



## To Identify the Problems Related to Administration of Private Hospital in the Ahmednagar District

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### Introduction:

In recent years, the Healthcare sector in India has witnessed rapid growth and transformation, particularly with in the Private Hospital segment. As patient expectations rise and competition intensifies, the need for effective business administration in healthcare facilities has become more critical than ever. Business Administration Practices – encompassing financial management, human resource planning, operations, marketing and strategic decision making- play a vital role in determining the efficiency, sustainability and overall success of hospitals.

The Ahmednagar District of Maharashtra with its growing population and expanding private healthcare infrastructure presents a unique setting to explore how private hospitals manage their administrative functions. Understanding how these institutions adopt and implement business administration methods can offer valuable insights into improving operational effectiveness and patient satisfaction.

### Review of Literature:

1. According to N.S.Bhand, “An Analytical Study of Role Played by Management

Information Systems on Organizational Performance of Private Hospitals in Ahmednagar Region.” Healthcare Organization is mainly deal with maintenance or improvement of health via the prevention, diagnosis, and treatment of disease, illness, injury, and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health professions, physician associates, physicians, dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology, and other health professions. It includes the work done in providing primary care, secondary care, and tertiary care, as well as in public health. Patient care is critical and crucial element in hospital. The quality of patient care depends upon the quality of the diagnosis made be medical staffs. Organizational effectiveness is also linked with patient care. Patient care can be defined as the creation of more value for patients through the removal of all non-value-added steps or actions. The current administrative emphasis on the management of frequently used resources, cost control, the effectiveness of patient care, and improved quality and responsibility, reinforces the

importance of optimal patient care. Timely Diagnosis by the doctor and patients care is very important elements in the health care organization.

2. According to Prof S J Sonawane, Dr. J.R. Bhor, (International Research Journal of Engineering and Technology (IRJET) e-ISSN: 2395-0056 Volume: 04 Issue: 09 | Sep -2017) “An Analytical Study on Human Resource Management Practices in Private Hospitals”. This study found that India’s healthcare sector is making imposing strides into the hope by rising as one of the prime service sectors. Healthcare in India cover not only areas of providing medical care, but also all aspect of preventive care. It includes the medical care rendered by the public sector and the initiatives taken by the private sector. India, being the second most populous country in the world, has many limitations in reaching out to the entire population especially on healthcare and education. ‘Sub-optimal functioning’ of the public healthcare system is identified as a major impediment in the process of healthcare system development in India. Higher organisational effectiveness, machines, technologies, procedures and systems are no doubt important; but what is more important is the quality of the individuals behind them. The paper attempts for an Analytical Study on Human Resource Management Practices in Private Hospitals in Ahmednagar District of Maharashtra

3. According to M. Ranjith Kumar, K.S. Shobajasmin (International Journal of Pure and Applied Mathematics Volume 120 No. 5 2018, 287-298) presented their International Paper, “An Analysis on service quality of Government and Private Hospitals in Tamilnadu.” The development of our nation is also depending upon the health care sector.

A people in a country who are completely getting all health care services is presumed to be a developed country. Service quality of government hospital should be change and they need to give proper medicare services equal to private hospitals. People satisfaction is very important towards the health care services. Also private hospitals should get proper charges only, because people believe that the medical services in private hospitals were proper so they should consider it.

### **Objectives of the Study:**

1. To identify the problems related to administration of private hospital in the Ahmednagar District.”

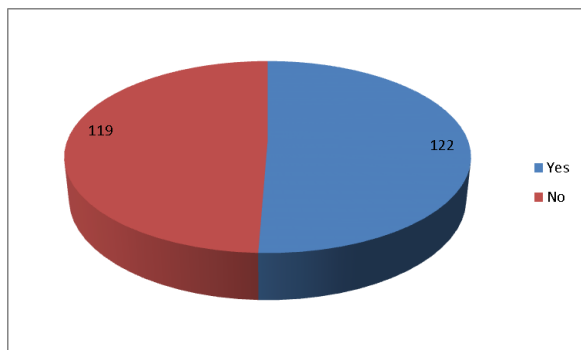
### **Research Methodology:**

The study is based on Primary data. Responses recorded with the help of questionnaire from the dean, or owner or main doctors or hospital administrator of the hospital of Ahmednagar district. Research Design-For this study I had used descriptive research method to analysed data thoroughly .with the help of research design complete analysis of the topic take place.

**Sample Design:** If researcher is going through the total population for the research that it may take huge amount of time. Convenient sampling method is used across the Ahmednagar District. Data Collection- For this study mostly primary data collection has been used by me. Personally visited respondents to record responses. Sampling unit- Respondents asked to fill up questionnaire are the sampling units. These comprise registered Private Hospitals of Ahmednagar district. Sample Size- Total sample size is 241.

**Data Analysis and Interpretation:****1. Have you done renewal of Bioclean certificate?**

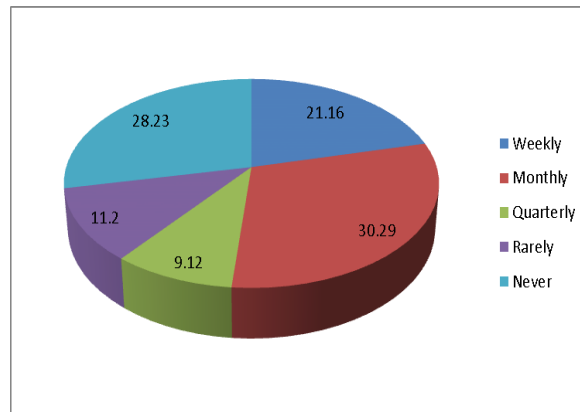
Sr. No	Particular's	Number	Percentage
1	Yes	122	50.63
2	No	119	49.37
	<b>Total</b>	<b>241</b>	<b>100</b>

**Interpretation:**

50.63% (122 respondents) reported “Yes”, they have done the renewal. 49.37% (119 respondents) reported “No”, they have not renewed their Bioclean certificate. It suggests that about half of the group may be at risk of operating with an expired certification, which could have implications for: regulatory compliance, operational quality, safety standards.

**2. Have you displayed price list or bill on a frontage (Façade) side of hospital?**

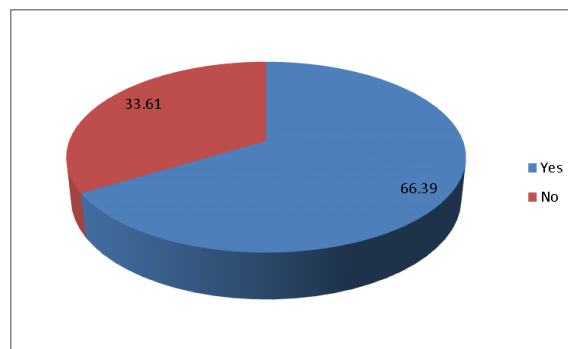
Sr. No	Particular's	Number	Percentage
1	Weekly	51	21.16
2	Monthly	73	30.29
3	Quarterly	22	9.12
4	Rarely	27	11.20
5	Never	68	28.23
	<b>Total</b>	<b>241</b>	<b>100</b>

**Interpretation:**

There is no consistent or standardized practice across respondents. A considerable portion (28.23%) does not display the price list at all, which may indicate: lack of awareness of requirements, poor compliance with transparency norms, or operational limitations. Although monthly display is the most common frequency, combining *rarely*, *quarterly*, and *never* categories shows that 48.55% display price information infrequently or not at all. Only 21.16% maintain a more frequent (weekly) transparent practice.

**3. Have you displayed patient Rights and Ethics on a frontage side of Hospital?**

Sr. No	Particular's	Number	Percentage
1	Yes	160	66.39
2	No	81	33.61
	<b>Total</b>	<b>241</b>	<b>100</b>

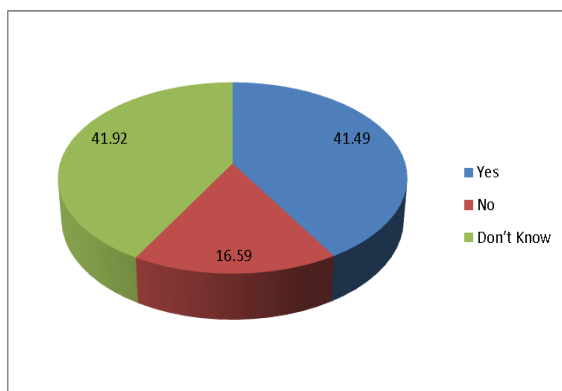


**Interpretation:**

Two-thirds of the hospitals comply with the practice of displaying Patient Rights and Ethics, indicating a generally positive level of awareness and adherence to ethical guidelines and patient transparency. However, one-third (33.61%) still do not display this information, which highlights a significant compliance gap. This lack of display among a sizeable portion may reflect: Insufficient understanding of regulatory requirements, lack of standardized enforcement, or operational oversight.

**4. Have you renew fire safety certificated from local fire department to ensure patient safety and comply with regulations?**

Sr. No	Particular's	Number	Percentage
1	Yes	100	41.49
2	No	40	16.59
3	Don't Know	101	41.92
	<b>Total</b>	<b>241</b>	<b>100</b>

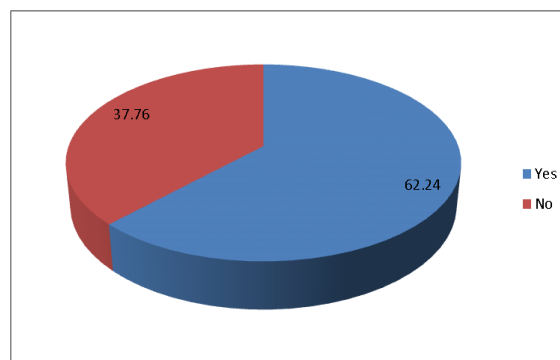
**Interpretation:****Low confirmed compliance:**

Only 41.49% of facilities confidently report having renewed their fire safety certificate. This is less than half, which raises concerns about overall compliance with essential safety regulations. High uncertainty (41.92%): A large segment of respondents do

not know whether the fire safety certificate has been renewed. This suggests: Lack of internal communication or documentation, Poor administrative oversight, Possible neglect of safety protocols. Non-compliance group (16.59%): While this group is smaller, it still represents a meaningful number of facilities that openly admit not renewing the certificate, posing potential risk to patient and staff safety.

**5. Have you maintain the distance in ICU bed to allow for patient comfort and staff movement?**

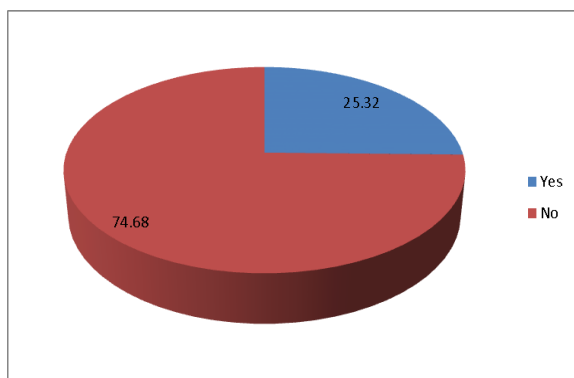
Sr. No	Particular's	Number	Percentage
1	Yes	150	62.24
2	No	91	37.76
	<b>Total</b>	<b>241</b>	<b>100</b>

**Interpretation:**

While most facilities maintain proper ICU bed spacing, ensuring a safe and comfortable environment, a substantial 37.76% non-compliance rate highlights important safety and operational gaps. This suggests a need for facility improvements, stricter adherence to standards, and better space management to ensure patient safety and staff efficiency.

**6. Have you renew MPCB (Maharashtra Pollution control Board) certificate to handle store and dispose of biomedical waste according to the rules set by the MPCB?**

Sr. No	Particular's	Number	Percentage
1	Yes	61	25.32
2	No	180	74.68
	<b>Total</b>	<b>241</b>	<b>100</b>



**Interpretation:**

The data reveals a significant compliance gap: nearly three out of four hospitals have not renewed their MPCB certificate, even though it is essential for safe handling, storage, and disposal of biomedical waste. This highlights an urgent need for regulatory monitoring, training, and strengthening institutional responsibility to ensure environmental and patient safety.

**Findings:**

Private hospitals in Ahmednagar District face several administrative issues, including:

- Low compliance with crucial regulatory requirements
- Weak transparency practices toward patients
- Poor documentation and monitoring of safety certification

- Inadequate infrastructural standards in critical care areas
- Significant variation in administrative practices across hospitals

These findings highlight the need for stronger administrative frameworks, regular audits, awareness programs, and better enforcement of regulations to ensure patient safety, environmental protection, and operational efficiency.

**Limitations of the Study:**

The study focuses only on private hospitals within **Ahmednagar District**, which restricts the generalizability of findings to other districts or states with different administrative conditions. Although 241 respondents were surveyed, it may not fully represent all private hospitals in the district, especially smaller or newly established facilities. Administrative issues such as infrastructure gaps, documentation practices, or safety measures were not directly observed. This limits the ability to verify the accuracy of responses.

**Conclusion:**

The study aimed to identify the administrative problems prevalent in private hospitals within Ahmednagar District, and the findings reveal significant gaps in regulatory compliance, documentation, safety management, and transparency practices. A considerable number of hospitals have not renewed essential certifications such as the MPCB and fire safety certificates, indicating weak adherence to mandatory regulations and potential risks to patient and environmental safety. The lack of awareness among respondents regarding certificate renewals further points to poor

internal communication and inadequate administrative oversight.

**References:**

1. C.R. Kothari (2014) : “Research Methodology”, New age International Publisher.
2. Ratha K, Lakshmi P, (2018), “A Study on problem faced by Patients in Private Hospitals” (3)(8).
3. M. Ranjith Kumar, K. S. Shobajasmin (2018), “An Analysis on service quality of Government and Private Hospitals in Tamilnadu.”(120), (5).
4. Vishal Karma, SupreetKaurSethi, J.K. Sharma (2019), “ An Empirical Study on Service Quality Comparison between private and public hospital in Delhi – NCR.” (8), (4).
5. www. Healthcare-administration-degree.net