

# OD and Mission Hospitals in India

**By Raj Kumar**

For many years, mission hospitals have played a critical development role throughout the world. As their contexts are fast changing, mission hospitals themselves are facing the need for urgent organizational change. OD offers the opportunity to help many mission hospitals adapt. But to be effective, OD needs to understand the particular challenges facing mission hospitals. The OD approach also needs to be tailored to the specific features of mission hospitals. This article highlights key learning from India.

## **Particular organizational challenges of mission hospitals**

### Leadership and culture

Mission hospitals in India were established by medical missionaries. Many started as small dispensaries to provide medical services primarily for women and children. As they grew, so they took on more and more health personnel. Their main aim was to provide curative, preventive, promotive and rehabilitative services, with a philanthropic orientation. A majority of the health professionals who worked in these hospitals were inspired by the Christian faith, had a deep commitment to serve and driven by a desire to share God's love. Mission hospitals embody a culture based on Christian inspiration and a deep commitment to serve. They do not consider medical services as a business venture, having commercial value.

The leadership of mission hospitals tends to be medically, rather than management, trained. Missionaries came from a medical background and tended to establish relatively informal administrative systems. Still, today, leadership is carried out by a medical director or medical superintendent. The doctor-administrator has to divide their time between medical work and administration. These may be good medical doctors but often have limited training in managing hospitals. The medical and nursing curriculum does not fully equip them for taking up managerial positions.

Missionaries frequently practiced a paternalistic leadership style. When they left, this often precipitated a leadership crisis as they had not developed adequate plans and people to take over from them. Furthermore the hangover of this missionary culture still prevails. Existing Indian leadership of mission hospitals tend to perpetuate a paternalistic top-down approach. This leads to poor participation of the staff in the management of the hospital, limits their potential and blocks their initiative and creativity. Yet many hospital staff who have worked with the missionaries in the past are comfortable with this lack of responsibility and often quote, "we have always been doing work in this fashion and effectively, what is the need to change now".

Leadership challenges are exacerbated by the tendency for mission hospitals to have weak governance. Board meetings are often held for a short duration and members contribute little during the discussion.

### Strategy

Mission hospitals in India operate in a rapidly changing environment. Healthcare is increasingly seen, both in-country and internationally, as the Government's responsibility. The role of the mission hospitals is to complement the efforts of the government in providing health and medical services. This shift has made it harder to access international funding support for service delivery efforts. Yet in developing countries, the existing population explosion and limited Government resources does not allow for subsidized health care services for all the poor patients. For the great masses of India, primary and preventive health care and low cost medical services continue to be a great need particularly in rural areas.

Another shift in the Indian environment is that mission hospitals have to adjust to the increasingly strict government regulations in terms of providing treatment, diagnostic services, maintaining blood bank and use of drugs. The government is supportive to mission hospitals and expects them to follow the regulations.

Since the initiation of globalization and liberalization of the economy in India, providing private health services has taken on strong commercial overtones. This has diluted the vision of some mission hospitals. With successive generations the original visions may be fading.

### Financial and human resources

Most mission hospitals operate on a shoestring. Mission hospitals are primarily established to provide health care services to the poor, particularly in rural and remote areas. Not surprisingly government prioritise more densely populated urban areas, leaving many of the poorest people in rural areas without adequate health services. These communities can only generate limited resources, so mission hospitals rely on outside support.

Consequently mission hospitals have extremely limited resources, which affects both capital investment and remuneration of staff. In small and medium-sized hospitals, the staffs have tremendous work pressure and do not receive adequate financial remuneration. The mission hospital staffs are paid less as compared to other hospitals. They are placed in rural areas where there are fewer resources and living facilities. Many need continuous professional development, but lack opportunities. They may not be able to upgrade their professional knowledge and skill on their own without external resources. This can result in low staff motivation.

Mission hospitals still have a vital role to play. But they clearly face severe organisational challenges. Their continued effectiveness and sustainability demands a proactive and intentional OD process. Yet the OD needs to be done well to make a difference.

## **How to approach OD with Mission Hospitals?**

What do OD consultants need to know in order to work effectively with mission hospitals? On the one hand, it could be said that many organisations face these same challenges and the OD approach reflects general good practice. But what is different is the degree of emphasis and the specific contextual issues that arise. OD does need adaptation to work well with mission hospitals. Some suggestions for doing this are outlined below:

### Recognize cultural constraints

Do not treat mission hospitals like a business. Hospitals are service-oriented organizations where the results of inputs and efforts cannot be decisively and precisely predicted and measured. Thus, a rigid OD approach cannot always be applied to mission hospitals. A majority of the mission hospitals are relationship-oriented and believe in an informal way of working. Strict rules and regulations and task oriented approach is not always appropriate. Engaging with OD in mission hospitals requires sensitivity, in-depth understanding of mission culture, and an ability to strike the right balance between professionalism and informal ways of working.

The mission hospital culture is more service oriented and gives less importance to bureaucracy/business oriented professionalism. They prioritise patients' immediate needs, sometimes bypassing administrative procedures. For example, although there might be a procedure to procure medical supplies or admissions, in emergencies these may be set aside.

### Strategy is an important element

Few mission hospitals are particularly strategic in their thinking, except where they have exceptionally proactive leaders. Yet mission hospitals need to actively engage in strategic planning. The emerging trends in health care, available health care services, health needs of the clientele need to be considered from the perspective of all the stakeholders. The hospital would do well to reflect on and refresh its vision and mission, including its relevance in a rapidly changing present context. Mission hospitals needs to take a hard look at changing funding trends and how the on-going needs of the poor can be met in a sustainable way.

Each hospital needs to find its niche. Scanning the environment can also help staff to become knowledgeable about the existing government regulations and help them to set up appropriate systems and procedures to follow them.

### Take a collaborative approach

A collaborative approach to OD helps build a climate of openness and willingness to change. This is time consuming, but vital. A number of individual and collective discussions with staff and informal leaders may be helpful at the initial stages of the OD process. Early signs of unrest which may happen as a result of change processes need to be addressed. At times a core committee of consultants, management and staff representatives who will monitor the change process and periodically meet to address emerging issues can also be helpful. The OD process

would also need to develop a balanced approach in terms of flexibility and not rigidly following rules and regulations.

This collaborative approach should appreciate the diversity of staffing. Many mission hospitals have staff with more than 10 to 20 years tenure. Over the years younger and more trained staffs joined the organization. An OD process needs to respect the experience and wisdom of the senior staff and continue to challenge the younger staff members so that all can learn and grow together. In this process, listening to the concerns and issues of the different levels of staff as well as the unsaid fears and concerns of people involved in the process is important.

Yet mission hospitals may be different from many NGOs in that they cannot shut down operations, even temporarily. Patients cannot just be left abandoned. So it is not possible for all the staff in a mission hospital department to be released at the same time to attend OD events.

#### Integrate the spiritual, but recognize diversity

Mission hospitals often have an integrated mission. They are there to serve the physical, mental and also spiritual needs of the people. Even the World Health Organisation defines health as a state of physical, mental, spiritual well-being and not only the absence of disease. In mission hospitals, staffs from different faiths join the organization. It is important that the OD process be sensitive to the staff and avoid categorizing or making a distinction with them based on religious grounds. Most of these staff are sympathetic to Christian values and faith, but an OD approach in mission hospitals has to be inclusive of all. This is a challenging issue which needs adequate reflection before initiation.

#### Need learn language and use examples

OD processes need to learn the language and use concepts familiar to the client. This is also true for mission hospitals. In OD processes, examples from health should be used. For instance, when discussing team work it may be helpful to relate the concept with functioning of the cells of the body and the way they coordinate with each other in perfect harmony to keep human beings healthy.

Medical personnel can be reluctant to learn from non-medical persons. OD consultants need to be well aware of basic medical terminology (IMR, MMR), biomedical equipment (CAT scan), types of diagnostic services (ECG, EEG, ultrasound) and familiarize themselves with the demands of providing health care services. This knowledge will help them to build trust and rapport with the clients.

#### OD needs donor support

OD for hospitals, mission or otherwise, is not a priority for many governments. They look to the urgent delivery concerns, but ignore the important strategic issues. Funding OD processes for mission hospitals is an important role for outside donors. In this way donors will be able to support state provision of services by strengthening the capacity of mission hospitals.