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Case Study 02

Health Care Warriors in Rural India¹

The background

Dr. Chittaranjan Mishra, the promoter of Chittaranjan Seva Sadan, was born in the year 1957, in a village of Cuttack, Odisha (India). Even though he was the first child of his parents, he was adopted by a rich family. Dr Mishra did his schooling till eleventh standard in the same village; then he moved to Cuttack for further studies and he did his B.Sc. (Botany) from Ravenshaw College. But his parents felt that it was not that kind of education that their child should be pursuing; they asked him to pursue MBBS. Dr Mishra was always keen to serve the society and to fulfil his parents' wishes; he readily agreed and joined MBBS in S.C.B. (Sriram Chandra Bhanj) Medical College & Hospital, Cuttack. He opted for MD (Gynaecology) over and above General Surgery, Medicine & Paediatrics. Initially, he faced a lot of resistance from his family members for choosing Gynaecology, but over time he managed to convince them and successfully completed his course in the year 1984.

After completing the medical course, he realised that there were no good hospitals in the vicinity of his village and that prompted him to conceive the idea of establishing a clinic first and expand gradually into a hospital with a motto: "**Affordable Health Care Services**". In 1985, Dr Mishra started his clinic with an initial investment of Rs. 50,000 at Niali, Cuttack District, Odisha (India) with just two rooms, having 10-15 OPDs on an average and with one in-patient only per day. After ten years, he moved into a new locality and established a nursing home having 11 beds in 1995; then the nursing home was converted into a full-fledged hospital with an investment of Rs.15,00,000, spread across around 2 acres of land, having all the multispecialty services like Radiology, Pathology, Pharmacy, etc.

* The case was developed by N. C. Rajyalakshmi (Siva Sivani Institute of Management, Hyderabad),. Geetha Rajaram (Global Institute of Management Sciences, Bangalore), Tanaji Vitthal Chavan,(Anekant Institute of Management Studies, Baramati), Richa Verma Bajaj (National Institute of Bank Management, Pune), Saroj Dhake (K.K.Wagh I.E.E.R.Nashik), . Bishetti Ramesh (GITAM - Deemed to be University, Hyderabad), and Alok Mohan (Strategic Management Practitioner, DGM, DB Corp. Ltd., Bhopal, India) during the 'Online Case-Writing Workshop' organized by the Association of Indian Management Schools (AIMS) during September 28-30, 2020.

This was the first rural private hospital in the state of Odisha. It got an approval to provide Health care services under Government schemes, e.g., JSY (Janani Suraksha Yojana), BSKY (Biju Swasthya kalyan yojana), RSBY (Rashtriya Swasthya Bima Yojana) and PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan), which formed part of around 70 percent of the IPD patients' foot fall. It is the only hospital which functioned day and night without any holidays for Obstetric & Gynaecological patients in that area that serves the patient in the emergency.

As it is established in a village, many people are less educated; so most of the patients believe in word of mouth information. Apart from this, the executives make a field visit to create awareness about preventive healthcare. Hospital also uses posters, banners to make the locals understand the seriousness of prevention of the disease rather than cure as the village is more prone to natural calamities. They also take the help of the local leaders in reaching the mass.

The frequent occurrences of floods and cyclones (*Table -I*) affect the income of the people and reduce the paying capacity of the general mass even for medical treatment. About 20 percent of patients could not even pay about Rs.5000 for major surgeries (up to specialist's level). While serving such needy people the follow-up with the Government plays an important role for getting financial assistance for such cases.

Maximum patients come for Gynaecology treatment followed by General Surgery, General Medicine and ENT. The hospital has been receiving an increasing number of patients year on year, and hence it could see a steady rise in the income out of which 65 percent was spent on the day to day operations. In the year 2020, it added 20 percent more expenses for COVID-19 control management which is adding extra burden on the hospital to the extent of Rs.5000 per IPD patient, as the patient must be provided with an Isolation Room (if required) and other facilities to restrict probable COVID-19 contamination.

Till March 2020, everything was going smoothly with all the strategies working perfectly for the best interest of the patients. The hospital was making trade-offs between the business as well as charity in the health care services. But the onslaught of COVID -19 brought setbacks to the Hospital in terms of providing timely treatment. They started dividing the patients based upon the requirements and emergency. Time taken for doing the tests had also increased; earlier they used to spend eight hours per day for ultrasonography investigation; it had been increased to ten hours considering the pandemic. Hospital personnel started developing fear of getting in to the cusp of COVID -19 and absenteeism of senior medicos increased. The balance staff was

stretching themselves to serve the patients but the possibility of developing fatigue cannot be ruled out; hence staff was kept inspired towards serving the masses.

Strategies of Chittaranjan Seva Sadan and its Administration

Marketing Management:

1. Word of Mouth by providing best services to the patients
2. Field visits by executives to make people aware to save cost from going to city
3. Awareness Programs on preventive health
4. Posters/banner/leaflet in local languages
5. Through connects with local leaders

Financial Management

The hospital was started with an initial investment of Rs.50,000 including 60 percent of borrowings. Currently, the hospital has 40 percent of loans (to get the various benefits). More than 50 percent of the total revenue comes from the Government schemes implemented for the masses and the rest is from the patients directly. The hospital has been experiencing a year on year revenue growth of 10 percent. During the last two years, it had increased revenue by 20-25 percent and in the year 2020, the expected increase is around 30 percent, especially due to COVID -19. Out of total expenses, about 60-65 percent of expenses comprise staff payment. There has been an increase in expenses to the extent of 20 percent due to COVID -19 management, which requires maintenance of protocol for special staff, inpatient area, outpatient area, daily sanitization, separate rooms or isolation cabins if a patient is COVID -19 positive, PPEs kits which cost approx. Rs.1200 for a 160 GSM. Overall, the Hospital has to bear Rs.4000-5000 extra due to COVID -19 per IPD patient on an average.

Human Resources Management

Its human capital is very strong with a total of 70 employees out of which 15 are visiting consultants, 3 higher level strategic thinkers, 12 middle level administrators, and 10 next level managers, 25 paramedical staff, 5 medicos, 10 sub staff and 4 drivers. As on date the hospital is having 150 out-patients and 7 to 10 in-patients per day with a patient doctor ratio of 30:1 for out-patients and 8:1 for in-patients in specialised areas. The overall patient nurse ratio stands at 5:1.

Supply Chain Management

Though, financially it may not be the best solution, but to meet the critical and urgent needs of medical supplies, the Hospital maintains a base of 6-7 suppliers and follows a distributed model so that if few suppliers are unable to meet the requirements then other suppliers would cater to the needs. Considering the pandemic due to COVID - 19 in which the requirement of supplies has increased to three folds, the distributed model seems to be the best alternative.

Strategies for General Management

1. The Hospital has reduced financial burden by getting empanelled with various Government schemes
2. The Hospital has streamlined processes for better administration
3. The Hospital has reallocated resources as per the current requirements, e.g., reallocation of vehicles to improve indirect services for patients
4. The Hospital takes care of the likes and dislikes of the Senior doctors to provide them comfort

KPIs of the Executives assigned by the Hospital Management

1. Expansion of services through reinvestment
2. Getting things done effectively - either by increasing output or by reducing the expenses
3. Satisfaction of the Stakeholder- To reduce the grievances and taking care of satisfaction of the patients

Challenges

Competition - New clinics and Nursing Homes are coming up in the village, which indicates a positive sign for healthy competition. The services of nearby hospitals are helping Chittaranjan Seva Sadan because it is considered as a backup of services in the network. This network will help to get staff easily in the nearby rural areas. But, this may become a challenge in the future.

Human Capital - The growth of clinics and Nursing Homes in the nearby locality has been creating challenges for the recruitment, retention, and inspiration for the human capital.

Though the hospital serves as a centre to aid many Government health programmes, funding is an issue as it takes time to receive funds from the government. So, to fulfil the requirement of funds, the hospital depends on borrowed funds. Not receiving funds on time is an issue which may delay the further development of the hospital like increasing the bed capacity to serve the rural needy people in COVID -19 situation.

Absenteeism - Due to COVID 19, workload has increased 3-4 times. It leads to increased absenteeism of senior doctors. Some of the senior specialists are not motivated to come to hospital due to family pressure and their health issues. Earlier, Radiologists were available 7 days a week but now they are available 4 days a week. COVID -19 is the biggest source of anxiety and fear among the staff and doctors.

Natural Disasters - Frequent occurrences of natural calamities like floods and cyclones affect lives and properties in Odisha since it falls under the coastal region. Due to such calamities, the paying capacity of the patients reduces.

Management of services during COVID 19 pandemic - the Hospital geared up to face the pandemic by setting up the isolation room, earmarking the staff exclusively for taking care of the COVID 19 patients, and pooled up all the required resources, which increased the cost. Hence, the management started investing 20 percent out of its income towards this COVID 19 management. The staff was also ready to work beyond the regular timings. This was mainly because of self-motivation as well as appreciation received from the management. They had set the priorities based on the criticality of the patients and managed overflow of the patients with limited time and resources. For the patients who were not able to reach the Hospital, the virtual consultation was done.

Future plans - The management is having an expansion plan of going for additional 30 beds in-patient services, introducing new super speciality services and providing critical care ambulance service for the needy. With 35 years of dedicated services to the rural mass, Chittaranjan Seva Sadan appeals to health care staff, that most of the healthcare professionals should provide services to the rural and remote part of the country. The management believes that the healthcare profession is not just to provide healthcare service to mankind but it is similar to the profession of army personnel who are always ready to serve their nation in the battlefield and not while sitting in cosy offices.

Questions for discussion

1. Analyze the case, and do the SWORT analysis for the Hospital.
2. If you are owner of the Hospital, what strategies you will adopt in order to overcome the challenges.
3. Discuss and evaluate the possible ways to continue the service to needy poor people without any Government funding?

Table-1: Frequency of major natural disasters in Odisha (India) (1996-2015)

Type of natural calamity	Number of occurrences between 1996 and 2015
Drought	7
Flood	12
Cyclone	3
Heat wave	1
Pest Attack	1

Source: State Disaster Management Plan, 2017 (<http://orienvvis.nic.in>)

Teaching Note

Health Care Warriors in Rural India

1. Synopsis of the case

Dr. Chittaranjan Mishra, the promoter of Chittaranjan Seva Sadan, Cuttack, Odisha did his MBBS from S.C.B. (Sriram Chandra Bhanj) Medical College & Hospital. Later, he did his MD in Gynaecology in the year 1984. After completing the medical course, he realised that there are no good hospitals in the vicinity of his village and that prompted him to conceive the idea of establishing a clinic first and then expand gradually into a hospital with a motto of: "Affordable Health Care Services". This was the first rural private hospital in the state of Odisha. It got approval to provide Health care services under various Government schemes. The case talks about various challenges faced by a typical rural hospital related to human capital, absenteeism, natural disasters and the outbreak of COVID -19 along with plans for future growth.

2. The target learning group

This case has been designed for management programmes in Strategic Management. It is focused on Hospital Administration and strategies adopted in the Rural Healthcare environment. Students who have 'Strategic Management' as part of their course curriculum in graduate or post graduate course in general and hospitality management, management practitioners, and researchers on rural healthcare services. As a result this teaching note is well-suited to illustrate how a rural hospital has grown and reached the sustainable competitive position in the rural healthcare sector.

3. The learning/teaching objectives and key issues

This case serves three primary teaching and learning purposes. In analyzing the case, the learners should be able:

- a) To understand the typical operating constraints prevailing in rural areas for healthcare services providers.
- b) To evaluate the mitigation strategies against different challenges faced by the hospital.
- c) To develop the various strategic options available to maintain competitive advantage position and grow further.

4. The teaching strategy

The proposed teaching plan starts with the situation describing the case and then moves forward in time with in-class update that constantly challenges students and learners to evaluate the constraints, competitive situation and develop appropriate responses. This case can be assigned in the following ways:

a) Individual assessment

Students may be asked to apply various strategic frameworks e.g. SWORT, PESTLE and come out with a foresight on what may happen next in the realm of social and economic context.

b) Group assessment

Students may be asked to adopt a role-play method, e.g. as a CEO of the Chittaranjan Seva Sadan hospital and to propose strategic roadmap to the board.

Teaching Plan

Introduction of the case (10 minutes), Profile of the hospital (5 minutes), Hospital administration (15 minutes.), Challenges & Mitigation strategies (20 minutes), and Summary (10 minutes).

5. Analysis of data

The case requires qualitative analysis of the given context under various situations. Through class discussion - analysis and evaluation of various mitigation strategies against challenges faced by the hospital.

6. Background reading

The learners of this case can refer the following study material:

- i. Peter M. Ginter, *'The Strategic Management of Healthcare Organizations'*. John Wiley & Sons, 2013
- ii. The Challenges and innovative solutions to rural health dilemma (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248476/>)
- iii. Hospitals in rural or remote areas: An exploratory review of policies in 8 high-income countries (<https://www.sciencedirect.com/science/article/pii/S0168851016301270>)

- iv. India's rural healthcare systems: structural modeling (https://www.researchgate.net/publication/326752080_India's_rural_healthcare_systems_structural_modeling).
- v. Mobile based Primary Health Care System for Rural India - M V Ramana Murthy, Mobile Computing and Wireless Networks, CDAC, Electronics city, Bangalore, 560100; murthy@ncb.ernet.in (https://www.w3.org/2008/02/MS4D_WS/papers/cdac-mobile-healthcare-paper.pdf).
- vi. Rural Health Care Access and Policy in Developing Countries.
- vii. (<https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032315-021507>).