



## ADMINISTRATIVE AND FIELD PROBLEMS OF MEDICAL OFFICERS AT PRIMARY HEALTH CENTER LEVEL: A STUDY IN CHITTOOR DISTRICT OF ANDHRA PRADESH

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### Introduction

At present, India has over 7200 primary Health Centers and several other peripherals both government and private, functioning in rural areas (India Year Book, 1985). For each community development block there are 1 to 2 PHCs functioning in most of the states. But in Andhra Pradesh in addition to these, since 1986, still lower level health centers were formulated under each Revenue Mandal which is having a population of 30 to 40 thousands. Further, during the 7<sup>th</sup> Plan Period, Government of India envisaged to divide the existing P.H.C. areas in to 3 divisions in order to provide three peripheral health centers in the existing community development blocks. Despite all these expansion of peripheral health centers, and addition of more Medical Officers in P.H.C. areas, the health service utilization by the population in rural areas continues to be very poor. According to a study carried out on a comparative basis between Kerala and Andhra Pradesh, it was revealed that, the utilization of existing health facilities by the people is over 70.0 per cent in Kerala, while in Andhra Pradesh, it is very poor and as low as 15 per cent only. Similar poor situation of health service utilization exists in most parts of our country (Nihae, 1976; Misra, 1977; Bose, 1983; Bhatia, 1983; Madhura et al., 1984). Thus, when the government has invested millions of rupees for the functioning of P.H.Cs, only a fraction of its benefit is derived by the people. Why such situation exists, is a problem today.

The present study is innovative and valuable in many respects. Hitherto only very attempts have been made to study the major supervisory cadre of the health centre staff at the peripheral areas. No doubt, a few isolated studies which have been done in this direction would be of very great use for the present study (Misra, 1977; Rastogi, 1978; Dutt, 1978; Narayana & Acharya (Pers. Comm.); Shatia, 1983; Talwalkar, 1986). These studies have, of course, identified the inherent problems particularly at the organizational level, and the problems confined by the paraprofessional staff at the P.H.Cs. However, an exclusive study on the Medical Officers and supervisors has not been so far made to study their job satisfaction, administrative problems and to assess the major factors contributing to poor and good performance in implementing Family welfare and R.C.H programmes in their respective P.H.Cs. Under these circumstances, the present study has been carried out with the following objectives.

### Objectives

The major objectives of the present study are:

1. To identify the scope of performing roles assigned to the Medical Officers
2. To explore the organizational and individual constraints and the Medical Officers and Supervisors in performing different roles
3. To study the status of optimum requirements of a health centre, and for different categories of staff to perform their roles satisfactorily
4. To assess the factors contributing to poor and good performance in implementing Family welfare and R.C.H. activities by the Medical Officers in their respective P.H.Cs.

### Method and Area

The study was conducted in Chittoor district. There are 66 Mandal PHCs available in the district, and out of these 30 PHCs are selected covering important regions of the district. The Medical Officers and the supervisors from all these 30 PHCs are interviewed by the researcher for getting necessary information. Thus a total of 30 Medical Officers and 30 supervisors are interviewed. There are different cadres at supervisory level viz. Multi-Purpose Health Extension officer, Public Health Nurse, Community Health Officer, Male Health Supervisor and Female Health Supervisor. One among these supervisory categories was selected for study based on availability and interest to participate in interview. Similarly there were more than two Medical Officers in some PHCs. Here, the Medical officer available at Head quarter and expressing interest to interact with the Researcher was considered for the study. Thus, a total number of 30 Medical Officers and 30 Supervisors were considered for the study.

The study was mainly focused on Human Resources development, Role perception, Inter-personal relationship, Leadership Style, Programme Management and Performance of the PHC in general. The dependent variable of the study was the



performance of the PHC regarding, Reproductive and Child Health and Family Welfare in the last two years (Target vs. Achievement).

### Determinants of Performance

The performance of the PHC depends upon the quality of service provided by different personnel at the field level. The leader of the PHC (the Medical Officer) even though is an efficient, may not achieve the target, when, he/she is not supported by good peripheral staff. The major Determinants of the Performance of PHC that are identified in this study are (1) Organizational factors, (2) Inter-personal relationship, (3) Leadership style, and (4) Job satisfaction.

### Organizational Factors

The major factors of the maintenance and programme management at PHC are (a) Human Resource Development, (b) Geographical Nature of the PHC area, (c) Supply of inputs like Medicines, Vehicles, and other Infra-structure, (d) Time spent by different categories of staff in field work etc.

#### A. Human Resource Development

Health personnel with adequate knowledge, skills and abilities are required for effective implementation of various programmes of Health and Family welfare. Most of the peripheral staff who are recruited directly through an interview are under-graduates and many of them are taking lot of time to understand the complex of health care aspects. Some of these workers have undergone the MPH training in such institutions where minimum lab facilities and competent teachers were not available.

Many of the staff was not attending the periodic In-Service Training Programmes. For the Health Supervisors a total of 10 In-Service Training programmes have been organized during the last two years, but none of them attended all the ten programmes. The periodical Training to the Peripheral and Supervisory staff is an important intervention to bring about a positive change in the quality of service.

#### B. Supply of Inputs

Inadequate supply of Medicines and other Infrastructure at PHC is reported as a major problem, by the Medical Officers.. Most of the Health Workers expressed their dissatisfaction with regard to supply of Medicines. They feel that, if they distribute the Medicines regularly, they can make good rapport with the people. The storage facility for the Medicines like Refrigerators and kits are also inadequate. The important organizational problems at PHCs as perceived by the Medical Officers are listed in the Table-I.

**Table I: Organizational Problems at the PHC as Perceived by the Medical Officers**

S.No	Nature of the Problem	Response of the Medical Officers		
		Yes	No	Total
01	Shortage of drugs and equipment	86.7 (26)	13.3 (4)	100% (30)
02	Very little administrative and financial freedom	80.0 (24)	20.0 (6)	100% (30)
03	Non co-operation from the Dist. Level officials other than insisting on target achievement	76.7 (23)	23.3 (7)	100% (30)
04	Lack of competence and interest among the peripheral staff	73.3 (22)	26.4 (8)	100% (30)
05	Lack of facility to educate the children in the villages	73.3 (22)	26.4 (8)	100% (30)
06	Non-availability of Vehicle on regular basis to tour the PHC area.	70.0 (21)	30.0 (9)	100% (30)
07	Non co-operation from the people in certain aspects like control of Epidemics etc.	66.7 (20)	33.3 (10)	100% (30)
08	Too many reports involving in lot of clerical work	60.0 (18)	40.0 (12)	100% (30)

The supervisors were also asked to express their difficulties in the field and certain of them are listed in Table-II.

**Table No II: Difficulties in the Field as Perceived by the Supervisors (at PHC Level)**

S.No	Nature of the Problem	Response of the Supervisors		
		Yes	No	Total
01	No commitment and seriousness among the peripheral staff to provide services to the people	76.7 (23)	23.7 (7)	100% (30)
02	No recognition to the supervisor's views in meetings of PHC	73.4 (22)	26.6 (8)	100% (30)
03	Lack of transport facility (Bus services are not on time in rural areas)	73.4 (22)	26.6 (8)	100% (30)
04	No proper suggestions from the Medical Officers	70.0 (21)	30.0 (9)	100% (30)
05	Lack of co-operation between Male and Female Health Workers and lack of proper Inter-Personal Relationship between workers and Medical Officers	66.7 (20)	33.3 (10)	100% (30)
06	Frequent transfers and punishments by the District level officials	66.7 (20)	33.3 (10)	100% (30)
07	Cultural barriers among certain sectors of people to receive the Health Services	60.0 (18)	40.0 (12)	100% (30)
08	No minimum facilities at the staff quarters of PHCs	60.0 (18)	40.0 (12)	100% (30)

### C. Time Spent in the Field

The major responsibility of the peripheral staff at PHC is to visit each and every house in their respective areas and deliver services to the people at their door-steps. The Medical Officers and Supervisors are expected to visit the field periodically to supervise the activities of the workers. Earlier studies have proved that, if the Workers, Supervisors and Medical Officers spend more time in the field, reacting with the public, they can achieve good result in family planning motivation and in providing Health Education to the people. However, many of the Medical Officers in the study area expressed difficulty to spend sufficient time in the field though they are interested to do it. The reasons cited by the Medical Officers for this are (a) Provision of vehicle only during emergency situations, (b) Preparation of too many records and reports, (c) Increasing number of out-patients at the PHC headquarters etc.

The extent of time spent by the Medical Officers in the field was correlated with the general performance of the PHC.

**Table No III: Time Spent by the Medical Officers in the Field and Performance of the PHC**

Time spent by the Medical Officers in the field and performance of PHCs.	Performance of the PHC			
	Poor -18 (60%)		Good-12 (40)	
	No. of PHCs	Percentage (%)	No. of PHCs	Percentage (%)
2hours & less	11	61	03	25
2 to 3 Hours	04	23	03	25
3+Hours and above	03	16	06	50
Total	18	100	12	100

It is evident from the above table that the PHCs in which Medical Officers are spending more time in the field are achieving good results. Half of the Medical Officers in PHCs with good performance are spending more than 3 hours per day in field, while it is only 16 percent in the PHCs with low performance. In the PHCs where Medical Officers spend Two hours and less in the field, the performance is poor in majority of them (60%). Thus it is essential that the supervisory staff has to spend at least 3 hours per day in the field to react with the public and to counter check the activities of the peripheral staff.

### Interpersonal Relationship

In an organization, normally the members will be directed towards achieving certain objectives, and in the process they have to associate with others who are directly or indirectly connected. At the PHCs, also the workers have to interact and co-operate among themselves to perform the Multiple Roles and at the same time they have to receive the guidance and help from their Supervisors. Similarly the Medical Officers and other officials should try to understand the problems and

difficulties of their field staff and take remedial measures to solve them. In addition, appreciation and encouragement by the officers do motivate staff to perform better in their job situation.

The Nature of Human Relationship at the PHC is judged as Satisfactory or unsatisfactory based on the reaction of the Field Staff and Supervisory staff to certain selected enquiries. The relationship between the nature of Human Relationship maintained by supervisors and performance of PHC is presented in the Table IV.

**Table IV: Nature of Human Relationship by Supervisors and Performance of PHC**

S.No	Performance of the PHC	Nature of Human relationship Performance of PHC			
			Poor	Good	Total
01	Non-Satisfactory	No.	6	2	8
		%	75%	25%	100%
02	Partially Satisfactory	No.	8	4	12
		%	66.7%	33.3%	100%
03	Satisfactory	No.	4	6	10
		%	40%	60%	100%
	Total	No.	18	12	30
		%	60%	40%	100%

The nature of the human relationship maintained by Supervisors has considerable influence on the performance of PHCs. Among the eight PHCs where the maintenance of human relationship is not satisfactory, 75 percent have recorded poor performance. On the other hand, out of the ten PHCs where satisfactory relationship between supervisors and staff is established, 60 percent have achieved good performance. Thus, maintenance of proper inter-personal relationship is essential to achieve the targets at PHC.

The supervisors are further asked to mention various aspects that lead to good relationship and the response is as follows: (a) encouragement for new strategies, (b) representing problems of workers to higher officials, (c) suggesting incentives to good work, (d) sharing of personal matters and problems.

### Leadership

The Chief Medical Officer is the main Administrative Head of the PHC. Actually, he is the leader of the PHC organisation. 'Leadership' is the ability to secure desirable actions from a group of followers voluntarily without the use of coercion. The doctor must try to understand the real causes for the failure of his workers, and has to guide them properly to achieve the targets.

A group of 25 workers (15 males and 10 females) are asked to express their views regarding the leadership style of their Medical Officers at their respective PHCs. These workers are asked to express the reaction of their Medical Officers, when they have not achieved their targets and the response is as follows: Around 65 percent of the workers felt that their Medical Officers have enquired about the reasons for failure and gave directions to be followed in future. The remaining have mentioned that their Medical Officers scolded them without giving any suggestions.

These workers are also asked to state how their Medical Officers react, if the PHC successfully achieved the targets. In response to it, 36 percent of the workers expressed that their Medical Officers did nothing and 34 percent stated that the whole staff are praised, 16 percent felt as only a group of workers are praised, and the remaining 14 percent stated that the Medical Officers, praised themselves for the success of PHC. The morale of the workers may go down of the Medical Officers have not change their style of functioning, and hence a special training course has to be organised to the Medical Officers to improve their leadership style.

### Job Satisfaction

Job satisfaction is an important determinant of the performance of individuals and also the organization as a whole. Job satisfaction is the attitude that one has towards the various dimensions of his or her job.

The concept of job is very complex, and has many facets such as (a) Nature of the work, (b) Nature of the organization, (c) The pay, (d) The promotional opportunities and (e) The recognition in the department and in the society. The satisfaction that the individual has with his or her job generally will be the degree of satisfaction with the above dimensions of their job.

The Medical Officers are interviewed with a set of enquires covering the above aspects, to understand their level of job satisfaction. Based on the response they were divided into three groups. Out of the 30 Medical Officers, 17 are found to be not satisfied (57%), 8 are moderately satisfied (26%) and the remaining only 5 are satisfied (17%).

This aspect is correlated with the performance of the PHC.

**Table No V: Relationship between the Job Satisfaction of the Medical Officers and the Performance of the PHC**

S.No	Level of job satisfaction	Performance of the PHC			
			Poor	Good	Total
01	Non-Satisfactory	No.	10	07	17
		%	58.8	42.2	100
02	Partially Satisfactory	No.	05	03	8
		%	62.5	37.5	100
03	Satisfactory	No.	02	03	05
		%	40.0	60.0	100
	Total	No.	18	12	30
		%	60	40	100

The level of job satisfaction of the Medical Officers is proved as an important determinant of the performance of PHC. More than half of the PHCs with satisfied Medical Officers have recorded good performance as against only 35 percent with the unsatisfied Medical Officers. The Medical Officers working in the rural areas may be given certain special allowances to improve their level of job satisfaction.

### Implications

Based on the findings of the study, the following suggestions are recommended to strengthen the functioning of PHCs.

- Many of the peripheral staff are under-graduates, and are not able to understand their roles properly. Hence, graduate degree may be fixed as the minimum qualification for Health Workers. A graduate degree holder has good status in the villages, which help them in performing their duties.
- Frequent transfers of PHC staff have to be avoided. The staff may be transferred after serving a minimum period of 5 years at a place, which facilitate them to develop rapport with the people.
- Periodic and compulsory training programmes are necessary to all cadres of staff to improve their competence.
- In-service training has to be given to the Medical Officers to instill modern skills of management among them in order to supervise their subordinates effectively.
- Irregular supply of drugs and lack of storage facility for the drugs is a serious problem at the PHCs. Many of the patients are not satisfied with the service at PHC mostly because they are not given with proper medicines
- A permanent vehicle and a driver is necessary to facilitate the Medical Officers and other staff to have frequent field visits. At present the vehicle is provided for only at the time of emergency circumstances.
- Computerization of various records at PHC is essential because much of the time of the staff is being consumed for preparation of the records. Hence, a computer with its operator has to be provided to each PHC.
- The Medical Officers and other PHC staff are to be provided with special allowances to improve their job satisfaction which is an important determinant of the performance of the PHC.

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