

Visitors of Hospitalized Patients and its Effect on Administrative Performance

Moyasser Adnan Salih¹, Obaid Fakhri Hameed²

¹Department of Public Health, Nineveh Health Department, Ministry of Health, Mosul, Iraq

²Training and Human Development Center, Nineveh Health Department, Ministry of Health, Mosul, Iraq

ABSTRACT

Background: Its very important to visit our patient and benefit including psychological state of the patient and increasing social relationship between the patient and his relative and friends but its more important to choice suitable time and suitable period of stay during visiting , if we visit the patient in the hospital it should be under some guide and orders and should not be within period of examination of patient from medical staff in order to be not interfere with their job.

Aim: the study try to reach some proposals that help to identify the distance of the visit, which causes confusion in the work of a hospital, including planning and organization and overcoming the obstacles to finding the best solution and identifying the nature of the relationship between many visits and administrative processes in health institutions .

Method: The researcher relied on the questionnaire form as a means of collecting data and the questionnaire contained three aspects general information about the individuals who are exterminated and visitor problems and the impact of visits on planning and organization.

Results: Due to the large number of visitors and the chaos and noise it causes in the process of organizing and confusing the work of the health owners and maintaining public order and the comfort of patients requires the development of a program for visitors in terms of numbers and timing should be set one day a week in the visit and for two hours and after the end of the official working hours.

Keywords: health institutions, administrative processes,

INTRODUCTION

The WHO Medical Committee sees the definition of the hospital as a institution that provides amenities for the patient who is in it for the purpose of medical and nursing care and some writers describe the hospital as a place that provides good health and hotel services in the sense that the hospital as well as being a center for providing health services is a top-class hotel activity that provides all the entertainment and comfort to guests. The hospital should put in place regulatory procedures for visitors in a way that does not affect the quality of service delivery and the streamlining of the work. The importance of the hospital: the hospital has several functions to be achieved, including:

- 1- Treating patients and providing appropriate medical services and health care
- 2- Teaching students of medical colleges and health schools
- 3- Doing research maintaining public health and contributing to the development of prevention programmes for the country.

Horwitz mentions the most important bases used in the classification of hospitals are: Management models, profitability , ownership models , duration of stay , type of service , size , sex , patient age and type of education [1,2]. [3] agrees with Stephen 1984 in classifying hospitals according to the criteria mentioned below [1,3]:

- 1- Ownership and management standard
- 2- Depending on the purpose of operation
- 3- Hospitals are divided into public and specialized ones
- 4- Hospitals are divided according to the standard of education into educational and non-educational hospitals
- 5- Size standard (number of beds)
- 6- The standard of the rate of stay of patients in the hospital

Health Planning: Management functions include planning, coordination, leadership, motivation, follow-up and control [4] Planning is a stage of thinking one concepts of management and directs towards action, behavior and the future and highlights the role of planning through the clarity of the foundations that show how the basic principles that guide the collective efforts of the organization are determined and led by i.e. how the goals and paths are determined and obtain and allocate resources [5,7].

Health Planning and Health Services Goals: Health planning is one of the most prominent functions practiced by the director and this is the basis of the rest of the administrative functions because it enables management to achieve its objectives through a system that includes analysis, evaluation and selection of opportunities.

The planning function is the first and most important function compared to the rest of the administrative posts and is indispensable .Planning means the method by which the hospital can try to make the resources available in its present time and future more effective in the use of access to the goals [5] .Planning benefits for planning have four benefits:

1. Helps monitor progress at work
2. Helps to arrange and consistency of events
3. Helps to think rationally
4. Helps overcome problems and the ability to face the future. [6]

Steps of the planning process are:

1. Setting regulatory objectives
2. Identifying alternatives to achieving the goals.
3. Development of planning duties.
4. Choosing the best alternative
5. Development of plans for the implementation of alternative
6. Putting plans into effect

Health planning considerations

- 1- Determining the hospital's message: I mean the reason for its existence and therefore its identification means indicating the scope of the hospital's work and its future direction and the message does not change, but it can be adjusted from time to time depending on the surrounding environment.
- 2- Determining the objectives of the hospital the specific objectives of the hospital is derived through the message that was developed for it and the objectives are characterized by the following:
 - To be characterized by privacy that corresponds to the nature of the health activity practiced by the hospital
 - Be clear and explicit goals and translate into a quantifiable form that is measurable
 - Set priorities for arranging the goals to be achieved
 - Determine the time needed to achieve each goal and according to the available possibilities
- 3- Determining the hospital's strategy derives the strategy from its specific objectives
- 4- Evaluating the environment surrounding the hospital is an interview of the opportunities and threats it faces in its course of action and at the same time being able to identify its sources of strength and vulnerability to these external variables.
- 5- Participating in the preparation of the hospital plan involving the medical and administrative staff in preparing the plan would make them more willing to implement it
- 6- The time range of the plan is linked to the time limit for its implementation, which may be long, medium or short-term depending on the objectives to be achieved.
- 7- Follow-up the plan and evaluate its results compared to the results that were implemented from what was expected and reveal the deviations from the plan if any. [7]

Principles of Health Planning

- 1- Realistic visionin preparing the plan is taken into account the possibilities available to the hospital from technical and material human resources as well as the possible determinants that may prevent its implementation.
- 2- Inclusiveness to be inclusive of all medical, technical and administrative activities and responsibilities and achieve compatibility and interdependence between different levels
- 3- Obligation when the plan is drawn up and approved by the hospital management becomes enforceable
- 4- Flexibility of the plan's adjustability in the light of new future environmental conditions and variables that were not expected at the time of the plan
- 5- Continuity of the planning process in the hospital is an ongoing process and does not end once the plan is drawn up and the objectives are set, but the continuity of the plan extends to implementation and control of implementation. [8]

MATERIAL AND METHODS

The sample of the research described Ibn Sina Educational Hospital opened in 1973 with a capacity of 500 beds consisting of the building of 7 floors and includes the department of internal and its branches children's department of neurosurgery department technical department and includes the division of radiology and sonar laboratory and pharmacy and building of the advisory clinic includes all internal medical specialties and there is a clinic for the treatment of diabetes patients.

Description after the visit and diagnosis shows the table of repetitive distributions, percentages, computational circles and standard deviations of visitor problems through the responses of the respondents sample members to the special indicators of dimension variables and is shown from the table ratios for the analysis of X23-X1 indicators that measure the variable of visitors' problems of irregularity, large numbers and associated noise and confusion at work and negative impact on the level of cleanliness and order.

Table 1. Show repetitive distributions, computational medium, and standard deviations after visits

to	Address	I strongly agree.		agree		neutral		I don't agree.		I don't agree too much.		Arithmetic medium	Standard deviation
		Iteration	%	Iteration	%	Iteration	%	Iteration	%	Iteration	%		
1	X1	8	19	18	42.9	10	23.8	6	14.3	0	0	3.66	0.95
2	X2	18	42.9	19	45.2	2	4.8	3	7.1	0	0	4.23	0.84
3	X3	27	64.3	13	31	1	2.4	1	2.4	0	0	4.57	0.66
4	X4	19	45.2	21	50	1	2.4	1	2.4	0	0	4.38	0.66
5	X5	34	81	7	16.7	1	2.4	0	0	0	0	4.76	0.57
6	X6	10	23.8	18	42.9	8	19	6	14.3	0	0	3.76	0.98
7	X7	33	78.6	8	19	1	2.4	0	0	0	0	4.76	0.48
8	X8	22	52.4	15	35.7	5	11.9	0	0	0	0	4.40	0.70
9	X9	3	7.1	13	31	12	28.6	11	26.2	3	7.1	3.04	1.08
10	X10	30	71.4	11	26.2	1	2.4	0	0	0	0	4.69	0.51
11	X11	20	47.6	17	40.5	4	9.5	1	2.4	0	0	4.33	0.75
12	X12	35	83.3	7	16.7	0	0	0	0	0	0	4.83	0.37
13	X13	28	66.7	14	33.3	0	0	0	0	0	0	4.66	0.47
14	X14	25	59.5	14	33.3	2	4.8	1	2.4	0	0	4.50	0.70
15	X15	25	59.5	16	38.1	1	2.4	0	0	0	0	4.57	0.54
16	X16	35	83.3	7	16.7	0	0	0	0	0	0	4.83	0.37
17	X17	39	92.9	3	7.1	0	0	0	0	0	0	4.92	0.26
18	X18	8	19	15	35.7	11	26.2	6	14.3	2	4.8	3.50	1.10
19	X19	18	42.9	21	50	3	7.1	0	0	0	0	4.28	0.85
20	X20	29	69	8	19	3	7.1	2	4.8	0	0	4.52	0.83
21	X21	33	78.6	7	16.7	1	2.4	1	2.4	0	0	4.71	0.63
22	X22	35	83.3	7	16.7	0	0	0	0	0	0	4.83	0.37
23	X23	31	73.8	10	23.8	1	2.4	0	0	0	0	4.71	0.50

REFERENCES

- [1]. Horwitz, J. R. (2005). Making profits and providing care: comparing nonprofit, for-profit, and government hospitals. *Health affairs*, 24(3), 790-801.
- [2]. Stephens, F. D., & Smith, E. D. (1986). Classification, identification, and assessment of surgical treatment of anorectal anomalies. *Pediatric surgery international*, 1(4), 200-205.
- [3]. Ahmed, T. M., Rajagopalan, P., & Fuller, R. (2015). A classification of healthcare facilities: Toward the development of energy performance benchmarks for day surgery centers in Australia. *HERD: Health Environments Research & Design Journal*, 8(4), 139-157.
- [4]. World Health Organization. (1981). Follow-up of the regional strategy for health for all by the year 2000 (No. EM/RC30 [81]/7).
- [5]. Ramasamy, T. (2009). Principles of management. Global Media.
- [6]. Grol, R. P., Bosch, M. C., Hulscher, M. E., Eccles, M. P., & Wensing, M. (2007). Planning and studying improvement in patient care: the use of theoretical perspectives. *The Milbank Quarterly*, 85(1), 93-138.
- [7]. Kinicka, A. and Williams, B. K. (2003) "Management . A practical introduction , Mc Graw – Hill ,Irwin,Boston
- [8]. Hilleboe, H. E., Barkhuus, A., Thomas, W. C., & World Health Organization. (1972). Approaches to national health planning.