
EDITORIAL

HOSPITAL ADMINISTRATION IN THIRD WORLD COUNTRIES

Traditionally, the vast majority of hospitals in our part of the world have been managed by medically qualified personnel with a special interest in administration. As times change and we advance towards specialisation in almost every discipline, the need for specialised hospital administrators has asserted itself.

The present day concept of hospitals has evolved as a result of experience from sanatoria required for diseases like tuberculosis and leprosy. In those days, hospitals secluded the diseased and sick, so that they could not infect others. Sanatoria were sited outside main towns, in open fields or forests, in the belief that fresh and clean air would cure the sick. Medical knowledge was limited, and one doctor could be a specialist in all fields, and very ably supervise the overall administration of the hospital.

The world wars caused a number of women to take to work. Later, the rich rewards of industrialisation in the form of electronic goods, and greater socio-economic development, caused both males and females to engage in money rewarded occupations. Thus the parents, traditionally looked after by the females of the family, were neglected, and the hospital became their refuge for many an ailment that would have been cared for at home. And so pressures on hospitals built up.

The explosion of knowledge in the last few decades has allowed the development of techniques for cure of diseases; techniques that can only be applied to a hospital inpatient.

The administrator has now to deal with a massive complex containing numerous specialists each with his own needs. In addition a number of complexities that he has to deal with are: management of large groups of personnel, strike avoidance, computerisation, catering, laundry, charity management and socio-economic investigation, to name but a few of the many problems thrust in his lap. It is at once apparent that new management and administration techniques need to be adopted to allow the hospital to maximise efficient patient care with an acceptable cost-benefit ratio. Hospital administration as a speciality has come of age with a specially defined curriculum and courses. These should never be blindly adopted from overseas. The different ethnic backgrounds, availability of facilities, awareness of the public of their rights are some of the local factors that need serious consideration during training.

Overall the customary administration of our hospitals done by persons with or without a medical background, but almost always without theoretical and formal training has been fairly satisfactory. This is because the administrators have learnt administrative skills through experience and by in-service vocational training in their formative years. The additional qualities that have contributed to their success are their versatility, ability to learn new trades, flexibility, and rapid adaptation to the sudden change in our hospitals and changing patient demands.

With the large number of hospitals already existing, and the projected expansion of the health services, we will need a large number of hospital administrators trained in our local setting. With versatility, experience, and formal courses arranged at Universities, the level of efficient hospital management will reach new peaks in Pakistan.

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