Introduction

You have gone through the unit on Human Resource Development. This unit has provided you with an insight into what is HRD, how it works, what are the mechanisms, instruments and processes. The most important thing in HRD is creating a climate of trust and development, wherein the worker feels secured and motivated to take risk with confidence. Security and motivation tremendously add to the success rate.

In this part of the block, we are giving few cases related to the units in the block. First few cases are related to various concepts/problems of HRD, followed by a few cases in the area of decision making. Sometimes you may feel that the cases given do not directly relate to the units or the topics discussed under the units but it is not so. You will realise going deep into the case/root cause of the problem, that one or the other fundamental aspects of these broad topics do apply in these cases. These concepts/application/practices may sometime form the central problem of the case and sometimes they may be part of the solution to be proposed by some of you. While analyzing these cases you may also refer to the other units/ blocks/concepts/explanations/application/practices etc. and take help thereof in either explaining the problem, developing the alternatives or proposing the remedies. A good case analysis should have the critical view of problem from various angles supported by logical reasoning. As you know in the field of medicine the two cases with the identical problem may be prescribed different treatment, looking at various factors e.g. the health of the patient, the history of the disease, the history of the family of the patient, the habit and immunity level of the patients and so on and so forth. In the same way in management also two similar problems may be solved differently by two different persons. It is, therefore, not likely that any problem should have a standard solution. Anybody may propose any type of solution to the problem. What is important is that how do you reason out or support your solution. It depends on the approach and perception of the problem solver.

It is advised that these cases may be discussed in peer groups for better understanding and analysis. Do write down the analysis of these cases and critically evaluate them in a classroom kind of situations. The objective is to make you aware of the case discussions method of finding solution. You may also take live cases from your day to day working environment and also discuss them in the light of the knowledge you have gained by going through this course.

The basic objective of this part of the block is to make you work and apply the knowledge gained in this course till now in analyzing the cases. Most of the cases being given here have been taken from the medical environment, which relate to your day to day working and the problems faced in administration of health-care institutions. Since most of you are experienced in this area, you have your own perceptions and beliefs which is most likely to affect your analysis of the situation given in the cases. You may certainly draw upon the same to reach the solutions. The solutions proposed by others may be quite different from the one you are prescribing, however, all of them may be taken as practical solutions if supported by sound logic.

CASE 1 : Savitri Trains Dais*

Padampur Block, the tehsil headquarters of Gonda District in Uttar Pradesh, has a population of 1,20,000. The main town has a population of 27,000, and the rest of the population is distributed unevenly in 110 villages. The PHC is located at the block headquarters and has 15 sub-centres. The PHC has three medical officers, three health assistants (F), 15 health workers (F) and other staff.

Mohini is a health assistant (F) posted at the PHC headquarters. She is married and has come from a cadre of lady health visitors. She is considered by her colleagues to be an effective training administrator, and for this reason she is incharge of the dai training programme. She has a good image in the community and the dai training programme has shown remarkable success under her leadership.

The training of dais is conducted by Savitri, a health worker (F), who acts as the chief trainer. She is middle-passed and has three years' experience on the job, but no formal training.

Asha, an illiterate and traditional midwife, is in the final week of dai training. She is married and aged about 50 years.

Asha and Savitri have gone to a village woman Rekha to attend to a normal pre-natal case. This is part of Asha's supervised field training. Mohini, the health assistant (F), happens to be present in the village on a routine supervisory visit, and so she also enters the house of Rekha. At this moment, the case writer arrived, and proceeded to conduct the following interview:

Case Writer: "Smt. Mohini, medical officer PHC tells me you are a good training administrator, and you are organising the training of dais in this block. I presume you have received some guidelines and support for the training from the MO/PHC?"

Mohini: "Sir, I.....(long silence)."

Case Writer: "Do you receive any guidance and support from the medical officers of the PHC?"

Mohini: "Well, Sir, I get some overall guidance from MO/PHC. A meeting on dai training was once held under the chairmanship of MO/PHC. I pointed out the difficulty of conducting the sessions on the varandah and requested a foetal doll and other audio-visual aids. After all, the quality of training depends on all these factors. But nothing tangible.....(another long silence)."

Case Writer: "Smt. Mohini, do you yourself conduct the training of dais?"

Mohini: "No. The training is actually conducted by the health worker (F), Smt. Savitri. She is a good worker. Of course, I plan out the whole programme, and Savitri merely teaches."

Case Writer: (Looking at Smt. Savitri) "Well, Smt. Savitri, as you conduct the training, may I please ask you a few questions? Can you tell me something about the venue and duration of the training and the staff responsible?"

Smt. Savitri: (Looking at Smt. Mohini for a moment) "Sir, the training is conducted at Padampur, the PHC headquarters, and is for four weeks: four days a week in the classroom and two days in the field. Sunday is observed as a holiday. Clinic demonstration is held at the sub-centre, and home visits and supervised delivery are conducted in the field. Smt. Mohini, my supervisor, provides me guidance whenever I am in difficulty.

Case Writer: "But Smt. Savitri, do you have other responsibilities? For example, do you not conduct once a week clinics at your sub-centre?"

Smt. Savitri: (Looking at Smt. Mohini) "Yes, Sir, I always utilise the day for demonstration."

Case Writer: "Have you received any training in how to teach dais/or any kind of training of trainers courses?"

Smt. Savitri: "No. I am not trained. I have learnt by doing. Madam (looking at Smt. Mohini)

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* Roy, Somnath *et al.*, *Case Studies in Health Management*, National Institute of Health and Family Welfare, New Delhi, 1987.

also helps me. Copies of the training guide and handbook of dais are available at the PHC. They are quite useful. I would like to have some training so that I can conduct the training of dais in a more effective manner."

Case Writer: "Where do you hold classes? Do you have some teaching aids and demonstration materials?"

Smt. Savitri: "There is no separate classroom at the PHC. I hold sessions on the verandah, which is partly enclosed by a moveable curtain. But the verandah is also a walkway for patients attending the out-patients clinic. I have a black-board, a few charts, and a dai kit. I am yet to be provided further aids like a foetal doll. As these conditions are not very good for training, I prefer sometimes to organise training at my sub-centre."

Case Writer: "How do you teach the subject areas such as managing normal labour, care of breasts, cutting the cord, etc.? Have you prepared any lesson plans? Tell me some of the methods you use during the training."

Smt. Savitri: (Looking at Smt. Mohini) 'Well, Sir, I discuss the subject area in the classroom and then give actual demonstration at my sub-centre or during home visits. I do not have any lesson plan, but that is a good suggestion. I would like to make lesson plans. Also, I have a mind to use a role-play in future, but as yet I have not felt confident to use a role-play."

Case Writer: "What supplies and equipments do you have? Can you use them for demonstration during the training?"

Smt. Savitri: "Well, Sir, I have been supplied with a dai kit. There is a boiling pan and a stove in working condition, but kerosene is often not available. I have test tubes and spirit lamp, but the re-agents are in short supply. I have a clinical thermometer, but no blood pressure recording apparatus. Of course, an enema bag is there. I have requested MO/PHC through my supervisor for a weighing scale. Whatever is available, Sir, I utilise them for classroom instruction and demonstration."

Case Writer: "What are some of the family planning devices you use for demonstration?"

Smt. Savitri: "Nirodh, oral pills and IUD, I always use, Sir, but I am sorry to say that the foam tablets and the contraceptive jelly are not available."

Case Writer: "Have you received any training in family planning?"

Smt. Savitri: "No, Sir."

Case Writer: (Turning to Asha, the dai undergoing training) "Well, Smt. Asha, tell me, are you confident of handling a normal delivery?"

Smt. Asha: "Well, Sir, I am yet to conduct a normal delivery under the guidance of my supervisor. I also want to know how to follow up a case after delivery."

Case Writer: (With astonishment in his voice) "Have you not covered these things so far? Only three or four days are left for the completion of your training."

Smt. Asha: "Well, Sir, I could not attend the field training for two days as my child was sick."

Case Writer: "Can you tell me, Smt. Asha, what hygienic practices will you use while conducting a delivery?"

Smt. Asha: "I will wash my hands with clean water, boil the equipment and use the mackintosh rubber sheet to conduct the delivery."

Case Writer: "What about washing your hands with soap and water?"

Smt. Asha: "I think that there is no need for soap, so long as I wash my hands with clean water."

Case Writer: "Were you involved during your training in motivating mothers to accept family planning?"

Smt. Asha: Yes, Sir, during the field visit, once I saw Savitri advising mothers to accept a family planning method. But I did not advise them personally. Perhaps that will come later in my training."

Case Writer: (Looking at Smt. Savitri) "Smt. Saviri, what techniques do you adopt to reinforce learning?"

Smt. Savitri: "I usually ask questions during and after the training session. If I have time, I ask for demonstration."

Case Writer: "Do you conduct evaluation?"

Smt. Savitri: "No evaluation is conducted, but I follow-up in the field after training."

Case Writer: (Looking at Asha) "Have you received any stipend?"

Smt. Asha: "No, Sir. I enquired from Savitri, but she told me that it would be available only after the completion of my training. I am worried about the stipend and cannot fully concentrate on my training."

Case Writer: (Looking at Rekha, the mother in whose house all are assembled) "Well, Rekha, are you satisfied with the service rendered by Smt. Asha?"

Smt. Rekha: "Well, Sir, Smt. Asha is a dai of my village. I know she is at present undergoing training at the PHC. I hope she will render better service in future. The other day I had some pain in my abdomen. I called for Smt. Asha, but she was away at the PHC. My neighbour gave me a 'puria' to swallow with water. This relieved my pain immediately."

Questions for Discussion

1) How did Smt. Mohini visualise her role as training administrator for the dai training programme?
2) A principle of management is to delegate responsibility to subordinates whenever possible. Comment on Smt. Mohini's delegation of training responsibilities to Savitri.
3) How do you react to the role played by the MO/PHC?
4) What actions would you take to improve this dai training?
5) How would you convert such opportunities into HRD opportunity to invert the weaknesses into strengths?
6) What kind of HRD intervention would you recommend and introduce for the purpose?

CASE 2 : Dr. Mahajan's Transfer*

It was January 1985. The country was in the midst of an election. The political parties have pressed into service audio-visual media. The place is a big town situated right in the heart of the country. Its location has made it a railway junction of national importance. The election added to its role as a distribution point for political parties. Colourful flags, varied symbols, and big and small processions filled the streets of the town. A section of one procession suddenly turned violent and before the local leaders could pacify their respective groups, one man was stabbed. A group of supporters carried the wounded man to a nearby government dispensary.

The dispensary is poorly equipped, and the general mismanagement of the dispensary is suddenly and unexpectedly thrown open to critical political eyes. The crowd immediately turns the situation into a very rewarding issue against the ruling party. Slogans are raised, denouncing the government and the absence of the doctor, Dr. Mahajan (The doctor had left the dispensary after a full day's work).

The opposition leaders decided not to waste this rare opportunity to embarass the government, and they quickly formed a procession and marched toward the main market street of the town. Only four days remained before the balloting was to begin. Partly real, but mostly imaginary, deficiencies of the government dispensary now became a vital issue in the election battle. The dispensary was suddenly in the centre of the election campaign.

Meanwhile at the dispensary, Dr. Mahajan treated the wounded political party worker. He remained with the patient for the whole night, but early in the morning he left for home. The local political boss, before starting the election round for the day, visited the dispensary. He found the condition of the party worker very critical. Dr. Mahajan was summoned, but before he could reach the dispensary, the patient died. The death further infuriated the political party workers. The news spread like wild fire throughout the district. The local press, as is expected during election time, gave full exposure to the charge and carried details of views that the political party worker in the government dispensary had been neglected and allowed to die unattended.

The press reports and rumours greatly unnerved the otherwise composed Chief Medical Officer (CMO) of the district. Being an experienced and seasoned administrator, he at once realised the possible serious implications of the whole situation. In normal times he would have allowed such a situation to cool off. But during the election time this approach could prove quite costly. He got completely carried away by the newspaper account of the incident. He did not wait for any official report or message from Dr. Mahajan. His immediate response was to rush to the scene. As soon as he entered the town he was completely overpowered by the agitated crowds. Rather than going to the dispensary and finding out at first hand what had happened, he instead went to the party office. The party boss could not be satisfied with anything less than suspension and dismissal of the doctor. The CMO immediately called for Dr. Mahajan and on the spot ordered his transfer to the District Office.

This transfer was affected in spite of the fact that Dr. Mahajan was dutiful on the day of the incident, attended the patient personally throughout the night, and hastened to the dispensary in the morning when told of the critical condition of the patient. Even otherwise, he seemed to be quite acceptable to the local population as evidenced by the fact that he has been serving for the last five years in this town, and there had been no complaint against him.

Dr. Mahajan was shocked on getting the transfer order. A stream of questions rushed one after another through his mind. Is this the reward of good service? Is it not my humiliation before the public? Why is the CMO playing sweet to the political boss at the cost of a good doctor? Is it not necessary for the CMO to know the facts at first hand in the dispensary? Why did the CMO not give me a chance to explain the situation? Finding no satisfactory answers, Dr. Mahajan felt very much demoralised and confused. However, he said nothing and accepted the transfer to the District Office.

The transfer pacified the local political boss, and gave a sense of pride and achievement to the political party which used the instantaneous transfer as evidence of its strength and power. In the four days remaining until the voting, the CMO feared similar violence and,

* Roy, Somnath *et al.*, *Case Studies in Health Management*, National Institute of Health and Family Welfare, New Delhi: 1987.

therefore, could not leave the dispensary without a doctor in-charge in case another political party worker was injured and needed treatment. There were two other doctors in the dispensary in addition to the one (Dr. Mahajan) already transferred. The CMO had to put one doctor as in-charge of the dispensary before returning to district headquarters. Instead of appointing one of the two local doctors, he decided to bring in an outside doctor from the District Headquarters. He thought of three possible candidates, but as he had no strong personal knowledge of any of the three doctors, he could not choose one from amongst them. He shared his predicament with a Multipurpose Worker (MPW), who suggested the name of Dr. Puri. The CMO immediately wrote a transfer order of Dr. Puri, and then sent the MPW in his jeep to District Headquarters to bring Dr. Puri immediately for taking charge of the dispensary.

When the jeep arrived at District Headquarters, all the three candidates happened to be present, and they were surprised at Dr. Puri's sudden promotion. The two senior doctors could not understand why Dr. Puri, who was junior to them, had been given this promotion. According to accepted norms, one of the senior doctors should have received this promotion. However, this could not be discussed as the MPW had instructions to bring Dr. Puri immediately to take charge of the dispensary.

When Dr. Puri, accompanied by the CMO, arrived at the dispensary to take charge, the two local doctors were also surprised and upset. The senior most doctor of the two thought that he was being deprived of his rightful claim. He even tried to bring up the issue with the CMO, who quickly and sternly brushed it aside. The CMO left the town after he had installed Dr. Puri as in-charge of the dispensary. While leaving he wished Dr. Puri success in handling very difficult situations.

The departure of the CMO meant the beginning of problems for Dr. Puri. His subordinate doctors, as might be expected, not only refused to cooperate but tried to create problems for Dr. Puri by encouraging other dispensary staff not to cooperate with him. As luck would have had it, there happened to be a compounder in the dispensary who belonged to the same village where the parents of Mrs. Puri lived. Making use of this informal relationship, Dr. Puri requested and readily got full cooperation from the compounder, and also from one of the Ayas of the dispensary who was friendly with the compounder. The three of them worked overtime and somehow were able to pass peacefully the election phase.

After the election, Dr. Puri, who was considered an unlawful claimant of the position by the other doctors, started using his authority to streamline the services at the dispensary and enforcing discipline among the dispensary and medical and para-medical staff. While he got good cooperation from the para-medical workers, he faced problems with his doctor colleagues. The dispensary became a 'divided house' providing poorer and poorer services to the people. The disgruntled doctors at the dispensary floated rumours about mismanagement in the dispensary and misuse of drugs and medicines. It became accepted in the minds of many local people that Dr. Puri was using drugs supplied by the government for patients in his private clinic.

While this was happening in the town, Dr. Puri also faced problems at District Headquarters, where Dr. Mahajan agitated against him. Dr. Mahajan was determined to get back as in-charge of the dispensary and built up pressure on the CMO using his contacts with local leaders for undoing his transfer. In summary doctors at the dispensary and at the District Office teamed up against Dr. Puri. They were convinced that the transfer was a wrong decision of the CMO and were determined to get it reversed.

Once again, the CMO gave into pressure after several representations to higher authorities at the State level. In order to save himself from the wrath of the State authorities and non-cooperation from his medical officers, he decided to reverse his ordres. After all, the election was finished and the crisis of the dispensary was over.

The CMO waited for about two months until the popularly known 'mass transfer season' arrived. This usually happened in the months of April-May in all State departments, including the health department. He made use of this opportunity and transferred Dr. Puri back to the District Office and reposted Dr. Mahajan at the dispensary. On receiving the unexpected transfer order, Dr. Puri was utterly surprised and dismayed. He realised that the CMO had played a game with him and in the process had earned him several enemies in the department. He felt angry, because he had saved the CMO in a crisis situation, and now the CMO did not care for his reputation and career.

Questions for Discussion

1) How far do you agree or disagree with the decision of the CMO and why?
2) Imagine yourself to be Dr. Puri. How would you go about winning the cooperation of the medical and para-medical staff in favour of the decision?
3) List out at least three different ways in which this decision will adversely affect the delivery of health services.
4) How would you describe the management style of the CMO?
5) Imagine yourself to be Dr. Mahajan. How would you have reacted to the decision of transfer to the District Office?
6) How do you feel the decision making under political pressure will affect the climate of the organisation?

CASE 3 : A Quest for Pragmatism *

This is the true story of Dr Sathyan, a Senior Professor of a Medical College in South India. He is a super-specialist and is one of the renowned experts in his field all over India. As a student he had excellent reputation among his classmates and teachers. He was also a well-known sportsman and represented his College, his University and State in sports events for several years. His parents also stemmed from the upper middle-class strata of the society.

We see Dr Sathyan, an energetic and enthusiastic young man of very high personal objectives of academic recognition and expertise, as he enters the services of his State in a Medical College as a member of faculty. He was quite aware of the image of the medical profession and felt uneasy about the reputation several doctors have in matters related to private practice. So he had taken a decision that he would as much as possible get out of the rut that many of his colleagues and teachers have fallen into. Even though, in his opinion, there was nothing wrong in accepting consultation fee for practice undertaken at his home, he felt that this would end up in his being forced to receive money by patients or their relatives in anticipation of special personal care in the hospital. Dr Sathyan tried his level best to live up to his convictions and resisted every instance where he would be trapped in matters related to special patient care. So whenever patients admitted to the hospital or their relatives approach him with money, he used to scold them severly and ask them to leave his house without wasting any time. But then the reaction that he has seen with the people who approached him with money made him think that they had a feeling that he was unwilling to understand problems and their attitudes in connection with the sickness of their dear ones. So Dr Sathyan decided to mellow down by trying to give them opportunity to speak to him and he tried to patiently listen to them and try to convince them that he would not receive any money from them and that he would ask them to take the money back and spend it on more useful things. He also made sure to reassure the patients and their relatives that his attitude towards the money they pay will in no means affect the way by which he will treat the patients.

Once Dr Sathyan explained his problems in accepting money to a by-stander at his home. The by-stander seem to have taken it in good spirit and left his home. This made Dr Sathyan very happy. But within about one and half hours, the man came back with a small bag full of coconuts and a bunch of bananas which might cost Rs 50/-. Now Dr Sathyan was in a dilemma because he thought if he asked the man to take it away, that man would have the problem of selling it and recovering the money. Dr Sathyan also felt that had he accepted Rs 25/- (normal consultation fee at that time), the man would not have gone to buy things worth Rs 50/- and thus he had only made the man spend double the money that he would pay the doctor initially. So Dr Sathyan had no other way but to accept the bag of coconuts and bananas on humanitarian grounds.

Similar experiences made Dr Sathyan wonder whether he was doing the right thing in allowing the patients or by-standers to meet him at his home. So he decided to ask a few of his close friends about the way they were feeling about private practice and also whether he was reaching any where with his principles regarding not acccepting money. He got a lot of advice from his colleagues and thus Dr Sathyan was willing to give a second look at his own principles and practices.

Once a by-stander of one of his patients came to his house and explained all the problems of his relative (the patient), to which Dr Sathyan gave patient hearing. At the end of the conversation he offered Dr Sathyan an envelope. Immediately Dr Sathyan told him: "Will you please do me a favour? I will be extremely happy if you will do it for me".

By-stander: "Doctor, I will only be happy to do anything for you, anything under the sun".

Dr Sathyan: "What I want is that as I put this envelope in your pocket, I want you to turn around and walk out of my house without uttering another word".

The shocked by-stander suddenty burst into tears. Dr Sathyan had to watch this unpleasant scene and had to console the man. He said to himself: "Here I am trying to behave as my close friend advised me. I am only paining my clients more and it is paining me also. Sadly I am not successful either".

* Philip, Oommen, *Management of Hospitals : Text and Cases*, Institute of Management in Government, Trivandrum, 1990.

At this point, Dr Sathyan felt like adopting an advice given to him by another friend. The advice of his friend was for Dr Sathyan to decide to receive money from those who can afford it. In other words, if the patient who offers money is a poor person, he will not accept the money. So when a close relative of a rich patient came to Dr Sathyan's house, one evening with an envelope, he told him that he would accept the money in it if it would in any way comfort the visitor and the patient and that his acceptance of the money would by no way mean that the patient would receive any added benefit in the hospital. The patient would be taken care of like any other patient, with as much effficiency as possible. With this clear understanding, Dr Sathyan accepted the money. As soon as the envelope was placed on the doctor's table, the by-stander said: "Sir, if you will kindly telephone the Blood Bank tomorrow and ask them to issue blood from the Blood Bank, I don't have to donate for which I need to find a donor". At this point, Dr Sathyan got furious and he took the envelope and threw it on the face of the by-stander and asked him to get out of his house.

As years went by, Dr Sathyan was slowly learning a big lesson that none of his sincere efforts could save him from accepting money from relatives of patients and that it was a part of the prevailing culture, for which probably his own profession was responsible.

As Dr Sathyan became a consultant and started receiving reference from other doctors, he started receiving consultation fee. This was done without much hesitation because the Government has allowed consultation at homes. But even in such circumstances, Dr Sathyan faced problems in that once a patient who came to his house for consultation later came up for surgery in the hospital. A day before his admission the patient came to Dr Sathyan's house to remind him that he was going to be admitted on the next day and that he may kindly see him in the hospital. As the patient was leaving his consultation room at home, he left an envelope on the doctor's desk. Dr Sathyan was wondering whether this envelope was to be considered as consultation fee for the examination of the patient at home or bribery for taking care of him properly in the hospital.

Once an emergency case was referred to Dr Sathyan. As the reference was in his name, the patient came to see him at his home. It was evident that the patient has to be operated upon within a couple of days. He also left an envelope which could have been either for consultation at home or as a bribery for the surgery to be conducted shortly. Dr Sathyan was again confused. He would not accept the envelope nor could he reject it.

Once a referral case of emergency came to Dr Sathyan at his home while he was away. The patient straight away went to the hospital and saw the duty doctor and got himself temporarily admitted. The next day he came to Dr Sathyan's consulting room, with the reference letter and, of course, an envelope. Dr Sathyan was again agitated as to whether the envelope the patient gave him contained consultation fee or bribery.

As years went by, his experience helped Dr Sathyan's conscience grew harder and he didn't seem to bother whether any envelope given to him was consultation fee or bribery. He still doesn't want to accept bribery, but he has no way of discerning whether the money he receives is consultation fee or bribery.

Questions for Discussion

1) What is the conflict Dr Sathyan is facing regarding consultation fee? Critically evaluate.
2) Is it right to justify the confusion in Dr Sathyan's mind regarding consultation fee?
3) If you were Dr Sathyan, what would have been your way of looking at the problem and the solution thereof?
4) Does Dr Sathyan need any counselling or any other intervention to come out clear of his conscience?
5) Would you suggest any systemic improvement in the organisation so that any other doctor may make his/her decision without bothering his/her conscience?

CASE 4 : Learn a Lesson from me *

"I have been working in the Medical College Hospitals for the last 15 years as a doctor, and have come to the conclusion that if I am conscientious and honest, I would not be in a position to judiciously discharge my duties."

"A good example is the case of admissions, that too in the Casualty Department. There, even for minor ailments, people expect admission and treatment as in-patients, and the moment one refuses to admit them, he becomes public enemy number one. He is also accused of non-admittal due to non-payment of bribery. It is interesting to see how I learned my good lessons."

"While I was working in the Casualty Department at Medical College Hospital, Trivandrum as second-on-call, on one afternoon after attending to a serious accident case, I was confronted by a lady of about 72 years old. She had a minor head injury. In my judgement, she needed only simple dressing, and so I instructed the staff to give her dressing, and she had gone from the Casualty. About half-an-hour later, I was confronted by a middle aged man with a complaint that I had not admitted his mother who had a serious head injury. Amidst his shouts, I tried in vain to explain to him the situation. He soon left the Casualty Department warning me of the consequence."

"In about ten minutes, a small procession of about ten khaki-clad men came to the front entrance of the Casualty shouting slogans and abusing the doctor for partiality and bribery. The procession dispersed itself in a few minutes. And we thought the trouble for the day was over."

"Exactly half an hour later, the Hospital Superintendent came to the clinic where I was attending to emergency services and called me out. We moved to another room where he told me that the Minister of Health had received a serious complaint through the local MLA and some union leaders of KSRTC (Kerala State Road Transport Corporation). Then only I realised that the man who threatened me was a staff of KSRTC and that the woman with the head injury was his mother."

"Subsequently I was put under suspension. A detailed enquiry was conducted and finally I was acquitted of all charges."

"I had another experience when I was working in the Casualty Department of Medical College Hospital, Kottayam. While I was busy with emergency services on one afternoon, a middle-aged man approached me with a cold and cough. After preliminary examination, I prescribed some cough syrup, and told the patient to visit the Out-patient department the next day. The man got really furious and started shouting at me. He loudly asked me whether I was not admitting him because he didn't give me money. He went away without the prescription and we never saw him again."

"Slowly I was learning my lessons. Now-a-days, when patients come to me, I try my best to admit them irrespective of the fact that they don't need admission and that there are tremendous lack of facilities to accommodate even emergency cases."

"Recently, while working in the Casualty Department of Medical College Hospital, Calicut, I admitted a man who came with a complaint of cold and cough. I had examined his lower and upper respiratory system. He seemed to be happy that I had used my stethoscope sparingly on him. While admitting him, I also instructed that his blood be examined, and that he be given a bottle of glucose, and that he may be administered with penicillin injection for five days. He was discharged after five days."

"You may probably think that my attitude to my profession is very bad. But I have learned from experience that nobody will protect me, so I should protect myself. Now that I have learned by big lessons, and that I know how to play games, I am enjoying my job a lot better and my tension and frustrations have diminished considerably, and that my patients seem to be enjoying me very much."

Questions for Discussion

1) Is this doctor justified in having a negative attitude to work? Why or why not?

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* Philip, Oommen, *Management of Hospitals : Text and Cases*, Institute of Management in Government, Trivandrum, 1990.

2) How could this doctor have avoided the situation to deteriorate to this level?

3) What policy should the hospitals adopt so that the employees will not degenerate and that their attitude will not degenerate and that their attitude will not be negative?

4) What kind of training programme or HRD intervention would you like to suggest for this organisation to improve and revive attitudinal problem?

5) In your opinion what is the root cause of such negative attitude to work of the doctor? Do you think the organisational climate is responsible? Critically evaluate.

CASE 5 : The Boomeranged Medical Certificate *

April 1st is universally "celebrated" as All Fools Day. It is only coincidental that many are meaningfully fooled by the turn of events of the day. Such an incident took place at General Hospital, Ernakulam, in 1983.

Dr Chandra Kumar, the senior physician was taking his wards rounds in the morning. As he was moving from bed to bed at about 9.30 am, one of his nursing assistants told him that a doctor from the Taluk Headquarters Hospital, North Parur, was waiting to see him urgently. Dr Chandra Kumar completed his examination of the particular patient he had started examining, and excused himself from the ward to see the visitor. He went to the side room of the ward where Dr Suresh from the Taluk Headquarters Hospital, North Parur was waiting anxiously to see him. Dr Suresh was not previously known to Dr Chandra Kumar. So he introduced himself and said "Well Doctor, what can I do for you? You seem to be very much agitated".

He said "Sir, I have got a very serious problem only you can help me. Please do something to save me".

"Well, Dr Suresh, what is the problem? Let me see whether I can help".

Then Dr Suresh started narrating his problem. Dr Suresh has been working at the Taluk Headquarters Hospital, North Parur as an Assistant Surgeon for the last three years. He had developed for himself a good image within a short period in and around the hospital. He also has a fairly good-size private practice.

One day one of his hospital attenders, Smt. Sulochana, 45 years old, came to him and asked him to help her to secure a transfer to a Primary Health Centre near her home at Cherai, where she will have much lighter workload and no night duty. In order for her to get such a transfer, she requested a medical certificate saying that she has chronic rheumatic problem and that it was difficult for her to walk around and do her work. Smt. Sulochana presented her case in a touching manner to Dr Suresh. Dr Suresh felt sympathetic towards her and felt it his responsibility to oblige the hospital staff wherever possible. So within a few days, after careful thinking, he gave her a medical certificate stating that Smt. Sulochana is a chronically rheumatic patient and that because of her illness she cannot do any manual work and cannot walk properly.

This was written even when Smt. Sulochana was healthy and had never suffered from rheumatism. Dr Suresh gave the certificate in good faith, feeling that he had helped one of his subordinates and forgot about this whole episode until the present problem crept in.

Smt. Sulochana got a mercy petition written on her behalf by the Lay Secretary which she sent to the Honourable Minister of Health, enclosing the medical certificate (through proper channel), requesting for a transfer to the Primary Health Centre, Cherai, which was very close to her home. When the file reached the Honourable Minister of Health with comments from the Health Secretary, the Minister himself wrote the order on her application which reads as follows:

"The medical board constituted by the District Medical Officer of Health (DMOH), Ernakulam will examine Smt. Sulochana within 48 hours and if the medical certificate is correct, the services of Smt. Sulochana may be terminated on medical grounds. If the medical certificate is false, disciplinary action may be taken against the Doctor who had issued the false medical certificate."

Unfortunately, the comments from the Minister came two days ago and that the emergency meeting of the Medical Board was fixed for the 1st April. The membership of the board included Dr Chandra Kumar and two other doctors from the District Hospital, Ernakulam, with the DMOH as the Chairman.

As they were still talking, Smt. Sulochana also appeared at the door of the side room, introduced herself and started sobbing and petitioning to Dr Chandra Kumar to save her. Dr Suresh and Smt. Sulochana had already seen another member of the Medical Board. They wanted Dr Chandra Kumar also to help them to get out of this extremely difficult situation.

* Philip, Oommen, *Management of Hospitals : Text and Cases*, Institute of Management in Government, Trivandrum, 1990.

The problem before the Medical Board was a difficult one. If the Board concludes, as can only happen, that Smt. Sulochana does not suffer from rheumatism, the medical certificate will prove itself to be false and that disciplinary action will have to be taken against one of their junior colleagues, Dr Suresh. If the Board concludes that Smt. Sulochana is actually suffering from rheumatism, in order to save one of their colleagues, the poor Smt. Sulochana will lose her job.

Smt. Sulochana pleadingly told Dr Chandra Kumar that she only wanted a transfer and she never thought that such an action would cause so much of a problem. She said "Sir, please help me somehow. If I lose my job, my whole family including my disabled husband will starve because we have no other income". At the same time Dr Suresh said, "Sir, please do something to get me out of this trouble, as I did this in good faith and only wanted to help the poor woman, out of nobility and sympathy".

Another problem that the Medical Board faced was that if both of these people were not helped, the Unions will trouble them as both were members of strong Unions in the Health Services. Dr Chandra Kumar was in a dilemma. He got really confused and was wondering as to what to do. Anyway he told Smt. Sulochana and Dr Suresh that he would look into the matter, study the files and see what he could do in cooperation with his senior colleagues in the Medical Board.

Questions for Discussion

1) What is the problem in the case, explain?
2) Since Dr Chandra Kumar knows the case, what are the alternatives available with him?
3) If you were Dr Chandra Kumar or a member of the board, what decision would you have taken and why?
4) Do you think the HRD policy of the organisation is responsible for such a situation? Would you recommend any change or intervention in the policy to help out both Dr Suresh and Smt. Sulochana?

CASE 6 : Whither Practical Training *

Teaching Hospitals are especially meant to provide practical training to medical and paramedical students. The clear understanding between trainers, trainees, other functionaries, patients and by-standers in a teaching hospital is that patients will be subjected to examination and treatment by various levels and types of medical and paramedical students along with staff. The trainers normally help, guide, counsel, correct, monitor and evaluate students as they acquire practical training in the teaching hospitals. But all concerned are probably not adequately aware of the attitude of patients, by-standers and the trainers about the viability of subjecting oneself, one's relatives or one's patients to semi-trained or partially trained students no matter which category they belong to.

For the nursing students of the Nursing College attached to the Medical College, Calicut, there are a lot of interesting experiences in this regard. They seem to feel that they are attached to their supervisors and are basically loyal to them only. They are alleged not to have adequate loyalty to the ward sisters or the hospital in which they are getting their training. They generally feel that they are ignored by the medical and paramedical staff of the hospital and that they are often found fault with by other functionaries for what they are or they are not responsible for. They usually feel that they are second class citizens in the hospital.

On other hand, the medical and paramedical staff have the feeling that the nursing students do not take their practical training very seriously and that they show only loyalty to their College and not to the hospital.

There have been arguments and counter-arguments by the college staff and the hospital staff about the ineffectiveness of practical training for nursing students. But, Professor Sulochana was not willing to stay in either of these groups to accuse anybody for any lapse of any sort. She has been very conscientious and devoted and always wanted to make sure that her nursing students are adequately trained to take up the challenges of any hospital floor any where in the world.

One of Professor Sulochana's students, by the name of Sujatha, a second year BSc Nursing student was posted to ward number 5 of the Medical College Hospital, Calicut. As part of her practical training, at that time while working in ward number 5, she was attending to a patient by the name Soman, 52 years old, among many other patients (Soman had undergone an exploratory laparotomy for acute abdomen). Sujatha had already got adequate exposure, during her first year of studies, in fundamental nursing procedures and need-based care. She has also been exposed to pre and post-operative care of patients with abdominal surgery during the beginning of the second year. Thus Sujatha was expected to and was technically capable of providing total patient care to Soman on the basis of her own assessment of the patient's needs.

Soman was admitted a few days ago and Sujatha had the opportunity to look after him during the pre-operative period, on the day of the operation and the first post-operative day, providing necessary nursing services like administering prescribed drugs, injections, intra-venous fluids, maintaining fluid intake and output etc. She has also helped him with movements/exercises for limbs and post-operative breathing exercises, to prevent complications like phlebitis and hypostatic pneumonia, apart from attending to the hygienic and comfort needs of the patient. These were planned and undertaken in consultation with the ward sisters and also Professor Sulochana who was her supervisor.

On the second post-operative day, at about 8.30 am, Sujatha took her rounds and came to Soman's bed. She realised that the intravenous drip was removed and kept aside the patient. She took care of some of the hygiene needs of the patient. After attending to the hygiene needs and making the patient comfortable, she took the vital statistics and recorded those, to be normal. The patient was cheerful and making progress, the by-standers were observed to have been happy with the progress made by the patient and the care Sujatha was imparting.

When Sujatha looked into the case sheet she found that the intravenous drip for Soman had to be continued. She immediately came to the ward sister's room where Professor Sulochana and the ward sister were chatting. Immediately Sujatha consulted the need for continuing the intravenous drip and went back to the patient with a new drip set. Professor

* Philip, Oommen, *Management of Hospitals : Text and Cases*, Institute of Management in Government, Trivandrum, 1990.

Sulochana walked with her to the patient and helped her in starting the drip. As she was piercing the patient to introduce the needle for the drip, there came a loud voice from behind:

"Sister, I don't want this student to give intravenous drip for my patient".

Professor Sulochana and Sujatha got startled for a second, and lifted their head to find that the Professor and Head of the Department of Gastroenterology was standing at the front of the bed. The shocked and fearful Sujatha just could not be successful in peircing the patient properly for the drip. As the student nurse wanted assurance and support, Professor Sulochana took over the needle and started the drip. In the meanwhile, the Professor and Head of the Department (Dr Narayanan Kutty) was fuming and grumbling. He was even shouting at Professor Sulochana. He also called the ward sister and shouted at her, but the ward sister replied nothing. In the meanwhile, Professor Sulochana completed the work of the drip and turned to Dr Narayanan Kutty and said: "Sir, our students practice these procedures only in the presence of the supervisors and also after consultation with the ward sister. As you can see, I am standing here and helping her".

Dr Narayanan Kutty: (furious) "I asked you not to do it. I don't want students to practice on my patients".

In the meanwhile, a few undergraduate students, registrars and post graduate students assembled there.

Professor Sulochana: "Sir, this is a teaching hospital, and if the students are not allowed to practise, how can they learn and gain confidence in these techniques? But they practice only in the presence of the supervisor".

Dr Narayanan Kutty: "Madam, you think I will allow a surgeon trainee (postgraduate) to do a Gastrectomy in my presence simply because this is a teaching hospital? Don't you try to argue your case with me. I will not allow you or your students to practice on my patients".

Professor Sulochana: "Sir, would you please give me one good reason for it. In my opinion this patient is making tremendous improvement and we are giving him great care and the by-standers and the patient have not so far complained".

Dr Narayanan Kutty: "I don't want to talk to you any more nor do I want to listen to you".

Dr Narayanan Kutty turned to the ward sister and said: "Sister, I don't want the nursing students to practice on my patients, you understand".

The ward sister shook her head in the affirmative.

This has created quite a scene in the ward. The patient and the relatives didn't know how to react. In fact, they seem to have felt sorry for this nursing student who looked after the patient for the last few days. The Medical students who assembled there with Dr Narayanan Kutty also could not respond.

The nursing students felt thoroughly humiliated and frustrated. As they were prevented from practice and they are rebuked in front of other professionals, they immediately left their work and gathered in the duty room with a feeling of guilt and shame. They asked for permission to leave the hospital, and requested that they be posted in another ward.

Questions for Discussion

1) Evaluate the role played by Dr Narayanan Kutty, Professor Sulochana and Sujatha in this case.
2) Is Dr Narayanan Kutty right in asking that nursing students be kept out from practising on patients?
3) How does this incident affect the image of the Professionals among the patients and by-standers in the Medical College Hospital, Calicut?
4) How would you handle this conflicitng situation, as an administrator of the hospital?
5) Do you think the system is not in place in the hospital and it needs proper restructuring? Explain why.
6) Is this the right kind of training environment for overall development of human resources?
7) Would such incidents affect the morale and motivation of trainees and will lead to not-so-sound decision-making?

CASE 7 : The Maulavi Supports Family Planning *

The Primary Health Centre Sultanpur had Dr Swarup as Medical Officer in-charge, Sri Avtar Singh as Block Extension Educator (BEE), four Lady Health Visitors (LHVs), ten Auxiliary Nurse Midwives (ANMs) and 14 Male Health Workers. Dr Swarup was worried because he was falling behind the target of sterilizations fixed for his PHC. He called a meeting of his staff to review progress of family planning target achievement. The meeting was organised to identify workers and villages giving very poor response. Dr Swarup wanted to make use of suggestions by his staff for improving the performance of villages with poor response.

In this meeting concern was expressed because in the past eight months the relatively big village of Sultanpur had no case of sterilization. Transferring another male health worker to Sultanpur village was one of the several suggestions made at the meeting. Dr Swarup considered all the suggestions and decided in favour of transferring an additional health worker. He presented this decision of transfer in the form of a challenge, which motivated several good male health workers to volunteer for the transfer.

The BEE explained in the meeting that Sultanpur village was mostly populated by Muslims, and one of the reasons for the poor performance was the fact that Muslims as a group were not coming forward to accept the family planning programme. After further discussion, Dr Swarup selected one male health worker, Mr Rajababu, who had excellent family planning performance records in the past several years, as the new health worker for Sultanpur. Mr Rajababu was given the transfer order at the end of the meeting.

Next week Mr Rajababu with his family and all their belongings shifted to Sultanpur. The village was fairly big with a population of about 5000 people. Roughly 95 per cent of the population were Muslim. Illiteracy in the village was very high. A large majority of the population worked as poor agricultural labourers. There was a big, important Jama Masjid in the centre of the village. The maulavi of this masjid, Mr Farooqi, was a highly respected person in the village and several other neighbouring villages. The Jama Masjid and its maulavi dominated the happenings within the village. The maulavi also ran a Madrasa for village children, and practically every family sent their children to this school. In case of severe illness or misfortune, Mr Farooqi was invariably consulted and approached for his blessings. In all important matters such as births, deaths, marriages and divorces people sought his advice. He was invariably involved in all major decisions in the village.

Mr Rajababu decided, on the basis of past experience, that the only way he could make family planning services available to the community was through their recognised leader, Mr Farooqi. He also knew that success depended on giving highest regards and respects to the religious values of the population. Therefore, one of the first things he did was to contact Mr Farooqi, introduce himself and explain the type of health services he can give to the village. He explained that his programme gave special emphasis to the health of women and children. He assured Mr Farooqi that before doing anything in the village, he would ask his approval and also his involvement. Mr Rajababu also shared his concern about the poverty and very poor health of mothers and children in some families. The mention of children touched a sympathetic cord in the heart of Mr Farooqi. Very recently, several children of the village had suffered a heavy attack of diarrhoea and measles. Some children had even died. But Mr Farooqi asked how a male can work among the women and children. Mr Rajababu assured him that a clinic for mothers and children could be organised with the assistance of a lady health worker. After more discussion, it was agreed to begin such a clinic on a weekly basis.

The weekly clinic soon became popular. Acceptance of the EPI programme was quick, because of the recent sad experiences with the epidemic of diarrhoea and measles. Mr Farooqi and Mr Rajababu developed mutual respect and confidence. One day Mr Farooqi asked Mr Rajababu about the possibility of posting a female health worker permanently at the clinic. Mr Rajababu took Mr Farooqi to Dr Swarup, and in the course of their discussion, Dr Swarup agreed to keep a lady health worker permanently at the clinic and make it a health sub-centre. During the inauguration of the sub-centre, Mr Farooqi was given the place of honour on the dias. On that day Mr Rajababu distributed free literature to

* Roy, Somnath *et al.*, *Case Studies in Health Management*, National Institute of Health and Family Welfare, New Delhi: 1987.

the guests explaining about the maternal and child health programme, including the need to space children for better health of both mothers and children. He distributed the literature quietly and the guests were allowed to carry home any booklet they wanted.

One evening, about a week after the opening of the sub-centre, Mr Rajababu was surprised to find Mr Farooqi coming to his home. Mr Rajababu welcomed Mr Farooqi warmly in his home, and then took the initiative of talking about how family planning was necessary for the health and economic welfare of the families in the village. He specifically referred to poor families with a large number of children and their pitiable condition. He mentioned about the family planning services that could be made available at the sub-centre, and encouraged Mr Farooqi to talk about family planning with people in the village. Mr Rajababu also gave examples of other villages where family planning was being accepted by people of all religions, castes and economic groups.

About a month after the discussion, Mr Farooqi agreed that this sub-centre could give family planning services to women who needed it. He gave his permission only after Mr Rajababu assured him that there would be no unusual propaganda.

Questions for Discussion

1) How does leadership make a difference, in deciding right or wrong for a group?
2) How do you see the role of Dr Swarup?
3) What differences do you find in the leadership of Mr Farooqi and Mr Rajababu?
4) Does effective leadership and decision making lead to higher motivation?
5) From a management point of view, what are the advantages and disadvantages of working through traditional leaders such as Mr Farooqi?

NOTES