                    | <b>People Management</b>                          | <b>Target Management</b>       |
| <b>Structure</b>                                | <b>Recruitment selection and Retention policy</b> | Long term goals                |
| Design and size of the hospital                 | Recruitment and selection procedure               | Short goals                    |
| Facilities like modern technology and equipment | Task allocation                                   | Social responsibility          |
| Proper allocation of funds                      | Wages   | Political situation management |
| Use of sign boards and                          | Qualified Staff                                   |                                |
| Cleanliness                                     | performance tracking                              |                                |
| Pathway   | <b>Leadership</b>                                 |                                |
| Patient's treatment journey                     | Team work and                                     |                                |
| Waiting time                                    | Motivation (rewards, benefits etc.)               |                                |
| General pathway management                      | Freedom given to the staff                        |                                |
| <b>Accreditation</b>                            | Decision Making power                             |                                |
| Standardization of procedures                   | <b>Facilities provided to the staff</b>           |                                |
| Management of records                           | Benefits given to the employees                   |                                |
| Checklists                                      | Training given to them.                           |                                |
| Definition of quality indicators                |   |                                |
| <b>Promptness of the management</b>             |   |                                |
| Crowd management                                |   |                                |
| Emergency management                            |   |                                |

Table 1: The list of Management Practices derived from the interviews

| <b>Best Management Practices in PHCs</b>                  |  |  |
|---|--|--|
| Operations Management                                     | People Management  | Target Management  |
| Proper indicators or signage boards                       | Training (Technical) provided to the employees                 | Fulfilling the government targets                          |
| Token Display System                                      | Annual evaluation of performance (Records)                     | Creating health awareness                                  |
| Computerized OP admission process (in progress)           |  | Conducting camps   |
| Drinking water facility in the waiting area               |  | Providing affordable healthcare                            |
|   |  | Providing quality care                                     |
|   |  | Ethical practices  |
|   |  | Local Management Committee -Political situation management |
| <b>Best Management Practices in Taluk Hospitals</b>       |  |  |
| Proper indicators or signage boards                       | Training (Technical) provided to the employees                 | Fulfilling the government targets                          |
| Accreditation of hospitals                                | Annual evaluation of performance                               | Creating health awareness                                  |
| Defining the quality indicators                           | Self-Appraisal System  | Conducting camps   |
| Emergency management                                      | Duty handover system   | affordable healthcare                                      |
|   | National awards  | providing quality care                                     |
|   |  | Ethical practices  |
|   |  | Local Management Committee -Political situation management |
| <b>Best Management Practices in Trust Owned Hospitals</b> |  |  |
| Triage system for emergency management                    | Training (Technical and soft skills) provided to the employees | Well defined mission and vision                            |

|  |  |   |
|--|--|---|
| Patient focused booking system   | Orientation programs                               | Stretching targets  |
| Proper structure and facilities  | On the job training                                | Conducting camps  |
| Crowd management practices (OPD arrangements, floor managers, PROs etc)  | Duty handover system                               | Better nursing care   |
| Computerized OP admission  | Staff meetings                                     | CSR activities  |
| Accreditation of hospitals   | Rewards and recognitions                           | Ethical practices   |
| Separate queues for senior citizens                                      | Annual evaluation of performance                   |   |
|  | Providing exemplary emotional and spiritual care   |   |
| <b>Best Management Practices in Family Owned Hospitals</b>               |  |   |
| Proper indicators or signage boards                                      | Recruitment policy<br>Autonomy in the job          | Well defined mission and vision                             |
| Computerized OP admission  | Role in decision making                            | Stretching targets  |
| Defining the quality indicators  | Approachable environment                           | Conducting camps  |
| Patient focused booking system   |  | Handling emergency situations                               |
| Triage system for emergency management                                   | Seminars on new developments                       | Providing quality care                                      |
| Crowd management practices (OPD arrangements, floor managers, PROs etc.) | Training (Technical) provided to the employees     | Better nursing care   |
| Separate queues for senior citizens                                      | Short meetings of nurses before resuming their job | Accomplishment of certain government given targets/ schemes |
| Accreditation of hospitals   | Orientation programs                               |   |
| Standard Operating procedures and checklists                             | On the job training                                |   |
|  | Duty handover system                               |   |
|  | staff meetings                                     |   |
|  | Rewards and recognitions                           |   |
|  | Annual evaluation of performance                   |   |

**Table 2: Best Management Practices followed in Different Hospitals (Extracted from the Interviews)**

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