Dilemmas Of Administration Ethics: Case Study

Introduction Of Organization

130 BEDDED Govt. Mian Meer Hospital started functioning on 1st Oct 2015. It is situated opposite to Shrine of Hazrat Mian Meer. The hospital caters the needs of about 2.00 million populations, residing in the area and its surroundings having no secondary care level hospital. The catchment area extends up to the Indian border and. This hospital is providing all curative & preventive diagnostic facilities, research and training facilities and playing its role in achieving the mission. this hospital is a referral center for territory care hospitals in Lahore and patients from the primary health care facilities.

- The total Area of the hospital is 28 Kanals.
- The total covered area of the building of the hospital is 137433 Square feet.
- The total Cost for its Construction both capital and revenue was 585.603 million.
- Total nos. of beds 130.
- Total nos. of residences: 12 (06 gazetted + 06 Non gazetted)
- Total number of staff working: 280

Administrative Function

This is a Tehsil Level hospital which comes in the administrative control of Secretary Primary & Secondary Healthcare Department Government of the Punjab, Lahore, Deputy Commissioner, Lahore, and Chief Executive Officer, District Health Authority, Lahore.

Change In The Organization

Govt. Mian Meer Hospital is the newly established THQ level hospital started in 2015 as per the traditional organizational management structure the old rules and regulations to deliver the health services to the local public. But a change came in with the emergence of the western New Public Management Model for last 4 to 5 years. New Public Management was utilized to implement the government policies meant to enrich the performance of public sector health services which ultimately facilitates the general public and improves their health standards. New Public Management was expected that the modern government will bring reforms in an effort to improve efficiency and effectiveness of public sector by owning the public sector practices. Primary & Secondary Healthcare Department Government of Punjab also influenced by NPM reforms should be replaced with the public sector practices for the efficiency of public sector employees. NPM model has main features of outsourcing, privatization, efficiency, more profit oriented reforms which were given by the western developed world to developing countries. NPM model is more base on the business-oriented reforms which try to replicate the health services as a market, in this model of management local public became the customers and government has less interference in the NMP reforms.

Ethical Dilemma

As we have discussed above the change that NPM brought in the 85 THQs/DHQs hospitals of Punjab which come under the control of Secretary Primary & Secondary Healthcare Department Government of the Punjab, Lahore. Govt. Mian Meer Hospital, Lahore was also one of them victimized THQ level hospital, in which the Government of Punjab abolished the management structure of the hospital with the new management structure like as NPM. Primary & Secondary Healthcare Department took initiative with the directions of Ex-CM (Punjab) Shebaz Sharif to establish an independent and autonomous body namely Project Management Unit (PMU)in October 2016 for the revamping of all THQs, DHQs level hospitals of Punjab on NPM model. PMU outsourced the services of many Punjab hospitals. In 2017 PMU decided to revamp the hospital management structure by the revamping programme which were for the strengthening of clinical and non-clinical staff in 125 DHQ's and THQ's hospitals. Revamping of the Management structure of the hospital was big an "ETHICAL DILEMMA" in Govt. Mian Meer Hospital, Lahore because PMU said that to increase the efficiency of the hospital, the clerical staff (Head Clerk, Junior Clerk, Accountant, Store Keeper, Officer Superintendent) will be replaced with 1525 specialized, trained and qualified personnel in all over the Punjab THQs, DHQs hospitals. They said that 11 categories of specialized and experienced officials (including Procurement Officer, Admin Officer/IT Officers/Statistical Officers, HR/Legal Officers, Finance and Budget Officers, Audit Officers, Data Entry Operators, Quality Assurance Officer, Biomedical Engineer, Assistant Admin Officer and logistic Officer) will be appointed in the DHQs hospitals whereas skilled persons from 09 different areas will be appointed in every THQs Hospitals. The whole idea was totally based on the shift from Public Management Structure to Private Practices like NPM Model. Because NPM model has more focus on efficiency and effectiveness as I discussed in the above that PMU was trying to replace with the traditional administrative management structure. On the other hand, Project Management Unit, Primary & Secondary Healthcare Department Government of Punjab gave the reason behind this revamping process that clerical staff (Head Clerk, Junior Clerk, Accountant, Store Keeper, Officer Superintendent) was less qualified and selected through traditional practices because they have middle pass or metric pass and now they are replacing with that management structure in which a highly qualified and efficient personnel will work and improve the hospital efficiency and effectiveness. But with the abolishment process of clerical staff from the 85 THQ's, DHQ's of all over Punjab the unintended consequences prevailed because when Government abolished the clerical staff they became surplus and their settlement issues generated, Government did not plan for their settlement and from where they will get salary because most of them were regular employees and they could not fire them. Another unintended consequence was that the personnel who were recruited for new management structure were did not know that how to run the public sector organization, actually they did not know the background of the public sector hospitals and they faced difficulties in handling of the day to day activities. I will raise a point here that how can you compare the experience of that person who has been working from last 20 to 25 years in a public sector organization and suddenly you said them unqualified or less efficient. How can you fill the gap of that experienced personnel? This is also another unintended consequence.

Analysis

In the light of the interviewee arguments about the revamping of the management structure of the hospital, I would say that the things which we read theoretically in the book "Value & Virtue in Public Administration" Chapter No. 9 "Contemporary Trends and Dilemmas of Administration Ethics in the Developing World" by M. Shamsul Haque have been seeing its practical

implication in the THQ's Govt. Mian Meer Hospital, Lahore. Because Government of Punjab was trying to replace the traditional model of administration with the NPM model whose main focus is on the downsizing, privatization, outsourcing, business style management as our one of the interviewees (B) said that ‘government wants to make the public sector hospital as a profit-making organizations through which they may generate the revenue.’ In the light of the viewpoint of interviewee (B) we can say that government wants to make changes in the traditional public administration by adopting the business style management. All the interviewees were agreed on the point that Government’s main concern was on the implication of NPM Model in the Public Sector Hospital because they may get foreign Aids through this implication of NPM Model as our one the interviewee (A) said ‘they were trying to implement the western culture which they called modernization because they were getting Aid from the western country against the implementation of NPM model in Public Sector.’

If we look at the book “Value & Virtue in Public Administration” Chapter No. 14 “Value and Virtue in the Japanese Public sector” by Hiroko Kudo in which he discusses about the change came after the Second World War where public sector organizations started to adopt western public administrative values for efficiency, effectiveness and productivity. For that purpose, the Japanese government did campaigns that to overcome the Japanese government in terms of both costs and staff, as the Punjab Government did the same like by the creation of autonomous body Project Management Unit they outsourced many of Punjab’s hospitals and also changed the management structure of the hospital's administration for efficiency, effectiveness and productivity which is our ethical dilemma. After the interview, most of the hidden things opened like Government’s stance about the revamping as our one of the interviewees (B) said that ‘Government said that we are corrupt people and our working style is slow. And whenever we want to fulfill over demand than we made unions and does strikes against the government so that they want to change this management structure in the public THQs/DHQs hospitals.’ So in my point of view that NPM Model is not the solution for efficiency and effectiveness in the public sector employees because NPM Model is the western model and its implications are based on a western culture that may not work in our public sector values. So that reforms should be based on indigenous values that may be working in our public sector organization. And we have also seen many of the unintended consequences of the revamping of the management structure of the 85 THQs/DHQs hospital like the settlement issues of clerical staff, early retirement by the government through the Golden Hand Shake rules. For a suggestive point of view local practices should be enhanced up to the modern technological advancement, revamping of management is not the solution.

(Code A=Muhammad Zeeshan Junior Clerk, Code B= Mr. Kamran Ayub Store Keeper, Code C= Mr. Abid Saeed Head Clerk, Code D= Mr. Adil Nawaz Accountant)

Conclusion

We may conclude that all those theories we study in the whole semester were seen its implications in the public sector organizations whole the public sector organization is try to replace the traditional public administration with the new NPM model of administration. But the traditional administrative values are so strong which are not giving space to the NPM model because that are own values and cultural base which we cannot neglect. So, reforms should be based on indigenous culture which easily can be accepted by the traditional administrators.