Su Gyaan™

https://www.sugyaan.org

Management Journal of Siva Sivani Institute of Management

ISSN : 0975-4032 | Volume: XVI | Issue - 2 | July - Dec, 2023

Global Impact Factor (GIF) for 2012 - 0.421 & 2013 - 0.493

ARTICLES

S. P. Sampathy's Siva Sivani Group of Institutions

SIVA SIVANI INSTITUTE OF MANAGEMENT

(Crafting Careers Since 1992)

(AICTE Approved)

NH-44, Kompally, Secunderabad-500100, Telangana, India. Tel: 040-27165450 - 54

Website: https://www.sugyaan.org

CONTENTS

SuGyaan is a bi-annual publication of the Siva Sivani Institute of Management, NH-44, Kompally, Secunderabad- 500 100.

EDITORIAL : JULY - DECEMBER 2023

Mr. Dinesh Sonera, Mrs. Mital Thakkar & Nagma Malek focused on assessing the knowledge of nursing staff towards infection control measures at Dhiraj Hospital in Vadodara, highlighting that the nursing staff's knowledge and practice in containing infections were satisfactory, though continuous education is necessary for ongoing improvement. The study utilized a descriptive cross-sectional design with data collected via closed-ended questionnaires and analyzed using SPSS, showing that gender, age, and marital status did not significantly affect the knowledge levels of the respondents.

Mr. Indravadan Dabhi, Mr. Mohit Verma & Ms. Mona Shah study described that the public healthcare system in India, influenced by its colonial past, is essential yet historically skewed towards medical care over public health, resulting in significant maternal and infant mortality rates, low child immunization rates, and a high prevalence of communicable diseases.

Dipal Patel, Mitthal Thakkar and Nilam Pal assessed and presented that The stu the level of radiation awareness and safety among cancer patients at Trust Based Hospital in Vadodara, finding that patients generally have adequate knowledge and a positive mindset towards radiation therapy, though awareness impacts their mindset and health.

Mogilicherla Ramyasree and Prof. T. Krishna Kumar conducted a pilot study of 100 IT employees in Telangana, India, revealed significant work stress factors including inadequate salary, overtime, time pressure, workload, insufficient holidays, and night shifts, particularly affecting young, single employees with 1-2 years of experience.

Mr. Sourav Kumar focused on how leaders of Indian family businesses must identify and address deep-rooted issues, foster family pride, ensure smooth intergenerational communication, and adopt professional management practices to compete and survive in the modern, globalized economy.

Wishing you all an enlivening and thought-provoking experience.

Happy Reading!

Dr. S.V. Ramana Rao
Editor
SUGYAAN

"A STUDY TO ASSESS THE KNOWLEDGE OF NURSING STAFF MEMBERS TOWARDS INFECTION CONTROL MEASURES IN DHIRAJ HOSPITAL, PIPARIYA, VADODARA."

Mr. Dinesh Sonera
3rd Sem. MBA Health Care Student
Department of Management,
SumandeepVidyapeeth Deemed to be University

Mrs. Mital Thakkar
Assistant Professor
Department of Management
SumandeepVidyapeeth Deemed to be University

Nagma Malek
3rd Sem. MBA Health Care Student
Department of Management,
Sumandeep Vidyapeeth Deemed to be University

ABSTRACT

Introduction: In the medical field, doctors, nursing staff, supporting staff and patients in every hospital should take precautions to protect themselves from common and serious infections of patients suffering from various diseases, directly and indirectly and the information about the infection should be available to the nursing staff and everyone associated with it. The aim of the study to assess the knowledge of nursing staff towards infection control measures in Dhiraj Hospital Pipariya, Vadodara.

Methodology: This is descriptive cross sectional study design was used. The data was collected among nursing staff those who are working in the Dhiraj Hospital.The data was collected through the closed ended Questionnaire. The collected data was analyzed with T test by using SPSS software.

Result: The result of the collected data was shows that there were 80% of the respondents were female and whose age is between 20-30 years.Most of the respondents whose working experience is between 1-5 years. The outcome of the study was shows that the p value under the gender, age and Marital status was greater than 0.05. Hence the null hypothesis is failed to reject.

Conclusion: The Knowledge of Nursing staff about hospital acquired infection is good.

Also, their practice to contain the spread of infection among patients, nursing staff & treating doctors is found to be satisfactory. Continuous Medical Education of nursing staff is required to keep their knowledge updated & for betterment of patient & society at large.

Keywords: Infection control, knowledge, nursing staff, Hospital

Introduction

Hospitals in india

Operations management in hospitals

Infection control as part of hospital services

Infection control is the practical discipline of preventing infections acquired in healthcare settings. Akin to a public health practice, infection control is an essential process of every healthcare organization. It addresses factors related to the spread of infections among patients, among staff, and between patients and staff. This includes preventive measures such as hand washing, cleaning, disinfecting, sterilizing, and vaccinating. Other aspects include monitoring and managing outbreaks of infection and investigating their causes. This Introduction Take This Website https://www.usa.edu/blog/infection-control-nurse

Infection control and the prevention of all infection remains a major goal within all healthcare settings, and lies with all healthcare professionals and personnel's responsibility to ensure this is achieved. The NHS and healthcare systems have specialized infection control teams to ensure an effective infection control programme has been planned and implemented, also regularly evaluate the effectiveness of programs and update their findings. The infection prevention and control team provide advice about the prevention and management of infection including outbreaks of diarrhea and vomiting, as well as promoting education and awareness to patients. They work closely with staff and senior members of the healthcare setting to ensure that correct policies and procedures are implemented. This Introduction Take on Google.

Review of Literature (atleast 10 rsearch studies on infection control)

1. Eyayu M., Motbainor A. and Gizachew B.(4th April-2022) :- This study was concluded that information in this study, it is found that more than 60% of the nurses in Bahir Dar City public and private hospitals had poor prevention and control practices to limit the spread of COVID-19. Gender, access to training on COVID-19, access to personal preventive equipment, access to infection prevention manuals, and favorable attitudes were significantly associated factors of nurses' prevention practices toward COVID-19. Therefore, continuous training on COVID-19 prevention practices, availing infection prevention guidelines in the working wards, improving their attitudes by providing

different training, and consistently providing PPE for proper intervention are very mandatory.

2. Mausa A.N. & Aziz A.R. (4th April-2022) :-This study was concluded that information Infection control practices among nurses can be improved with the use of an intervention training program. The results of this study revealed that following the training, nurses' infection control practices improved. This study found that the training program is very effective, and that all nurses should be exposed to infection control training in order to provide them with the knowledge and skills they need to combat illness spread in the health-care context. Health-care executives should recognize the need of enacting rules that improve the working conditions of nurses and providing the required training to guarantee that infection control measures are followed. In the two teaching hospitals, a comparable study should be undertaken on other categories of health personnel.

3. Mervat S. A., Samia, Hanaaet all (2022): - This study was concluded that information Based on the findings and research questions of the present study, it was concluded that nearly more than one third of nurses in HC centers affiliated to health directorate in Shoubra El kheima had moderate total knowledge scored regarding to universal precautions of infection control, while more than half nurses unsatisfactory compliance (performance) towards universal precautions of infection control .However statistical relation between demographic characteristics of nurses and their compliance to infection control was insignificance, the results found that the 4centers had unsuitable construction. Also according to the relation between structure environment and nurses compliance to infection control measures was statistical insignificance. Indeed the study revealed statistically the proportion of nurses with poor knowledge had a higher unsatisfactory compliance while the result is almost statistically significance.

4. Hammoud S., Khatatbeh H., Zand A.&Kocsis B. (29thMarch 2021) :-This study was concluded that information In conclusion, this study reveals an acceptable (a score ≥70%) IC overall awareness score (16.55± 2.69) among nurses in Baranya County, Hungary. The awareness scores varied across IC areas; the score of SP was acceptable (10.10 ± 1.58), while the scores of HAIs (2.07 ± 0.71) and HH (4.38 ± 1.47) were not. Hospitals are encouraged to enhance their IC training programmes and increase the nurses' knowledge on IC measures. Further studies are needed to assess IC awareness of nurses at the national level.

5. Shrestha G.N., Thapa B. (Jul - Sep 2018):-This study was concluded that information The result of this study reveals that more than half of the respondents had adequate knowledge and only less than half of the respondents had good practice to prevent infection. There is no significant association between knowledge and practice with different selected variables of infection prevention like education, and year of experience. So, this study

suggests that continuing education courses, and refresher trainings are necessary for raising significant association between knowledge and practice. Similarly, the need for development and implementation of guideline/protocol as a reference guide will be helpful to increase knowledge and practice for prevention of infection in the hospital. There is also need of infection prevention clowercaseinorder to supervise, monitor and regulate all activities in preventing infection and reducing morbidity and mortality of hospitalized patient.

6. Mrs.Chitimwango P.C. (March 2017):- This study was concluded that information Based on the findings of the current study, it can be concluded that, despite performing well in knowledge and showing a positive attitude towards infection prevention and control, nurses had unsatisfactory practice levels regarding infection prevention and control, exposing the patients to infection-related diseases. The researcher described how the study was undertaken. It included the topic, described the background and rationale for the study, the problem statement, aim of the study, research objectives, a brief overview of the research methodology, the definition of terms and ethical consideration. An overview of literature regarding knowledge, attitude and practices of nurses in infection prevention and control was presented. The next chapter discusses the research methodology applied during this study.

7. Alrubaiee G., Baharom A., Shahar H.K, Daud S.M. &Basaleem H.O. (2017):- This study was concluded that information Based on the findings of this study, it could be concluded that the majority of the Yemeni nurses had fair knowledge and practices regarding NI control measures. Therefore, future research should focus on improving knowledge and practices among nurses through educational intervention, during either their training courses or in-service refresher courses by assessing their knowledge and practices before and after intervention. Further studies involving both public and private hospitals are also recommended.

8. Dr. I. Fashafsheh, Mr. A. Ayed, Mrs. F. Eqtait, Mrs. L. Harazneh, (2015) :-This study was concluded that Based on the findings of this study, it can be concluded that nurses in the current study have good practice level regarding infection control. However, inspite of having knowledge about infection control, their overall knowledge didn't reach the good level.

9. Teshager F.A., Engeda E.H., &Worku W.Z. (30 November 2015):-This study was concluded that information Knowledge and practice of surgical site infection prevention activities among nurses working in Gondar and DebreMarkos Referral Hospitals were found to be low. Being male, serving for more than five years, and taking training on infection prevention activities were factors which were significantly associated with

knowledge of prevention of surgical site infection. On the other hand, being thirty years or older, being female, and being of diploma level were factors which were significantly associated with good practice of surgical site infection prevention activities. Therefore, efforts have to be made to update the knowledge of nurses regarding surgical site infection prevention activities. Moreover, hospital administrators should encourage highly educated nurses to focus on implementing their knowledge into practice.

10. Ghadamgahi F., Zighaimat F, Ebadi A., Houshmand A. (2011):-This study was concluded that information most nurses do not have enough awareness about controlling nosocomial infections. Therefore, the nursing staff need to receive correct and complete trainings about nosocomial infections and the method of preventing them, especially for the advantages that the prevention of nosocomial infections have for protecting the health of these people, their families and other patients and society. Therefore, periodic and in-service trainings in this domain are suggested.

Statement of the problem

The Present Study

Objectives and Hypotheses

A. Hypothesis:

H1: There is no significance difference in the knowledge of nursing staff with respect to Gender

H2: There is no significance difference in the knowledge of nursing staff with respect to Age

H3: There is no significance difference in the knowledge of nursing staff with respect to Marital Status

Aim of the Study: -

The aim of the study to assess the knowledge of nursing staff members towards infection control in Dhiraj Hospital Pipariya, Vadodara.

Material and Methods: -

Study Design: The Questionnaire based survey study

Sample Size: The population of the study shall be the nursing staff members in Dhiraj Hospital Pipariya, Vadodara.

Following formula can be used to determine sample size.

Sample size= N/1+Ne2

Where, Population Size, N= 384| Margin of error=e=0.05 at 95% confidence level

Total Population (N) is 384 nursing staff members in Dhiraj Hospital Pipariya, Vadodara.

The sample size thus yielded is 196 nursing staff members in Dhiraj Hospital Pipariya, Vadodara.How were they chosen – what sample technique

Methodology:196 nursing staff were included in the study. who were willing to participate in the study voluntarily. The data collection tool was a researcher-made questionnaire. Whichwas designed in two parts; The study will include 196 nursing staffwere included in the study. who were willing to participate in the study voluntarily. The data collection tool was a researcher-made questionnaire. Which was designed in two parts; The first part consisted of questions related to demographic characteristics and the second part consisted of questions related to infection control.The first part consisted of questions related to demographic characteristics and the second part consisted of questions related to knowledge about infection control.

The study will include 196 nursing staff whowere willing to participate voluntarily in the study. The data collection tool will be a researcher-made questionnaire designed in two parts; the first part will be related to demographic characteristics and the second part consisted of statements related to infection control.

B. Selection Criteria:

1. **Inclusion Criteria:**

   All the nursing staff members working in Dhiraj Hospital who are having at least healthcare diploma qualification and having at least three years of job experience in hospital wards& willing to participate in the study

2. **Exclusion Criteria:**

   The Nursing staff members working in Dhiraj Hospital and not willing to participate in the study

C. Material or equipment for the study:

The structured Questionnaire will be prepared referred from the research article which is validated by the author. The tool was taken from the research article of “A survey of nurses' awareness of infection control measures in Baranya County, Hungary” by SaharHammoud et al (2021)

D. Source of Data:

The filled Questionnaires will be obtained from the nursing staff members

Measures : knowledge about infection control (whos scale is used, scale details, reliablities) missing

Data Processing and Analysis

Statsitical tests used

Limitations

Result: Why demographics for infection control which is internal varabiel, demographics are external. What connection

The gender, age, marital life and experience of the nursing staff working within the hospital affects every nursing staff working in the hospital as often female nursing staff are more intelligent. While the male nursing staff is often gifted, the number of females is higher at 80.5 percent. While the number of male nursing staff is 19.5. Similarly, age is divided into three categories. Nursing staff below 20 years of age is 24.5% while nursing staff between 20 to 30 years of age is 68% which is the highest. This step of chip control can keep well Subject knowledge is also very good They have 7.5% of nursing staff aged 30 to 40 years who have board experience but knowledge of modernity and latest technology may not be that good. In terms of marital life, married nursing staff is 44% while unmarried nursing staff is 56%. Marital nursing staff who are mentally attached to the family to some extent will remain mentally attached to their family even during their duty. While unmarried nursing staff will perform the duty very efficiently. According to the work experience, 34% of the nursing staff with less than one year of experience would need to impart knowledge about infection control and 55% of the nursing staff with one to five years of experience would be very well aware of themselves and patients against infection control and carefully Will do his job. And finally nursing staff with more than five years of experience which is 11% will also play a great and important role they will be aware of that infection control. Will fully sensitize patients and staff, educate them about infection control, provide them with information and train nursing staff on the latest.

Table 1 Frequency Distribution of Demographic Factor

Demographic Factor		Frequency	Percent
Gender	Female	161	80.5
	Male	39	19.5
Age	Less than 20 Years	49	24.5
	20-30 Years	136	68.0
	30-40 Years	15	7.5

Marital Status	Married	88	44.0
	Unmarried	112	56.0
Work of Experience	Less than 1 Year	68	34.0
	1-5 Years	110	55.0
	More than 5 Years	22	11.0

T-Test

Gender:	N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	t value	p value
Female	161	16.12	2.504	.197	0.842	1.859	0.064
Male	39	15.28	2.675	.428			

The above table shows the mean score and standard deviation of male and female which is 16.12 (SD±2.504) and 15.28 (SD±2.675) respectively. Mean difference values is 0.842 and p value is 0.064 which is greater than 0.05. So the result shows that there is no significant difference in the knowledge between the Gender Hence the null hypothesis is failed to reject.

Marital Status	N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	t value	p value
Married	88	16.08	2.623	.280	0.213	0.586	0.559
Unmarried	112	15.87	2.506	.237			

The above table shows the mean score and standard deviation of male and female which is 16.08 (SD±2.623) and 15.87 (SD±2.506) respectively. Mean difference values is 0.213 and p value is 0.559 which is greater than 0.05. So the result shows that there is no significant difference in the knowledge between the Gender Hence the null hypothesis is failed to reject.

Oneway ANOVA

Table The Difference in the knowledge among the respondents with respect to Age					
Age	**Sum of Squares**	**df**	**Mean Square**	**F**	**p value**
Between Groups	7.362	2	3.681	0.562	0.571

The above Table shows the knowledge amongst the respondents with respect to age using ANOVA. The p Value of F test is 0.571 which is greater than 0.05. Here there is a significant difference between the knowledge of different age category. Hence the null hypothesis is rejected.

Post Hoc Tests

(I) Age :	(J) Age :	Mean Difference (I-J)	Std. Error	Sig.
Less than 20 Years	20-30 Years	-.376	.426	.652
	30-40 Years	-.680	.755	.640
20-30 Years	Less than 20 Years	.376	.426	.652
	30-40 Years	-.304	.696	.900
30-40 Years	Less than 20 Years	.680	.755	.640
	20-30 Years	.304	.696	.900

The above Table and Graph show the knowledge of Infection control measuring amongst the Nursing staff in Dhiraj Hospital. Here the results of the category shows that there is no significant difference between all three category, hence their p value is greater than 0.05. So here the null hypothesis is failed to reject.

Discussions

According to Review of Literature 2, a study was conducted in April 2022 on 40 nursing staff at a central pediatric teaching hospital in Baghdad city, Iraq. Accordingly, the nursing staff in the age group of 21 to 30 years is 60 percent which is 68 percent as per our assessment. Which is higher than both under 20 age group and 30 to 40 age group. According to the assessment of Baghdad, the number of female nursing staff is more and in our assessment also the number of female nursing staff is more. While in work experience, the number of nursing staff with less than five years of experience is higher in the assessment of Baghdad and the number of nursing staff with one to five years of experience is also higher in the assessment done by us at Dhiraj Hospital Vadodara Gujarat. We assessed married and unmarried nursing staff in our assessment while Baghdad's assessment included their education, training.

Literature Review No. 1 as on 4 April 22 conducted research on prevention and control of infection in Covid-19 in public and private hospitals in Bahirdar CT. While literature review 7 conducted in Private Hospital Sana'a City Yemen in which nosocomial infection control was evaluated.

The Knowledge of Nursing staff about hospital acquired infection is good. Also, their practice to contain the spread of infection among patients, nursing staff & treating doctors is found to be satisfactory. The knowledge of Infection control measuring amongst the Nursing staff in Dhiraj Hospital.

Conclusion:-

The Knowledge of Nursing staff about hospital acquired infection is good. Also their practice to contain the spread of infection among patients, nursing staff & treating doctors is found to be satisfactory. Continuous Medical Education of nursing staff is required to keep their knowledge updated & for betterment of patient & society at large.

Bibliography:-

1. Eyayu M., Motbainor A. & Gizachew B. (2022) Practices and associated factors of infection prevention of nurses working in public and private hospitals toward COVID-19 in Bahir Dar City, Northwest Ethiopia: Institution-based cross-sectional study Article reuse guidelines: https://uk.sagepub.com/en-gb/eur/journals sagepub.com/journals-permissions DOI: 10.1177/20503121221098238 journals. SAGE Open Medicine: SAGE Journals (sagepub.com)sagepub.com/home/smo

2. Mousa A.N., Aziz A.R. (2022) Effective of an Intervention Program on Nurses Practices Concerning Infection Control Measures in Pediatric Surgical Wards DOI: https://doi.org/10.53350/pjmhs22164807

3. Mervat S. A., Samia, Hanaaet al (2022) Nurses' Compliance with Universal Precautions for Infection Control in Health Care Centers in Shoubra El KheimahEgyptian Journal of Health Care, 2022 EJHC Vol 13. No.1

4. Hammoud S., Khatatbeh H., Zand A.&Kocsis B. (2021) A survey of nurses' awareness of infection control measures in Baranya County, Hungary: © 2021 The Authors. Nursing Open published by John Wiley & Sons Ltd. SaharHammoud (0000-0003-4682-9001) (orcid.org)Nursing Open. 2021;8:3477–3483.HaithamKhatatbeh (0000-0003-2019-6621) (orcid.org)

5. Shrestha G.N., Thapa B.(2018) Knowledge and Practice on Infection Prevention among Nurses of Bir Hospital, Kathmandu: J Nepal Health Res Counc 2018 Jul-Sep;16(40): 330-5: https://jnhrc.com.np/index.php/jnhrc/article/view/1466

6. Mrs.Chitimwango P.C. (March 2017) Knowledge, Attitudes And Practices Of Nurses In Infection Prevention And Control Within A Tertiary Hospital In Zambia: Stellenbosch University https://scholar.sun.ac.za

7. Alrubaiee G., Baharom A., Shahar H.K, Daud S.M. & Basaleem H.O. (2017)Knowledge and practices of nurses regarding nosocomial infection control measures in private hospitals in Sana'a City, Yemen: Alrubaiee et al. Safety in Health (2017) 3:16 DOI 10.1186/s40886-017-0067-4:©TheAuthor(s). 2017 Open Access (http://creativecommons.org/licenses/by/4.0/): Creative Commons — Attribution 4.0 International — CC BY 4.0

8. Ayed A., Fashafshen I., Eqtait F.A., &Harazneh L. (January 2015)Knowledge and Practice of Nursing Staff towards Infection Control Measures in the Palestinian Hospitals: Journal of Education and Practice www.iiste.orgISSN 2222-1735 (Paper) ISSN 2222-288X (Online)Vol.6, No.4, 2015

9. Teshager F.A., Engeda E.H., &Worku W.Z. (30 November 2015)Knowledge, Practice, and Associated Factors towards Prevention of Surgical Site Infection among Nurses Working in Amhara Regional State Referral Hospitals, Northwest Ethiopia: http://dx.doi.org/10.1155/2015/736175: Hindawi Publishing Corporation Surgery Research and Practice Volume 2015, Article ID 736175, 6 pages (hindawi.com)

10. Ghadamgahi F., Zighaimat F, Ebadi A., Houshmand A. (2011) Knowledge, attitude and self-efficacy of nursing staffs in hospital infections control : Iranian Journal of Military Medicine Fall 2011, Volume 13, Issue 3; 167-172 :loaded from militarymedj.ir on 2022-11-07 :http://militarymedj.ir/article-1-826-en.html Knowledge attitude and self-efficacy of nursing staffs in hospital infections control - Journal Mil Med - ی‌م‌اظن‌ب‌ط ه‌ل‌ج‌م (militarymedj.ir)

A STUDY ON SATISFACTION OF PATIENTS IN-PATIENTS DEPARTMENT (IPD) IN TRUST BASED HOSPITAL IN VADODARA: A DESCRIPTIVE CROSS SECTIONAL STUDY

Mr. Indravadan Dabhi
Student of Management, SVDU
Email ID: indravadandabhi1968@gmail.com

Mr. Mohit Verma
Principal & HOD
Department of Management, SVDU

Ms. Mona Shah
Student of Management, SVDU

Introduction

Status of Hosptials and Hosptial Services in India

The public healthcare system in India evolved due to a number of influences since 1947, including British influence from the colonial period.[1] The need for an efficient and effective public health system in India is large. Public health system across nations is a conglomeration of all organized activities that prevent disease, prolong life and promote health and efficiency of its people. Indian healthcare system has been historically dominated by provisioning of medical care and neglected public health.[2] 11.9% of all maternal deaths and 18% of all infant mortality in the world occurs in India, ranking it the highest in the world.[3][4] 36.6 out of 1000 children are dead by the time they reach the age of 5.[5] 62% of children are immunized.[6] Communicable disease is the cause of death for 53% of all deaths in India.[7]

Public health initiatives that affect people in all states, such as the National Health Mission, Ayushman Bharat, National Mental Health Program, are instilled by the Union Ministry of

1. ^ Jump up to:a b c d e f g h i j Chokshi, M; Patil, B; Khanna, R; Neogi, S; Sharma, J; Paul, V; Zodpey, S (December 2016). "Health systems in India". Journal of Perinatology. 36 (Suppl 3): S9–S12. doi:10.1038/jp.2016.184. PMC 5144115. PMID 27924110.
2. ^ Jump up to:a b c d e Gupta, Monica (December 2005). "Public Health in India: Dangerous Neglect". Economic and Political Weekly. 40 (49): 5159–5165. JSTOR 4417485.
3. ^ "Number of maternal deaths | Data".
4. ^ "Number of infant deaths | Data".
5. ^ "Child Mortality".

Health and Family Welfare.[1] There are multiple systems set up in rural and urban areas of India including Primary Health Centres, Community Health Centres, Sub Centres, and Government Hospitals. These programmes must follow the standards set by Indian Public Health Standards documents that are revised when needed.[8]

Healthcare in India

India, a country recognized for its warm hospitality and the perfect blend of vibrant art and cultures, is also one of the most preferred countries for medical tourism.

The continuously increasing number of multi-specialty hospitals and technologically evolving medical assistance has led India to the list of one of the most favored places for health and medical tourism.

Wondering why healthcare tourism in India is so highly spoken of on a global scale?

Healthcare services in India are cost-effective. The low medical cost, alongside superior quality healthcare service, is what makes people from all around the world, fly to India for their treatment. Additionally, India excels with state of the art medical facilities, reputed health care professionals, quality nursing facilities and traditional healthcare therapies.

Additionally, the government is investing extensively in developing new technologies to improve the infrastructure and healthcare services in India. Nations with limited resources or relatively expensive medical facilities are also contributing towards the growth of medical tourism in India.

Ref : https://myacare.com/blog/healthcare-services-in-india

Importance of quality of healthcare services

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

- Effective – providing evidence-based healthcare services to those who need them;
- Safe – avoiding harm to people for whom the care is intended; and
- People-centred – providing care that responds to individual preferences, needs and values.

To realize the benefits of quality health care, health services must be:

- Timely – reducing waiting times and sometimes harmful delays;
- Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- Integrated – providing care that makes available the full range of health services throughout the life course;
- Efficient – maximizing the benefit of available resources and avoiding waste.

(Ref : https://www.who.int/health-topics/quality-of-care#tab=tab_1)

Problems of patients in Indian hospitals

Main Challenges Confronting a Public Hospital

In our opinion, the main challenges confronting the public hospitals today are as follows:(1) deficient infrastructure,(2)deficient manpower,(3)unmanageable patient load,(4)equivocal quality of services,(5)high out of pocket expenditure.

3.1. Deficient Infrastructure

The format of the public health structure in the country draws directly from the recommendations of the Bhore Committee Report, 1946. However, the public health infrastructure has evolved lags far behind in matching the content and the spirit of the committee's report. The committee proposed the implementation of its recommendations in two distinct phases—"three-million plan" and the "ten-year plan."

The "three-million plan" laid down the required health infrastructure to provide for the health needs of an average district in India having a population of three million. This was to be implemented over a period of three to four decades. Anticipating resource constraints, both in terms of manpower and money to make such an infrastructure available in a short time, the committee recommended a shorter "ten-year plan" to be implemented first. Table 1 gives a comparison between the "ten-year plan," the "three-million plan," and the public health infrastructure available at present in the country.

As against the 0.24 beds per 1000 population that were available in British India, the committee's overall plan for development of health services in India provided for achieving 1.03 beds per 1000 population within ten years of implementation of the plan and a ratio of 5.67 beds/1000 population in thirty to forty years. The committee further stated that:

"We consider moreover, that our recommendations constitute an irreducible minimum, and were it not for the limitation imposed by the inadequacy of staff and funds; we should

unhesitatingly have proposed a more comprehensive scheme than the one indicated." [1, Page 31].

However, even a cursory look at Table 1 shows that what was considered as "irreducible minimum" by the committee proved to be a formidable task to achieve for the health planners of the country.

The UPA (United Progressive Alliance) Government launched the ambitious "National Rural Health Mission" (NRHM) in 2005 to bolster the rural health infrastructure. After completion of the first phase in 2012 the mission is now in the second phase of its implementation. To begin with, the mission was meant to bring the EAG (Empowered Action Group) states which lagged far behind the rest of the country in health infrastructure, at par with the rest of the country. Table 2 provides the rural infrastructure status in the EAG states (Jammu and Kashmir and Himachal Pradesh excluded) as of March 2012.

It is clearly evident from the table that the average shortfall for different types of facilities is between two to three times more in EAG states as compared to the non-EAG states. Similarly, the average population served per facility continues to remain much higher for EAG states as compared to non-EAG states. With the notable exceptions of Chhattisgarh, Odisha, Uttarakhand, and Jharkhand for the number of CHCs in position, the shortfall for different levels of facilities in the other five states is much higher than the all India average.

The relative advantage of states like Chhattisgarh, Odisha, and Uttarakhand may well be illusionary because, as we will see shortly, mere availability of infrastructure does not mean it is delivering the required services, which, along with infrastructure, also depend on availability of amenities like water, electricity, beds, medical and paramedical manpower, and spatial distribution of available infrastructure. Table 3 illustrates some of the other deficiencies of the available infrastructure which undermines its functional status.

Non availability of facilities like water and electricity can only be expected to deeply undermine the functioning of existing facilities. It is very much possible that if the facility has one resource, it may not have other resources to optimally utilize the available resources; for example, if a health worker is available at the facility, it may not have water/electricity, thus undermining the ability of the health worker to perform his/her functions optimally.

Mismatch in the spatial distribution of infrastructure is another factor that magnifies the deficiency of infrastructure. Figure 1 illustrates this aspect very well. One can clearly see that there is a concentration of available beds in a tiny proportion of bigger cities. If the same beds were to be more equitably distributed between cities and between urban and rural areas, availability of the same infrastructure would have gone a longer way in ameliorating the curative needs of the people. However, this state of affairs is a logical outcome of the development paradigm pursued in the country rather than an inadvertent occurrence.

A comparison of availability of hospital beds per 1000 population between India and some of the much poorer countries (Table 4) offers a hitting comment on the sufficiency of country's health infrastructure. Many of the sub-Saharan countries and a country as impoverished as Timor-Leste seem to be doing much better.

3.2. Deficient Manpower

Deficiency of human resources in health adds further insult to injury caused by deficiency of health infrastructure. Deficiency of human resources in health occurs at several levels—between regions, between rural and urban areas, and between the public and private sectors. On the one hand, there is unwillingness of doctors and other health personnel to serve in rural areas; on the other hand, even in the urban areas, there is a preponderance of the health manpower in the dominant for profit private health sector in the country, thereby putting their services beyond the reach of the majority of poor in the country.

The deficiency of specialists in rural healthcare is as high as more than 90 percent in Chhattisgarh, Jharkhand, and Rajasthan, while being at nearly 86 percent in Uttarakhand, and Odisha. The interregional disparities are also explicit with there being a wide gap in the deficiency of both the specialist and graduate doctors between the EAG and the non-EAG states. Even though there seems to be an excess of GDMOs in Bihar and a relatively less shortfall in Jharkhand as against the required posts, this is highly misleading as the overall physicians per 10,000 population ratio remain dismal at .5 for both the states. The "required" here signifies required as against the sanctioned posts and not requirement as per some population norm. For example, the total rural population of Bihar was 92.07 million as per 2011 census, whereas the total number of required doctors (specialists and GDMOs) in rural health set-up as per Table 5 is only 2773. This would amount to only .3 doctors per 10,000 rural populations which by no standard is desirable. Even after seven years of implementation of NRHM (National Rural Health Mission), there remains a wide gap in the availability of allopathic doctors in the rural areas between the non-EAG states and EAG states. In the former, it is 2.25 times more.

3.3. Unmanageable Patient Load

Secondary or tertiary level public hospital in bigger cities is today bursting at seams due to a heavy rush of patients. The huge unplanned increase of Indian cities has resulted in urbanization of rural poverty causing expansion of slums and marginal populations starved of health and other basic amenities. Deficiency of urban health infrastructure, overcrowding in hospitals, lack of outreach, and functional referral system, standards, and norms for urban health care delivery system, social exclusion, unavailability or ignorance of information for accessing modern health care facilities, and lack of purchasing power are some of the issues

that have been identified as challenges to urban healthcare in the country [21].

(Ref. : Vikas Bajpai, "The Challenges Confronting Public Hospitals in India, Their Origins, and Possible Solutions", Advances in Public Health, vol. 2014, Article ID 898502, 27 pages, 2014. https://doi.org/10.1155/2014/898502)

Satisfaction can be described as a patient's reaction to several aspects of their service experience. Patient satisfaction is a useful measure in assessing patterns of communication. According to Lafond (1995), utilization of the facilities remained low because of clients' negative perceptions [of quality]. Guldner and Rifkin (1993) also showed that in Vietnam and Uganda, poor quality of services in the public sector led to greater use of private providers. While preventive care or early detection simply falls by the wayside. Patients' voice must begin to play a greater role in the design of health care service delivery processes in the developing countries.

This topic is very important for the hospital. With the help of this topic, the hospital can learn about the satisfaction of the patients.

The Management has to introduce about the services provided by them with the help of Social Media. The marketing department of the hospital if the staff provided for marketing department, they should introduce about the services provided by them.

REVIEW OF LITRATURE:

As per review of literature gap there were many studies carried out in Gujarat but not in rural area on satisfaction in patient department due to that this study was conducted on a study on Satisfaction of patients In-Patients Department (IPD) in Trust based hospital in Vadodara." A descriptive Cross Sectional questionnaire study.

(explain atleast 10 studies)

Literature Review:

Review of Literature:

1) D F Bartlett (1997) has studied about the Preparing for the coming consumer revolution in health care as consumers shoulder more direct financial responsibility for health care, they will expect health care providers to function like any other consumer service. Health care organizations can prepare for this revolution by (1) Bench marking against world-class companies outside health care; (2) championing benefits, not features.(3) Integrating mortality and morbidity with a product management approach.

2) S Mercier & J Fikes (1998) has studied about the Factors to consider in the delivery of quality services by hospitals, The focus of any health care provider, such as a hospital, is

on assessing and improving the well-being of the people in the system's target area, and it is this focus that differentiates health care providers from other enterprises. The purpose of this article is to identify the essential factors in the delivery of quality services by hospitals. These factors include patients' active participation in their delivery, the nature of the clinical procedures, and the management of the interaction of all the customers in the process.

3) Qualidigm Middletown, Connecticut Judith K. Barr (2002), this topic was concluded about the Public Reporting of Hospital Patient Satisfaction : A Review of Survey Methods and Statistical Approaches. This report is the only legislatively mandated public report on hospital patient satisfaction in the country at this time. The discussion sections addresses issues related to survey distribution and reporting for minority groups, and (2) statistical issues in the computation and public reporting of hospital data (i.e., case-mix adjustment and statistical options for assigning comparative ratings to hospital scores).

4) Haack, Marsha M. MSN, RN; Nunn, Richard R. RN (2004), this study was concluded that Patient satisfaction is one of the most important indicators for service excellence. Investigations have been done with population-specific patient satisfaction tools for psychiatric patients; however, there are few published measures for evaluating inpatient care. We developed and tested a 15-item instrument to evaluate the interdisciplinary care model and therapeutic interventions. Results demonstrated reliability and validity of the tool.

5) Judith K Barr, Tierney E Giannotti, Shoshanna Sofaer, Cathy E Duquette, William J Waters, Marcia K Petrillo (2006) this study was concluded that Using public reports of patient satisfaction for hospital quality improvement To explore the impact of statewide public reporting of hospital patient satisfaction on hospital quality improvement and to identify and target new QI. Public reporting of comparative data on patient views can enhance and reinforce QI efforts in hospitals. The participation of key stakeholders facilitated successful implementation of statewide public reporting. This experience in RI offers lessons for other states or regions as they move to public reporting of hospital quality data.

6) Rashid Al –Abri & Amina Al-Balushi (2014) has studied about the Patient Satisfaction Survey as a Tool Towards Quality Improvement, It is very useful to the hospital to give proper attention on Quality Improvement. Very Few numbers of hospital become careful regarding a tools towards the quality of improvement. The improvement in quality of tool creates good relations between the hospital management & patients for future.

7) Alex Jingwei He (2014) has studied about The doctor–patient relationship, defensive medicine and over prescription in Chinese public hospitals: Evidence from a cross-

sectional survey in Shenzhen city. A particular strand of the literature focuses on medical malpractice and its effects on provider behaviors. Many studies especially those based on the US context attribute defensive medicine to medical malpractice litigation systems whereas others have sought to explain it from physicians' internal emotional mechanisms rather than from external modifier of behaviors (Cunningham and Wilson, 2010).

8) Shivam J Mehta (2015) has done survey on Patient Satisfaction Reporting and Its Implications for Patient Care Survey on Patient experience plays significant role in patient care across the country. There are a variety of survey instruments to measure patient experience in both the hospital and clinic settings, and these metrics are being linked to financial reimbursement from Medicare and other insurers. For example, the Centers for Medicare and Medicaid Services (CMS) have used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

9) Linghan Shan, Ye Li2, Ding Ding, Qunhong , Chaojie Liu, Mingli Jiao,Yanhua Hao, Yuzhen Han4*, Lijun Gao1, Jiejing Hao1, Lan Wang1, Weilan Xu1,Jiaojiao Ren1 (2016) has studied about the Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care Deteriorations in the patient-provider relationship in China have attracted increasing attention in the international community. This study aims to explore the role of trust in patient satisfaction with hospital inpatient care, and how patient-provider trust is shaped from the perspectives of both patients and providers.

10) Nebsu Asamrew, Abduilhafiz A. Endris , and Musse Tadesse (2020) this study was concluded that information regarding the Level of Patient Satisfaction with Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia. The Healthcare industries always ready to meet the requirement of patients needs and demands. A facility-based cross- sectional study was conducted from November 25th to December 20th, 2015, using 398 randomly selected patients. Ethical clearance was obtained from the Jumma University research review board, and verbal consent was also received from the study participants during data collection time.Cross-sectional study was conducted from November 25th to December 20th, 2015, using 398 randomly selected patients. Ethical clearance was obtained from the Jumma University research review board, and verbal consent was also received from the study participants during data collection time.

Research Gaps (missing)

The Research Gaps are mentioned as below:

1) Time Gap :

The last research was studied in 2020, which is the latest study for this topic. Therefore, it has been not mentioned in Research Gap.

2) Geographical Gap :

All study is out of Gujarat. So, creates Geographical Gap.

3) Content Gap:

As I have studied the topic in the hospital which was Trust Based Hospital.

Research questions

To know the satisfaction of the In-patients in hospital.

How to treat the patients in the hospital to increase the number of patients in the hospital. Which type of facilities are provided to the patients in the hospital for In-Patients.

OBJECTIVES:

1) To access the satisfaction of patients in IPD.

2) To evaluate the level of the services & patients with respect to Gender & Age.

HYPOTHESIS:

There is no association between Gender and Patient Satisfaction viz. Experience appointment. Staff Empathy.Waiting time doctor. Satisfaction doctor assigned. Easy Navigation. Happy with Doctor's treatment. Answer Questions. Recommendation friends and family. Improvement requirement. Promptness efficiency in appointment, Staff behavior appointment. Information Appointment. Satisfaction date. Convenience hospital location.

RESEARCH METHODOLOGY:

A Cross Sectional descriptive design using 5 Point Likert validated Scale questionnaire for the study which answer given by the In Patients of the hospital.

Method and tool of Data collection (missing) – Interview schedule details. Type of questions, scales used to measure satsifacion, otherevariales likeExperience appointment. Staff Empathy.

Waiting time doctor.Satisfaction doctor assigned.EasyNavigation.Happy with Doctor's treatment.

Recommendation friends and famiImprovement requirement. Promptness efficiency in appoint

Staff behavior appointment.Information Appointment.Satisfaction date.Convenience hospital location. (how all these are measured). Include an interview scheduled at the end of the article.

Measures (patient satisfaction scale details missing)

Sampling missing

Methods of Data Collection

The data collection has been done through questionnaire.

Sampling if applicable

The following formula can be used to determine the Sample size

Sample Size = N/1 + Ne2

$$= \frac{N}{1+N\,(e)^2}$$

$$= \frac{500}{1 + 500\,(0.05)^2}$$

$$= \frac{500}{1 + 1.5}$$

$$= \frac{500}{1+ 2.25}$$

$$= 222$$

The collected data was analyzed with Chi Square Test, Symmetric Measures by using SPSS Software.Why these tests – not mentioned

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	5.766[a]	4	.217
Likelihood Ratio	5.640	4	.228
Linear-by-Linear Association	.332	1	.564
N of Valid Cases	222		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 1.71.

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.161	.217
	Cramer's V	.161	.217
N of Valid Cases		222	

RESULT & DISCUSSION

i It can be observed that the p-value of all the dependent variable of patient satisfaction in IPD with respect to Gender are more than 0.05 except only one variable namely Easy Navigation (0.047) . So, all the hypothesis are accepted and it can be said that all the dependent variable namely Experience appointment, Staff Empathy, Waiting time doctor,Satisfaction doctor assigned, Happy with Doctor's treatment, Answer Questions, Recommendation friends and family, Improvement requirement, Promptness efficiency in appointment, Staff behavior appointment, Information Appointment, Satisfaction date, Convenience hospital location are not having any significant association with gender I.e., both male and female participants are equally having satisfied about the Inpatient department.

Gender and Patient Satisfaction

ii 1) Gender * Experience_appointments

2) Gender * Staff_Empathy

3) Gender *Waiting time_doctor

4) Gender * satisfaction_doctor assigned

5) Gender * Easy_ navigation

6) Gender * Happy_Doctor's treatment

7) Gender * Answer_Questions

8) Gender * Recommendation_friends and family

9) Gender * Improvement_requirement

10) Gender * Promptness_efficiency in appointment.

11) Gender * Staff behavior_appointment.

12) Gender * Information_Appointment.

13) Gender * Satisfaction_date

14) Gender * Convenience _hospital location

The above variables are studied because in the healthcare service, the experience of appointment for patient is very important, this is the first impression of the hospital staff in the mind of the patient.

If the patient will satisfied with diagnosis given by the doctors of the hospital, they can recommended to their friends and family.

The patients clouds are too much, every patient has to wait for the doctor. The doctor has to give proper diagnosis / treatment to very patient. So, some times patients has to wait for particular doctor.

Some patients believe in a particular doctor, when that doctor presents in the OPD, on that day patient has to come for follow up check up.

Some patients are satisfied with the treatment of a particular doctor, The style of giving treatment to patients of a doctor also impress the patient.

When a staff of the hospital, behaves politely with them , they will be satisfied and give the better review of the hospital and its staff.

If the doctor assigned the patient properly, the patient will be satisfied and they will come again when any health related problem created.

The Waiting time for doctor may be too less, if the doctors are available, the time of patients will be saved.

In this hospital , most of the patients from Madhya Pradesh. The bus of Gaur Travels coming daily to this hospital in the evening.

iii) cross tables of gender and all patient satisfaction variables missing.

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Experience_ appointments	222	100.0%	0	0.0%	222	100.0%
Gender * Staff_Empathy	222	100.0%	0	0.5%	222	100.0%
Gender * Waiting time_doctor	222	100.0%	0	0.0%	222	100.0%
Gender * satisfaction_doctor assigned	222	100.0%	0	0.0%	222	100.0%
Gender * Happy_Doctor's treatment	222	100.0%	0	0.0%	222	100.0%
Gender * Answer_Questions	222	100.0%	0	0.0%	222	100.0%
Gender * Recommendation_friends and family	222	100.0%	0	0.0%	222	100.0%
Gender * Improvement_requirement	222	100.0%	0	0.0%	222	100.0%

Gender * Promptness_efficiency in appointment.	222	100.0%	0	0.0%	222	100.0%
Gender * Staff behavior_appointment.	222	100.0%	0	0.0%	222	100.0%
Gender * Information_Appointment.	222	100.0%	0	0.0%	222	100.0%
Gender * Satisfaction_date	222	100.0%	0	0.0%	222	100.0%
Gender * Convenience hospital location	222	100.0%	0	0.0%	222	100.0%

Experience Appointment (Gender * Experience appointments)

			Experience appointments				
			Very easy	Easy	Neutral	Difficult	Very Difficult
Gender	Male	Count	84	22	4	27	9
		Expected Count	78.3	28.3	3.3	27.0	9.2
	Female	Count	35	21	1	14	5
		Expected Count	40.7	14.7	1.7	14.0	4.8
Total		Count	119	43	5	41	14
		Expected Count	119.0	43.0	5.0	41.0	14.0

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	5.766a	4	.217
Likelihood Ratio	5.640	4	.228
Linear-by-Linear Association	.332	1	.564
N of Valid Cases	222		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 1.71.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.161	.217
	Cramer's V	.161	.217
N of Valid Cases	222		

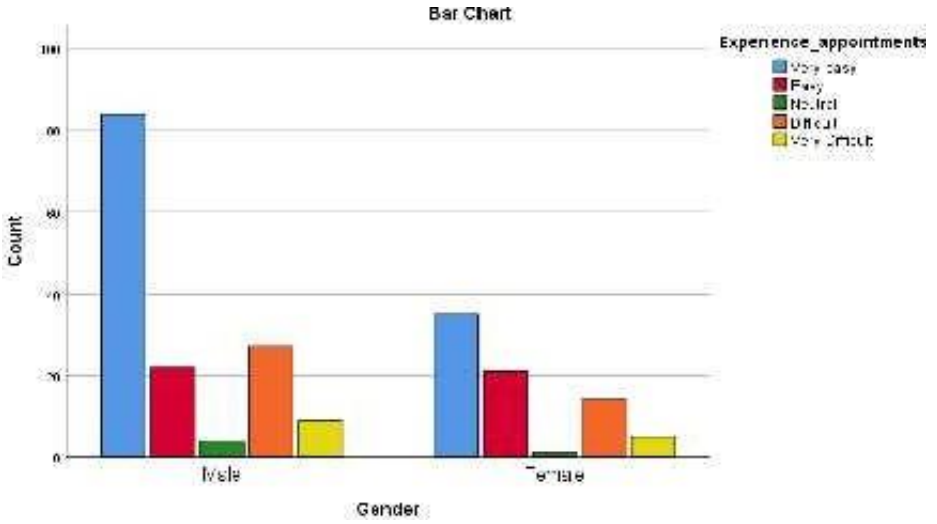

Table 1 : Gender and Patient Satisfaction

Sr.	Dependent Variable	Independent variable	Chi-Square Value	DF	P Value	Variable Accepted/ Rejected
1	Experience appointment	Gender	5.766a	4	.217	Accepted
2	Staff Empathy	Gender	4.826a	4	.306	Accepted
3	Waiting time doctor	Gender	.016a	1	.898	Accepted
4	Satisfaction doctor assigned	Gender	2.744a	3	.433	Accepted
5	Easy_ Navigation	Gender	9.626a	4	.047	Rejected
6	Happy with Doctor's treatment	Gender	3.752a	3	.290	Accepted
7	Answer Questions	Gender	.363a	1	.547	Accepted
8	Recommendation friends and family	Gender	2.106a	2	.349	Accepted
9	Improvement requirement	Gender	5.645a	3	.130	Accepted
10	Promptness efficiency in appointment	Gender	2.433a	3	.487	Accepted
11	Staff behavior appointment	Gender	1.883a	3	.597	Accepted
12	Information Appointment	Gender	1.133a	3	.769	Accepted
13	Satisfaction date	Gender	2.504a	2	.286	Accepted
14	Convenience hospital location	Gender	1.800a	3	.615	Accepted

DISCUSSION:

From the above table it can be observed that the p-value of all the dependent variable of patient satisfaction in IPD with respect to Gender are more than 0.05 except only one variable namely Easy Navigation (0.047) . So, all the hypothesis are accepted and it can be said that all the dependent variable namely Experience appointment, Staff Empathy, Waiting time doctor,Satisfaction doctor assigned, Happy with Doctor's treatment, Answer Questions, Recommendation friends and family, Improvement requirement, Promptness efficiency

in appointment, Staff behavior appointment, Information Appointment, Satisfaction date, Convenience hospital location are not having any significant association with gender I.e., both male and female participants are equally having satisfied about the Inpatient department.

In case of Easy navigation the p value is less than 0.05 so the null hypothesis is rejected and it can be said that there is a significant association between gender and Easy navigation i.e either male or female are more associated with respect to Easy Navigation.

In this study out of 222 (100 %) patients, 146(65.76%) patients are Male patients. And 76(34.23 %) patients are Female. Out of 76 (34.23 %) participants are the age of between 12 to 17 years, 18(14.3%)participants are the age of between 18 to 30 years 44 (19.81%) patients are the age ofbetween31to40years, 41(18.46%) patients. Out of 222 (100%) patients in between age of 42 to 50 years 58 (26.12%). 51 to 60 years 39 (17.56%). Out of 222 (100%) patients, 61 to 70years are 28 (12.61 %) patients. Out of 222 (100%) 71 & above aged patients are 5 (2.25%).

Sr.	Gender	Nos.	Percentage %
1	Male	146	65.76
2	Female	76	34.23
3	Age (12 to 17 Yrs)	18	14.3
4	Age (18 to 30 Yrs)	44	19.81
5	Age (31 to 40 Yrs)	41	18.46
6	Age (42 to 50 Yrs)	58	26.12
7	Age (51 to 60 Yrs)	39	17.56
8	Age (61 to 70 Yrs)	28	12.61
9	Age (71 & above)	5	2.25

Questionnaire/Checklist/ Tool for Research

Questionnaires:

Demographic:

Personal Details:

Name:

Age:

Gender: Male / Female

1. How did you find the experience of appointments?

   a) Very easy b) Easy c) Neutral

   d) Difficult e) Very Difficult

2. Were the staff empathetic to your needs?

   a) Very Empathetic b) Empathetic c) Neutral

   d) Not Empathetic e) Very Non- Empathetic

3. How long did you have to wait until the doctor attends to you?

   a) As I expected b) Had to wait more than I expected

4. Were you satisfied with the doctor you were assigned with?

   a) Very satisfied b) Satisfied

   c) Neutral d) Dissatisfied

   e) Very dissatisfied

5. How easy is it to navigate our facility?

   a) Very easy b) Easy

   c) Neutral d) Difficult

   e) Very difficult

6. How happy are you with the doctor's treatment?

   a) Happy b) Somewhat happy

   c) Okay d) Dissatisfied

7. Were we able to answer all your questions?

   a) Yes

   b) Some questions left unanswered

   c) No

8. How likely are you to recommend us to your friends and family?

   a) Very likely b) Likely

   c) Un-likely d) Very Un-likely

9. How much do you rate us? (5 being the highest rating)

a) 5 b) 4

c) 3 d) 2 e) 1

10. What are the things you feel we should improve upon?

1) Very Good 2) Good

3) Poor 4) Very Very Poor

11. The promptness & efficiency of your appointment.

1. Excellent 2. Good

3. Satisfactory 4. Poor 5. Very Poor

12. The Staff behavior you meet at your appointment.

1. Excellent 2. Satisfactory

3. Poor 4. Very Poor

13. The information given to you immediately after your appointment.

1. Excellent 2. Satisfactory

3. Poor 4. Very Poor

14. Are you satisfied with the date of follow up.

1. Yes 2. No 3. Unsure

Findings

- In this study out of 222 (100 %) patients, 146(65.76%) patients are Male patients. And 76 (34.23 %) patients are Female.
- Out of 76 (34.23 %) participants are the age of between 12 to 17 years, 18(14.3%) participants are the age of between 18 to 30 years 44 (19.81%) patients are the age of between 31 to 40 years , 41 (18.46%) patients.
- Out of 222(100%) patients in between age of 42 to 50 years 58 (26.12%). 51 to 60 years 39 (17.56%).
- Out of 222 (100%) patients, 61 to 70 years are 28 (12.61 %) patients.

- Out of 222 (100%) 71 & above aged patients are 5 (2.25%).
- Out of 222 (100%) patients, 53 (23.87 %) patients feels very easy in appointment.
- Out of 222 (100%) patients, 71 (31.98 %) patients feels easy in appointment.
- Out of 222 (100%) patients, 43 (19.36 %) patients feels difficult in appointment.
- Out of 222 (100%) patients, 17 (7.65 %) patients feels Very difficult in appointment.
- Out of 222 (100%) patients, 37 (17.11%) patients feels Neutral in appointment.
- Out of 222 (100%) patients, 131(59%) patients feel Neutral in Empathatic.
- Out of 222(100%) patients, 19(8.55%) patients feel Not Empathetic Staff.
- Out of 222 (100%) patients, 70(31.53%) patients feel Very Empathetic Staff.
- Out of 222 (100%) patients, 2 (0.90%) patients feel Very Non Empathetic Staff.
- Out of 222 (100%) patients, 118 (53.15%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 104 (46.84%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 1 (0.45%) patients feel dissatisfied when doctor assigned with them.
- Out of 222 (100%) patients, 109 (49.09%) patients feel satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 58 (26.12%) patients feel very satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 55 (24.77%) patients feel Neutral when doctor assigned with them.
- Out of 222 (100%) patients, 74 (24.77%) patients feel Easy to navigate our facility.
- Out of 222 (100%) patients, 38 (17.11%) patients feel Very Easy to navigate our facility.
- Out of 222 (100%) patients, 27 (12.16%) patients feel difficult to navigate our facility.
- Out of 222 (100%) patients, 7 (3.15%) patients feel Very difficult to navigate our facility.
- Out of 222 (100%) patients, 76 (34.23%) patients feel Easy to navigate our facility.
- Out of 222 (100 %) patients, 11 (4.95%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 99 (44.59%) patients feel Some What happy with the

doctor's treatment.

- Out of 222 (100%) patients, 76 (34.23%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 1 (0.45%) patients feel Dissatisfied with the doctor's treatment.
- Out of 222 (100%) patients, 210 (0.45%) patients say Yes about Answer all the questions.
- Out of 222 (100%) patients, 12 (0.45%) patients say Some questions not answered.
- Out of 222 (100%) patients, 17 (7.65%) patients feel Un-likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 154 (69.36%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 51 (22.97%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 16 (22.97%) patients rates us 1.
- Out of 222 (100%) patients, 20 (13.51%) patients rates us 2.
- Out of 222 (100%) patients, 82 (36.93%) patients rates us 3.
- Out of 222 (100%) patients, 76 (34.23%) patients rates us 4.
- Out of 222 (100%) patients, 18 (8.10 %) patients rates us 5.
- Out of 222 (100%) patients, 35 (15.76 %) patients says Very good things you feel we should improve upon.
- Out of 222 (100%) patients, 171 (77.0 %) patients says Good things you feel we should improve upon.
- Out of 222 (100%) patients, 16 (7.20 %) patients says Poor things you feel we should improve upon.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 110 (49.54 %) patients says Satisfactory in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 70 (31.53 %) patients says Good in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 37 (16.66 %) patients says Excellent in the promptness &

efficiency of your appointment.

- Out of 222 (100%) patients, 7 (3.15 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 82 (36.93 %) patients says Good behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 109 (49.09 %) patients says Satisfactory behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 24 (10.81 %) patients says Excellent behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients,2 (0.900%) patients says Poor given Information after appointment.
- Out of 222 (100%) patients, 111 (50.00%) patients says Satisfactory given Information after appointment.
- Out of 222 (100%) patients, 80 (36.03%) patients says Good given Information after appointment.
- Out of 222 (100%) patients, 197 (88.73%) patients says Yes in date of follow up.
- Out of 222 (100%) patients, 7 (3.15%) patients says No in date of follow up.
- Out of 222 (100%) patients, 18 (8.10%) patients says Unsure in date of follow up.
- Out of 222 (100%) patients, 9 (4.05%) patients says Poor in to find out the location of hospital.
- Out of 222 (100%) patients, 129 (58.10%) patients says Good in to find out the location of hospital.
- Out of 222 (100%) patients, 69 (31.08%) patients says Very Good in to find out the location of hospital.
- Out of 222 (100%) patients, 15 (6.75%) patients says Excellent in to find out the location of hospital.
- In this study out of 222 (100 %) patients, 146(65.76%) patients are Male patients. And 76 (34.23 %) patients are Female.
- Out of 76 (34.23 %) participants are the age of between 12 to 17 years, 18(14.3%) participants are the age of between 18 to 30 years 44 (19.81%) patients are the age of

between 31 to 40 years , 41 (18.46%) patients.

- Out of 222(100%) patients in between age of 42 to 50 years 58 (26.12%). 51 to 60 years 39 (17.56%).
- Out of 222 (100%) patients, 61 to 70 years are 28 (12.61 %) patients.
- Out of 222 (100%) 71 & above aged patients are 5 (2.25%).
- Out of 222 (100%) patients, 53 (23.87 %) patients feels very easy in appointment.
- Out of 222 (100%) patients, 71 (31.98 %) patients feels easy in appointment.
- Out of 222 (100%) patients, 43 (19.36 %) patients feels difficult in appointment.
- Out of 222 (100%) patients, 17 (7.65 %) patients feels Very difficult in appointment.
- Out of 222 (100%) patients, 37 (17.11%) patients feels Neutral in appointment.
- Out of 222 (100%) patients, 131(59%) patients feel Neutral in Empathetic.
- Out of 222(100%) patients, 19(8.55%) patients feel Not Empathetic Staff.
- Out of 222 (100%) patients, 70(31.53%) patients feel Very Empathetic Staff.
- Out of 222 (100%) patients, 2 (0.90%) patients feel Very Non Empathetic Staff.
- Out of 222 (100%) patients, 118 (53.15%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 104 (46.84%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 1 (0.45%) patients feel dissatisfied when doctor assigned with them.
- Out of 222 (100%) patients, 109 (49.09%) patients feel satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 58 (26.12%) patients feel very satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 55 (24.77%) patients feel Neutral when doctor assigned with them.
- Out of 222 (100%) patients, 74 (24.77%) patients feel Easy to navigate our facility.
- Out of 222 (100%) patients, 38 (17.11%) patients feel Very Easy to navigate our facility.
- Out of 222 (100%) patients, 27 (12.16%) patients feel difficult to navigate our facility.
- Out of 222 (100%) patients, 7 (3.15%) patients feel Very difficult to navigate our facility.

- Out of 222 (100%) patients, 76 (34.23%) patients feel Easy to navigate our facility.
- Out of 222 (100%) patients, 11 (4.95%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 99 (44.59%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 76 (34.23%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 1 (0.45%) patients feel Dissatisfied with the doctor's treatment.
- Out of 222 (100%) patients, 210 (0.45%) patients say Yes about Answer all the questions.
- Out of 222 (100%) patients, 12 (0.45%) patients say Some questions not answered.
- Out of 222 (100%) patients, 17 (7.65%) patients feel Un-likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 154 (69.36%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 51 (22.97%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 16 (22.97%) patients rates us 1.
- Out of 222 (100%) patients, 20 (13.51%) patients rates us 2.
- Out of 222 (100%) patients, 82 (36.93%) patients rates us 3.
- Out of 222 (100%) patients, 76 (34.23%) patients rates us 4.
- Out of 222 (100%) patients, 18 (8.10 %) patients rates us 5.
- Out of 222 (100%) patients, 35 (15.76 %) patients says Very good things you feel we should improve upon.
- Out of 222 (100%) patients, 171 (77.0 %) patients says Good things you feel we should improve upon.
- Out of 222 (100%) patients, 16 (7.20 %) patients says Poor things you feel we should improve upon.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 110 (49.54 %) patients says Satisfactory in the promptness & efficiency of your appointment.

- Out of 222 (100%) patients, 70 (31.53 %) patients says Good in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 37 (16.66 %) patients says Excellent in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 7 (3.15 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 82 (36.93 %) patients says Good behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 109 (49.09 %) patients says Satisfactory behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 24 (10.81 %) patients says Excellent behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 2 (0.900%) patients says Poor given Information after appointment.
- Out of 222 (100%) patients, 111 (50.00%) patients says Satisfactory given Information after appointment.
- Out of 222 (100%) patients, 80 (36.03%) patients says Good given Information after appointment.
- Out of 222 (100%) patients, 197 (88.73%) patients says Yes in date of follow up.
- Out of 222 (100%) patients, 7 (3.15%) patients says No in date of follow up.
- Out of 222 (100%) patients, 18 (8.10%) patients says Unsure in date of follow up.
- Out of 222 (100%) patients, 9 (4.05%) patients says Poor in to find out the location of hospital.
- Out of 222 (100%) patients, 129 (58.10%) patients says Good in to find out the location of hospital.
- Out of 222 (100%) patients, 69 (31.08%) patients says Very Good in to find out the location of hospital.
- Out of 222 (100%) patients, 15 (6.75%) patients says Excellent in to find out the location of hospital.

SUGGESTION:

1. The hospital should improve the quality of services given to the patients.
2. The hospital should provide the latest technological facilities to the patients. So that the number of patients can be increased.
3. The Parking facility should be nearer to the hospital. At the time of shifting the patient to another hospital, it is very difficult to shift the patient in their own vehicle.
4. For new comer patients, they doesn't know any department of the hospital, So they are roaming here and there in search of the department/OPD where they have to go, so the hospital has to appoint the staff for the guidance of the patients who came first time in the hospital.
5. The Drinking Water facility should be provided as they can go easily.
6. The Wash Room should be provided at every floor. So that Out Patients and Visitors can not feel trouble in the hospital.

CONCLUSION:

The conclusion of this study is, how to satisfy the patients. Which step to be taken by the management of the hospital to improve it. The hospital management has to know the level of satisfaction of patients, Are the patients satisfied with the facilities provided by the hospital. Is there any improvement to be done in the facilities provided by the hospital.

The hospital management should survey about the satisfaction of patients in the hospital.

The conclusion of this study is, how to increase the satisfaction of the patients. Which step to be taken by the management of the hospital to improve it.

REFERENCES:

1. D F Bartlett (1997) Preparing for the coming consumer revolution in health care as consumers shoulder more direct financial responsibility for health care. Review 1997 Summer;23(4):39.1997.https://journals.lww.com/jncqjournal/Abstract/2004/04000/Development_and_Testing_of_Patient_Satisfaction.11.aspx
2. S Mercier & J Fikes (1998) has studied about the Factors to consider in the delivery of quality services by hospitals, The focus of any health care provider such as a hospital.1998May;19(4):35-43.Haack, Marsha M. MSN, RN; Nunn, Richard R. RN (2004), this study wasconcluded that Patient satisfaction is one of the most important indicators for service excellence.https://pubmed.ncbi.nlm.nih.gov/10178548/

3. Judith K Barr, Tierney E Giannotti, Shoshanna Sofaer, Cathy E Duquette, William J Waters,Marcia K Petrillo (2006) this study was concluded that Using public reports of patientsatisfaction for hospital quality improvement To explore the impact of statewide public reportingof hospital patient satisfaction. https://pubmed.ncbi.nlm.nih.gov/16704506/

4. Rashid Al –Abri &Amina Al-Balushi (2014) has studied about the Patient Satisfaction Survey As a Tool Towards Quality Improvement, It is very useful to the hospital to give proper attention on Quality Improvement. 2014 Jan; 29(1): 3–7.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/

A STUDY TO ASSESS THE PATIENT AWARENESS ON SAFETY IN RADIATION ONCOLOGY DEAPRTMENT IN A TRUST BASED HOSPITAL: A DESCRIPTIVE CROSS SECTIONAL QUESTIONNAIRE STUDY

Dipal Patel
MBA Healthcare Student
Department of Management, SVDU
dipalptl4@gmail.com

Mital Thakkar
Assistant Professor
Department of Management, SVDU
mital_thakkar87@yahoo.co.in

Nilam Pal
MBA Healthcare Student
Department of Management, SVDU
nilampal25@gmail.com

ABSTRACT

Introduction: The number of cancer patients is increasing day by day, so new advances in cancer treatment technology are on the way. Radiation Therapy treatment is one of the advance technologies to treat the cancer. The purpose of this study was to assess the level of radiation awareness among patients as well as the radiation safety situation. This descriptive, cross–sectional study was administered to patients, also making a review on the radiation-safety status in the hospitals.

Methodology: The data was collected among patients in Trust Based Hospital Vadodara through questionnaire to analyse the safety awareness about radiation-based treatment. 1 questionnaire including 15 questions were used in order to evaluate the level of radiation awareness among patients respectively. The questionnaires used included personal and general questions. The collected data was analysed with T test and One-way Anova test.

Result: The result of the study has shown that there is adequate knowledge and awareness of radiation and its health hazards among patients. However, awareness factor has an effect on patient's mindset and their health the study reveals that most of the patients have good knowledge of radiation treatment and have positive mindset as well.

Conclusion: Findings from this study have shown that there is adequate knowledge and

awarenessof radiation and its health hazards among patients. A large number of proportions ofcancer patient will received radiotherapy as a part of their care.Some patients don't have proper knowledge about the radiation therapy. They just wantto cure their cancer. Many of patienthave experienced some side effects, the extent ofthese depend on area treated and dose and fractionation. Impact on patient's overallwell-being. Some of the patient have fear about their personal life affecting because ofradiation therapy.

Overall the study finds out that radiation therapy is affecting on patients' but patientshave strong mind set to fight against the cancer.

Keywords: *Radiation oncology treatment, awareness about radiation treatment, cancer treatment*

Introduction

Patient Safety is a health care discipline that emerged with the evolving complexity in health care systems and the resulting rise of patient harm in health care facilities. It aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. A cornerstone of the discipline is continuous improvement based on learning from errors and adverse events. Radiotherapy, also known as radiation treatment, is the controlled use of high energy X-rays to treat many different types of cancer. Radiotherapy is a well-established, safe and effective form of treatment. Millions of patients are treated safely with radiotherapy every year to cure or control symptoms of cancers such as head and neck, brain, breast, cervical, prostate and skin cancer. Radiotherapy also is an effective treatment for some benign diseases. However, radiotherapy, like other cancer treatments, has the potential for side effects. Radiotherapy uses radiation such as x-rays, gamma rays, electron beams or protons to kill or damage cancer cells and stop them from growing and multiplying. It is a localized treatment, which means it generally only affects the part of the body where the radiation is directed. The radiotherapy treatment planning is used to obtain optimal balance between delivering a high dose to target volume and a low dose to intervening tissues. International guidelines such as Quantitative Analysis of Normal Tissue Effects in the Clinic (QUANTEC) allowing the clinician to limit the dose to normal tissue as much as possible and reasonably categorize toxicity raised based on dose/volume parameters. Although the radiation can also damage normal cells, they can usually repair themselves. It is well known that radiation saves countless lives, and serious accidents are rarely happened. While new technology grows, its complexity has created new avenues for error. That is why a very high level of accuracy is needed during radiotherapy treatment. Within acceptable ranges of good practice and equipment performance, the prescribed dose should be delivered to the tumour while minimizing the doses to other tissues and organs. All therapeutic exposures to ionizing radiation are subject to the principles of justification and

optimisation. The decision to perform a radiotherapy procedure rests upon a professional judgement of the benefit to the health of patient, while accounting for any biological effects that might be caused by the ionizing radiation. 22

For patient side, there are some practical things to consider. Before you give your consent for radiotherapy, you need to confirm that you are not pregnant and understand you should avoid becoming pregnant during treatment. This is because the radiation from the treatment could harm a developing foetus. For male patient, you are advice not to father a child during treatment and for a few months after the treatment finished. If you have a pacemaker, implantable cardiac devices or cochlear implant, please tell your oncologist. These devices can be affected by radiotherapy, so the treatment has to be planned to allow them. Stopping smoking during and after radiotherapy is very worthwhile. Research has shown that, smoking may make the treatment less effective, as well as increasing the side effects. As radiotherapy affects people in different ways, it's difficult to predict exactly how someone will react to the treatment. Most side effects disappear gradually once the course of the treatment is over; but for some people, they may continue for a few weeks. Being aware of side effects in advance can help patient to cope with any that may occur.

REVIEW OF LITERATURE

1. H sin, C-S wong, B Huang, K Yin, W Wong, YCT Chu(2012) Conducted a study to Assessing local patients' knowledge and awareness of radiation dose and risks associated with medical imaging. To assess the awareness of radiation dose and associated risks caused by radiological procedures among local patients. The method used for this research simple questionnaire. The questionnaire was in Chinese and consisted of 28 questions mostly in multiple choice/true-or-false format, divided into three sections examining demographic data, radiation knowledge/awareness and expectations. The final result come out was A total of 173 questionnaires were returned (83 females and 84 females; mean age of 53). Of these, 32.6% had attended college, 32.6% had completed matriculation and 24.4% secondary school. Most subjects underwent CT (75), MRI (70) and PET-CT (18). Education significantly affected the radiation knowledge ($P=0.013$). 60.7% and 32.7% were not aware of the radiation-free nature of MRI and USG, respectively. Respectively, 45.4% and 43.5% were of the misconception that Barium enema and Barium swallow studies do not involve radiation. Moreover, 77.6% and 87.9% were aware of the radiation-laden nature of CT and plain X-rays, respectively. Furthermore, 34% and 50%, respectively, think that they are not exposed to radiation at home and on a plane. Regarding the fatal cancer risk from CT, 17.8% chose the correct answer and 62% underestimated the risk. 32.2% correctly estimated the equivalent dose of CT in terms of number of conventional X-rays and 43.2% underestimated the dose. Most (98.2%) were told of the indication, and 42.7% were told the associated radiation

dose. They conclude that Patient radiation awareness is unsatisfactory. There is need to increase patient radiation awareness, and to provide them with the necessary information.

2. H William, H Michael(2011) Conducted a study about improving patient safety in Radiation Oncology and find that Beginning in the 1990s, and emphasized in 2000 with the release of an Institute of Medicine report, health care providers and institutions have dedicated time and resources to reducing errors that impact the safety and well-being of patients. However, in January 2010, the first of a series of articles appeared in The New York Times that described errors in radiation oncology that grievously impacted patients. In response, the American Association of Physicists in Medicine and the American Society for Radiation Oncology sponsored a working meeting entitled "Safety in Radiation Therapy: A Call to Action." The meeting attracted 400 attendees, including medical physicists, radiation oncologists, medical dosimetrists, radiation therapists, hospital administrators, regulators, and representatives of equipment manufacturers. The meeting was co-hosted by 14 organizations in the United States and Canada. The meeting yielded 20 recommendations that provided a pathway to reducing errors and improving patient safety in radiation therapy facilities everywhere.

3. Lukasz M, Lawrence M, Ron M, Waldemar K, Mosaly P, Gregg T, Robert A, Lesley H, Das S, CheraB(2018) perform a research about promoting safety in radiation therapy. They found there is a need to better prepare radiation therapy (RT) providers to safely operate within the health information technology (IT) socio technical system. Simulation-based training has been preemptively used to yield meaningful improvements during providers' interactions with health IT, including RT settings. Therefore, on the basis of the available literature and our experience, we propose principles for the effective design and use of simulated scenarios and describe a conceptual framework for a debriefing approach to foster successful training that is focused on safety mindfulness during RT professionals' interactions with health IT.

4. Ribeiro A, Husson O, Drey N, Murry I, May K, Thurston J, Oyen W Conducted a study to access a review of patient awareness Ionising radiation exposure from medical imaging. Medical imaging is the main source of artificial radiation exposure. Evidence, however, suggests that patients are poorly informed about radiation exposure when attending diagnostic scans. This review provides an overview of published literature with a focus on nuclear medicine patients on the level of awareness of radiation exposure from diagnostic imaging. A review of available literature on awareness, knowledge and perception of ionising radiation in medical imaging was conducted. Articles that met the inclusion criteria were subjected to critical appraisal using the Mixed Methods Appraisal Tool. After reviewing 140 articles identified and screened for eligibility, 24 critically assessed and 4 studies included in synthesis. All studies demonstrated that patients

were generally lacking awareness about radiation exposure and highlighted a lack of communication between healthcare professionals and patients with respect to radiation exposure. And they conclude Studies demonstrate a need to better inform patients about their radiation exposure, and further studies focusing on nuclear medicine patients are particularly warranted.

5. Marks L, Jackson M, Xie L, Chang S, at all(2011) conducted a study about the challenge of maximizing safety in radiation oncology. There is a growing interest in the evolving nature of safety challenges in radiation oncology. Understandably, there has been a great deal of focus on the mechanical and computer aspects of new high-technology treatments (eg, intensity-modulated radiation therapy). However, safety concerns are not limited to dose calculations and data transfer associated with advanced technologies. They also stem from fundamental changes in our workflow (eg, multiple hand-offs), the relative loss of some traditional "end of the line" quality assurance tools (port films and light fields), condensed fractionation schedules, and an under-appreciation for the physical limitations of new techniques. Furthermore, changes in our workspace and tools (eg, electronic records, planning systems), and workloads (eg, billing, insurance, regulations) may have unforeseen effects on safety. Safety initiatives need to acknowledge the multiple factors affecting risk. Our current challenges will not be adequately addressed simply by defining new policies and procedures. Rather, we need to understand the frequency and causes of errors better, particularly those that are most likely to cause harm. Then we can incorporate principles into our workspace that minimize these risks (eg, automation, standardization, checklists, redundancy, and consideration of "human factors" in the design of products and workspaces). Opportunities to enhance safety involve providing support through diligent examinations of staffing, schedules, communications, teamwork, and work environments. We need to develop a culture of safety in which all team members are alerted to the possibility of harm, and they all work together to maximize safety. The goal is not to eliminate every error. Rather, we should focus our attention on conditions (eg, rushing) that can cause real patient harm, and/or those conditions that reflect systemic problems that might lead to errors more likely to cause harm. Ongoing changes in clinical practice mandate continued vigilance to minimize the risks of error, combined with new, nontraditional approaches to create a safer patient environment.

6. Yorke E, Gelbulm D, Ford E(2011) perform a study on Patient Safety in External Beam Radiation Therapy. External beam radiation therapy is a highly effective treatment for many types of cancer and other diseases, but incorrect delivery of the high doses necessary for tumor control can cause serious normal tissue complications, and geographic misses of the tumor can cause tumor recurrence. External beam radiation

therapy (EBRT) provides cure or long-term disease-free survival with good quality of life or effective palliation for many cancers. Its goal is to deliver a tumoricidal radiation dose to a known tumor while sparing normal tissue as much as possible, subject to the laws of radiation physics and radiobiology. A complete or partial miss of the tumor has severe consequences, for which treatment options are limited by the proximity of previously irradiated normal tissue. There are always normal tissues, often some with critically important functions, in close proximity to the tumor. Though low (< 1 Gy) doses can have the undesirable long-term consequence of secondary carcinogenesis, the serious deterministic normal-tissue complications are the dose-limiting concern in EBRT. Severe and even lethal normal-tissue complications are part of historical and, unfortunately, modern EBRT [1, 2]. Enormous amounts of skill and technology are devoted to delivering effective radiation treatments to achieve the two competing goals—high tumor control and few complications. They conclude Benefits and risks of the explosive technologic growth of the last three decades will be described, as will efforts to reduce treatment errors and ensure safe effective treatment.

7. Clark B, Brown R, Ploquin J, DunscombeP (2013) conducted a study on patient safety improvements in radiation treatment through 5 years of incident learning. The purpose of the research was to quantify the impact of a comprehensive incident learning system in terms of safety improvements. An incident learning system tailored for radiation treatment and based on published principles has been used consistently in our large academic cancer center for more than 5 years. In the adopted system, every incident, whether or not there is a resulting direct impact on a patient treatment, is recorded and investigated to determine basic causes. The scope of the program thus includes potential, or near miss, events which have no impact on patients but which provide valuable insights into program weaknesses and hence facilitate proactive measures to minimize risk. Analysis of 2506 incident reports generated over a 5-year period demonstrate a substantial decline in actual, nonminor incidents;ie, those with a dose variation from that prescribed of greater than 5%. Only 49 incidents (1.95%) had an impact on patients. The actual incident rate at the point of treatment delivery, the most vulnerable point in our process, has also decreased. The system has provided rapid feedback to monitor several initiatives including implementation of new technology and several new treatment techniques. Using the evidence provided by these incident reports, strategies were developed by a multidisciplinary team to address system weaknesses. Interventions introduced include several human error reduction strategies including forcing functions and constraints to improve system resilience. And the final conclusion was results demonstrate that effective use of an incident learning system will strongly encourage the reporting of incidents, whether or not they directly impact a patient, and serve as a proactive means of enhancing safety and quality. As a side benefit, addressing and

overcoming the cultural barriers between the 3 professional groups involved in radiation treatment has in an improvement in the safety culture in our center.

8. Rivera J, Karsh B (2008) conducted a study on Human Factors and Systems Engineering Approach to Patient Safety for Radiotherapy. The traditional approach to solving patient safety problems in healthcare is to blame the last person to touch the patient. But since the publication of To Err is Human, the call has been instead to use human factors and systems engineering methods and principles to solve patient safety problems. However, an understanding of the human factors and systems engineering is lacking, and confusion remains about what it means to apply their principles. This paper provides a primer on them and their applications to patient safety. The quality of patient care and the efficiency of the healthcare system must be improved. Healthcare's past remedy to the lack of patient safety, blaming individuals, has not solved the problem. Thus, alternative approaches are needed. One approach that has worked in other industries is to use the principles and methods of systems and human factors engineering. The three systems approaches explained in this paper can aid in designing safer and more efficient systems.

9. IshikuraS(2008) perform a research on Quality Assurance of Radiotherapy in Cancer Treatment: Toward Improvement of Patient Safety and Quality of Care The process of radiotherapy (RT) is complex and involves understanding of the principles of medical physics, radiobiology, radiation safety, dosimetry, radiation treatment planning, simulation and interaction of radiation with other treatment modalities. Each step in the integrated process of RT needs quality control and quality assurance (QA) to prevent errors and to give high confidence that patients will receive the prescribed treatment correctly. Recent advances in RT, including intensity-modulated and image-guided RT, focus on the need for a systematic RTQA program that balances patient safety and quality with available resources. It is necessary to develop more formal error mitigation and process analysis methods, such as failure mode and effect analysis, to focus available QA resources optimally on process components. External audit programs are also effective. The International Atomic Energy Agency has operated both an on-site and off-site postal dosimetry audit to improve practice and to assure the dose from RT equipment. Several countries have adopted a similar approach for national clinical auditing. In addition, clinical trial QA has a significant role in enhancing the quality of care. The Advanced Technology Consortium has pioneered the development of an infrastructure and QA method for advanced technology clinical trials, including credentialing and individual case review. These activities have an impact not only on the treatment received by patients enrolled in clinical trials, but also on the quality of treatment administered to all patients treated in each institution, and have been adopted globally; by the USA, Europe and Japan also. Recent advances in RT focus on the need for a systematic

RTQA program that balances patient safety and quality with available resources. It is necessary to develop more formal error mitigation and process analysis methods such as FMEA to focus available QA resources more optimally on process components to avoid catastrophic delivery errors. External audit programs for RTQA are also effective. Both postal dosimetry audit and clinical trial RTQA, especially for advanced technologies, in collaboration with global networks, will serve to enhance patient safety and quality of care.

10. Yan G, Mittauer K, Huang Y, Lu B, Liu C, Li J(2013) conducted a study on Prevention of gross setup errors in radiotherapy with an efficient automatic patient safety system. Treatment of the wrong body part due to incorrect setup is among the leading types of errors in radiotherapy. The purpose of this paper is to report an efficient automatic patient safety system (PSS) to prevent gross setup errors. The system consists of a pair of charge-coupled device (CCD) cameras mounted in treatment room, a single infrared reflective marker (IRRM) affixed on patient or immobilization device, and a set of in-house developed software. Patients are CT scanned with a CT BB placed over their surface close to intended treatment site. Coordinates of the CT BB relative to treatment isocenter are used as reference for tracking. The CT BB is replaced with an IRRM before treatment starts. PSS evaluates setup accuracy by comparing real-time IRRM position with reference position. To automate system workflow, PSS synchronizes with the record-and-verify (R&V) system in real time and automatically loads in reference data for patient under treatment. Special IRRMs, which can permanently stick to patient face mask or body mold throughout the course of treatment, were designed to minimize therapist's workload. Accuracy of the system was examined on an anthropomorphic phantom with a designed end-to-end test. Its performance was also evaluated on head and neck as well as abdominalpelvic patients using cone-beam CT (CBCT) as standard. The PSS system achieved a seamless clinic workflow by synchronizing with the R&V system. By permanently mounting specially designed IRRMs on patient immobilization devices, therapist intervention is eliminated or minimized. Overall results showed that the PSS system has sufficient accuracy to catch gross setup errors greater than 1 cm in real time. An efficient automatic PSS with sufficient accuracy has been developed to prevent gross setup errors in radiotherapy. The system can be applied to all treatment sites for independent positioning verification. It can be an ideal complement to complex image-guidance systems due to its advantages of continuous tracking ability, no radiation dose, and fully automated clinic workflow.

The Statement of them problem

This study focus on the perceptions of the patient’s towards the radiation treatment. And also spread the awareness amongst the patient’s towards radiation treatment. There were

numbers of studies focus on the radiation based treatment. But this types of studies were not done in Gujarat as well as Trust Based Hospital also.

The present study

The study focuses on the patient's awareness towards radiation safety and spread awareness towards radiation treatment and overcome the fear about the radiation based treatment.

Objective

1. To study the patient's perception towards radiation treatment.

2. To spread awareness towards radiation treatment and overcome the fear about the radiation-based treatment.

3. To suggest safety recommendation of patient given by Hospital

Hypothesis

H01: There is no significant difference amongst the patients regarding Radiation safety with respect to gender.

HA1: There is significant difference amongst the patients regarding Radiation safety with respect to gender.

H02: There is no significant difference amongst the patients regarding Radiation safety with respect to Age.

HA2: There is significant difference amongst the patients regarding Radiation safety with respect to Age.

RESEARCH METHODOLOGY

The data will be collected from the patients who come for their daily Radiation-based treatment in a Trust based hospital, Vadodara. A cross sectional study with targeted patients. A self-administered questionnaire was distributed to radiation oncology patients, and the collected data was analyzed by statistician.

Research Design:

Time Period: 1 Month

Place of study: Trust Hospital, Vadodara.

A Multi-Specialty trusted based hospital in Vadodara with all new advance technology.

Study Design: Questionnaire

Sampling:

The Sample of this research is the patients who will take Radiation-based treatment in the

Oncology department in a trust hospital, Vadodara.

The population of the study is 50 to 60 patients who will come for their treatment. within a month. All the patients would be included in my study who come within the month.

Method and Tool of Data Collection

This is a cross sectional study to check the perception amongst the patients regarding the radiation treatment. The data was collected through the closed ended questionnaire by using scale of Yes or No. The collected data was recorded in the excel and coded with "Yes" with "1" and "No" with "2". The final data analysis was done through the SPSS Version 20. The data was analyzed with the use of independent T test.

Limitations

The limitation of the study was that the hospital was in rural area so the patient's were coming here were highly illiterate so it was a major task to collect the data. As well as the time duration was also the limitation for the study.

RESULT &DISCUSSION

Write brief intro

Here the collected data was analyzed through the SPSS with the use of independent t Test. Through the statistical software the frequency of the Gender and age was calculated with the percentage also. Here the data was analyzed with the use of Independent t Test with respect to gender and Oneway ANOVA with respect to age.

Table 1 : Demographic Factor of the respondents

	Demographic Factor	Frequency	Percent
Gender	Male	27	65.9
	Female	14	34.1
Age	21-30 Years	1	2.4
	31-40 Years	6	14.6
	41-50 Years	19	46.3
	51-60 Years	11	26.8
	61-70 Years	4	9.8

Above Table 1 shows the frequency distribution of demographic factors. Out of total patient's male are greater than female that is 65.9%. There were 19 (46.3%) patients whose age between 41-50 Years.

Table 2 : The difference in the knowledge amongst the respondents with respect to Gender

Gender	N	Mean	Std. Deviation	Std. Error Mean	Mean Difference	T Value	P value
Male	27	7.56	.892	.172	.841	2.180	.035
Female	14	6.71	1.590	.425			

The above table 18 shows the mean score and standard deviation of male and female which is 7.56 (SD±0.892) and 6.71 (SD±1.590) respectively. Mean difference values is 0.841 and p value is 0.035 which is less than 0.05. So the result shows that there is a significant difference in the knowledge between the Gender Hence the null hypothesis isfails to reject.

OnewayAnova

Table 19 : The Difference in the knowledge among the respondents with respect to Age

Age	Sum of Squares	Mean	Std. Deviation	df	Mean square	F	P Value
Between Groups	2.131	7.27	1.595	4	.533	.331	.855

The above Table 19 shows the knowledge amongst the respondents with respect to age using ANOVA. The p Value of F test is 0.855 which is greater than 0.05. Here there is a significant difference between the knowledge of different age category. Hence the null hypothesis is rejected.

Conclusion

Findings from this study have shown that there is adequate knowledge and awareness of radiation and its health hazards among patients. A large number of proportions of cancer patient will receive radiotherapy as a part of their care.

Some patients don't have proper knowledge about the radiation therapy. They just want to cure their cancer. Many of patient have experienced some side effects, the extent of these depend on area treated and dose and fractionation. Impact on patient's overall well-being. Some of the patienthave fear about their personal life affecting because of radiation therapy.

Overall the study finds out that radiation therapy is affecting on patients' but patients have strong mind set to fight against the cancer.

Discussion

The research study is conducted in hospital which is located in rural area. So the higher number of patient is not aware about the radiation therapy and its impact on body. Medical treatment is improving day by day with new technology and it is very important to have proper knowledge about that. This study finds that people have to be aware about what they are taking for curing their disease. As per the study conducted by H sin, C-S wong, B Huang, K Yin, W Wong, YCT Chu (2012) on the Assessing local patients knowledge

and awareness of radiation dose and risks associated with medical imaging. To assess the awareness of radiation dose and associated risks caused by radiological procedures among local patients They conclude that Patient radiation awareness is unsatisfactory. There is need to increase patient radiation awareness, and to provide them with the necessary information. And as per this study here is also found that patient need more awareness about the radiation safety and their impacts. There are similar results comes out from different researches. A Stusy conducted by Ribeiro A, Husson O, Drey N, Murry I, May K, Thurston J, Oyen W to access a review of patient awareness Ionising radiation exposure from medical imaging. Medical imaging is the main source of artificial radiation exposure. They also Concluded All studies demonstrated that patients were generally lacking awareness about radiation exposure and highlighted a lack of communication between healthcare professionals and patients with respect to radiation exposure. And they conclude Studies demonstrate a need to better inform patients about their radiation exposure, and further studies focusing on nuclear medicine patients are particularly warranted. That shows patient awareness is very important which is similar to this study recommendation.

Findings & Suggessions

The study reveals that there is a mix awareness level among the patient who comes for their radiation treatment in trust-based hospital. However, investigator observed and recommended for rectifications.

Every single patient needs to know the basic knowledge of radiation oncology treatment. And the hospital staff should train for giving the knowledge and basic introduction of treatment to their staff. They also train for how to handle patients' questions and reactions.

There should be awareness and safety illustrator poster near the waiting area. The patient and their family members should be aware about the side effects which may affect after taking the treatment.

The staff should be train to cooperate with patient and respect their emotions. Rumors in patients mind will make then sacred about the radiation treatment. The staff should make sure that their all patient doesn't have any rumors.

The positive mindset will give positive result.

References

1. Sin, H. K., Wong, C. S., Huang, B., Yiu, K. L., Wong, W. L., & Chu, Y. C. T. (2013). Assessing local patients' knowledge and awareness of radiation dose and risks associated with medical imaging: a questionnaire study. Journal of medical imaging and radiation oncology, 57(1), 38-44.

2. Hendee, W. R., & Herman, M. G. (2011). Improving patient safety in radiation oncology. Medical physics, 38(1), 78-82.

3. Mazur, L. M., Marks, L. B., McLeod, R., Karwowski, W., Mosaly, P., Tracton, G., ... &Chera, B. (2018). Promoting safety mindfulness: Recommendations for the design and use of simulation-based training in radiation therapy. Advances in Radiation Oncology, 3(2), 197-204.

4. Ribeiro, A., Husson, O., Drey, N., Murray, I., May, K., Thurston, J., & Oyen, W. (2020). Ionising radiation exposure from medical imaging–A review of Patient's (un) awareness. Radiography, 26(2), e25-e30.

5. Marks, L. B., Jackson, M., Xie, L., Chang, S. X., Burkhardt, K. D., Mazur, L., ... & Adams, R. D. (2011). The challenge of maximizing safety in radiation oncology. Practical radiation oncology, 1(1), 2-14.

6. Yorke, E., Gelblum, D., & Ford, E. (2011). Patient safety in external beam radiation therapy. American Journal of Roentgenology, 196(4), 768-772.

7. Clark, B. G., Brown, R. J., Ploquin, J., &Dunscombe, P. (2013). Patient safety improvements in radiation treatment through 5 years of incident learning. Practical radiation oncology, 3(3), 157-163.

8. Rivera, A. J., & Karsh, B. T. (2008). Human factors and systems engineering approach to patient safety for radiotherapy. International Journal of Radiation Oncology* Biology* Physics, 71(1), S174-S177.

9. Ishikura, S. (2008). Quality assurance of radiotherapy in cancer treatment: toward improvement of patient safety and quality of care. Japanese journal of clinical oncology, 38(11), 723-729.

10. Yan, G., Mittauer, K., Huang, Y., Lu, B., Liu, C., & Li, J. G. (2013). Prevention of gross setup errors in radiotherapy with an efficient automatic patient safety system. Journal of Applied Clinical Medical Physics, 14(6), 322-337.

"A STUDY OF WORK STRESS EXPERIENCED BY IT EMPLOYEES WORKING IN MULTINATIONAL CORPORATIONS IN TELANGANA, INDIA"

Mogilicherla Ramyasree[1]
Research Scholar Department of Commerce
Osmania University

Prof. T. Krishna Kumar (Rtd.)[2]
Department of Commerce
Osmania University

ABSTRACT

The past decade has witnessed a global and national surge in concerns surrounding work stress and its detrimental effect on organizational well-being. This trend is unsurprising considering the centrality of work in modern society, the increasing amount of time people dedicate to their jobs, and the ongoing transformations that are fundamentally altering the nature of work itself. Research suggests a clear link between repetitive tasks and dehumanizing work environments, such as those found on traditional assembly lines, and a decline in physical health. Stress can also stem from feelings of isolation or conflict within the workplace. This conflict can arise from disagreements with colleagues, or even more serious issues like harassment or discrimination. To gain a deeper understanding of this phenomenon, a pilot study was conducted within multinational IT companies located in Telangana, India. The study employed a simple random sampling technique to gather data from a sample size of 100 IT employees. A structured questionnaire was utilized to collect data from the sample population. The results revealed a key demographic trend: the majority of the surveyed employees belonged to the 20-25 year old age group. Furthermore, the study indicated that roughly two-thirds of these IT professionals fell within the monthly income bracket of Rs 10,000 to Rs 15,000. Interestingly, the data also showed that the majority of the surveyed employees were single. In terms of experience, one-third of the IT professionals had been working in the industry for 1-2 years. The study also aimed to identify the key factors contributing to work stress among these IT employees. The findings highlighted several prominent stressors, including Inadequate Salary , Overtime, Time Pressure , Workload , Insufficient Holidays , Night Shifts.

Key words: *MNC Companies, Stress, MNC employees, Telangana, Regression, Frequency and Percentage Analysis, ANOVA.*

Introduction:

Individuals of all ages. This pervasive phenomenon isn't unique to humans; research by Bruce McEwen (2002; McEwen & Wingfield, 2010) suggests that stress is both a stimulus and a response, impacting both humans and animals. Fortunately, humans have developed coping mechanisms to manage or overcome stress through various activities.

Hans Selye, a pioneer in stress research, initially defined stress as a "nonspecific neuroendocrine response" within the body (Selye, 1936, 1956, 1971, 1974, 1976). Learning to manage this response effectively can be challenging. However, scientific research has yielded numerous methods for stress control.

Interestingly, stress can have a positive influence. Eustress, a form of positive stress, can stimulate the body's systems to function at optimal levels. This can even lead to personal growth for some individuals, as Judith Orloff (2009) suggests, particularly after periods of crisis or trauma. The key lies in how individuals react to stress. Mathews, Zeidner, and Roberts (2006) emphasize the importance of emotional intelligence in managing stress. They highlight the ability to read and respond sensitively to social situations and effectively manage emotions as crucial factors in stress management. Through emotional intelligence, individuals can not only deal with internal stress but also prevent conflict with others.

The modern workplace is a significant source of stress, as Kottler and David (2011) point out. Rapid changes in the nature of work, coupled with evolving legal definitions, have led to a dramatic increase in claims associated with chronic work-related stress. Previously, stress claims were primarily linked to traumatic events like violence or accidents. However, Sivasubramaniam and Rajandran (2017) highlight a recent shift, where chronic stress has become the leading cause of such claims. The financial and human costs associated with chronic work stress are vast, though often challenging to quantify due to factors like misleading statistics, unreported cases, employee turnover, and inconsistent record-keeping.

Research has established a clear link between specific job conditions and mental and physical health. Poor working conditions, characterized by pressure to work quickly, physical exertion, or inconvenient work hours, have been directly linked to negative mental health outcomes. Similarly, repetitive tasks and dehumanizing environments, like assembly lines, have been shown to adversely affect physical health.

Social interactions within the workplace can also be a source of stress. Isolation, rejection by colleagues, perceived discrimination, and even public contact involving hostility or prejudice can all contribute to stress levels.

Considering this complex interplay between stress and work, this study aims to identify the factors contributing to stress among women employees working from home in IT MNCs

located in Telangana, India. By investigating the influence of these stress indicators on overall work stress levels, the study hopes to provide valuable insights for developing effective stress management strategies within this specific demographic.

1.1. Scope of Study

Since work stress affects everyone differently, understanding individual reactions is key to managing stress for ourselves and others. Reducing stress is crucial for well-being. This study examines how role stress impacts IT employees, considering both role and work environment factors. By analyzing these factors, we can diagnose current work systems and identify areas for improvement to promote employee growth, development, and engagement.

2. REVIEW OF LITERATURE

Sangeeta and Nidhi(2013) founded on Interrelationships between work stress due to Inadequate Salary and Rewards in Indian army officers. The research carried out among Indian army officer. The sampling size was 50. The researcher used 5point likert Scale Questionnaire for primary data collection and used T-Test and Correlation. The researcher found there is a relationship between the dimensions of marital discord, inadequate salary and rewards were connected the level of stress rises because of inadequate Salary and rewards, marital discord also increases. Indian army personnel are dissatisfied with their salary and promotion policies.

Darshani (2014) investigated on Personality Types and Locus of control as moderators of stress Conflict management. The researcher reveals these strategies can be either problem focused on emotional focused Taking decisions are sudden and unexpected. highlighting the importance of both problem-focused and emotion-focused approaches..

Sanjeev and Bhukar(2013) Compared stress level and coping strategies of college students. The research carried out among Professional students. The sampling size was 60. The researcher used two-way ANOVA. The researcher revealed the women had higher level of work stress than men as the women have more challenges to follow Indian Orthodox customs, prevailing in the society. Stress affects the brain with its many nerve connections; the rest of the body feels the impact as well.

Abdul.et.al (2014) Examined research on Job stress and Job Satisfaction among healthcare professionals. The research carried out among healthcare professionals. The Sampling size was 620 and used Simple Random Sampling Technique, Linear regression analysis, Pearson Correlation test. The researcher reveals the current workplace environment could increase the risk of stress among health care professionals. However the satisfaction rate was high and not negatively associated with low work stress levels.

Sameera, Shaik and Firoz (2016) had done a research on stress management among the BPO employees in Chennai city. The research was carried among Nationalized BPO employees in Chennai. The sampling size was 100.The researchers used Percentage analysis and MS Excel. The researchers found a large number of the employees fear with the fact that lack quality in their work puts stress on them. It is found that maximum number of employees in BPO remains in work stress. More than half of the employees feel that they are overloaded with work. Maximum employees feel tensed due to their non-achievement of targets in the work. Half of the employees accepted that there is fight among the employees. It is a concern for top management. Feel that plans used by BPO Firms to manage stress of employees are effective. Majority of the MNC employees try to find solution to relieve them from work stress. Average of the employees practice YOGA or other ways to relieve them from stress, majority of the employees balance in their social life. Direction and counseling, Quality awareness Psychological funding should be provided to the employees.

3. STATEMENT OF PROBLEM

Work stress has become a pervasive issue for employees across all industries, with the work-life balance becoming increasingly difficult to maintain. As a result, stress management techniques are gaining traction as employees seek ways to cope with pressure. These strategies empower individuals to improve their response to stress while enabling organizations to reduce workplace stressors. This study specifically focuses on investigating work stress among IT employees in Telangana.

4. RESEARCH METHODOLOGY

4.1. Objective of the Study

I. The general objective of the present study was understand the factors influencing Work stress among IT employees in Hitch city , Hyderabad

II. To examine the factors contributing stress among IT employees.

4.2. Hypotheses of the Study

H_0 – There is no significant relationship between inadequate salary and IT Employees

H_0 – There is no significant relationship between Overtime and IT Employees

H_0 – There is no significant relationship between Time Pressure and IT Employees

H_0 – There is no significant relationship between Work Load and IT Employees

H_0 – There is no significant relationship between insufficient holiday and IT Employees

H_0 – There is no significant relationship between Night Shift and IT Employees

4.3. Area of the Study

This study focuses specifically on the IT sector within Telangana, India. While the IT sector itself was chosen deliberately due to its distinct service nature, the IT MNC companies and the IT employees participating in the study were selected randomly. This two-stage sampling approach employed purposive sampling for the sector and study area, followed by simple random sampling to select companies and IT employees. Data collection involved a pilot study utilizing a structured interview schedule administered through direct interviews with the participants. The study gathered information from 100 IT employees working in IT MNC companies in Telangana during the period of 2020-2021.

4.4. Sources of Data

Primary Data: Information was gathered directly from IT employees working in IT MNCs located in Telangana. This involved a pilot study followed by structured interviews.

Secondary Data: The study also reviewed existing research on the topic, including academic sources like journals, research papers, reports, conference proceedings, and relevant websites.

5. DATA ANALYSIS AND STATISTICAL TECHNIQUES

5.1. Data Analysis

The data analysis has been done using IBM SPSS 23 (Statistical Package For Social Science)

5.2. Statistical Techniques

Descriptive Statistics: In order to identify the various factors which contribute towards increasing the stress level of IT Employees in MNC Companies

Multiple Regressions: In order to study the effect of factors affecting IT Employees and its impact on stress level in IT Employees. The functional form of multiple linear regression models is given below.

The Likert five point scale (strongly agree to strongly disagree) was used to measure the stress dimensions and stress indicators.

6. RESULT AND DISCUSSION

6.1 Social background of IT Employees

Social background of IT employees in MNC Companies is collected for the analysis purpose and details are listed in table 1. The result shows that majority of the IT employees (64 %) are belongs male and female (36 %).The majority of the IT employees 81 % are belongs

to the age group of 20-25and 19 % are belongs to 25 -30.The majority (81%) of the IT employees have completed their UG followed by PG of 16 % and Diploma 3%.The 81 % of IT employees are having the experience of below 5 years and 5-10 years are 19 %.The majority(92 %) IT employees are single and 8 % are married .The majority (58 %) IT employees are 10000-15000, 5000-10000 are 20 % and 15000 to 20000 are (22 %)

Table 1 Social background of IT Employees in MNC CompaniesReferences

1. RK University by INFLIBNET Centre. (2021). Users Behaviour towards Social Media: A Study in the State of Gujarat. Retrieved from http://hdl.handle.net/10603/191374
2. Kurukshetra University by INFLIBNET Centre. (2021). Impact of Social Media Usage on Brand Choice. Retrieved from http://hdl.handle.net/10603/250024
3. Bangalore University by INFLIBNET Centre. (2021). Impact of Subjective Features of Traditional and Social Media Advertisements on Consumers Buying Behaviour. Retrieved from http://hdl.handle.net/10603/252705
4. Jai Narain Vyas University by INFLIBNET Centre. (2021). Exploring the Impact of Social Media Marketing on Consumer Brand Preference: A Study on Social Media Users of Rajasthan. Retrieved from http://hdl.handle.net/10603/403925
5. University of Madras by INFLIBNET Centre. (2021). Impact of Social Media Marketing on Adolescent Consumers Attitude: A Study with Reference to Chennai City. Retrieved from http://hdl.handle.net/10603/204209
6. Mohan Lal Sukhadia University. Created and maintained by INFLIBNET Centre. (2021). A Study of Well-being Among Teenagers in Relation to Social Media. Retrieved from http://hdl.handle.net/10603/306331
7. INFLIBNET Centre. (2021). Impact of Social Media on Branding. Retrieved from http://hdl.handle.net/10603/372893
8. University of Delhi by INFLIBNET Centre. (2021). Social Media for Competitive Advantage: A Study of Select Indian Organizations. Retrieved from http://hdl.handle.net/10603/374732
9. Maharshi Dayanand University. Created and maintained by INFLIBNET Centre. (2021). Social Media Marketing Practices and Small Enterprises. Retrieved from http://hdl.handle.net/10603/376846
10. Bharati Vidyapeeth Deemed University by INFLIBNET Centre. (2021). Impact of Social Media Marketing on Organizational Growth: A Study of SMEs in NCR. Retrieved from http://hdl.handle.net/10603/337520.

Table 1 Social background of IT Employees in MNC Companies

Age	Frequency (Percentage)	Gender		Material Status	
20-25	81 (81%)	Male	64 (64 %)	Single	92 (92%)
25-30	19 (19%)	Female	36 (36 %)	Married	8 (8%)
Experience		**Education**		**Salary**	
Below 5 years	81 (81%)	UG	81 (81%)	5000-10000	20 (20%)
5-10 years	19 (19%)	PG	16 (16%)	10000-15000	58 (58%)
		Diploma	3(3%)	15000-20000	22 (22%)

Source: Primary Data

6.2 Factors Influences Stress level/ IT Employees in MNC Companies

Table 2 shows frequency and Percentage value of dependent variable namely Induces High Stress level and the independent variables such as Inadequate Salary, Over Time, Time Pressure, Work Load, Insufficient holidays, Night Shift.

Factors Influences Stress level/IT	Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree
Inadequate Salary	10 (10 %)	63 (63 %)	15 (15 %)	8 (8 %)	4 (4 %)
Over Time	12 (10 %)	72 (10 %)	8 (8 %)	4 (4 %)	4 (4 %)
Time Pressure	32 (32 %)	48 (48 %)	10 (10 %)	7 (7 %)	3 (3 %)
Work Load	28 (28 %)	40 (40 %)	12 (12 %)	8 (8 %)	2 (2 %)
Insufficient holidays	35 (35 %)	59 (59 %)	5 (5 %)	1 (1 %)	0 (0 %)
Night Shift	32 (32 %)	47 (47 %)	11 (11 %)	6 (6 %)	4 (4 %)

The figures in the parentheses are percentage total: primary and computed data

The table No 2 shows that 63 % of the respondents agreed and 10 % are strongly agreed that inadequate salary has induces high stress level on IT employees. The 72% of the respondents agreed and 12 % are strongly agreed that Over Time has induces high work stress level on IT employees.48% of the respondents agreed and 32% are strongly agreed that Time Pressure has induces high work stress level on IT employees. The 40% of the respondents agreed and 28% are strongly agreed that Work Load has induces high work stress level on IT employees.59% of the respondents agreed and 35% are strongly agreed that insufficient holidays has induces high work stress level on IT employees.47% of the respondents agreed and 32% are strongly agreed that Night Shift has induces high work stress level on IT employees.

6.3 Multiple Regression Analysis

In order to identify the influences of stress level impact (dependent variable) on customer service Representative of IT MNC Companies the multiple regression analysis by linear

regression carried out and results presented in table 3

Table 3: Influences of factors on stress level of IT Employees-Multiple Regression

Stress Factors	Standardized Coefficient (Beta)	t-value	Sig.
Stress level in IT Employees			
Stress level increase due to Inadequate Salary	.513	3005	.003
Stress level increase due to Over Time	.905	7.101	.000
Stress level increase due to Time Pressure	.066	1.618	.107
Stress level increase due to Work Load	.527	4.629	.000
Stress level increase due to Insufficient holidays	.899	4.773	.000
Stress level increase due to Night Shift	.856	8.556	.000

Dependent Variables stress level in IT Employees **Indicates significant at 1% level *Indicates significant at 5% level

6.4. Results of Multi regression and Hypothesis

H_0 – There is no significant relationship between inadequate salary and IT Employee, The result shows that B value=0.513, t=3.005 and p=0.003 which is less than 0.05, indicates that there is strong relationship between the inadequate salary and IT employee. The null hypotheses was rejected and alternative hypotheses was accepted.

H_0 – There is no significant relationship between Over Time and IT Employee, The result shows that B value=.905, t=7.101 and p=0.000 which is less than 0.05, indicates that there is strong relationship between the Over Time and IT employee. The null hypothesis was rejected and an alternative hypothesis was accepted.

H_0 – There is no significant relationship between Time Pressure and IT Employee, The

result shows that B value=.066, t=1.618 and p=0.107 which is more than 0.05, indicates that there is no significant relationship between the Time Pressure and IT employee. As such null hypotheses was accepted and alternative hypotheses was rejected

H_0 – There is no significant relationship between Workload and IT Employee, The result shows that B value=0.527, t=4.629 and p=0.000 which is less than 0.05, indicates that there is strong relationship between the Work Load and IT employee. The null hypothesis was rejected and alternative hypotheses was accepted.

H_0 – There is no significant relationship between insufficient holidays and IT Employee, The result shows that B value=0.899, t=4.773 and p=0.000 which is less than 0.05, indicates that there is strong relationship between the insufficient holidays and IT employee. The null hypotheses was rejected and alternative hypotheses was accepted.

H_0 – There is no significant relationship between Night Shift and IT Employee, The result shows that B value=0.856, t=8.556 and p=0.000 which is less than 0.05, indicates that there is strong relationship between the Night Shift and IT employee. The null hypothesis was rejected and alternative hypotheses was accepted.

Linear regression analysis was done on the independent factors that induce stress level on the IT employees. The result shows that co efficient of multiple dimensions R2=0.653 and adjusted R2=0.653 indicating that the regression model is good fit. It inferred that about 65.3% of the variation in dependent variable (stress level) explained by independent variable of stress level factors. The stress level increase due to inadequate Salary, over time, Time Pressure, Work Load Insufficient holidays, night shift are statistically significant 1%level and these factor have predict the stress level of IT Employees

The ANOVA test was carried out to examine the stress level of IT Employees due to Night Shift, the F-value of 62.268(p=0.000) indicates that the regression model is good fit between the stress level of IT Employees and its independent variables. Hence, we reject null hypothesis (H0), and accepted the alternative hypothesis. Except of the factor "Time Pressure" did not affect the stress level of IT employee.

7. CONCLUSIONS

The objective that was set for this research has shown that the stress factors Inadequate

Salary, Over Time, Time Pressure, Work Load, Insufficient holidays, Night Shift were influencing the IT Employees. The Study has also shown that the Time Pressure towards not affecting the IT Employees

REFERENCES

- McEwen, B.(2002), "The end of stress as we know it " .Washington, DC: The Dana Press. USA
- Sandor Szabo, Yvette Tache and Arpad Somogyi (2012), "The legacy of Hans Selye and the origins of stress research: A retrospective 75 years after his land mark brief "Letter to the Editor" of Nature", (Informal Health care USA) Vol 15(5), pp. 472-478.
- Siva Subramanian and Dr. K.V.R Rajandran (2017),"A Study on Effect on family Separation on Stress level of Soldiers in Deployed in Rajasthan Sector of Indian Air Force", International Journal of Management,Vol8(1),2017, pp.145-151.
- Sangeeta Mohan and Nidhi Arora(2013), "Interrelationships between stress due to Inadequate Salary and Rewards and marital discord: A study of Indian army officer", International Journal of Advanced Research in Management and Social Science, Vol 2,issue: 12, pp.1-9

- Darshani R.K.N.D (2014), " Personality Types and Locus of control as moderators of Stress and Conflict Management", International Journal of Scientific and Research Publication, Vol 4,issue :2, 2014 pp.1-8
- Sanjeev Kumar and Bhukar J.P (2013), "Stress level and coping strategies of college students", Journal of Physical Education and Sports Management,Vol.4(1);pp.5-11,
- Abdul Salam Munir Abu Helalah, Shari L.Jorissen, Khalid Niaz, Abuelgasim Mansour AliAliQarni (2014), "Job Stress and Job Satisfaction among health care professionals", European Scientific Journal,Vol 10,issue:32,2014 pp 156-173
- Dr.Sameera, ShakirShaik and Firoz S.K.C (2016) , "Stress management among the BPO employees in Chennai city", International Journal of Business and Management, Vol 4,issue:1(2016).pp.12-15
- Akbar Sharifian, Saeed Farahani, Parvin Pasalar, Marjan Gharavi and Omid Aminian (2005), "Shift work as an Oxidative Stressor", Journal of Circadian Rhythms,Vol 3 issue:15(2005).pp.1-3
- Richard J.Gelles (1980), "Violence in the family": A Review of Research in the Seventies.
- Ulas.T, Buyukhatipoglu.H, Kirhan.I, Dal M.S, Eren M.A, Hazar A,Demir M.E, Aydogan T, Karababa F, Uyanikoglu A, Kurkcuoglu I.C (2012), "Effect of day and night shifts on Oxidative stress and anxiety symptoms of the nurse", European Review of Medical and Pharmacological Sciences, issue 16(2012).pp-594-599
- Sathyapriya J and Dr. P.Amutha Lakshmi(2012), "Factors affecting the stress and influence of stress Indicatiors on Level of Organization Stress among Women Employees in IT Sector", International Journal of Research in Commerce and Management Vol 3.issue 2, 2012 pp.107-112
- Dr. P. Abirami and R. Priya Dharshini, A Behavioura l Study on Academic Stress of School Students in Chennai City. International Journal of Marketing and Human Resource Management, 8(1), 2017, pp. 18–23.
- Dr. V. Antony Joe Raja and V. Vijayakumar, A Study on Stress Management in Various Sectors in India. International Journal of Management, 8(1), 2017, pp. 50–61.

A REVIEW OF GENNEXT INDIAN FAMILY BUSINESSES : ANALYZING THE TRADITIONAL VALUES THEY CARRY AND NEW ADDITIONS MADE BY THEM

***Saurav Kumar**
Senior Faculty, Corporate Secretaryship Department, K.B Womens College, Hazaribag, Jharkhand, India . Email : saurav1980kumar@gmail.com

ABSTRACT

To bring a certain change in the working style of the organization, the leaders need to identify the right issues and prioritize them. Many a times the issues or problem areas that seem to exist are very superficial, but have deeper roots to them. This comes in to picture only when one starts addressing the superficial ones. It requires exploration deep down the surface. Leaders in such situations get caught between so many issues that they don't understand how and what to address and which one would help them achieve their goal. Building a sense of family pride would greatly help to sustain family businesses. Moreover, it should be ensured that there is smooth communication between various generations of family members, and between the family's men and women. Also a professional approach to management is crucial. Changing business needs in today's economy require the organization to be transparent and in their systems. Family businesses are fundamental to nation building as they contribute towards the GDP of any country and are also major employment creators. Family businesses are the main pillars of any economy and contribute to a large extent to the GDP of any nation. Although family businesses are important contributors to the growth story of any nation, in Indian context, family businesses faced a major challenge to compete with the global giants after the economic liberalization in 1991. Research Objective : The research aims to develop an insight on why and how traditionally owned Indian family businesses are changing their ways of doing business to compete and survive in dynamically changing current business environment.

Keywords: *Indian family businesses, Challenges in Family Businesses in India, Opportunities for family business in India.*

Introduction

Taking over a family business is markedly different from launching a startup. For a new entrepreneur, running a family business entails upholding the values and ethics of the enterprise and accepting responsibility for its sustainability. A startup or new business is

relatively more free to take risks and explore daring business strategies. Running a family business is often seen as less glamorous. It comes with its own set of challenges, such as keeping up with technology innovation, adopting digital strategies, attracting the right talent, etc, according to a 2019 PwC report. However, the emotional bond an entrepreneur shares with his/her family business can't be measured with data. The bond can take precedence and inspire an entrepreneur to brave all sorts of challenges and scale up the family business. A family-owned business is the oldest form of commercial enterprise. The oldest familyowned business, Kongo Gumi, the Japanese construction company, founded in 578 AD, is still in operation and is currently managed by the 40th generation (Hutcheson, 2007). The largest company in the world, Wal-Mart, is also a family business. These family-owned businesses survive multiple generations, creating value in the economy. Prof. John L Ward, an international expert on family businesses at the Kellogg School of Management, says that "family businesses with effective governance practices are more likely to do strategic planning." However, there is still a huge debate regarding value creation by family-managed businesses and professionally-managed businesses. In the Indian context where most firms are familyowned or family-managed, the idea of shareholder value creation by these firms becomes even vaguer. The leading global executive search firm, Boyden, issued The Boyden Report (Business Wire, 2007), which focused on talent issues in the emerging markets and examined four groups of Indian executives and non-resident Indians driving indigenous and global growth:

1. The First Generation Entrepreneur (which begins from a strong family and high qualification. These are the best 'home grown' talents, (developed in India and not abroad);
2. The Family Entrepreneur (who has inherited the company);
3. The 'Corporate Crossover' (entrepreneurs who worked abroad till recently); and
4. The Intrapreneur (who exploits commercial opportunities and makes optimum utilization of resources).

This classification defines the entrepreneur in a very broad sense. A family-owned business is characterized by the fact that the individual or the family is involved in the ownership, control and management. There is no separation of roles and as such, companies are under close supervision and control by the family. Families have large shareholding, which provides them with a right to control the management. Moreover, families have a larger stake in the business that motivates them to control managers (Shleifer and Vishny, 1997). Family ownership also guarantees stability of business and long-term planning. Family owners can make decisions more quickly and be more flexible (James, 1999). Westhead and Cowling (1998) opine that the existing literature fails to provide any single agreed definition

of a family-owned business. The authors highlight several issues that are fairly consistent in their definitions of family-owned businesses, like whether the senior executive regards their company as being a family business (Ram and Holliday, 1993), and whether a majority of ordinary voting shares in the firm are owned by members of the largest family group that are related by blood or marriage. A family-owned business is also characterized by the fact that the management team of the firm mainly comprises members drawn from a single dominant family group owning the business, and in cases where the firm has experienced an inter-generational ownership transition to a second or later generation, by the presence of family members drawn from the single dominant family group owning the business (Churchill and Hatten, 1987). Family businesses can be a great financial investment as owners are more knowledgeable about the business than any alternative investments they might make. It has also been observed that strategy formulation in family firms differ from other firms (Chua et al., 2003). The stakeholder theory of strategic management (Freeman, 1984; Clarkson, 1995; and Donaldson and Preston, 1995) argues that strategy formulation should be examined in the context of the firm's various stakeholders. In family businesses, the stakeholder pressures inevitably focus on the family. Family businesses across the world are at the crossroads. On one hand, the next generation has to maintain the founding culture and tradition and on the other, they have to cope with disruptive challenges.

According to the annual India Philanthropy Report-2013 of the global consulting firm, Bain and Co., the young generation of family businesses is deeply involved in their family's philanthropic efforts and often they set the family's philanthropic vision. For some of them, philanthropy is not limited to donations made to NGOs, but includes keen personal involvement in welfare activities. Huzaifa Khorakiwala, the elder son of Habil Khorakiwala of Wockhardt Ltd., leads the Wockhardt Foundation. He has setup 'hospitals-on-wheels' to provide healthcare to rural poor. The foundation has so far provided free health check-ups and medicines to 1.81 million people. Kushagra Nayan Bajaj, the son of Shishir Bajaj wears two caps. He is the CEO of the group's flagship Bajaj Hindusthan and also heads Kamalnayan Jamnalal Bajaj Foundation that works in Sikar and Wardha to make water available all the year round to villagers in those areas. Roshni Nadar Malhotra, the daughter of Shiv Nadar of NIIT Ltd., heads the Shiv Nadar Foundation and has considerably expanded its activities in the area of education since taking charge in 2008. Manasi Kirloskar, daughter of Vikram Kirloskar, is the Executive Director of the group's holding company, Kirloskar Systems and has worked for underprivileged children. Veer Singh, the son of Analjit Singh of Max India group, is getting mapped the carbon footprint of the family's hospitality project coming up on the outskirts of Deharadun. An environmentalist to the core, Veer is also concerned for energy saving and waste recycling. Though the efforts of these young generation members of business families are commendable, these came to fruition because the members are backed up by their families business size and stability which serves them

as a safety net. Professor Kavil Ramachandran, the Thomas Schmidheiny Chair of Family Business and Wealth Management at the Indian School of Business, Hyderabad observes, "It is an individual predilection, an inner calling that prompts them. But it is also a fact that they have the liberty to take this path because family business security is common to them all. They don't face the challenge of the family business's survival."(https://newsletters.isb.edu).

Advantages and challenges for Next Gen

The younger generation enjoys major benefits of being a part of these changes from birth. Technology comes naturally to them, whether it is writing, learning or thinking. Their horizon seamlessly cuts across geographical borders, and they are better informed of the trajectories of change. Their history of not witnessing the 'Hindu rate of growth' has made them optimistic and naturally much more entrepreneurial. They think big, although they are not always aware of the challenges, and the implications of implementing their strategies. The country needs such big thinkers to sustain the pace of momentum set in motion already. Family businesses are uniquely blessed with a basket of resources, both tangible and intangible. These include deep business wisdom, rich social network, benevolent grooming and abundant funds. Normally, members of the young generation tap into this basket automatically and voluntarily out of family traditions and stewardship values. Encouragement of entrepreneurship offered in Indian business families is an added advantage, particularly in nuclear families that wish to grow big quickly. However, we should not be oblivious to the realities of the challenges that accompany such advantages. Among them is the natural overconfidence (bordering on arrogance) in their knowledge and capabilities that some of the young members demonstrate. They seem to believe that their family membership and the surname they carry are more valuable than the insight and business expertise that come through hard work and experience. They don't remember that speed often kills. They also forget that costly experimentation cannot always be camouflaged. This is particularly so if the next generation ventures into an entirely new line of business, that too in an emerging area. The challenge is compounded if the family member has not adequately experienced the value of money.

Many roads to 'freedom'

Global level research on family businesses in recent times has shown that most next generation members do not wish to join their existing family business. Most often they like to be entrepreneurs on their own terms, at least with respect to the degree of freedom in operations and decision-making. The bottom line for them seems to be 'freedom' in the choice of career, and life in general. This is true in India too. Since opportunities come up in every conceivable way, they have a lot to choose from. Interestingly, there are certain

patterns emerging in this resolve to declare or seek 'freedom'.

A) Occupy the awaiting kingdom and throne: In several instances, there is only one child to succeed the existing leader. This is particularly true for nuclear families, many of which had earlier been part of traditional joint families. The next generation is poised to take off from where the senior generation has left, like a smooth baton change in a relay race. For instance, Krishna, son of BVR Mohan Reddy of Infotech Enterprises, was well groomed through high quality education and experience over a number of years to lead the company. Similarly, Sharvil Patel was inducted into Zydus Cadila by his father Pankaj Patel as the next-in-command after his doctoral studies in related areas from Johns Hopkins University in the US. Such smooth induction happens when the incumbent has carefully prepared himself to move on completely. Infotech was rechristened as Cyient Limited by Krishna soon after he took over as part of his drive to rebrand and strengthen the company, and the next generation has proven to be worthy of taking over the mantle. In such cases, the next generation feels and enjoys the freedom and responsibility at the same time.

B) Fiefdom preferred while waiting for the throne: Affluent young members of business families may not always have the throne vacant. They have to wait for their turn even if they are all single children who will eventually inherit the kingdom. This happens either when the incumbent is still very active and/or has no plans of moving out. Besides, seniors feel relaxed with the opportunity of overview they can provide. It is an entirely different matter whether the next generation likes it or has to constantly negotiate to protect the freedom they are entitled to. Sanjiv Goenka's son Shashwat started with growing the Spencer's retail business on his return to India after studies, away from the direct supervision of his father. Similarly, Punit Lalbhai, son of Sanjay Lalbhai, got into a new venture that had limited core links with their established businesses. In rare cases, the younger generation—such as Ananya Birla, daughter of Kumar Mangalam Birla, and Roshni Nadar, daughter of HCL's Shiv Nadar—has started ventures that are in the social space. It is, however, hard to assume a gender dimension to such decisions. Again, there is an underlying push for establishing one's identity away from the strong and large shadow of their parent.

C) Traditional ministers: Highly diversified family business empires controlled by large families have shown yet another model. Here, again, the next generation has underlined its preference for freedom and hard work over comfort under strong controls. The next generation of the four- or five-generation-old Godrej conglomerate has carved out its own niche under the comfortable group umbrella. These niches are at an 'arm's length', which gives them a certain degree of freedom without close operating supervision from their seniors. At the same time, children of the Rs 40,000 crore-TVS family have shown

a tendency to take the elevator route to top management positions in existing businesses. These patterns are also strongly influenced by family and business circumstances. For instance, in families with poor interpersonal relationships the urge to become independent may be high, but the journey may not be smooth. Besides, health and financial conditions of the businesses, the level of passion demonstrated, family culture and style of leadership all determine how the pendulum swings.

A smooth journey

A unique characteristic of a family business is continuity. Members strongly believe in sustaining continuity of family values of stewardship and entrepreneurship. They recognise that every business has its own phases of ups and downs in their long-term lifecycle. In other words, in a world where nothing is permanent except change, good business families embrace entrepreneurship and independent thinking of their young members. They believe that the business is future-looking and the next generation should have an active role in shaping its destiny (https://www.forbesindia.com). Continuity requires vision and competitive strategy for the business. Business families should take stock of the richness of their resource basket and the relevance of the mix of its elements. Let us remember that most elements of such resource baskets will work wonders on well-governed business families. They demonstrate a hunger for growth through the involvement of several family members in different capacities. Individualism and collectivism form a fine balance in such families through a process of mutual consultation. Transition and transformation are smooth in several well-known family businesses because of the clarity and commitment members demonstrate to the cause of stewardship.

Discussion on the GenNext entrepreneurs invigorating their family-business culture

The newer generation in storied companies is unafraid of introducing new ways of running the business. And it's yielding favourable results too. When Anant Goenka rejoined Ceat in 2010—fresh off his MBA and a stint at KEC, his family's power transmission business—the tyre-maker had just come out of a rough patch. Sales were finally recovering, high costs were kept in check and the outsourcing business was given a new fillip. "The aspect of survival was over," recalls Anant, 37, who took over as managing director in 2012. "My predecessor had made some important investments [a greenfield plant and an R&D facility] to take us into the next phase of growth." With its freshly found financial footing, Ceat, part of the RPG Group, set up by Anant's grandfather Rama Prasad Goenka in 1979, would seem an odd candidate for a dramatic cultural overhaul. Yet, that is exactly what the third generation scion did. Or take the case of Nalli, the nine-decade-old, privately held business synonymous with Kanjeevaram silk sarees. "We've always had a culture of operational

excellence and entrepreneurship," says Lavanya Nalli, 34, the founder's great-great granddaughter. After spending six years away from the business—at Harvard University, McKinsey, and Myntra—she was able to see the hurdles that were holding Nalli back from exponential growth. In the case of Arvind Ltd too, Sanjay Lalbhai's sons Punit, 36, and Kulin, 32, entered the business about a decade ago and wanted to move from "being a traditional textiles company to a technology company", which would require certain processes to be put in place. "It wasn't so much of a departure from the old way of working," clarifies Kulin, the fifth generation at the company. "My father grew the business from a denim mill to a textiles conglomerate. So that culture of innovation and creativity has always been there. We're just enhancing and building on it." Whether it's a large, wholesale change or an incremental tweak, 'culture' is slow to build and hard to change, especially for companies with a long and storied history. Unlike a new-age startup that can draw out a manifesto of its values and plaster it on the walls of its offices, or offer free yoga classes and beer bashes to encourage a sense of community and out-of-the-box thinking, decades-old family businesses have it tough. What aspects of the culture should be retained? What should be revitalised so as to better resonate with today's contexts, customers and employees? And what about older employees—trusted, but used to set ways—who might resist the change? You need to have a clearly communicated vision when looking to change a company's culture, and then you need to ensure the vision trickles down to all employees," says Paul Dupuis, CEO of staffing firm Randstad India. Anant, for one, vouches for this approach. Although the company stood on firmer ground when he took over, employees' mindsets were still geared towards quarterly results. "We had perpetuated a making-sure-we-don't-make-losses kind of mindset, but that was not ambitious enough," he says. "So we asked ourselves, 'What can we do over a five-year period that will make us proud?" Strategic changes such as diversifying the product mix to focus on tyres for two-wheelers and cars, which have firmer prices and higher pricing power, were necessary, as was a renewed focus on research and development. However, true to the 'culture eats strategy for lunch' adage, Anant knew that a vital change in workplace culture was needed for employees to truly internalise the five-year game plan. Briefly trained in the principles of total quality management (TQM), an idea characterised by excellence in managerial, operational and administrative processes developed by a number of Japanese firms in the 1950s and '60s, Anant decided to put that into effect at Ceat. "It's not as though we didn't have processes in place before we took on the TQM journey," says Raj Moitra, Ceat's vice president of international business, who joined the business in 2010. "The problem was we had short-term, non-structured views on processes, capacity and product planning, which resulted in high profit variances from one quarter to another. Moreover, while we had brilliant individuals in different departments, it was not seen across the board." Ceat's TQM effort started in 2010 and only picked up steam in 2012. The company's vision—that of putting

the customer at the core—was clearly communicated to employees and 'quality' was made the job of every employee, not just the 'quality controller' at the end of a production line. This was done by making 'kaizens' or small continuous improvements mandatory for everyone, like improving niggles on the manufacturing front or bettering responses to consumer complaints. "There was resistance initially because it required a lot of documentation," admits Anant. "We really had to spend time educating people to change their mindsets," he says, adding that he has taken on the task of improving patent-filing at Ceat. Already 25 were filed last year, up from five that had been filed over the last 50 years. In recognition of its changing ways, Ceat snapped up the globally recognised Deming Prize for quality management, last year. The youngsters at Arvind Ltd, too, are leading from the front. After all, culture change is driven by leadership, points out Tulsi Jayakumar, head of the Family Managed Business programme at SPJIMR. "You have to establish a need for any kind of innovation, and then create a shared vision to bring it to life," says Punit, referring to the slew of new areas Arvind has branched into, including 'technical textiles' such as fire-protection gear and combat clothing, an ecommerce arm that will draw on machine learning to understand consumer preferences, and a cotton growing venture. To foster innovative, "outside-in" thinking, as Kulin puts it, the brothers set up an innovation cell. Clear communication, clear responsibilities and the ownership of projects is stressed on, says Kulin. "We also have a tolerance for failure. Without that you cannot innovate." Currently, in-house innovations such as water-free dyeing of fabrics, making clothing from recycled waste, and using man-made fibres in blends are underway. At Nalli, on returning to the family business in 2015, Lavanya found that decision-making at the company was mostly gut-based. "It didn't always lead to the most optimal outcome," she says. Moreover, because teams weren't nimble enough, arriving at a decision was often slow and tedious. So she started gathering and looking at data to make more informed decisions, and eventually made that data available to employees. "My McKinsey experience exposed me to how Fortune 500 CEOs think about growth, risks and opportunities. I drew on that at Nalli, but I never told our people that this is how it was done at multinationals. It would create immediate resistance," explains Lavanya. Instead, slowly yet deliberately—without trampling on the staff's innate entrepreneurial spirit—she ensured they had access to the right information, at the right time so that they could take the right decisions. Today, whether it's about optimising marketing spends or opening a new store, data-based analyses drive all decision-making at the ₹700-crore Nalli. Lavanya credits this change for the three-fold growth Nalli's ecommerce division has seen, despite no heavy discounts or marketing spends. Private labels have grown too, including a clothing line for 'modern women' to which Lavanya lent her name. "We still have a finger on the pulse of the consumer, and draw on our gut," she says, "but data helps us identify bottlenecks in the business and quickly work around them." Even for a smaller outfit like the Delhi-based Agarwal Packers and

Movers, transitioning into a more technology-friendly company can prove difficult. Second generation Navneet Agarwal, 25, wanted to integrate IT into the company's everyday operations, but his father Ramesh, 56, was sceptical. "He thought of technology as an expense, rather than an investment," says Navneet. When the senior Agarwal grudgingly relented, Navneet initially piloted a small project of routing all calls received at their call centres across India to a single centre in Delhi, where the staff were trained in best practices. Not only did the number of inquiry calls increase, the conversions doubled as well, says Navneet. Pleased with the outcome, his father allowed him to go full steam ahead with his plans. Today, even field staff use tablets to draw up real-time quotations for goods that need to be packed and transported. "We had to conduct several workshops and training sessions for our staff [to plug the skills gap] but it has all paid off," says Navneet, adding that his father now insists on launching artificial intelligence-based solutions too. "Now that I've seen what technology can do, I've become greedy," chuckles Ramesh. Among Marwaris and Gujaratis, in particular, where the sons marry early and enter the family business at a young age, the age difference between fathers and sons is not much. So it's not as though the skills and experience of the older generation are redundant or irrelevant," says Jayakumar, highlighting the need for pilot projects in such cases. Equally important is winning the trust of employees, especially older ones who might be sceptical, even resistant, to changes. Srinivas Kamath, 34, second-generation scion of Natural Ice Cream, faced this dilemma when he entered the business in 2009. At the time, the company was largely manufacturing-focussed, leaving the retailing to franchises. But Srinivas found that customer service was not up to the mark at these outlets. "I was sifting through email complaints and found that most read the same: 'We visited this outlet, the ice cream was great but…'", recalls Srinivas, shaking his head. "That complete experience for the customer was lacking." When explaining this to franchise owners proved difficult, Srinivas set up Naturals's own parlours (there was only one at the time in Mumbai, compared to 30 franchised outlets). He wanted to create a more aggressive sales and marketing mindset, yet one that kept the customer at the core. But he knew the company's older employees who had a more "manufacturing and accounting mindset" would not be his torchbearers. So he spun off a separate entity, Kamaths Natural Retail Pvt Ltd, under the parent company, set up a second owned store in Mumbai's Vile Parle and hired fresh talent from McDonald's and other QSR chains to learn from their best practices. "We kept the two entities separate so that employees don't clash and feel threatened by one another," he says. The move worked. Better attentiveness to customers led to better sales, so much so that the new outlet raked in double the average daily revenues of franchise outlets, says Srinivas. Seeing the success, older employees eventually came around and started mentoring the newer lot. The latter, in turn, now aspire to positions within the parent company. "For them it's like a promotion into the main company," smiles Srinivas, adding that Naturals now has 14 outlets of its own pan-India, and 115 franchised ones. Sales have

gone from ₹30 crore in 2009 to ₹195 crore today, of which 50 crore comes from the retail arm. Srinivas plans to have one Naturals-owned parlour for every four franchised ones. Amorphous as it is, culture matters. Not just as a word thrown around in boardrooms or slogans plastered on company walls. Not even because 'culture eats strategy for lunch', but because culture is, in fact, strategy (https://www.forbesindia.com).

Ethos Behind Rendering GenNext Leader

With 60 per cent of the family businesses in the third generation, they would need to crack the challenge of nurturing the next generation leaders. The task itself can be viewed in a continuum alongside two scales: one, the capability and the fit of the next generation and two, the presence of a supportive environment.

Capability and fit: The next-gen's capabilities have to do with their knowledge and skills regarding strategic orientation, customer impact, insights, ability to lead teams and influence change. The "fit', meanwhile, concerns cultural fit with the company's values and vision. Does the next-gen possess the respect, integrity and the value systems associated with the family business?

Supportive environment: The new generation can develop the necessary leadership qualities comprising of technical skills, IQ, besides the emotional and social intelligence in the presence of a positive family climate, which provides a supportive environment.

The capability-fit/ supportive environment classification can be represented by a grid - the CE matrix. We are likely to find the highest proportion of unsuccessful next-gen leaders in the lower left-hand quadrant marked as "U', where the next-gen is characterized by low capability and fit and lack of a supportive environment. The upper quadrant on the right-hand side, marked "HS' shows the highest proportion of successful next-gen leaders. The upper left-hand quadrant marked S, is where the supportive environment provided by the senior generations, together with the nurture and engagement, is likely to create a generation of successful next-gen leaders despite the absence of high capability among the next-gen leadership. Finally, the lower right-hand quadrant, marked X, shows that high capability next-gen family members, in the absence of a supportive environment may either prefer to leave the family business altogether and engage in start-ups or join a corporate.

Case Studies women in the leadership roles of family-owned businesses

The growing presence of women in the leadership roles of family-owned businesses isn't just a trend but a transformative change that is substantiated by real-life examples. Below are some case studies that showcase the impact women are making in Indian family businesses.

Roshni Nadar Malhotra - HCL Corporation

Roshni Nadar Malhotra is the CEO of HCL Corporation and the Chairperson of the CSR Committee. Her transformative leadership has led to HCL's global expansion and diversification into various sectors. She's been featured on Forbes' list of the World's 100 Most Powerful Women, exemplifying her leadership excellence.

Ananya Birla - Aditya Birla Group & Own Ventures

An entrepreneur in her own right, Ananya Birla has launched ventures like Svatantra Microfinance and Mpower while still actively involved in her family's sprawling conglomerate. A Forbes Asia feature highlights how Ananya successfully marries legacy with innovation.

Nisaba Godrej - Godrej Group

Nisaba Godrej, the Executive Chairperson of Godrej Consumer Products, has redefined the consumer-centric strategies and global expansion routes for the brand. Under her leadership, the company has noted a surge in profitability, as mentioned in an article in the Forbes.

By dynamically fusing leadership transition and generative AI, family enterprises create opportunities for the next generation.

The willingness of NextGen to explore new ideas and technology while feeling that they are fighting against the more traditional instincts of the current leadership is a long-standing trend in family businesses. The reality is that each generation has its own capabilities and is working towards the same goal: to secure the business and its legacy. More than 70% of NextGen believe that AI is a powerful force for business transformation, but they are rightly concerned about the ability of their family business to withstand the disruption of generative AI and to capitalise on its opportunities. They are significantly less optimistic than the current generation of leaders about the business's readiness and doubt that the current generation grasps the full potential of AI. The upsides encompass 'unlocking a range of opportunities, including improved products and services, faster time to market, improved decision-making and higher profits,' according to Scott Likens, Global AI and Innovation Technology Leader, PwC US. Family businesses, which typically approach innovation more cautiously than publicly listed companies, do indeed find themselves in a precarious position. Almost half of family businesses (49%) have either prohibited or not yet started to explore AI, and only 7% have implemented it anywhere in the business. In comparison, 32% of all CEOs say they have already implemented AI in their business, and 31% of all CEOs say they have changed their technology strategy as a result of AI. There are solid reasons for this conservative approach. In any business or sector, implementing generative AI is a marathon rather than a sprint. Any company will need to strike the right balance

between urgency and prudence: move too slow, and you lose out to your competitors; move too fast, and the risks increase significantly.

Financing innovation

Family businesses in particular are rarely technological front-runners. Due in part to their restricted access to capital, as a rule they heavily favour proven technology over emerging tech like generative AI. However, the investment landscape appears to be shifting, and may signal an increased willingness to innovate. Family businesses consistently report healthy growth, with 43% reporting double-digit increases in sales last year, according to research conducted for our Family Business Survey 2023. What's more, private equity has become an increasingly attractive option for family businesses seeking a capital injection, a strategic partner or a rapid exit route. Research by PwC Germany shows that 90% of family businesses would now welcome private equity investment—a significant rise from 2011, when only 18% said the same.

Trust in business and trust in technology are inextricably linked. The rapidly evolving landscape of generative AI places considerable pressure on leaders to make the right decisions for their customers, their employees, the environment and society. Family businesses, which consistently rank as the institutions most trusted to do what's right, are well situated to build trust (https://www.pwc.in).

Family businesses have to observe guard rails as they experiment with generative AI—and they can't afford to get it wrong. According to Scott McLiver, Asia-Pacific generative AI partner, PwC New Zealand: 'The rise of generative AI marks a significant change in how businesses create and capture value. It also casts a spotlight on the resilience and adaptability of family businesses, and puts their enduring trust premium under pressure.'

Leadership Development Mantra Decoded by Indian Business Families

To further understand successful transgenerational leadership transitions, one longitudinal study examined the development process followed by 15 prominent Indian business families that had developed their next-generation members into effective business leaders. This qualitative study identified the leadership-building pathways these families adopted to develop their next-gen leaders. These families took a deliberate and systematic approach to their next-gen members' capability building. They ensured that the next-gen leader possessed the requisite skills, knowledge, and mindset to take on leadership roles effectively. This involved identifying and implementing key building blocks that served as the foundation for the growth and development of future leaders. These building blocks encompassed a range of strategies and initiatives designed to shape and mold the next generation. Common patterns emerged from the analysis of these cases.

1. Commence at an Early Age

These families initiated the leadership development process at an early age and exposed the next-gen members to the business while they were growing up. Starting early introduces the younger generation to the complexities of the business and allows them to gain a closer understanding of both the business operations and the family's role and participation in the business. Such an introduction could involve engaging young members in a school project that pertains to the family business or presenting them with more challenging tasks, such as resolving resource allocation issues for the company. These initial experiences stimulate their cognitive development, enabling them to identify specific aspects of the business that may evoke their interests or deter them. Such exposure assists the rising generation members in aligning their aspirations with the family's future vision, providing clarity, and shaping their career choices. Hence, by offering an early introduction, a process of self-selection among potential future business leaders is set in motion.

2. Provide Access to Top-Notch Education

The business families sampled in the study had sent their next-gen members to world-renowned institutions for higher qualifications. These families felt it was crucial to equip the next generation with top-tier education to excel in their chosen paths, whether it be within the family business or any other career they may pursue. This education can encompass business, technical fields, vocational training, or a combination of these. By obtaining a high-quality education, they enhance their knowledge and skills, thereby strengthening their capabilities. This preparation can help them effectively navigate forthcoming challenges in the family business or in their chosen professional endeavors. When the next generation leader possesses the necessary knowledge and skills to run the business, the likelihood of its long-term survival increases. Attending esteemed educational institutions not only broadens their exposure but can also grant them access to a global network of accomplished peers. A robust educational foundation assists them in earning respect and acceptance from individuals both within the family and business and outside of them. It establishes a solid groundwork for embracing leadership responsibilities in the future.

3. Offer External Work Exposure

Another significant measure found in common across the sampled business families was to provide opportunities for next-gen family members to work outside the comfort of their family businesses. Providing young individuals with opportunities to gain work experience in reputable organizations outside the family business enabled them to acquire knowledge of best practices in business management. It also expanded their exposure to different work environments. However, it is essential to carefully select these external companies. The

learning experience of the next generation is greatly enhanced when these firms exhibit progressive organizational cultures and uphold professional practices. By gaining work experience outside of the family business, they can cultivate their abilities to collaborate within teams and develop expertise in analytical problem-solving. Equipping the next generation with these capabilities enables them to confidently assume leadership roles and tackle the intricate challenges inherent in running a family business.

4. Admission on Merit

Another important measure these families adopted was to induct next-gen members into business leadership positions only after assessing their merit and preparedness. If found wanting, they were asked to learn and improve further. It is crucial that entry into a family enterprise leadership position is not simply handed to individuals but rather earned by demonstrating exceptional performance based on predetermined, objective criteria. These entry requirements should be clearly communicated to all next-gen members and other family members, perhaps through a family employment policy. This transparency provides clarity and establishes realistic expectations regarding the level of involvement the next generation will have in the business. Implementing a merit-based system ensures that the family business benefits from the inclusion of top-quality individuals. This approach helps mitigate family conflicts and instills a sense of responsibility and commitment to the business among the next generation. An objective entry process also enables next-generation members to earn respect and acceptance from others within and outside the family, further solidifying their standing in the business.

5. Allow for Vertical Advancement

The families included in the study inducted their next-gen members into middle-level managerial positions in the business. From those positions, they gained experience and expertise and were gradually moved up to leadership positions. It is important to ensure that next-generation members are not immediately assigned top-level leadership positions solely based on family ties but are instead encouraged to join the organization at a level that is commensurate to their qualifications and experience. Subsequently, they could have the opportunity to demonstrate their capabilities and progress up the corporate hierarchy based on merit. This approach enables them to gain a comprehensive understanding of organizational challenges and obstacles, exposes them to different functions and their interconnections, and allows them to foster strong relationships with multiple stakeholders. Consequently, this cultivates the development of next-generation members into adept team players and effective leaders.

RESULT & FINDINGS

The orderly transfer of leadership from one generation to the next is of utmost importance for the enduring prosperity of business organizations. Within the realm of family businesses, many families find it imperative to hand over the reins to capable leaders of the next generation to help ensure the preservation of the family's heritage. Often, the senior generation expresses a lack of confidence in the abilities of the next generation to take over the leadership mantle. This problem is widespread and significant, because over the next decade family enterprises worth several billions of dollars will go through an intergenerational leadership transition. To achieve a successful transition, it is crucial for family enterprises to systematically cultivate the growth and readiness of their next-generation members, equipping them with the necessary skills and knowledge to confront future challenges. There are several fundamental elements of next-generation leadership development that family enterprise clients can adopt to help facilitate this process effectively.

CONCLUSION

Strategy is always context specific. Next generation members should recognise the richness of the family basket without losing humility. Entrepreneurship and speed are required for success, as long as stewardship is practised as a value. Ownership is not only an opportunity but a responsibility, often in more ways than one. A capable and efficient next-generation leadership not only has the potential to enhance business revenues and profits but can also elevate market valuations and strengthen the family and the business's reputation. These 15 families illustrate that a crucial advantage of nurturing a well-prepared next-generation leadership is providing for the longevity and preservation of the family business legacy. As a result, it becomes imperative for senior generation leaders to dedicate substantial and targeted efforts towards the development of their successors in the next generation.

REFERENCE

1. https://newsletters.isb.edu/FamilyBusiness-Newsletter/File/FromthePress-Gen-NextofIndianFamilyBusinessesTurnsTowardsSocialWelfare.pdf
2. https://www.forbesindia.com/article/gennext-special/meet-the-gennext-entrepreneurs-invigorating-their-familybusiness-culture/50563/1
3. https://www.pwc.in/services/entrepreneurial-and-private-business/nextgen.html
4. https://www.forbesindia.com/article/generation-next-of-india-inc./indias-gennext-entrepreneurs-eye-freedom-from-legacy/42597/1
5. Hutcheson J O (2007), "The End of a 1,400-Year-Old Business Businessweek-Business News, Stock Market & Financial Advice", Bloomsberg Businessweek, Small Business.

6. Business Wire (2007), Boyden Report, October 9.

7. Shleifer A and Vishny R W (1997), ‘‘A Survey of Corporate Governance’’, Journal of Finance, Vol. 52, No. 2, pp. 737-783.

8. Westhead P and Cowling M (1998), “Family Firm Research: The Need for a Methodology Rethink”, Entrepreneurship Theory and Practice, Vol. 23, No. 1, pp. 31-56.

9. James H S (1999), ‘‘Owner as Manager, Extended Horizons and the Family Firms’’, International Journal of Economics of Business, Vol. 6, No. 1, pp. 41-55.

10. Ram M B and Holliday R (1993), “Relative Merits: Family Culture and Kinship in Small Firms”, Sociology: The Journal of the British Sociological Association, Vol. 27, No. 4, p. 269.

11. Churchill N C and Hatten K J (1987), “Non-Market Based Transfers of Wealth and Power: A Research Framework for Family Businesses”, American Journal of Small Business, Vol. 11, No. 3, pp. 51-64.

12. Chua J H, Chrisman J J and Sharma P (2003), “Succession and Nonsuccession Concerns of Family Firms and Agency Relationships with Nonfamily Managers”, Family Business Review, Vol. 16, No. 2, pp. 89-107.

13. Donaldson T and Preston L E (1995), “The Stakeholder Theory of the Corporation: Concepts, Evidence and Implications”, Academy of Management Review, Vol. 23, No. 1, pp. 65-91.

14. Freeman R E (1984), Strategic Management: A Stakeholder Approach, Pitman Publications.

15. Clarkson M B E (1995), “A Stakeholder Framework for Analyzing and Evaluating Corporate Social Performance”, Academy of Management Review, Vol. 20, No. 1, pp. 92-117.

Rates of Annual Subscription

For Institutions (Two Issues) Rs.1500/-

All Correspondences relating to Subscription may be addressed to

Editor

Siva Sivani Institute of Management
NH-44, Kompally, Via-Hakimpet,
Secunderabad-500100
Phones: 040-27165450-54
https://www.sugyaan.org
www.ssim.ac.in

PAYMENT DETAILS

Each participant has to register individual by submitting the from along with the prescribed fee. RTGS/NEFT Details for payment of fees are as follows.

S.No.	Details	Details
1	Name of the Beneficiary	Siva Sivani Institute of Management
2	Bank Name	AXIS BANK
3	Name of the Branch	Kompally Branch
4	A/C Number	916020013106609
5	MICR Code of the Branch	500211019
6	IFSC Number	UTIB0000702
7	SWIFT Code	AXISINBB068
8	Email id & Phone	sugyaan@ssim.ac.in, 9391114937
9	City	HYDERABAD

Subscription Order

From
(Give Full Mailing Address)

To
Asst. Editor
Siva Sivani Institute of Management
NH-44, Kompally, Via-Hakimpet,
SECUNDERABAD-500100.

Sir/Madam,

Please find enclosed a DD for Rs. ..... (in words .....

..... only) DD No. ..... dt.....

from ..... Bank. Drawn in favour of "Siva Sivani Institute of Management, Secunderabad" being Annual Subscription for 20 .

Signature

Su Gyaan - Call for Papers

Dear Author/s,

SuGyaan is a medium for keen researchers to publish their unpublished research findings that are of interest to academic community and industry. It is also a medium for industry professionals to share their best practices. The journal encourages publication of application of theory to real life management activities

Editorial Advisory & Review Panel: Eminent persons from the academic community and industry are guiding the journal in its Endeavour. Professors from reputed institutions from India and abroad are members of the review panel.

Frequency: The Journal is published bi-annually in the months of January and June, July and December.

Content Mix: The journal prefers to publish conceptually sound and methodologically rigorous papers that advance the body of knowledge. The journal would publish Empirical Research Findings, Conceptual Papers, Literature Reviews, Case Studies, Synopsis of Doctoral Theses and Book Reviews, summaries of Ph.D. thesis, roundtable of academicians, policymakers, industry experts on any topic relevant to present business scenario and articles on contemporary business issues.

Review Process: SuGyaan is a referred journal. All manuscripts submitted for publication would be screened by the editor for relevance to our journal. Appropriate manuscripts would be put through 'double blind review process' that may normally take four to eight weeks. Accepted manuscripts may be edited to suit the journal's format. Wherever possible reviewer's feedback will be provided. However the journal has no binding to provide detailed feedback in every case including the contributions rejected.

Copyright: Published manuscripts are exclusive copyright of SuGyaan, Management, Journal of Siva Sivani Institute of Management. The copyright includes electronic distribution as well.

Format and Style:

- Articles should not exceed 10000 words (10-15 A-4 size pages, typed in double space) including charts, tables and other annexure.
- An abstract not exceeding 150 words should be included in the beginning of the paper.
- Manuscripts should be submitted in duplicate.
- Author's name, designation, official address etc., should be mentioned only on the cover page. Author's identity should not be mentioned anywhere else in the paper.
- Only those sources that are cited in the text should be mentioned. References should be listed as per the standard publication norms for journals.
- Tables and Figures: Their location in the text should be indicated as follows:

Table-I about here

- Endnotes: All notes should be indicated by serial numbers in the text and literature cited should be detailed under reference in alphabetical order of the surnames followed by year of publications at the end of the author's name. (Footnotes should be avoided)
- References: The list should mention only those sources actually cited in the text or notes. Author's name should be the same as in the original source.
- In the text, the references should appear as follows: Hofstede (1983) has elucidated .. or recent studies (Frank 1993; Berry, 2001) indicate...
- Journal references should be listed as follows: Yagil, D (2002), Ingratiation and Assertiveness in the Service Provider-Customer Dyad. Journal of Service Research, Vol 3, Issue 2, pp 345-353.
- Books should be referred to as follows: Pfeffer, J. (1981). Power in Organizations, Boston, MA: Pittman.
- Along with the manuscript, authors should provide a declaration that article is original, not published anywhere else and not under review with any other publication.
- Authors will receive a complimentary copy of the journal in which their article is published.
- Authors have to submit a declaration stating that the paper is original and is not currently under review with any other Journal.

We look forward to your contributions for the next issues in Jan - June, 2024 and July - December 2024.

Editor.

Correspondence to Associate Editor
Manuscript and all correspondence has to be addressed to
Dr. K. Subba Rama Sarma, Assistant Professor,
Siva Sivani Institute of Management, NH-44, Kompally, Via-Hakimpet, Secunderabad-500100, Telangana.
Mobile: **9849158262**, Phones: 040-27165450-54, Website: https://www.sugyaan.org
Manuscript can also be submitted by electronic format via e-mail to : **sugyaan@ssim.ac.in sarmaramam@ssim.ac.in**

ISSN : 0975-4032

Global Impact Factor (GIF) for 2012 - 0.421 & 2013 - 0.493

S. P. Sampathy's Siva Sivani Group of Institutions
SIVA SIVANI INSTITUTE OF MANAGEMENT
(Crafting Careers Since 1992)
(AICTE Approved)
NH-44, Kompally, Secunderabad-500100, Telangana, India. Tel: 040-27165450 - 54
Website: https://www.sugyaan.org