SOCIAL WELFARE PRACTICES AND THEIR IMPACT ON BENEFICIARY GROUPS AT GBH AMERICAN HOSPITALS

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ABSTRACT: "Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment, illness and domestic violence". Social Work is a progressive profession where one can be actively engaged in helping others for personal and professional to help them for their improvement in all related aspects. Social work provides an important platform for the society which serves to society. Individuals and families in need of help are the focus of it and are referred to as clients. According to the present scenario, huge numbers of individuals are suffering from unexpected various health diseases. So this encourages for developing and improving the new practices that are related to social and society and also emerging the concept of social welfare practices for contributing the social work to the society in this article author analyze the Relationship between various demographic variables of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

Keywords: - social work, welfare, hospital

INTRODUCTION

"In its narrowest sense, social welfare includes those nonprofit functions of society, public or voluntary, which are clearly aimed at alleviating distress and poverty or at ameliorating the conditions of the casualties of society" Dolgoff, R. & D.Feldstein (1980).

"Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment, illness and domestic violence". Social Work is a progressive profession where one can be actively engaged in helping others for personal and professional to help them for their improvement in all related aspects. Social work provides an important platform for the society which serves to society. Individuals and families in need of help are the focus of it and are referred to as clients.

According to the present scenario, huge numbers of individuals are suffering from unexpected various health diseases. So this encourages for developing and improving the new practices that are related to social and society this also emerging the concept of social welfare practices for contributing the social work to the society.

In the current technological era, which demands organizational effectiveness, machines, technologies, procedures, and systems which are indeed important; but what is more significant is the quality of an individual's behind them. Managing and improving the health of human being is crucial for all the nations as this contributes to the actual development of global society, but at the same time, it is all the more important to difficult proposition manage the physical and financial aspects of it. All the organizations, whether large or small, manufacturing or service-oriented, profit or non-profit making, are basically offering service to the society.

Since the hospitals and healthcare institutions are an integral part of society and therefore depends on their human resources. In the management of health standards of a human being, managing social welfare practices for society is a key to success in the area of healthcare. Healthcare as a labour-intensive sector has varied with problems. Social welfare practices and related schemes play a significant role in the effective performance of a hospital. In this channel, various schemes have been given by the State and Central Governments.

Therefore Social welfare practices have increased in the field of healthcare and also have acquired a status as an indicator for the development of the nation since the healthy nation ensures wealthy for the nation. According to the definition given by World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

REVIEW OF LITERATURE

REVIEW OF LITERATURE ON SOCIAL WORK

In the opinion of Auerbach, Mason and La Porte (2007) the value of social work services in medical/surgical (med/surg) units in hospitals have been subjected to fragmentary debate, but largely without compassionate evidence. On one side, social workers are viewed as crucial in assessing patients for needed social services and as procurers of speedy discharge plans. Social workers accomplish on these units and how successful they are in both serving patients and keeping hospital costs down.

In the opinion of Lee (2011) "Social work as an academic discipline that was reintroduced to universities in the Chinese Mainland in the 1980s. The number of universities contribution social work agenda has increased drastically in the past two decades. Social and communal services provided by government organizations and NGOs have also broadcast as a response to rising social problems and needs".

According to Helen and Maggie, (2014) Social work in health care has been established for more than 100 years and is one of the biggest areas of special practices for social workers. Over time, demographic revolutionize and growth in the aging population increased longevity rates, an explosion in rates of chronic sickness together with the rapidly increasing cost of health care has created serious confront for acute hospitals and health social workers.

REVIEW OF LITERATURE ON SOCIAL WELFARE

According to Bharadwaj social welfare services were advised for the weaker sections of association or casework for accurate groups of people. The aim of amusing casework on the added duke is to advance animal superior of assets for all-purpose. social welfare services are as well enabling casework provided to the weaker sections of the association to advise them to ability the boilerplate of society social welfare services is an organized arrangement of amusing casework and institutions, advised to aid individuals and groups, to attain acceptable standards of activity and health. Social welfare services, therefore, aims at social welfare services to weaker sections of the citizenry who because of assorted handicaps such as physical, mental, bread-and-butter and social, are clumsy to accomplish use social welfare services provided by association or accept been commonly beggared of these services.

According to Blank (2002), the paper them critically reviews the econometric and experimental literature on caseload changes, labor force changes, poverty and income changes, and family configuration changes. A rising body of evidence suggests that the latest policy changes have influenced economic behavior and well-being in a variety of ways. One particular set of "new-style" welfare programs given the impression to show especially shows potential results, with considerably increased work and earnings and reduced poverty".

Social welfare is an organized system of social services and institutions, designed to aid individuals and groups, to attain satisfying standards of existence and health. Social welfare, therefore, intends at providing services to a weaker segment of the population who because of various handicaps such as physical, mental, economic and social, are not capable of making use of social services provided by society or have been conventionally deprived of these services.

REVIEW OF LITERATURE ON SOCIAL SERVICES

According to Global social service workforce Alliance (2015) "The social service personnel can be broadly definite as a variety of workers—paid and unpaid, professional and paraprofessional, governmental and nongovernmental—who make up the social service system function and add to promoting the rights and ensuring the care, support, and protection of vulnerable populations".

According to Bharadwaj (2015), Social Services means as the 'Helping the helpless'. "It is the service which can be provided to any individual on the basis of a desire to serve which is inspired by the feeling of humanity and mankind for helping others. Thus the term 'social service' is being used to denote assist given by an unpaid helper to an individual or group at the time of need or to augment the welfare of the individual or the community through personal efforts or by collective action. Social service does not require training in social work or skill in professional techniques it is done by the intention of the individual to help others".

Bharadwaj (2015) also said "In the Indian context social services are those services, which can be provided on a widespread scale to the needy inhabitants, they deliver their services to meet the essential needs of the people and comprise such services as health, education, accommodation etc. Providing drinking water during summer, helping the blind to cross a road, save people from a house under fire, donate blood, provide free of cost treatment to needy poor people etc".

REVIEW OF LITERATURE ON SOCIAL RESPONSIBILITY

Social responsibility creates the positive relationship between the businesses and the society in the environment in which they survive, it is also building the base for the success.

Hegde and Bloom (1997) noticed that most of the Indian private organizations did not render any formal social revelations because of lack of obligatory specifications for the same. The case study of Steel Authority of India Limited (SAIL) was undertaken and it appeared to be reported that SAIL made comprehensive HR disclosure. Value added statements were also included in annual reports.

Gary and Gray (1988) assured that corporate social responsibility is a basic of amount added statements (VAS) and shall advance cooperation a part of assorted shareholders admitting there some ambiguity with commendations to the assimilation of some parties as 18-carat stakeholders.

Gupta (2007) culminated an explorative investigation paper toward the trends of social responsibility of corporate sector in India. The investigator discovered that trends in socially responsible endeavors 'are encouraging as well as crucial in India.

REVIEW OF LITERATURE ON HOSPITALS

The Indian healthcare industry is highly fragmented with major private players developing in new expertise and strategies to further develop and advance the industry. Also, the past few years have seen a tremendous increase in the private equity and venture capital investments. As per the reports of Venture Intelligence (2013) in 2012, the industry absorbed US$ 1.2 billion across 48 deals.

In the opinion of Matsebula & Willie (2007) "Private hospitals play a magnificent role in the South African health system. Private hospitals are more costly affairs and access to private hospital services, however, is still very limited largely because they cost significantly more than services in the public sector. Beneficiaries of medical schemes are the most important customers of the private hospital industry, although an increasing trend of self-funding patients has been reported".

REVIEW OF LITERATURE ON SOCIAL WELFARE PRACTICES IN HEALTHCARE

Public programs to help poor Americans find medical care have developed as the country has grown richer and medical advances have increased life expectancy and improved quality of life. The progression has not been a direct path of augmented generosity towards poor people. Instead, it reflects a mix of philosophical beliefs, greater understanding of the links between health and ability to work, and swings in the economy Swartz (2009).

According to Bharati and Singh (2013), the paper also depicts aged as a resourceful group because of their contribution which in many cases, turns out to be significant for the family. They also attempt to favor active aging, by residual active for a longer era, aged may remain healthy by delaying various health risks along with reducing their dependency even during later years of life.

REVIEW OF LITERATURE ON HEALTH CARE SCHEMES

According to Working paper of Vellakkal, Juyal and Mehdi (2010) "The Central Government Health Scheme (CGHS) and Ex-servicemen Contributory Health Schemes (ECHS) are unique in the nature of the great medical care coverage they provide to their members who pay only a

limited registration to be eligible. Thanks to the growing demand for personal medical care solutions, the government has involved in personal medical service providers to ensure top quality medical care solutions to the beneficiaries".

Annual Report of (Medical Relief and Supplies, 2013-2014) "Central Government Health Scheme (CGHS) is a health scheme for serving/retired Central Government employees and their families. The scheme was started in 1954 in Delhi. The scheme was projected to be only for serving Central Government employees who had difficulty in getting reimbursement on account of OPD medicines (today CGHS dispensaries are giving OPD medicines)".

According to Dhingra (2001) explore the factors associated with the long run success of non-profit group centered insurance providers in providing precautionary and healing medical care services to the group in Indian. Besides the encounters of NGO-based techniques in other creating nations, they talk about some of the key features of potential techniques and various constraining aspects resulting in their failures.

OBJECTIVES

The main objectives of the proposed study are:

(i)To develop the conceptual framework and available review of literature of Social Welfare Practices and related terms.

(ii)To study the impact of Social welfare practices on social status on beneficiary (patients, families and references) groups in the study area.

(iii)To study the essential schemes required to follow by newly opened private hospitals.

RESEARCH METHODOLOGY

The proposed research work is an attempt to study the various Social welfare practices and its schemes followed in GBH American private hospitals of Udaipur. For the purpose of data collection, both types of data secondary as well as primary data will be used.

Table 1: - NAME OF HOSPITALS

	NAME OF HOSPITALS		
S. No.	GBH- American Hospital, Bhatt Ji Ki Bari	GBH-Memorial Cancer Hospital, Bedwas	GBH - General Hospital, Bedwas
Total (Sample size)	75	75	150

This part collects information regarding the demographic profile of the beneficiaries that will help in assessing the relationship between demographic profile and social welfare services at the later sections of the analysis.

DESCRIPTIVE STATISTICAL PRESENTATION OF DEMOGRAPHIC STATUS OF RESPONDENT

Table 2: Descriptive Statistics of the Demographic Profile of Respondents

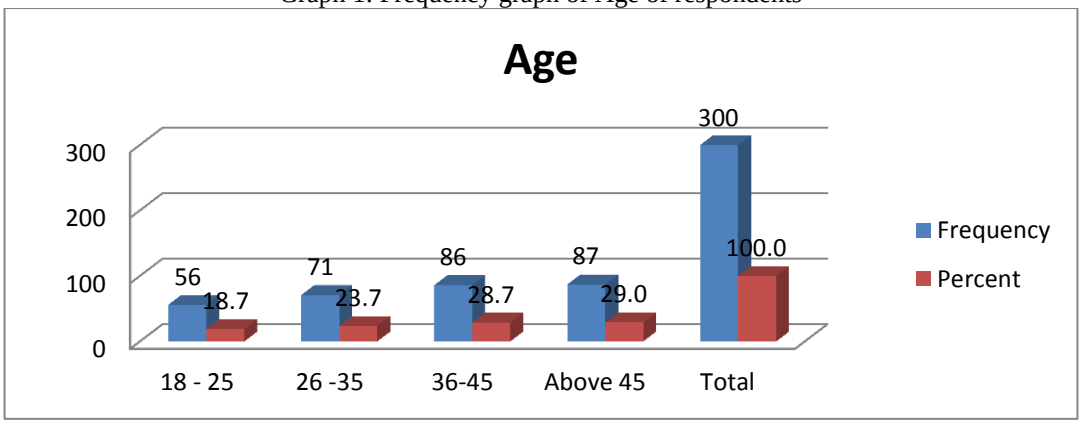
Descriptive Statistics					
Independent Variables	N	Minimum	Maximum	Mean	Std. Deviation
Age (A3)	300	1	4	2.68	1.084
Educational Qualification (A4)	300	1	5	3.32	1.182

Table 3: Frequency Table of Age of respondents

Age (A3)					
	Age	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 25	56	18.7	18.7	18.7
	26 -35	71	23.7	23.7	42.3
	36-45	86	28.7	28.7	71.0
	Above 45	87	29.0	29.0	100.0
	Total	300	100.0	100.0	

Source: Primary Data

Graph 1: Frequency graph of Age of respondents



Source: Primary Data

According to Table 3 and graph 1, Age wise classification out of 300 respondents is done, there 56 (18.7%) of respondents found in 18-25 years age group whereas 71 (23.7%) were of 26-35 years age group, 86 (28.7%) respondents were of 36-45 years age group and remaining 87 (29%) were of 45 years and above age group.

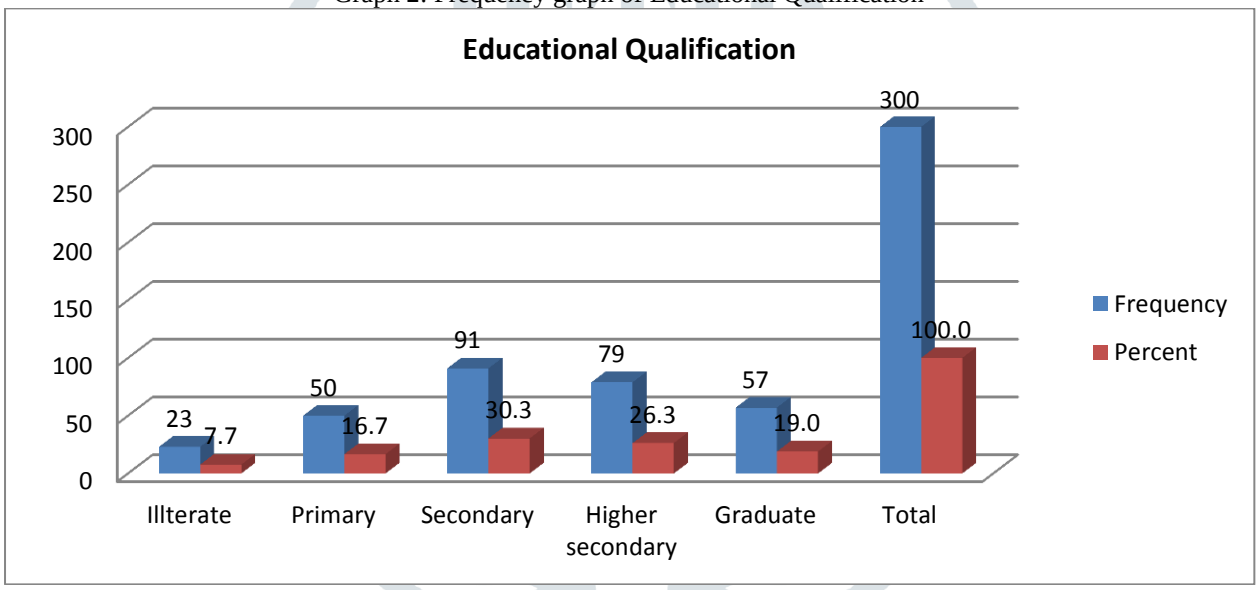
The mean value was 2.68 and Standard Deviation was 1.084 (Table 2). From the above statistics, it could be interpreted that beneficiaries are almost from all age group. This can also be concluded as people of every age group seek for services from hospitals. The data also reveals the fact that a maximum number of respondents are from 36 years and above age group category (86+87) as the age of people increases they are more prone to diseases for which they seek medical help.

Table 4: Frequency Table of Educational Qualification

Educational Qualification (A4)					
	Educational Qualification	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Illiterate	23	7.7	7.7	7.7
	Primary	50	16.7	16.7	24.3
	Secondary	91	30.3	30.3	54.7
	Higher secondary	79	26.3	26.3	81.0
	Graduate	57	19.0	19.0	100.0
	Total	300	100.0	100.0	

Source: Primary Data

Graph 2: Frequency graph of Educational Qualification



Source: Primary Data

According to Table 4 and graph 2, Under the Educational Qualification wise classification out of 300 respondents 23(7.7%) were illiterate, 50(16.7%) holds primary education, 91(39.3%) have secondary education, 79(26.3%) higher secondary and at the end 57 (19%) were graduate. The mean value was 3.32 and Standard Deviation was 1.182 (Table 2). The graph of the statistics is represented in Graph 2, which gives more comprehensive view of the data by which it can be easily recognized that there is not a single employee who falls in under post-graduate group (from those respondents who filled the questionnaire), maximum respondents possess below graduate education qualification which shows that beneficiaries are mostly very less qualified.

Following hypothesis has been formulated for the purpose of evaluating significant difference amongst various demographic variables of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

H_{01}:- There is no significant difference amongst various age groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

H_{11}:- There is a significant difference amongst various age groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

H_{02}:- There is no significant difference amongst various qualification groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

H_{22}:- There is a significant difference amongst various qualification groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors.

Table 5 descriptive statistics of age and educational qualification

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Age (A3)	Agree	235	2.66	1.076	.070	2.52	2.79	1	4
	Little Agree	65	2.77	1.115	.138	2.49	3.05	1	4
	Total	300	2.68	1.084	.063	2.56	2.80	1	4
Educational Qualification (A4)	Agree	235	3.35	1.169	.076	3.20	3.50	1	5
	Little Agree	65	3.22	1.231	.153	2.91	3.52	1	5
	Total	300	3.32	1.182	.068	3.19	3.46	1	5

Source: Primary Data

Above Table 5 shows the descriptive statistics which represents the mean, standard deviation, and analysis of opinion about the satisfaction of the beneficiaries with the counseling and treatment of given by the doctors. Higher standard deviation shows that wider scope of the study and the column of analysis showing the given response (in number) by the beneficiaries.

Table 6: Test of Homogeneity of Variances counseling and treatment

Test of Homogeneity of Variances				
	Levene Statistic	df1	df2	Sig.
Age (A3)	.000	1	298	.983
Educational Qualification (A4)	.180	1	298	.671

Source: Primary Data

Levene's Test for Equality of Variance is performed to test condition that the variances of both samples are equal or not. High-value results normally in a significant difference and low-value results normally in a non-significant. Table 6 results present that demographic variable Age (0.983) and Educational qualification (0.671) has high value.

Table 7: ANOVA of schemes of counseling and treatment

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Age (A3)	Between Groups	.661	1	.661	.562	.454
	Within Groups	350.619	298	1.177		
	Total	351.280	299			
Educational Qualification (A4)	Between Groups	.967	1	.967	.692	.406
	Within Groups	416.670	298	1.398		
	Total	417.637	299			

Source: Primary Data

According to Table 7, the significant value of Age (0.454) is greater than 0.05 so we accept the null hypothesis that there is no significant difference amongst various age groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors. This deciphers that all the age groups hold same perception regarding the counseling and treatment provided to them by the doctors of the hospital. All age groups of beneficiaries are equally satisfied with the counseling and treatment provided by the doctors.

The significant value of Educational Qualification (.406) is greater than 0.05 so we accept the null hypothesis that There is no significant difference amongst various qualification groups of beneficiary towards the satisfaction of counseling and treatment given by the doctors. This interprets that educational qualification of beneficiaries doesn't have a significant difference on their satisfaction level with the counseling and treatment provided by the doctors of the hospital during the treatment.

DISCUSSION AND CONCLUSION ON ANALYSIS

Status of Hypotheses established for analysis the Relationship between various demographic variables of beneficiary towards the satisfaction of counseling and treatment given by the doctors by test of homogeneity of variance, Levene's test, and One-way ANOVA;

S. No.	Hypotheses	Difference	Status
1.	H_{01}	Non-Significant	Accepted
1.	H_{02}	Non-Significant	Accepted

The result shows that age groups and qualification groups does not hold any impact on the satisfaction level of beneficiaries with the counseling and treatment provided by the doctors of the hospital.

In conclusion, this research reveals that social welfare services provided by hospitals are not only considered to support beneficiaries of the hospital to get health benefits but also boost a wide level of participation of hospital staff and doctors into these practices. Academic researchers

consider the usage of welfare services to beneficiaries servicing which focuses on supporting health care management, but the analysis of practical evidence shows that GBH hospitals have now successfully fulfilled its moral responsibility by proving various health care services and schemes to its beneficiaries like by providing better treatment, counseling, consultation, medicines, faster delivery of services, medical checkups, ambulance services, food and information services.

Thus finally it can say that this study has achieved its objective of evaluating impact social welfare practices on beneficiary groups and hospital management to the accomplishment of the objective of improving services to beneficiaries by providing various services at minimum cost to them. Also, the study revealed that beneficiaries of the GBH hospital of Udaipur City of Rajasthan are fully satisfied with the schemes that are being provided to them by their GBH hospital and they also suggested measures improve this.

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