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From the desk of the

Editor-in-Chief

World is facing the greatest challenge of the century. UNESCO estimates that over 1.5 billion students in 165 countries are out of school due to the COVID-19 pandemic. The pandemic has forced the global academic community to explore new ways of teaching and learning, including distance and online education. The Pandemic has not only changed our life, lifestyle and thought processes but has also left a significant impact on the ways and working of industry and academia. Many universities and colleges worldwide suspended classroom teaching due to the novel coronavirus pandemic and switched to online teaching. Blended mode of teaching has given rise to new opportunities.

Research is the only way to cure the universe from all problems. Researchers around the world are working day and night for finding the solutions of all emerging problems. Through ABR we are trying our bit to encourage researchers to come out with well-constructed and more informative publications to support the cause.

Enjoy Reading....

Sanjeev Bansal

From the desk of the **Editor**

For over 20 years, Amity Business Review has been a beacon of Management research. It has long been one of the most influential journals in the field of management and remains by far the most cited. In addition, ABR maintains the highest level of ethical integrity, ensuring consistency and scientific rigor in each of its research articles. It is desirable that Amity Business Review continues to excel and insightfully build for the future to provide the greatest venue for sharing outstanding science.

We continue to publish excellent articles, White papers and Research papers. An enormous amount of work has gone into the development of this journal and I believe you will see that effort reflected in this edition and in the impact it will have on the field. It has been an interesting journey. It is an international, open-access journal with a focus on cutting-edge findings in this rapidly changing field, while providing practical up-to-date information on Psychology, Economics and general management. The journal features a distinguished editorial board, which brings together a team of highly experienced specialists in management related research.

We extend our thanks to the Editorial and Advisory Board Members for their significant contributions to maintaining the standards of the journal, and we look forward to their important continued role in achieving our goals.

Amit Kumar Pandey

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Entrepreneurial Intentions and Behaviour of Graduate Students

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ABSTRACT

Entrepreneurship help in boosting economic growth and development, nurturing entrepreneurship can have a positive impact on an economy and a society in several ways. For starters, entrepreneurs create new business. They invent goods and services, resulting in employment, and often create a ripple effect, resulting in more and more development. For example, after a few information technology companies began in India in the 1990s, businesses in associated industries, like call center operations and hardware providers, began to develop too, offering support services and products.

An entrepreneur is someone who organizes, manages, and assumes the risks of a business or enterprise. An entrepreneur is an agent of change. Entrepreneurship is the process of discovering new ways of combining resources. The youth is the pillar of nation who assist in provide the strength and progress to economy.

This research paper aims to investigate the entrepreneurial intention of graduate students, it examine their attitude, intention and behavior towards entrepreneurship. The purpose of this study is to know how is the intention of students in creating start up, what is the mindset of student in creating new business against job, which kinds of roadblock they assume, which kind of perception they have towards government assistance for entrepreneurship development.

Keyword: *Boosting Economy, Business against Job, Student's Mindset.*

INTRODUCTION

The evolution of the Indian entrepreneurship can be traced back to even as early as Rig-Veda when metal handicrafts existed in society. This would bring the point home that handicrafts entrepreneurship in India was as old as the human civilization itself, and was

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nurtured by the craftsmen as a part of their duty towards the society.

Entrepreneurs are seen as national assets to be motivated, cultivated, and remunerated to the greatest degree possible. Entrepreneurs develop innovative ideas that provide civilization with a large number of products and services which change the way we work and live. The importance of entrepreneurship can be understood by what it does for society. The benefits they offer are by creating job opportunities, improving standards of living, and contributing to the overall growth of the economy (GDP). Today, communities across the country are struggling. Workers are worried about their jobs, and the youth is unsure of their future with little prospects of growth. There are no clear solutions but entrepreneurs do come as innovators taking the economy and the society to a state of prosperity and progress.

An entrepreneur is someone who perceives opportunity, organizes resources needed for exploiting that opportunity and exploits it. Entrepreneurship is the practice of starting new organizations particularly new businesses generally in response to identified opportunities.

In this study total 238 active respondents participate and put their views in various ways, here 63.9 percent Male respondents and 36.1 percent female respondent participate to give their concern regarding their intention towards entrepreneurship. In this study a form of questionnaire is used to collect primary data electronically. Here approximately 65.5 percent respondents are greater or equivalent

to 18 years but not more than 21 years, 34% respondents are in the age of more than 21 years involve in this study.

Objectives of the Study:

1. To know the conventions of undergraduate students towards entrepreneurship and against for same.
2. To know the course, University/ College/Institutions competencies to build up entrepreneurship mindset.
3. To analyze reasons to be an entrepreneur.
4. To find out the problems that has to face by an entrepreneur in startup.
5. To know the government awareness and assistance towards start up to the mark.
6. To evaluate the age and level of student's education to start entrepreneurship program.

DATA COLLECTION

Researcher collected primary data through questionnaire electronically as Google form by undergraduate students by various university/ college of Indian region and some secondary data by using internet, newspaper etc.

DATA ANALYSIS

Data is analyzed by using SPSS software as descriptive statistics that can be seen as following.

Researchers try to know that why respondent is not taking initiative to startup and I found that 35% people is agree with the statement that "job is easier than to start business" and 22.7 percent people disagree for the same,

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21% people unable to stay about agree or disagree. 40.8% respondents agree with the statement that they do not start business because there is fear of risk in business while 11.1% respondents disagree with the statement. 25.6 percent people said that there is no family support to startup other hand 28.2 2% respondent accepted it is not so.

Approximately 34% people shared there is lack of knowledge and experience so that they can't go for a startup 23.1 percent people I disagree with this statement. 30% people do not start business because they are afraid to lose money in business they can't build up trust on themselves and 24% people disagree for same.

Statement: I do not start a business because..							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Job is easier than to start a business	Frequency	34	54	50	83	17	238
	Valid Percent	14.3	22.7	21	34.9	7.1	100
There is fear of risk in business	Frequency	27	28	45	97	41	238
	Valid Percent	11.3	11.8	18.9	40.8	17.2	100
No family support to start a business	Frequency	39	67	49	61	22	238
	Valid Percent	16.4	28.2	20.6	25.6	9.2	100
Lack of Knowledge and Experience	Frequency	41	55	39	81	22	238
	Valid Percent	17.2	23.1	16.4	34	9.2	100
Afraid to lose in business	Frequency	36	46	56	65	35	238
	Valid Percent	15.1	19.3	23.5	27.3	14.7	100

Researcher try to know about under graduate courses status that till what extent undergraduate courses is able to bow the seeds of entrepreneurship ,how is course content, is there any practical relevancy or exposure that enables entrepreneurship mind set among the people are undergraduate students.

Researchers found that 62 %(Agree/Strongly Agree) respondents said that undergraduate

courses is able to bow the seeds of entrepreneurship in students minds, approx 38% respondents accepted that content of entrepreneurial subject is up to the mark and only 37% approx respondents disagreed for the same. 51% respondent's thing that undergraduate courses offering entrepreneurship subject but that have not practical relevancy or exposure approximately 31% respondents is disagree for the same.

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Statement: Kindly put your opinion for the following assertion about your undergraduate Course							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Your course content is able to bow the seeds of entrepreneurship in your mind	Frequency	27	29	35	107	40	238
	Valid Percent	11.3	12.2	14.7	45	16.8	100
The content of your entrepreneurial subject is not up to the mark	Frequency	33	57	61	70	17	238
	Valid Percent	13.9	23.9	25.6	29.4	7.1	100
Your course is offering one subject of entrepreneurship but that is not provide practical exposure to start business	Frequency	35	40	43	88	32	238
	Valid Percent	14.7	16.8	18.1	37	13.4	100
During the graduation course,there should be an entrepreneurial subject with practical exposure	Frequency	30	27	44	81	56	238
	Valid Percent	12.6	11.3	18.5	34	23.5	100

In the same sequence as going to ahead researcher try to evaluate in University/ college/ institutions abilities as it have the ability to develop to the entrepreneur or not, is there ample opportunity is provided to students for entrepreneurship or not and at last is there need of enhancement for practical entrepreneurship exposure or not. Thus researcher analyze the collected data and able to say that approx 56% respondents said that institutions develop the ability to be an entrepreneur among students, approximately 60% students accepted that institutions provide the opportunity to learn entrepreneurial traits and the other hand approximately 61% students agreed with the

statement "University e college institutions should enhance the practical exposure to startup".

In the next step researcher want to explore the inherent thoughts/and conventions of students towards entrepreneurship by asking various questions and he found that approximately 61% students as respondents said, they want to start their own business and only 24% respondents did not interested to start their own business. 33% respondents agreed that they can't take risk while 42% respondents said that they can take risk for startup. 47% respondents say that they cannot start business due to lack of money and other hand 33

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percent respondent's think that there is no barrier of money for startup. 40 Percent students interested in good job rather than start up while 38% respondents is not agree with the statement that they interested in good

job so they cannot start a business. 29% respondents are agreed with the statement that "in business there is more chance of failure so I cannot start a business" while 50 percent respondents disagree for same.

Statement: University/College/Institution enables/offers you for							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Develop the ability to be an entrepreneur	Frequency	35	24	44	96	39	238
	Valid Percent	14.7	10.1	18.5	40.3	16.4	100
Provide the opportunity to learn entrepreneurial traits	Frequency	30	24	40	108	36	238
	Valid Percent	12.6	10.1	16.8	45.4	15.1	100
Enhance the practical exposure to start up	Frequency	23	39	33	106	37	238
	Valid Percent	9.7	16.4	13.9	44.5	15.5	100

Statement: Your conventions towards entrepreneurship are as...							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
I want to start my own business	Frequency	25	33	37	87	56	238
	Valid Percent	10.5	13.9	15.5	36.6	23.5	100
I can not take risk/high risk	Frequency	41	59	60	65	13	238
	Valid Percent	17.2	24.8	25.2	27.3	5.5	100
I have no money so I can not start a business.	Frequency	32	46	48	83	29	238
	Valid Percent	13.4	19.3	20.2	34.9	12.2	100
I interested in good job so I can't start a business.	Frequency	43	50	52	70	23	238
	Valid Percent	18.1	21	21.8	29.4	9.7	100
In business there is more chance of failure so I cannot start a business.	Frequency	58	61	51	53	15	238
	Valid Percent	24.4	25.6	21.4	22.3	6.3	100

Approx 58% respondents they want to be an entrepreneur because career as an entrepreneur is attractive for them, 68 percent respondents want to be an entrepreneur

because they want to provide employment to others 66% respondents interested in entrepreneurship due to become own Boss.

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Statement: I want to be an Entrepreneur because							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
A Career as an entrepreneur is attractive for me	Frequency	26	24	47	91	50	238
	Valid Percent	10.9	10.1	19.7	38.2	21	100
I want to provide employment to others	Frequency	19	21	36	82	80	238
	Valid Percent	8	8.8	15.1	34.5	33.6	100
I want to be my own boss	Frequency	16	25	40	73	84	238
	Valid Percent	6.7	10.5	16.8	30.7	35.3	100

As we know that to be developed economy there should be good startup, here researcher try to find out which kind of problem newly entrepreneurs have to face. Approx 64% respondents said that there is problem in identification of new business opportunity, 68% respondents accepted the head there is a problem in creation of goods and services for a startup, 66% percent people face the

problem to commercialize the product or services 40% people think that there is a problem of government assistance to create a new business means there is no Government support to startup and 42% respondents is disagree for same, 36% people said that there is no Bank support in loan/ credit facilities.

Statement: To become an entrepreneur there is problems have to face as...							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
To identify new business opportunity	Frequency	22	19	38	113	46	238
	Valid Percent	9.2	8	16	47.5	19.3	100
To create goods/service	Frequency	12	27	37	130	32	238
	Valid Percent	5	11.3	15.5	54.6	13.4	100
To commercialize the product	Frequency	16	26	41	117	38	238
	Valid Percent	6.7	10.9	17.2	49.2	16	100
There is no government support to start up	Frequency	30	68	55	63	22	238
	Valid Percent	12.6	28.6	23.1	26.5	9.2	100
No bank support in loan/credit facilities	Frequency	28	66	61	61	22	238
	Valid Percent	11.8	27.7	25.6	25.6	9.2	100
There is no government support to start up	Frequency	30	68	55	63	22	238
	Valid Percent	12.6	28.6	23.1	26.5	9.2	100

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In this study researcher evaluate the government policy towards entrepreneurship and reach at a conclusion as approx 44% respondents agreed with the statement "government entrepreneurship awareness policy is good and sufficient". 38 percent

respondents agreed with the statement "government assistance about startup is sufficient and up to the mark", 28% respondents or disagree for same and others are neutral.

Statement: Government awareness and assistance towards start up is as...							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Government entrepreneurship awareness policy is good and sufficient.	Frequency	32	38	63	85	20	238
	Valid Percent	13.4	16	26.5	35.7	8.4	100
Government assistance about startup is sufficient and up to the mark.	Frequency	30	38	80	72	18	238
	Valid Percent	12.6	16	33.6	30.3	7.6	100

73% respondents said that Entrepreneurship Education should be start at college/university

level, 57% respondents said it should be start after school and 33% said it can be start at primary level.

Statement: Entrepreneurship education should be start at...							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Primary Level	Frequency	43	73	40	52	30	238
	Valid Percent	18.1	30.7	16.8	21.8	12.6	100
Secondary level	Frequency	25	60	51	66	36	238
	Valid Percent	10.5	25.2	21.4	27.7	15.1	100
After School	Frequency	24	44	33	86	51	238
	Valid Percent	10.1	18.5	13.9	36.1	21.4	100
At college/ University Level	Frequency	22	29	14	82	91	238
	Valid Percent	9.2	12.2	5.9	34.5	38.2	100

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21% people said that entrepreneurship program should be oriented at the stage of less than 10 year while 53% people said it is not so, approx 25% people was not interested to say anything, 55 percent respondents said that

entrepreneurship should start at between the age of 10 to 25 years, 56% respondents said that it should be between the age of 25 to 35 years, 57% people said there is no influence of age on entrepreneurship.

Statement: Entrepreneurship program should be oriented at the stage...							
Assertion		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
>10 years	Frequency	52	76	59	39	12	238
	Valid Percent	21.8	31.9	24.8	16.4	5	100
10-25 years	Frequency	15	41	51	83	48	238
	Valid Percent	6.3	17.2	21.4	34.9	20.2	100
25-35 years	Frequency	22	36	48	90	42	238
	Valid Percent	9.2	15.1	20.2	37.8	17.6	100
Age has no influence	Frequency	29	27	44	74	64	238
	Valid Percent	12.2	11.3	18.5	31.1	26.9	100

Researcher training program and he interested to know that the students interested in entrepreneurial training or not found 47.5% people was interested in entrepreneurial

training, 9.7% respondents were not interested while 42.9% people was interested in free entrepreneurial training.

Would you invest in self entrepreneurial training?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	113	47.5	47.5	47.5
	No	23	9.7	9.7	57.1
	Interested in free training	102	42.9	42.9	100.0
	Total	238	100.0	100.0	

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DEVELOPMENT OF FINTECH IN INDIA AMID AND POST PANDEMIC ERA : UPS AND DOWNS OF A PROMISING PATH

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ABSTRACT

The Covid-19 pandemic has had a huge impact on people all across the world. Despite the governments' and international organisations serious and vigorous efforts to halt the disease, there has been a significant impact on world health and safety, and India is no exception. The epidemic has transformed the way of human contact and, as a result, business operations have been disrupted by a large drop in consumer demand. Numerous sectors and industries across the country have been touched, including Fintech, as well as various segments within the sector and their operations. While corporations struggle around the clock to adjust to the new normal, the Fintech industry has a unique potential to

have a substantial socioeconomic impact and alter the mechanics of doing business at this critical point. The paper examines the current state of the financial sector amid a pandemic. The report assesses the Fintech sector's opportunity by examining the sector's position in the pre-Covid and post-Covid periods. The paper examines the impact of the Covid crisis on Fintech, as well as the sector's future prospects.

Keywords

Fintech: Financial Technology, Covid-19, Government initiatives, ML: Machine Learning, AI: Artificial Intelligence.

DEVELOPMENT OF FINTECH IN INDIA AMID AND POST PANDEMIC ERA : UPS AND DOWNS OF A PROMISING PATH

INTRODUCTION

Financial technology (Fintech) is a new tech that seeks to improve and automate the delivery and use of financial services. The word Fintech is a combination of ‘Finance’ and ‘Technology’. Anything or everything that helps customers to get the real time information about their finance and similarly which help financial institutions and companies to deliver their services in newer and faster ways than the conventional methods of providing services to the customers, all falls under the category of Fintech. The World Economic Forum defines Fintech as *“New entrants that promised to rapidly reshape how financial products were structured, provisioned and consumed.”* McKinsey & Company characterizes Fintech Company as *“Start-ups and other companies that use technology to conduct the fundamental functions provided by financial services, impacting how consumers store, save, borrow, invest, move, pay, and protect money.”* Similarly, KPMG defines Fintech as *“A portmanteau of finance and technology”* which includes:

- (1) *“Businesses who are using technology to operate outside of traditional financial services business models to change how financial services are offered” and*
- (2) *“That use technology to improve the competitive advantage of traditional financial services firms and the financial*

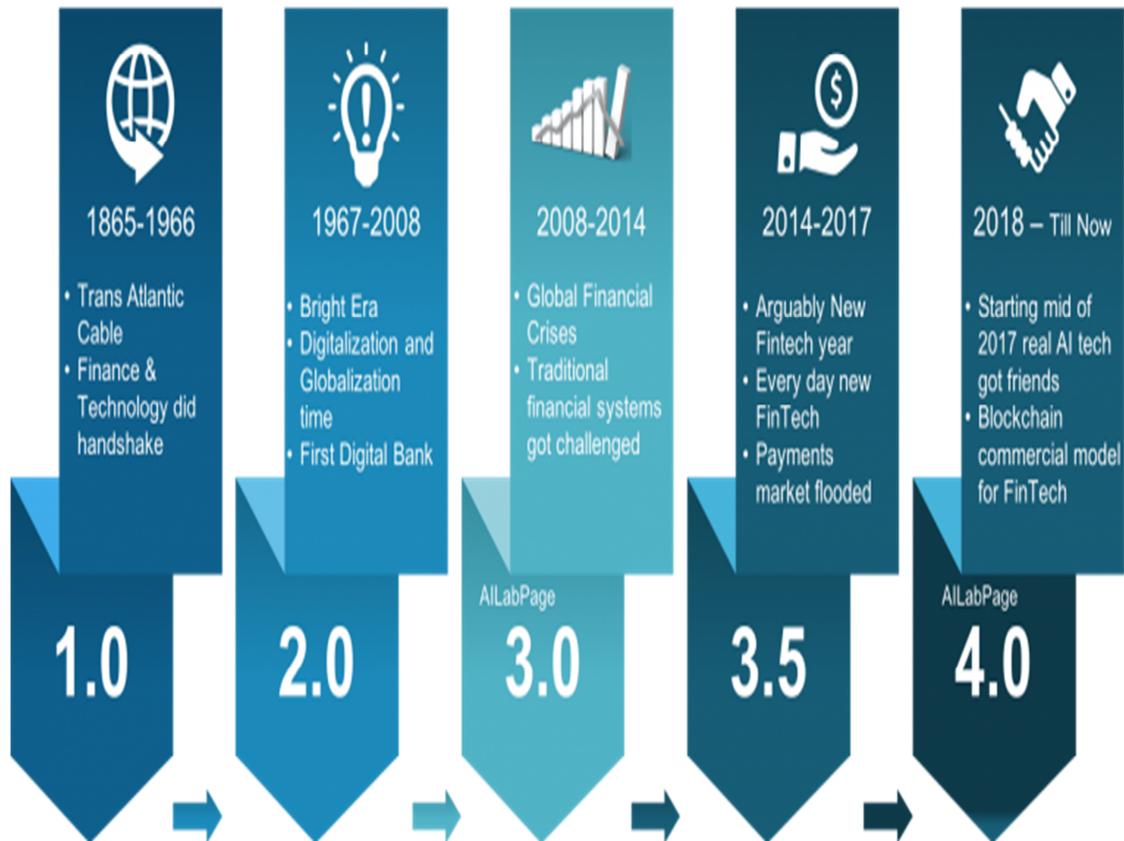
functions and behaviors of consumers and enterprises alike.”

THEORETICAL BACKGROUND AND EMERGENCE OF FINTECH

The role of technology in the finance and banking sector was mostly unknown until the advent of credit cards in the 1950s, and then with the introduction of ATMs, customers were more conscious of the technology in the world of finance. The term Fintech was invented by a New York banker in 1972, and it grew in popularity with the emergence and widespread use of internet in the 1990s. With the passage of time, digital financial system, web based business models, web base shopping, and the other technological advancements were witnessed globally. Fintech is proven to be the most thriving sector in India in terms of both business growth and job creation. It has become ingrained in people’s daily lives and is fostering financial inclusion in the country by reaching out to underserved communities. The Fintech sector is gradually bridging the gap between potential clients and the banking system. It involves increasing financial awareness, lowering the high costs of traditional banking, and connecting the unreached and unbanked or under banked groups, which account for around 80% of the country’s population, to the country’s financial landscape. The evolution of Fintech can be understood with more ease with the help of the following:

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FinTech Evolution



Source: AILabpage.com

OBJECTIVES OF THE STUDY

- To study the present scenario of Fintech in India midst the pandemic period.
- To evaluate the opportunities of Fintech in India.
- To study the impact of pandemic on the future of Fintech in India.

RESEARCH METHODOLOGY

The study is descriptive in nature. The scope of the study is limited to the Fintech sector of India. The secondary data for the paper are collected from the journal articles, organizational reports, research papers, research reports, news articles and websites. The reason

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for selecting the secondary data collection method is that the data available on official websites and organizational reports are more reliable in comparison to primary sources of data in the studies relating to Fintech, financial system and the field where a component of study is of sensitive nature, like in the present study i.e. Covid-19. To ascertain the objectives of the paper, various tools in the form of charts, graphs and data are used.

FINTECH LANDSCAPE IN INDIA

The fintech in India can be classified in the following categories:

Alternative Lending- Lending is that segment of Fintech services where the data and technologies like artificial intelligence (AI) and machine learning (ML) are used for screening and advancing loans and providing aggregation services. It includes digital lending services and intermediaries who facilitate matching of lenders with borrowers. Lending segment of the Fintech is divided into two sub-segments- consumer lending and merchant lending. There lies a great opportunity in the lending segment of the Fintech sector as there is a huge credit gap in both the key sub-segments.

WealthTech-Financial services software, investment platforms, online investing tools, robo advisers, and digital brokerages are all examples of wealthtech goods and services. Traditional investing and wealth management services are being transformed by wealthtech

businesses, who use new technology like AI and analytics. This market is mostly untapped, allowing start-ups to investigate the possibilities and seek out a niche. Bankbazaar, Scripbox, Paisabazaar, Groww and others are leading the sector.

InsurTech- Combination of the words insurance and technology referring to the technological innovations which are involved in creating, implementing and improving the efficiency of the insurance industry. With the increased engagement of private entities, product innovation, inventive distribution channels, and targeted marketing and promotional activities by insurers, the industry is expected to develop even more. PolicyBazaar, Acko, Coverfox are few giants of the insurtech sector in the country.

Payments- Digital payments or electronic payments are another segment of Fintech providing the ease of transactions via digital or online modes. Paytm, Bharatpe, PhonePe, Pine Labs, Razorpay are making the life of general public way easier by bringing out innovative products and services for their customers. Digital payments are the Fintech sector's most well-funded component. With the introduction of numerous government initiatives, the sector has grown even more.

RegTech- The financial sector is full of regulations. In an attempt to reduce the burden of these regulatory terms, financial institutions are starting to turn to new

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technology solutions. The main functions of regtech include regulatory monitoring, reporting and compliance. CustomerXPs,

EaseMyGST, KhataBook are few well known names of the regtech segment.



Source: fintechnews.sg

INDIA AND FINTECH STARTUP

India is moving towards an ambitious goal of \$5 trillion economy by 2025. India’s nominal GDP in 2018-19 was rupees 190 lakh crore, i.e. \$ 2.7 trillion. India must grow at 10.8% CAGR or even faster to reach the target. The path leading to the goal is challenging but not unachievable, for the country is witnessing rise in innovations, technology and the startups. Backed up by a number of initiatives by Government of India and regulatory forbearance by the government, India has become the 3rd largest startup ecosystem with 39,000+ startups and 33+ unicorns. Since

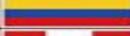
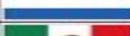
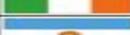
2014 they have collectively raised \$50 billion across 3,700+ deals. Government is taking huge steps for encouraging startups in the country and launching various schemes. Startup India scheme shows the support to the same. Prime Minister Narendra Modi quotes startups as the key to \$5 trillion goal.

The fintech sector in India is the flag bearer in the startup ecosystem. India is among the world’s most exciting Fintech sandboxes. The country saw a tremendous growth in Fintech startups during 2015-2020. These five years has been the milestone period for the Fintech sector.

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2019 Fintech Adoption Index

(Unit: %)

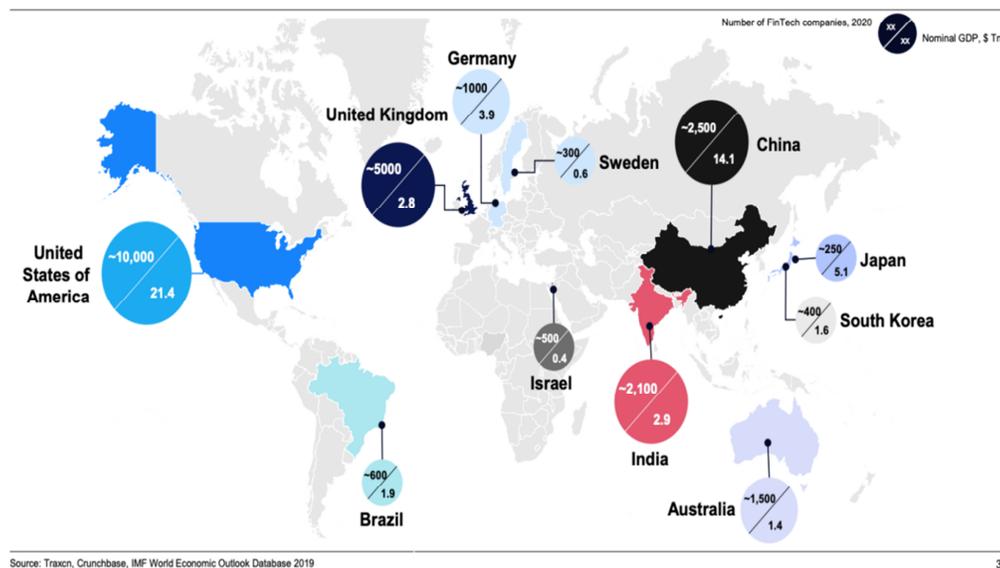
1		China 87		India 87
3		Russia 82		South Africa 82
5		Colombia 76		
6		Peru 75		
7		Netherlands 73		
8		Mexico 72		
9		Ireland 71		UK 71
11		Argentina 67		Hong Kong 67
		Singapore 67		South Korea 67

Source: EY

- As per the Global Fintech Adoption Index 2019 by EY, India emerged as the leader in Fintech adoption.
- A report published with the title “Fintech in India- A Global Growth Story” (2015),

KPMG in India and NASSCOM 10000 Startup noted that the Indian Fintech software market could be worth USD 2.4 billion by 2020.

India is one of the largest FinTech markets in the world



- According to the Research and Markets Report, the Indian Fintech market is valued currently at USD 31 billion and is

expected to grow to USD 84 billion by 2025 at a CAGR of 22%.

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- More than USD 10 billion since 2016, has been seen as cumulative investments into domestic fintechs (investindia.gov.in) and India is ranked 4th globally for Fintech VC investment.
- MEDICI India Fintech Report 2020 2nd Edition stated that India had the 2nd largest number of new Fintech startups in the last three years after the US. At present the country is home to more than 2000 Fintech companies.

Key drivers for growth of Fintech in India

Fintech is impacted by a combination of economic, technological, and regulatory variables, rather than being sparked by a single source of financial innovation. The creation of Fintech firms in India can be attributed to a number of factors:

- India has the second biggest population of internet users and a thriving investment ecosystem, making it easy to adapt to financial technology.
- With a population of around 135 million people but low financial service penetration, India remains an underserved market due to the shortcomings of traditional banking systems and financial services as well as a lack of awareness among potential customers. As a result, new Fintech companies are stepping in to fill the void.
- Various government measures, such as Demonetization in December 2016, which resulted in a decline in the use of cash and a decrease in the value of currency, opened the way for Fintech businesses in the digital payments market. Similarly, several other Indian government programme and e-services, such as the Jan Dhan Yojana, Startup India, Digital India Programme and National Common Mobility Card (NCMC) have proven to be significant steps toward financial inclusion for the country's unbanked and underserved people and thus created a favorable business climate for companies in the domain of financial technology.
- The Fintech sector's growth has been boosted by strong collaboration between Fintech businesses and the banking sector. The Fintech industry's digital payment system is a major player. The government and financial systems both support different digital payment systems. For example, nearly 200 banks supported the Unified Payments Interface (UPI).
- The Fintech sector has seen an increase in private and venture capital investments as a result of global interconnectivity, which has aided in the development of a robust Fintech infrastructure. The open-API infrastructure has been leveraged heavily by Fintech to address diverse use-cases and has helped Fintech in significantly reducing costs of acquisition and servicing.

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- The RBI announced a detailed framework in 2019 for a Regulatory Sandbox (RS) for Fintech companies including provisions for startup entry and exit and also an indicative list of innovative Fintech products and services. Similarly, the insurance regulator IRDA in the same year announced regulatory sandbox for insurtech segment in order to maintain a balance between the growth of insurance sector and the interests of policyholders. SEBI also introduced RS framework for

the listed entities in order to regulate their Fintech products and services.

The Indian Fintech scene is divided as follows: 34% in installment handling trailed by 32% in banking and 12% in the exchanging open and private markets. Vishakhapatnam is being created as Fintech valley and the nearby administration of Andhra Pradesh opened Fintech valley to advance the interests in this area. (Shrivastava D. (2, 2020).

COVID-19 AND INDIAN FINTECH SECTOR

Unlike previous prior crises, Covid-19 is a multi-dimensional chronic health issue. The World Health Organisation (WHO) on March 11, 2020 declared Covid-19 as a pandemic. As a result of the global public health crisis, companies have closed and individuals have stayed at home for months. The impact of Covid on the world economy is widely estimated. According to estimates, Covid has had a greater impact on the \$ 90 trillion global economy than anything seen in the last century. Unfortunately, the impact for startups and small firms were way more severe, since they have fewer financial reserves and less cushion for dealing with unexpected downturns. The knock-on effect of the closure has had a significant influence on economies throughout the world, since all business sectors have been impacted, resulting in poor revenue production as a result of the ultimate halt/slump in goods and service sales.

When considering the Indian economy and enterprises, particularly those run by entrepreneurs or startups, it is evident that Covid has already made significant changes that will have a long-term influence.

The year 2020 was a watershed moment for several sectors. The business spirit shone through in a sink or swim circumstance. Many small, medium, and large industries are pivoting and looking for a niche. With COVID-19 sweeping the globe, there has been a shift in customer objectives and company service delivery. As a result, there is a greater need for digital transformation in all industries. For example, the announcements of lockdowns and social alienation have resulted in a massive increase in digital financial services, which is fueled by e-commerce development. Fintech companies will have greater room to

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develop and provide disruptive solutions for clients as a result of this. Business organisations, on the other hand, will take advantage of the opportunity to invest in mobile applications, e-commerce storefronts, and other means to improve consumer experience.

Indian startups have streamlined revenues and innovations while dealing with challenges, in addition to achieving greater maturity and better business models. Indian startups are acting as a catalyst for the country's economic recovery.

The crisis has propelled a new generation of businesses to prominence, which are capitalizing on the pandemic's potential. The major beneficiary of the Covid situation has been the startups and the Tech companies.

Fintech is primarily backed by technology and digital tools for the delivery of services to clients in various forms; therefore, the impact of the current financial crisis on the industry is likely to be minimal. However, a lot of other factors were at play, and at the early stages of pandemic period, there was a significant drop in the amount of transactions on Fintech platforms. As a result of the COVID-19 pandemics unprecedented impact, several sectors, including FinTech and

markets throughout the nation, have been forced to shut down or re-strategize. Nationwide lockdowns and lengthy quarantine periods exacerbated the situation.

In the first six months of 2020, investments in Indian Fintech companies decreased by 53%. In comparison to USD 3.6 billion through 102 transactions during the same time period the previous year, they were able to raise about USD 1.7 billion through 70 agreements. Credit or lending Fintech have suffered greatly owing to delayed payments because of the moratorium imposed by the RBI and its extension coupled with multiple lockdowns. Post-June, disbursal volumes diminished by approximately 80% compared to pre-Covid levels, with 50% of lenders halting new disbursements altogether. However, despite the challenges the experts in said field were and are of the opinion that the Fintech sector can make a fast recovery from this economic downturn if they strategically take re-look of their business plan.

Way forward

✚ Challenges in the path of Fintech

Despite the fact that the Fintech sector in the country has made giant strides, it has not been without going through numerous challenges:

Security- The primary concern and challenge facing by fintech companies is data security and privacy. Managing and administering a large customer base while also delivering a

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variety of products and services is not an easy task. In the financial services industry, data leaks, platform outages, and information theft have become all too common. A need is being felt for a solid data protection structure, and players will have to pay heavily to manage the risk involved, as well as comply with the many regulatory sandbox frameworks developed by regulatory agencies.

Diversification of products and services- It is not easy for the Fintech companies to innovate and put forward for their customers a wide range of diversified products and services alongwith coping with other issues. Tech savvy customers do not want to stop at a certain point and expect more from their service providers. Fintech companies have a fantastic opportunity to infiltrate the market with personalised and niche-focused solutions thanks to technological improvements and increasing demand for a variety of products, albeit the road to the destination is not easy.

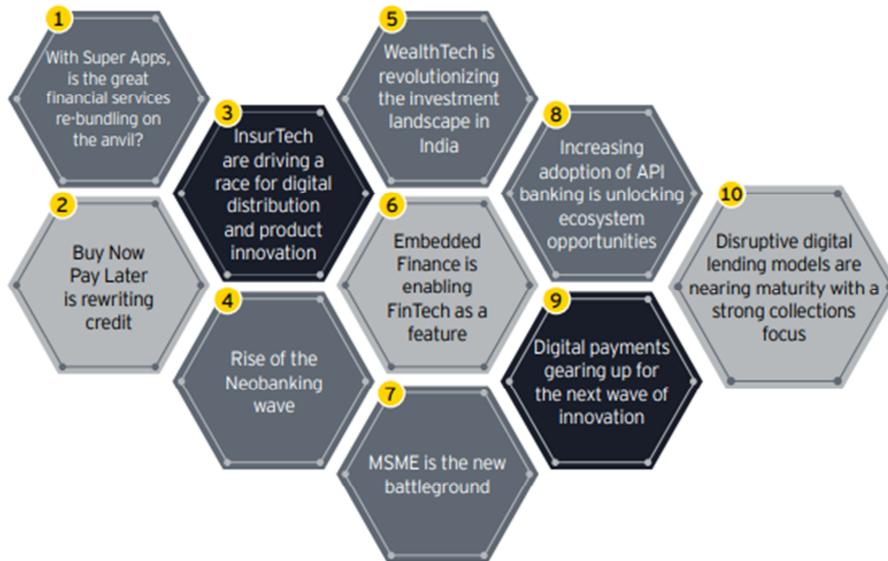
✚ **Regulations-**In recent years, the topic of regulation has been at the forefront. There has been a stronger enforcement of rules on
-:

Fintech companies due to the fast rising user base and diverse adoptions by corporations and technical improvements. Regulatory agencies change regulatory frameworks from time to time in order to administer the businesses of these companies. Regulation compliance is costly, and frequent changes do not instill confidence in businesses.

✚ **New prospects and trends**

The FinTech business has never progressed at such a rapid rate as it did in 2020. Many businesses, including banking and financial services, were obliged to go online as a result of the pandemic. Banks and financial institutions have to restructure their business models and shift to a more customer-centric strategy, emphasising the importance of the banking experience. It was made possible by incorporating cutting-edge technologies and trends into their digital solutions. FinTech demand is fast growing, and it is quickly becoming a critical element in the survival of banks and financial institutions. Following figure indicate towards the emerging trends for the Fintech industry

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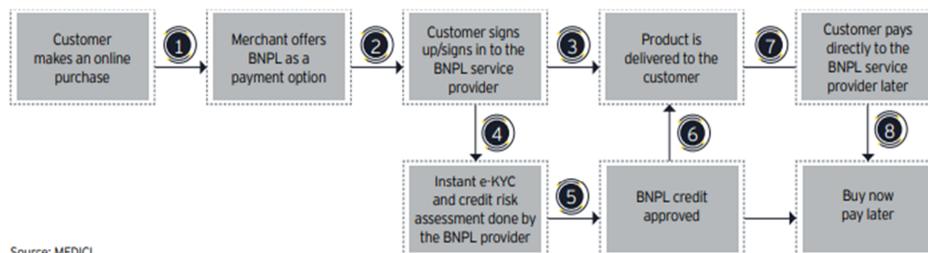


Source: The winds of change- Trends shaping India's Fintech sector

From the above figure, following are the new terms which are included in the landscape of Fintech in recent years-

Buy now Pay later- Buy now, pay later is a sort of short-term financing that allows

customers to make purchases now and pay for them later, generally without incurring interest. Consumers usually put a down payment on a purchase and then pay off the balance in a certain number of installments. The working structure of the system is as follows-

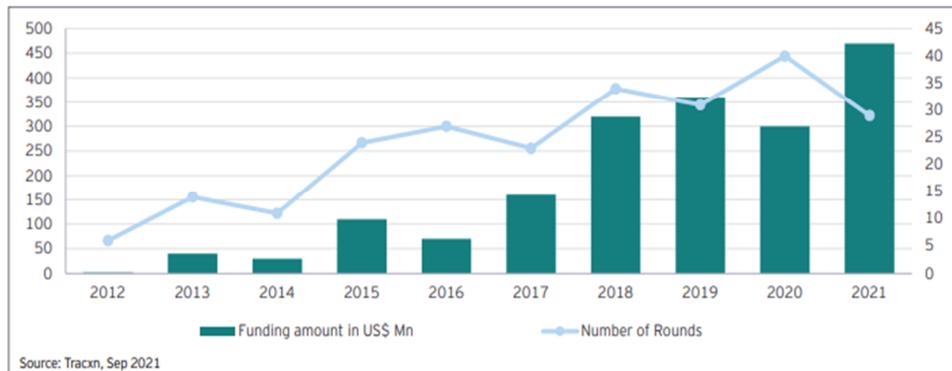


Source: MEDICI

Super apps- A super app is essentially a one-stop app built by a corporation that bundles a number of services or separate applications into it, with the goal of meeting every customer demand such as social media, travel,

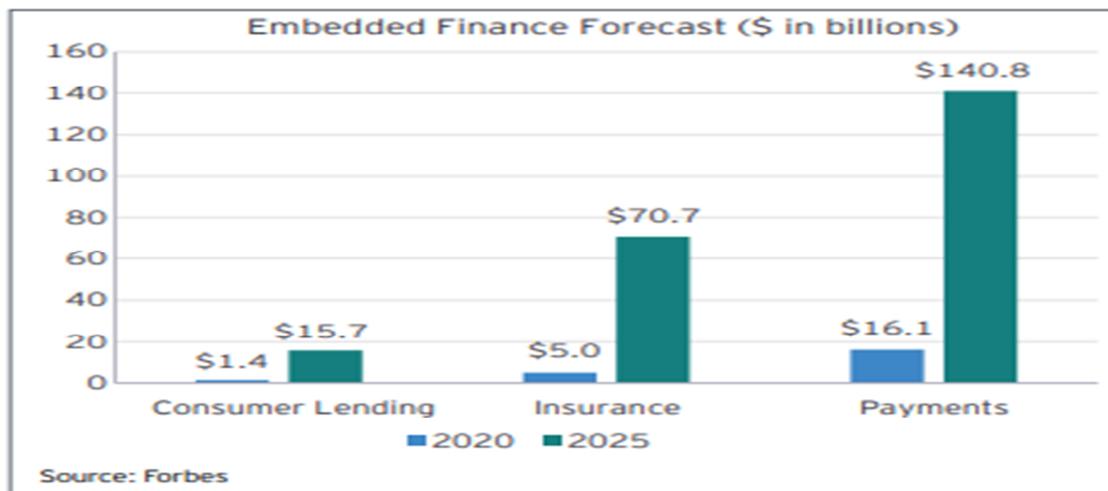
cab services, movie tickets, utility payments, food, fashion, and so on. These services will frequently be tied together by a single account and a sophisticated in-app payment system.

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Embeddd Finance- “Embedded finance, also termed embedded banking, is the seamless integration of financial services into a non-financial service platform. For example, customers can make cashless payments within a ride-hailing or food delivery app and book insurance while completing the purchase of a laptop on an e-commerce site. From the business point of view, embedded finance

enables businesses in the MSME, B2C, and B2B segments to monetize their customer base for additional revenue streams, increase the customer Lifetime Value (LTV), and vertically scale³⁶ their product offering. It could become a massive market with an estimated \$200 billion global opportunity³⁷ by 2025” (The winds of change- Trends shaping India’s Fintech sector)



✚ Need of the time

Indian Fintech is primed for robust, long-term growth, with the Indian government taking a variety of initiatives and the consumer sector

recovering from the Covid impact. While certain financial subsectors are experiencing a temporary dip as a result of Covid, others

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have seen a boost as the Indian client progressively goes digital.

The Indian Fintech industry has been booming for a few years and is expected to continue booming in the next years, if the following points are recognized by the players in the market:

- **Continuous innovation-** On-going innovation must remain a top priority for the Fintech firms. To avoid being kicked out of the sector by new creative entrants and to expand the market expansion it is must employ digital automation and new concepts to stay ahead of the curve in order to succeed in the market.
- **Customer-oriented services and products-** With the expansion of tech savvy customer base who are expecting more services from their providers both in terms of number and quality, it is important to focus more towards the customer experience based products and services. Customer relationship will determine the growth of Fintech in the coming years.
- **Government initiatives and regulatory framework-** The workings of the Fintech sector are bound to be affected by the continuously changing regulatory environment, and it is difficult to stay in compliance with the rapidly changing regulations and guidelines if it is not taken care of meticulously. It is vital to stay updated on government policies

affecting the business and the initiatives that have been implemented.

- **Collaborations-** Partnerships may be the key to conquering the fintech business, allowing for quick and easy collaborations with market players. Stakeholders must invest in and produce technology. Collaborations are required to survive and flourish in an increasingly interconnected environment, even beyond one's own sphere, in order to meet the ever-changing needs of customers.

CONCLUSION

Fintech companies prove to be the major players and leaders of the entire financial globe in the period of pandemic Covid-19. Fintech businesses have the ability to work in a flexible atmosphere, which is indicated by the data gathered from a variety of publications, research reports, websites, and news articles. Even in times of global crisis, these are profitable companies. Customers are increasingly interested in Fintech services. The number of people who utilise Fintech to do everyday and utility transactions is continuously growing. Although the prevalence of Fintech services was not lower before to the advent of the pandemic, the crisis boosted Fintech activity. People are becoming more involved with Fintech as a result of the government's many initiatives for the development of the economy and steps to combat the epidemic.

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The study found that the Fintech industry's adaptiveness and adoption rate were influenced by the midst-Covid and post-Covid or later stages factors of the pandemic period. Though the sector has significant technological and regulatory problems, the quickly rising industry is capable of dealing with these issues by utilising advanced technology and staying updated with the frequently changing landscape. The evaluation of various aspects of the study shows that Indian Fintech companies will continue to lead the global market in the post-pandemic age and will achieve their peak.

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AFTER EFFECTS OF COVID-19 ON HOSPITALITY AND TOURISM INDUSTRY OF INDIA

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ABSTRACT

The paper aims to study the importance of tourism and hospitality sector for India and the effects of Covid 19 on the travel and tourism industry on various dimensions like job loss and unemployment and its impact on the mental health of workers, loss of revenue and investment to the country and reduction in foreign exchange earnings. Some of the measures taken by the Government to boost up the tourism sector has also been covered.

Keywords: Covid -19, Hospitality, Tourism, Mental Health, Foreign exchange.

INTRODUCTION

India is a nation of culture and diversity which has been attracting the tourists all over the world. The Hotel industry of India is considered to be a sunrise industry also contributes to the 7% of GDP of India. 'Athithi Devo Bhava' which means guest is

god makes the Indian hospitality industry the world renowned. As per the report of 62 million people lost their jobs, globally as of now 272 million people employed in tourism sector. The organised hotels in India include more than 55% of the hotels in the three-star categories or higher (2020). The market size of the hotel industry in India (including the unorganised market) was estimated at \$22 billion in 2019, growing at 8.6% until 2025 (Foresights.). The first case was reported in China, Wuhan Dec 2019 and India recorded the first case in Jan 2020 in Kerala.

RESEARCH METHODOLOGY

This paper helps to understand the after effects of covid 19 on the most revenue generating industry of the world. The methodology used in analysis are collected from different sources like govt reports, articles in the periodicals, websites, scholarly

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articles and other publications. The data is collected from secondary sources.

LOSS OF JOBS POST COVID 19

According to the report published by World Travel and Tourism Council Covid 19 has lead approximately loss of 50 million jobs worldwide in the industry in which Asia is the most hard hit. As per the statistical report provided by NSSO contraction of 47% has been witnessed in Apr- June 2020 in India. Data provided by Forbes states that there are 172 jobs for every 100 tourist in India which makes the industry too important for employment generation. It was not the first time hospitality industry in India has faced the declining trend. Natural disasters like Cyclone Gaja (2018) which affected mostly the Southern and Western parts of India, Tsunami in 2004 affected badly to the regions of South, landslides in the region of North East and Uttarakhand and the outbreaks of SARS and MERS are some of the examples which reflects the downward growth in hospitality sector. However, the tourism and hotel industry proved its resilience by getting businesses back to normal. (Stefan Gössling). But the situation like Covid -19 has arised for the first time in the WorldThe major business hotspots in India like Bangalore, Jaipur, Delhi, Calcutta and Hyderabad saw drops in the occupancy level as well as the RevPAR ((2020)) which will have a direct correlation to the jobs lost in the hospitality sector. The Indian tourism and hospitality industry is

predicted to lose at least 70% of its workforce due to redundancies, indicating the extent of the impact of COVID-19 on this sector. Industry experts predict that the hotel industry at large will suffer substantial losses unless there is major governmental intervention. (Mazumdar). As per the NCAER report in response to the question raised to the Tourism Ministry in Parliament, Lok Sabha MPs Ramesh Kaushik and Kaju Bista replied that the jobs lost are 14.5 million, 5.2 million, 1.8 million in 1st, 2nd and 3rd quarter respectively after the imposition of lockdown.

LOSS OF FOREIGN EXCHANGE EARNING

The expenditure incurred by the tourists in the host country is one of the biggest source of foreign exchange for the any country. Many tourism sector of many countries in the world like Lebanon, Thailand, Cambodia, Maldives etc.contributes more than 10% to their GDP. According to the article published the Indian tourism industry is projected to book a revenue loss of Rs 1.25 trillion in calendar 2020 as a fall out of the shutdown of hotels and suspension in flight operations after the onset and spread of the Covid 19. (standard b.)

Loss of Investment

India was globally the third largest in terms of investment in travel and tourism with an inflow of US\$ 45.7 billion in 2018, accounting for 5.9% of the total investment in

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the country (IBEF). The post covid inflow received by the industry is US\$15.89 billion.

Impact on Mental Health

While outright panic as a result of this pandemic is unlikely, it can occur as a consequence of mass quarantine. The current state of the COVID-19 illness already paints a picture of inevitable and large-scale quarantine – some of which are already occurring. In the case of mass quarantine, experiencing social isolation and an inability to tolerate distress escalate anxiety and fear of being trapped and loss of control, and the spread of rumours. (Rubin) The effect of job loss also have the massive impact too on the health of individuals and are more vulnerable to depression.

Initiatives by the Government

- GOI released 3 lakh crore under Atmanirbhar package as a collateral free loan for the tourism sector.
- Various schemes like PRASHAD, Swadarshan, Dekho Apna Desh are announced to boost up the tourism and hospitality industry.

CONCLUSION

Therefore, there is no doubt Covid has impacted the every sector tremendously but as it is said the travel and tourism industry is the one which is hit primarily in case of mishappenings and the disasters and is the last one to recover. Though the GOI has been

trying constantly to recover the industry but still there is a lots of opportunities for the revival of tourism sector in near future.

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STUDY OF THE ENABLING FACTORS AFFECTING THE HOSPITAL SAFETY IN INDIAN SCENARIO

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INTRODUCTION

Hospitals are very much part of healthcare industry but in India, it's literally held accountable for the deficient performance of health industry in form of infrastructural support which requires government disburse, private engagement. Conditions of services of hospitals are on the downside for especially government owned in fact there is standard to measure the quality of services in government-owned hospitals. Though in public health hospitals none of the bureaucratic servant whether its nurse or doctor is under the compulsion to perform his duties, rather their only customers are low-income bracket individuals who visit them with presumption is so low about services as long as it's available is all right. The second

biggest drawback is administrative workforce is inexperienced with no idea about basic principles of management about human resources, finances, operations with which they cannot even make basic strategic decisions or provide solutions to problems. Government authorities are yet to introduce of conception about standards and performance management systems without which no cross-checking, verification of Intra departments or between hospitals can be done. (Verma & Gupta, 2013).

The design is something which offers an innovative platform for effective use of technology, control redundancy in functional operations, provide fast track movement of equipment, doctors and the important person

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the patient as a healthcare amenity. There has always been an argument with the marginalization of patient's sociological and psychological state of mind during illness at the time designing a new facility with reference to simple surroundings around him. Designing of healthcare facility more focuses on treatment of malady rather than creating a healthy environment such as vicinity to tranquil patients, personal space for staff to relax. Due to growing awareness about patient's supportive environment as part of functional structural designing of healthcare building in order help the patient subsist stress at the time of illness which will ultimately reduce hypertension, apprehension. (Ulrich, 2000) Whether is private or public hospital there will always be ahead of the department who always administers a substantial number of functional operations especially managing the emergency section which at times is very crowded, alleviate crowding is an effective way to improve patient flow. Many researchers think that creation of separate team for patient flow management where strategically plan on as to how to select set of standards and accordingly measure performance, how to implement strategies with proper blue print , ways to counter challenges for example there is lack of resources available, cultural restructuring, conflicts within staff members your focus should be building sense of team building and use lean quality improvement methods and lastly select group members of at least one

individuals' from each of hospital's departments should be selected for better coordination and planning of strategies . (McHugh & Dyke, 2011)

SAFETY AND SECURITY

Safety and security are one of the main preferences of any infrastructure and healthcare project. Especially when you are building a hospital building in such special case you have to be focused on the safety norms during the construction and well as after the construction all the safety measures required in case of an emergency that is supposed to be implemented in a well-planned manner. the fact that the main clients for the hospitals are the patients and the family members helping the patients in recovery form kind of medical and health issues. The safety and security of the patients, family members, staff and another miscellaneous working in the proximity should be the first preference of the stakeholders and the owner of the hospital project.

SAFETY CLIMATE

Neal and Griffin (2006, pp. 946-7) define safety climate as "individual perceptions of the policies, procedures and practices relating to safety in the workplace". Safety climate is believed to shape workers' behaviour through the expectations they form about how organizations value and reward safety (Zohar and Luria, 2005). A great deal of interest has been given to the extent to which safety climate

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predicts safety performance within organizations (Cooper and Phillips, 2004). There is considerable evidence that strong and positive safety climates are linked to higher levels of safety performance. For example, Tharaldsen et al. (2008) report a significant inverse correlation between safety climate perceptions and accident rates in the offshore industry, while Mearns et al. (2003) showed that offshore installations returning a lower proportion of self-reported accidents were characterized by more favourable safety climates. Varonen and Mattila (2000) report safety climate to be inversely correlated with the accident rate in wood processing companies and, in the Australian health sector, Neal and Griffin (2006) report that safety climate measured at one point in time positively predicted subsequent safety motivation and self-reported safety-related behaviour (Neal and Griffin, 2006). Clarke (2006) conducted a comprehensive meta-analysis of safety climate research and reports a consistent positive link between safety climate and safety performance in prospective studies (i.e. those in which safety performance was monitored after the measurement of safety climate was undertaken). Safety climate has also been linked to an organization's ability to appropriately attribute incident causes and learn lessons from safety incidents (Hofmann and Stetzer, 1998).

OBJECTIVES

1. To identify the factors plays a key role in hospital safety.

2. To prepare a structured questionnaire for the factors.
3. To analyze the factors using RII.

LITERATURE REVIEW

Patients are main reason why hospital exist, in today's world the design of the hospital is the key aspect of every hospital operating in any part of the world, it may be placed where there is integration of substantial ethnic or social or any other communities to serve the people or simply target the territories to capture large landscape are one the few subsets to show commitment and serving the people to help them in case of physical and mental illness. To fulfil patients' needs in case of life threatening situation requires infrastructural facilities at the time he arrives at the hospital where the key channel of flow is the entry point of the hospital to another point the respective rooms such ICU's etc. where he must be taken, which is an integral part of hospital design. Therefore the role of an Engineer is crucial in this aspect, he is the one is responsible for designing a hospital at time of development of the hospital ,his work is to prepare free and fast flow of patients which requires infrastructural designing, even other main aspects such as safe and effective management of air conditioning, electoral power supply, gas infrastructure, ventilation, telephone lines, hospital room design, ramps design, outpatient department and support staff rooms design etc. are too important, in recent times the role of information technology management and computer systems

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management as a newly added role which engineer have to design as well as manage, without data management to manage patients' track record is difficult. (Khambete, 2015)

THE PART OF HOSPITAL OUTLINE IN PATIENT SAFETY

Hospital configuration alludes to the physical condition that incorporates the indoor condition (e.g., clamor, air quality and lighting), the inside plan (e.g., furniture, apparatuses and materials) and the arrangement (e.g., relative areas and adjacencies of spaces) of a hospital. As per the model of framework mishances proposed by Reason, hospital configuration may affect patient safety, straightforwardly or in a roundabout way, as a dormant disappointment and an obstruction.

(Curtis & Gesler, 2007) Reason contends that unfavorable occasions in hospitals are identified with both dynamic and inert disappointments. Dynamic disappointments are risky acts (slips, slips, bungles, botches and procedural infringement) conferred by the general population in coordinate contact with the patient. Interestingly, inert disappointments make nearby conditions that in particular circumstances may prompt dynamic disappointments. Inert disappointments may end up inserted inside frameworks because of wrong choices made by originators, developers, method journalists and best level administration. As a dormant disappointment, hospital configuration can straightforwardly

affect safety results or it can affect staff results adversely (e.g. staff pressure, weakness, inconvenience, absence of control, absence of inspiration, and absence of correspondence) prompting mishances and mistakes.

(Curtis & Gesler, 2007) Reason additionally contends that outline boundaries might be basic to avoiding unsafe mishances in hospitals. While an ineffectively outlined and kept up hospital gives the conditions that encourage mishances, an all-around planned hospital can have inbuilt shields/hindrances that may make it troublesome for these mishaps to happen or that may help stop the chain of occasions before they result in mishances. In any case, hospital configuration can't be considered in segregation concerning patient and staff safety. In all safety circumstances, hospital configuration collaborates with a large group of different variables, for example, the way of life of the association, errands and procedures set up, and apparatuses and innovation. This paper fundamentally centers on the part of hospital outline while perceiving the contributing pretended by other basic elements.

COORDINATE EFFECTS ON PATIENT SAFETY

Parts of hospital outline, for example, air quality, lighting, patient room plan and other inside plan components can straight forwardly affect safety results, for example, nosocomial diseases, patient falls and medical blunders.

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AIR QUALITY AND NOSOCOMIAL DISEASES

Airborne diseases are spread when tidy and pathogens are discharged amid hospital development and because of defilement and glitch of hospital ventilation frameworks. Concentrates in hospitals demonstrate that contagious load noticeable all around might be connected to moistness, temperature and development movement. High proficiency particulate air channels (HEPA) can be profoundly powerful in avoiding airborne diseases in hospitals. Air defilement is minimum in laminar wind stream rooms with HEPA channels, and this approach is suggested for such zones as working room suites and ultraclean-spaces for immune-compromised patients. Yavuz et al. discovered lower rates of sternal surgical site contaminations in the more current working rooms with laminar floor ventilation frameworks and naturally shutting entryways when contrasted with the more seasoned working rooms with standard plenum ventilation and entryways that did not close legitimately.

SINGLE ROOMS AND NOSOCOMIAL CONTAMINATIONS

Ulrich et al. recognized 16 examines connecting the quantity of patients in a space to nosocomial contamination rates. The European Prevalence of Infection Control in Intensive Care think about

revealed a chances proportion for disease of 1.3 in ICUs with in excess of 11 beds contrasted with those with less than 5 beds. This examination, in any case, did not report any discoveries identified with open versus shut room. Mullin announced a reduction in *Acinetobacter baumannii* in mechanically ventilated patients, from 28.1% to 5%, in the wake of moving from a unit with both encased and open patient-mind regions to one with every single private room. When all is said in done, the revealed prove demonstrates that solitary bed patient rooms with top notch HEPA channels and with negative or positive weight ventilation are more viable in averting air-borne pathogens. The confirmation additionally demonstrates that multi-bed rooms are harder to clean and have more surfaces that go about as a repository for pathogens. Based on the investigation discoveries, the 2006 American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities has embraced the single bed room as the standard for all new development in the United States. Furthermore, a few other expert and logical bodies in the UK, the USA, and Europe have distributed ICU plan rules that incorporate comparable outline measures to control Nosocomial contaminations.

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LIGHTING CONDITIONS AND PATIENT RESULTS

An extensive group of writing reports diverse mental and physiological impacts of lighting in hospitals, some of which might be specifically identified with patient safety. For instance, "ICU psychosis" in grown-up patients can be halfway credited to brilliant as well as consistent lighting conditions in ICUs that need night/day signals. A comparable wonder has been depicted among youngsters in PICUs. Moreover, death rate might be higher in dull patient rooms, with sex having differential impacts. Moreover, poor lighting conditions may contrarily affect physiological improvements among babies. These investigations propose that lighting conditions ought to be viewed as more precisely in the outline of patient care zones of a hospital.

LIGHTING CONDITIONS AND MEDICAL MISTAKES

Execution on visual undertakings shows signs of improvement as light levels increment. Buchanan et al. found that mistakes in administering drugs in a high volume outpatient drug store was fundamentally lower at a brightening level of 146 foot-candles (2.6%) instead of the pattern level of 45 foot candles (3.8%). In Alaska, Roseman and Booker found that fifty-eight percent of all

solution mistakes among hospital specialists happened amid the main quarter of the year when light hours were less. Concentrates in workplaces demonstrate the significance of proper lighting levels for complex errands requiring great vision, however no such examination has been accounted for in hospitals.

CLAMOR IN HOSPITALS AND PATIENT RESULTS

Clamor levels in many hospitals are higher than World Health Organization (WHO) proposals. The level of commotion in the ICU ranges from 50 to 75 dB, with pinnacles of up to 85 dB. Parthasarathy and Tobin reports that 20% of all feelings of excitement and renewals among ICU patients are identified with clamor. They contend that rest disturbance can prompt thoughtful enactment and rise of circulatory strain, which may add to patient dismalness. "ICU psychosis" in grown-up ICUs and in PICUs has likewise been mostly ascribed to an abnormal state of commotion in these regions. Normal wellsprings of commotion in hospitals may incorporate phones, alerts, trolleys, ice machines, paging frameworks, nurture move change, staff administering to different patients, entryway shutting, staff discussions, and patient shouting out or hacking. Cropp et al. included 33 distinctive sound flags a respiratory CCU. Ten were basic cautions requiring quick nursing activity, while the others didn't require prompt activity and additionally were pointless. Plainly

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patient safety as it identifies with hospital clamor can without much of a stretch be enhanced if legitimate outline and administration measures are set up.

HOSPITAL PLAN AND PATIENT FALLS

A report by the Joint Commission on Accreditation of Healthcare Organization (JCAHO) refers to the physical condition as an underlying driver in half of patient falls, yet contemplates indicate opposing confirmation on the subject. A current survey and Meta investigation of randomized controlled trials did not discover any proof for the autonomous adequacy of natural alteration programs on patient falls. However, a few examinations demonstrated that most patient falls happened in the patient room and that bedrails were the main plan component connected emphatically with falls. Different investigations demonstrated that extensive multi-mediation procedures that included ecological alterations could be compelling in decreasing falls.

Among particular inside plan components, ground surface can add to occurrence of falls and the seriousness of wounds upon affect. Donald reports less falls of geriatric patients on vinyl floors when contrasted with covered floors in a restoration ward. In any case, this examination needs adequate power. Healy, then again, reports that patients endure more wounds when they fall on vinyl floors versus covered floors. Simpson reports that the sub-floors may

affect the damage from falls with the danger of break being lower for wooden sub-floors when contrasted with solid sub-floors.

EFFECT OF NATURE ON STAFF WORKING CONDITIONS

An ineffectively composed physical condition makes inactive conditions, for example, staff pressure, weariness, inconvenience, burnout and absence of handwashing consistence that may conceivably prompt unfriendly occasions in hospitals.

CLAMOR IN HOSPITALS AND STAFF RESULTS

Studies demonstrate that clamor is emphatically identified with pressure and inconvenience among medical caretakers, and that commotion prompted pressure is identified with enthusiastic depletion and burnout among basic care attendants. Human services staff reports that the too much high clamor levels at work meddle with their work and effect patient solace and recuperation. Blomkvist and associates inspected the impacts of changing the acoustic conditions (utilizing sound engrossing versus sound reflecting roof tiles) on a similar gathering of medical caretakers in a coronary emergency unit. Amid the times of enhanced acoustic conditions, numerous positive results were seen among staff including enhanced discourse

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understandability, lessened apparent work requests and saw weight and strain. There is persuading proof that clamor is an inert condition for blunders in hospitals and systems must be received to decrease commotion.

VARIABLE SHARPNESS PATIENT ROOMS AND EXCHANGES.

Patients are exchanged starting with one room then onto the next as frequently as 3 to 6 times amid their short remain in the hospital keeping in mind the end goal to get the care that matches their level of sharpness. Deferrals, correspondence discontinuities, loss of data and changes in PCs and frameworks amid patient exchange may add to expanded medical blunders, loss of staff time and efficiency.

Hendrich and partners built up an imaginative exhibit venture called the Cardiac Comprehensive Critical Care (CCCC) at Clarian Methodist Hospital in Indianapolis to address patient exchange and related blunders. The undertaking gave diverse levels of care in a solitary patient space to limit patient exchange as keenness levels changed. For this, every patient room was furnished with a sharpness versatile headwall, and all attendants on the unit were prepared to react to patients with shifting keenness levels. The effect of this 56-bed variable sharpness unit on various results was estimated by looking at 2 years of pattern information (before the move) and three years of information after the

move. They detailed huge post-move change in numerous key regions: patient exchanges diminished by 90%, drug blunders by 70% and there was likewise an uncommon decrease in the quantity of falls. This way breaking venture showed the potential effect of sharpness versatile care in managing patient stream and safety issues while enhancing the model of care. Since this venture, numerous hospitals the nation over have received a few varieties of the idea however the effects of these progressions on results stay to be considered.

UNIT DESIGN AND STAFF ADEQUACY

Medical caretakers invest a ton of energy strolling – that incorporates an opportunity to find and assemble supplies and gear and to discover other staff individuals. One examination discovered 28.9 percent of nursing staff time was spent strolling. This came next just to patient-mind exercises, which represented 56.9 percent of staff time. Superfluous strolling prompts a misuse of valuable staff time and adds to weakness and worry among staff.

Studies appear to propose that bringing staff and supplies physically and outwardly nearer to the patient may help lessen strolling. To exploit the thought, numerous hospitals consolidate decentralized medical caretakers' stations and supplies' servers by patient rooms (rather than finding everything at a solitary focal area). Hendrich and associates contend

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that such a design may help decrease strolling and supply trips. Thus, nursing time may increment altogether taking into account a decrease in planned staffing care hours while expanding time spent in coordinate patient care exercises. A top to bottom exchange on how different parts of unit plan, patient room outline and staff zones may add to staff adequacy is given in the audit of best practice cases of grown-up escalated mind units planned in the vicinity of 1993 and 2003 by Rashid.

OPENNESS TO HANDWASHING STATIONS AND HANDWASHING CONSISTENCE

Surface transmission of pathogens represents a greater part of nosocomial diseases and low handwashing recurrence among human services staff (for the most part beneath half) is a key factor adding to this issue. Configuration factors that dishearten handwashing include: trouble of access, poor perceivability, poor stature arrangement, absence of repetition, and wide spatial detachment of assets that are utilized successively while washing hands.

Studies report clashing proof on the impacts of physical outline on handwashing consistence. A few investigations found that handwashing consistence was higher in units with higher sink to bed proportions. One examination found no critical change in handwashing after a move from an open ward

configuration to a design with single patient rooms and higher sink to bed proportions. Trap and partners found that hand cleanliness enhanced amid the examination time frame in 3 intercession hospitals (where mediations included expanded accessibility of liquor based hand rubs, an intelligent training program and a notice battle) yet not at the control hospital (where the main mediation was expanded accessibility of liquor hand rubs). These and different investigations appear to recommend that a multi-technique intercession that incorporates staff training and also simple visual and physical access to sinks, standard areas of sinks in every single patient room, agreeable sink statures and liquor based containers might be more powerful in expanding handwashing consistence.

ECOLOGICAL OBSTRUCTIONS/ GUARDS TO SOCIAL INSURANCE MISCHANCES

Nature possibly goes about as a guard to unfriendly occasions by giving chances to staff and families to counteract mishaps before they happen.

PERCEIVABILITY TO PATIENTS

One critical approach to turn away antagonistic occasions identified with patients is for the staff to be able to watch patients ceaselessly and give help as required. Various decentralized medical caretaker work territories and diagramming nooks beside patient rooms may help encourage this

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movement. Such plans empower the staff to go to patient's needs without delays. In no less than one imminent examination, Hendrich et al. demonstrated that falls were cut by 2/3— from six-per-thousand patients to two-per-thousand—after a move from an old unit with brought together nursing station to another unit with decentralized perception units. Extra research is expected to take in the impacts of decentralization on patient safety.

Perceivability to patients is by all accounts identified with apparent safety also. In a staff review by France et al. at another NICU and PCCU at a kids' hospital (composed with single patient rooms, draperies for protection for families, bigger unit measure, yet with poor sightlines amongst staff and patients), a larger part of the respondents trusted that the office configuration made group correspondence and patient checking troublesome and that it constrained social cooperation among staff. In this manner, while rolling out significant office improvements it is basic to contemplate patient requirements for protection and also staff requirements for observing and correspondence.

NEARNESS OF FAMILY

Another compelling method to deflect unfavorable occasions is to enable the patient's family to be a piece of the patient care process. With a specific end goal to see how cooperation and correspondence

including the patient's family may add to patient safety, Dr. Paul Uhlig and partners directed multidisciplinary cooperative rounds at the patient bedside in 1999 of every a heart surgery program in Concord, New Hampshire. These rounds included the patient's family also. The group took an interest in 10-minute briefings at the patient's bedside toward the beginning of the day, and explored the patient's care design, talked about pharmaceutical and tended to anything that turned out badly in an open, fault free condition. Following these progressions, patient death rates declined altogether. Keeping in mind the end goal to incorporate families as dynamic members in the care procedure it is essential to give spaces to families in the patient room and on the unit where they can spend broadened timeframes. Single rooms have clear preferred standpoint over multi-bed rooms in such manner because of expanded protection. A review of medical attendants in four hospitals found that medical caretakers gave high appraisals to single spaces for pleasing relatives however agreed twofold room's low scores. Notwithstanding these elements, hierarchical approaches, for example, those that cutoff family appearance hours may impact family association and fulfillment with mind.

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The contribution of Indian construction industry to GDP is about 8 % on an average in last 5 years (Planning Commission of India 12th five-year plan, 2015). Indian construction industry provides employment approx. 41 million persons and it is ranked second in providing jobs after Agriculture sector in India. The construction sector is the 2nd largest producer of jobs in India after Agriculture and

still the employment generation and the economic importance of the sector, it encounters issues such as low productivity, delays in completion of projects and lack of professional practices in the industry (Doloi, Sawhney, Iyer, & Rentala, 2012). The construction industry is an important activity within most economies and the GDP get influenced by Construction Productivity and the GDP also influences the Construction industry (Cox et al., 1998, cited in (Madi, 2003). Construction sector strongly affects various other sectors and having a direct impact over various economical, educational, Transportation, and other sectors. Therefore we should pay attention to identify its major challenges to the construction sector and their solutions (Mahamid, 2013). The design is something which offers an innovative platform for effective use of technology, control redundancy in functional operations, provide fast track movement of equipment, doctors and the important person the patient as a healthcare amenity. There has always been an argument with the marginalization of patient's sociological and psychological state of mind during illness at time designing a new facility with reference to simple surroundings around him. Designing of healthcare facility more focuses on treatment of malady rather than creating a healthy environment such as vicinity to tranquil patients, personal space for staff to relax. Due to growing awareness about patient's supportive environment as part of functional structural designing of

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how to select set of standards and accordingly measure performance, how to implement strategies with proper blue print , ways to counter challenges for example there is lack of resources available, cultural restructuring, conflicts within staff members your focus should be building sense of team building and use lean quality improvement methods and lastly select group members of at least one individuals' from each of hospital's departments should be selected for better coordination and planning of strategies . (McHugh & Dyke, 2011).

ATTRIBUTES SELECTED FOR THE STUDY

<i>Sr. No.</i>	<i>Attributes selected for the study</i>
1	Staff in this ward/department work longer hours that is best for patient care
2	We use more agency/temporary staff than is best for patient care
3	We often work in “crisis mode” trying to do too much, too quickly
4	The actions of hospital management show that patient safety is a top priority
5	Staff will freely speak up if they see something that may negatively affect patient care
6	Staff feel free to question the decisions and actions of those with more authority
7	Staff are afraid to ask questions where something doesn’t seem right
8	We are given feedback about changes put into place based on event reports
9	We are informed about events that happen in this ward/department
10	In this ward/department, we discuss ways to prevent events from happening again
11	We have patient safety problems in this ward/department
12	When an event occurs, but is caught and identified before affecting the patient, how often is it reported?
13	When an event occurs, but it has no adverse outcome to the patient, how often is it reported?
14	Hospital management seems interested in patient safety only after an adverse event happens
15	There is good cooperation across hospital wards/departments that
16	need to work together
17	When one area in this ward/department gets busy, others help out

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<i>Sr. No.</i>	<i>Attributes selected for the study</i>
18	When an event occurs that could have an adverse outcome to the patient but does not, how often is it reported?
19	My supervisor/manager provides positive feedback when he/she sees a job done according to established patient safety procedures
20	Ease of driving in and out of workshop
21	Processing time decreases
22	Comfort of waiting area
23	Ease of arranging your visit to workshop through appointment call, SMS, service reminder etc.
24	Workshop flexibility accommodate your visit for service/repair as per your convenience
25	Time taken for handing over your vehicle
26	How long have you waited before you were being attended by the staff
27	Mistakes have led to positive changes around here
28	After we make changes to patient safety, we evaluate their effectiveness
29	People support one another in this ward/department
30	When a lot of work needs to be done quickly, we work together as a team to get the work done
31	In this ward/department, people treat each other with respect
32	Hospital wards/departments work well together to provide the best care for patients
33	Staff will freely speak up if they see something that may negatively affect patient care
34	Staff feel free to question the decisions and actions of those with more authority
35	Staff are afraid to ask questions where something doesn't seem right
36	We are given feedback about changes put into place based on event reports
37	We are informed about events that happen in this ward/department
38	In this ward/department, we discuss ways to prevent events from happening again
39	Staff feel that their mistakes are held against them
40	Staff worry that mistakes they make are kept in their personal files
41	We have enough staff to handle the workload

BASIC ROLE OF HOSPITALS IN HEALTHCARE

Patients are main reason why hospital exist, in today's world the design of the hospital is the key aspect of every hospital

operating in any part of the world, it may be placed where there is integration of substantial ethnic or social or any other communities to serve the people or simply target the territories to capture large

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To fulfil patients' needs in case of life threatening situation requires infrastructural facilities at the time he arrives at the hospital where the key channel of flow is the entry point of the hospital to another point the respective rooms such ICU's etc. where he must be taken, which is an integral part of hospital design. Therefore the role of an Engineer is crucial in this aspect, he is the one is responsible for designing of a hospital at time of development of the hospital ,his work is to prepare free and fast flow of patients which requires infrastructural designing, even other main aspects such as safe and effective management of air conditioning, electoral power supply, gas infrastructure, ventilation, telephone lines, hospital room design, ramps design, outpatient department and support staff rooms design etc. are too important, in recent times the role of information technology management and computer systems management as a newly added role which engineer have to design as well as manage, without data management to manage patients' track record is difficult. (Khambete, 2015)

Efficient HC processes call for clever office outline (FD) (Ulrich et al., 2008). New advancements, for example, Lean thinking (Womack and Miller, 2005; Liker and Meier, 2006; Reijula and Tommelein, 2012) may demonstrate valuable and could, therefore, be utilized as a part of the FD process (Grunden and Hagood, 2012; Reijula et al., 2014). Also, amid late year's progressed computerized techniques, for example, 3D (and 4D) perceptions and Building Information Models (BIM) have been presented in cross-disciplinary outline and decision-making reasonable additionally for HC offices (Fischer et al., 2005; Irizarry et al., 2014). Both are more often than not done utilizing the proper PC programming. The 3D perceptions show the qualities of a proposed structural outline and enable the client to get a handle on the different subtle elements (spatial, stylish, furniture, and so forth.) engaged with the decision-making stage. In BIM process, advanced portrayals of physical and practical attributes of spots are created, after which BIM can be traded between partners to help decision-making about a place. As the general population division is essentially in charge of giving HC services for the Finnish population, it would be useful for all that HC FD information would be openly shared.

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The planning stage of hospital construction is critical, infrastructural is the main pillar to deliver health services to people in any part of the world, many things such as quality, distribution and functionality are a major contributors to health services in terms of equity, accessibility, availability, the efficiency of hospital services. In developing countries we see that infrastructure in hospital domain have poor results in terms of standard measures of construction, dismal locations, lack of maintenance, poor design, inefficient funds to support the project which in indirectly or directly impact the poor more than the richer, decentralization of hospital services have no effect on effective working environment in hospitals because lack of resources by means to upgrade or maintain them are not available with the local government authorities. But it's the international agencies who are investing in form of financial support such as AMDD in countries like Bangladesh India, Nepal may provide scope to improve the quality of service especially to support the poor. (Mavalankar & Ramani, 2005).

Hospitals now days are playing a vital role for well-being, healthy geography, they are often referred as a means for social

space of solutions for mental and physical landscape recovery. Modern day theorist considers this as a therapeutic area where they contribute to the symbolic, social and physical well-being of individuals. Back in the early days of industrial revolution with technology advancement alongside development of environmental psychology and cultural diversification formed from social theories evolved a 'new' cultural geography concept where the building design, structural designing of hospital buildings come the ideas of health consumerisms, hospital settings, marginalization of hospital area safety came from infrastructure design, and last from the concept of humanistic approach come the ideas of important of treatment, views, beliefs about various diseases based on the real life experiences of people sourced from stories, future and past requirements. (Curtis & Gesler, 2007)

Sustainability issue is another problem in hospitals, as a result certification such as LEED Green Building Certification has been more common in hospitals. In the 90's, it was general view of owners of hospitals that once an existing facility is renovated or a new facility is required to be built after completion, it will be fully functional, should be able meet certain standards as most construction projects

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which was moreover job of construction agents or constructors to make sure. But in recent times commissioning of building systems is common practice in the construction process. In hospitals functional requirements are different from many facilities, facilities are provided for the patients, on the other hand commissioning if adopted correctly ensures proper functioning of systems, for instance, simple operating rooms which have good cross ventilation system or MEP systems which operates 24/7 in a year and provide a good working environment of surgical technologists. (Toombs, 2007)

On the one side, construction management integrated with operations management could work towards attaining strategic relevance but any issue between them can showcase deficient performance. Predetermined strategic plans must be supported with a well-written hospital design and predetermined infrastructure plan which provide a platform for cross functional interactions between owners and constructors. On the other hand, once decided between both parties, the building is under construction, now comes the role setting up administrative standards to tap work in progress and then accordingly report the progress to owners. (Godley & Shakantu, 2016).

The previous paragraph explains an appropriate solution but still the problem of uncertainty in terms of simple demand for health services which affect the long-term planning for design complex operational and functional engines. They have on a continuous basis interact with unstructured built in systems with them like in case of innovation in services support, technological up-gradation, we even have counter balance between excess of supply, in case number beds are high but the demand is less in large hospitals this is necessary because to maintain balance between community and hospital engagement. Therefore, hospital buildings tend to be sophisticated to handle extensions and alterations which are indeed expensive. (Barlow & Köberle-Gaiser, 2008)

ROLE OF HEALTHCARE IN NATION BUILDING

Hospitals now days are playing a vital role in well-being, healthy geography, they are often referred as a means for social space of solutions for mental and physical landscape recovery. Modern day theorist considers this as a therapeutic area where they contribute to the symbolic, social and physical well-being of individuals. Back in the early days of industrial revolution with technology advancement alongside

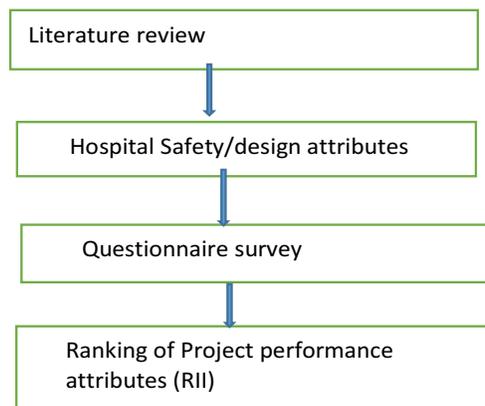
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RESEARCH METHODOLOGY

For this research study, a poll overview strategy or (questionnaire survey method) has been adopted to "identify and analyze the enabling factors affecting hospital safety". First, the impact of various attributes/variables on hospital safety has been analyzed through the Relative importance index (RII) and secondly the principal component analysis is performed to form construct/factors and their factor loadings were further analysed using spices software. The method is utilised broadly in various worldwide research papers as discussed above in the literature review.

RESEARCH DESIGN



A developing assortment of research demonstrates that hospital configuration may straightforwardly affect safety in hospitals. It might likewise in a roundabout way affect safety by activating antagonistic occasions that reason damages to patients

and staff. Furthermore, hospital configuration may likewise affect safety in hospitals by functioning as a boundary to destructive occasions. This is a rising field of research, and the impacts of hospital outline on safety are not generally surely

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knew. There is no single database in the field. Superb research articles are additionally uncommon, in light of the fact that numerous jumbling factors are available. Therefore, this audit incorporates confirm that was not generally produced in basic care settings. In any case, all confirmation introduced here ought to be applicable to basic care too.

DATA ANALYSIS

Data Collection Method

The main instrument used for data collection in this research was the questionnaire; the responses have been collected by means of face-to-face interviews, online google forms and by visiting the hospital facilities throughout the Delhi-NCR region by the author. Respondents were made a request to rate the attributes/variables for productivity and customer's satisfaction using a Likert scale 1 to 5 (Rami Huges, 2014), (Dixit, Mandal, Sawhney, & Singh, Area of linkage between lean construction and sustainability in Indian construction industry, 2017) the responses collected through a fair and holistic approach to provide equal chance to all the stakeholders involve in the automobile service industry (Pandey, Dixit, Bansal, Saproo, & Mandal, 2017). Heterogeneity in the example review was kept up by moving toward the gatherings of those respondents, those were speaking to the imperative parts *hospital units in delhi-NCR*.

3.2 Data Collection

A structured questionnaire is floated to 550 number of respondents who were in the different parts of the healthcare industry and 229 valid responses were received out of 550 with a response rate of 41.7%. The respondents were asked to rate their responses over the Likert scale rating from 1 to 5 for the attributes/variables impacting healthcare safety. The questionnaire header part contains useful information about the study and then contains some basic information about the respondent for the study. In the questionnaire, space is provided at last to write some comments if they have any about the study or the questionnaire. The questions were designed in such a way that they were simple and can easily understand by the respondents. A total of 43 variables selected for the study and shared with healthcare/hospital industry experts working on different locations through-out Delhi-NCR region. Distribution of the sample has been explained in terms of graphs i.e. occupation, age, gender, income level and brand of the vehicle responded owned from figure 2 to figure 6 mentioned below.

The overall satisfaction of the respondents towards the safety of the patents in hospitals/healthcare was gauged using a questionnaire containing close-ended question, which were designed to ascertain satisfaction level of the respondents using a 5-point Likert scale with following options: highly satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied and highly dissatisfied having Likert

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scale rating of 1, 2, 3, 4 and 5 respectively (Dixit, Mandal, Sawhney, & Singh, Relationship between skill development and productivity in construction sector: A literature review, 2017). The respondents were asked to read the questions and then choose the option for their response. Questions were explained to them if the respondent did not understand a particular question. It was noticed that the numbers (1-5) did not have linear scale intervals, nor did they demonstrate equal intervals (Naoum, 1998). A relative importance index (Rii) was applied to prioritise the severity of the factors” (Iyer & Jha, 2005) (Lim & Alam, 1995) (Enshassi, Mohammad, Mustafa, & Mayer, 2010) (Dixit, Pandey, Mandal, & Bansal, 2017).

Research and Statistical Tools Employed

The research and statistical tools employed in this study are reliability analysis (Rii). SPSS 16 was used to perform statistical analysis. Both Bartlett’s test of sphericity and Measure of Sampling Adequacy (MSA) were also carried out to ensure that the requirements of factor analysis were met (Tran & Tookey, 2011).

Reliability Analysis

Table II Reliability Cronbach's alpha for the attributes

The dependability investigation is required to guarantee the build of the model after some time (i.e. consistency of measured traits and scale), Cronbach's alpha test was performed on whole information. The estimation of $C\alpha$ could be

somewhere around 0 to 1, where a higher esteem indicates the more prominent inner consistency and the other way around. The previous researcher provides a general guideline that applies to most of the circumstances such as a value of more than 0.9 for $C\alpha$ is considered as great, value of 0.8 to 0.9 is considered as superb, value of 0.7 to 0.8 is considered as good, value of 0.6 to 0.7 considered as satisfactory and a value of less than 0.5 is to be considered as unsatisfactory. The estimation of $C\alpha$ for all properties computed is 0.91 which is thought to be great for the study (Mavalankar & Ramani, 2005).

Relative Importance Index

$$R_{ii} = \frac{\sum_{r=1}^5 r * n_r}{5N} \quad (1)$$

r is the rating on a Likert scale (1-5) as for the impact on construction efficiency for a specific element influencing construction profitability, n_r is the number respondents giving a specific Likert scale rating r , N is the aggregate number of respondents to a specific inquiry

The respondents were asked to rate on a Likert scale of 1 to 5 as per their level of severity. The value given to the Likert scale rating is as follows:

1. No effect (or no opinion)
2. Less effect (no or minimal effect)
3. Minor effect (minor problem)
4. Serious effect (medium problem)
5. Very serious effect (major problem)

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It was noticed that the numbers (1-5) did not have linear scale intervals, nor did they demonstrate equal intervals (Naoum, 1998).” Research into healthcare industry has utilised both quantitative and qualitative methodologies, quantitative methodologies incorporate work based models, figure models (Thomas, et al., 1990) and measurable pattern investigation of sources of info like work costs, material costs and property costs (Tran & Tookey, 2011) (Naoum, 1998).” A relative importance index

Most Significant Variables for Patents Safety in Hospitals

According to the sample collected and analysed using Rii the most significant variables for customer service quality parameters are: Staff in this ward/department work longer hours that is best for patient care, we use more agency/temporary staff than is best for patient care, we often work in “crisis mode” trying to do too much, too quickly, the actions of hospital management show that patient safety is a top priority, and important patient care information is often lost during shift changes having relative importance index (Rii) of 0.74, 0.74, 0.69, 0.69 and 0.69 respectively (Dixit, Pandey, Mandal,

(Rii) was applied to prioritise the severity of the factors” (Iyer & Jha, 2005) (Lim & Alam, 1995) (Enshassi, Mohammad, Mustafa, & Mayer, 2010) (Dixit, Pandey, Mandal, & Bansal, 2017) (Dixit, Mandal, Sawhney, & Singh, Area of linkage between lean construction and sustainability in Indian construction industry, 2017) (Dixit, Mandal, Sawhney, & Singh, Relationship between skill development and productivity in construction sector: A literature review, 2017)

& Bansal, 2017).

Significant Variables for Patents Safety in Hospitals

According to the sample collected and analysed using Rii the significant variables for patents safety parameters are; Problems often occur in the exchange of information across hospital wards/departments, shift changes are problematic for patients in this hospital, patient safety is never sacrificed to get the work done, our procedures and systems are good at preventing errors from happening, and it is just by chance that serious mistakes don’t happen around here having the Rii value of 0.68, 0.66, 0.67, 0.67 and 0.67 respectively.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy

Table IV (KMO) table

<i>Kaiser-Meyer-Olkin measure of sampling adequacy</i>	0.804
Bartlett's test of Sphericity Approx. χ^2	3943.84
Degrees of freedom	1540
Significance	0.000

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Table 4 RII table

<i>Rank</i>	<i>Total responses</i>	<i>Total score</i>	<i>RII</i>	<i>Attribute name</i>
1	229	850	0.74	Staff in this ward/department work longer hours that is best for patient care
2	229	846	0.74	We use more agency/temporary staff than is best for patient care
3	229	794	0.69	We often work in “crisis mode” trying to do too much, too quickly
4	229	791	0.69	The actions of hospital management show that patient safety is a top priority
5	229	785	0.69	Important patient care information is often lost during shift changes
6	229	832	0.68	Problems often occur in the exchange of information across hospital wards/departments
7	229	773	0.68	Shift changes are problematic for patients in this hospital
8	229	772	0.67	Patient safety is never sacrificed to get the work done
9	229	770	0.67	Our procedures and systems are good at preventing errors from happening
10	229	769	0.67	It is just by chance that serious mistakes don’t happen around here
11	229	768	0.67	We have patient safety problems in this ward/department
12	229	765	0.67	When an event occurs, but is caught and identified before affecting the patient, how often is it reported?
13	229	764	0.67	When an event occurs, but it has no adverse outcome to the patient, how often is it reported?
14	229	759	0.66	Hospital management seems interested in patient safety only after an adverse event happens
15	229	820	0.66	There is good cooperation across hospital wards/departments that
16	229	755	0.66	need to work together
17	229	745	0.65	Hospital wards/departments work well together to provide the best care for patients
18	229	744	0.65	Staff will freely speak up if they see something that may negatively affect patient care
19	229	743	0.65	Staff feel free to question the decisions and actions of those with more authority
20	229	742	0.65	Staff are afraid to ask questions where something doesn’t seem right
21	229	740	0.65	We are given feedback about changes put into place based on event reports

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<i>Rank</i>	<i>Total responses</i>	<i>Total score</i>	<i>RII</i>	<i>Attribute name</i>
22	229	740	0.65	We are informed about events that happen in this ward/department
23	229	736	0.64	In this ward/department, we discuss ways to prevent events from happening again
24	229	734	0.64	Staff feel that their mistakes are held against them
25	229	730	0.64	Staff worry that mistakes they make are kept in their personal files
26	229	728	0.64	We have enough staff to handle the workload
27	229	728	0.64	Mistakes have led to positive changes around here
28	229	727	0.63	After we make changes to patient safety, we evaluate their effectiveness
29	229	805	0.63	People support one another in this ward/department
30	229	719	0.63	When a lot of work needs to be done quickly, we work together as a team to get the work done
31	229	716	0.63	In this ward/department, people treat each other with respect
32	229	800	0.62	When one area in this ward/department gets busy, others help out
33	229	713	0.62	When an event occurs that could have an adverse outcome to the patient but does not, how often is it reported?
34	229	711	0.62	My supervisor/manager provides positive feedback when he/she sees a job done according to established patient safety procedures
35	229	703	0.61	Ease of driving in and out of workshop
36	229	790	0.61	Processing time decreases
37	229	682	0.60	Comfort of waiting area
38	229	643	0.56	Ease of arranging your visit to workshop through appointment call, SMS, service reminder etc.
39	229	641	0.56	Workshop flexibility accommodate your visit for service/repair as per your convenience
40	229	626	0.55	Time taken for handing over your vehicle
41	229	573	0.50	How long have you waited before you were being attended by the staff

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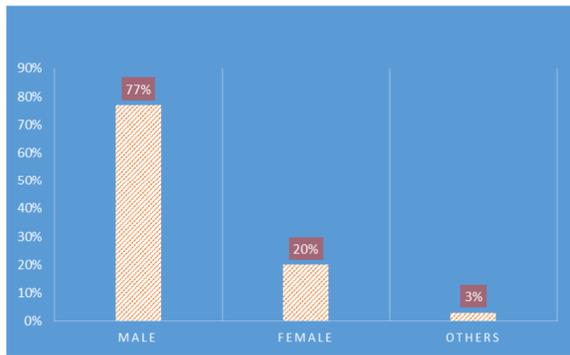


Figure 2 Respondents Demography

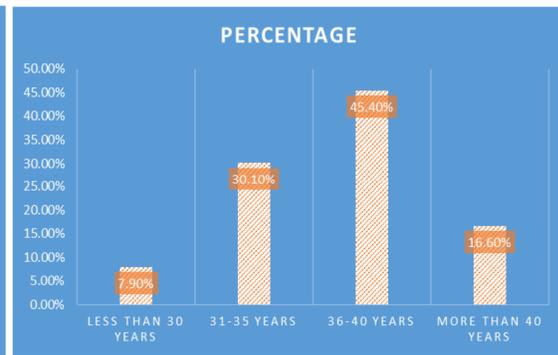


Figure 3 Respondents Profile

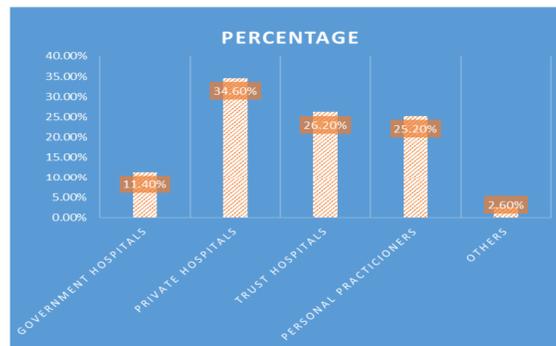


Figure 4: Sample Cohorts Covered in the Study

CONCLUSIONS

Hospital design may help improve patient safety directly by reducing nosocomial infections, patient falls, medication errors and, sometimes, even by reducing patient morbidity and mortality. Hospital design may also help improve patient safety indirectly by reducing staff stress, staff walking and patient transfer, and by improving handwashing compliance. In contrast, very little has been reported recently on the role of hospital design as a barrier to adverse events in hospitals. While research on the links between

hospital design and safety has grown over the last few years, there is still a need for more focused studies. Some reported contradictions on these links also need to be resolved. Meanwhile, the growing body of evidence in the field may already have an impact on how hospitals should be designed in the coming years (Curtis & Gesler, 2007). Social infrastructure projects such as hospital construction projects are complex in nature and having a very high operational costs associated with them. In the health care services delivery system, denial of the

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infrastructure forms creates a huge loss for the human and other resources. Services of the patients, availability of the required equipment, efficiency and emergency medical services are directly associated with the infrastructure of the hospital. In today's world, the design of the hospitals is playing an important role. In case of life threatening situation requires infrastructural facilities at the time he arrives at the hospital where the key channel of flow is the entry point of the hospital to another point the respective rooms. This study is covering all the major aspects where researchers have explored the reasons for a quantitative approach. Research results are conclusive in nature. This article reviews the recent research literature reporting the effects of hospital design on patient safety. Features of hospital design that are linked to patient safety in the literature include noise, air quality, lighting condition, patient room design, unit layout, and several other interior design features. Some of these features act as latent conditions for adverse events and impacts safety outcomes directly and indirectly by impacting staff working conditions. Others act as barriers to adverse events by providing hospital staff opportunities for preventing accidents before they occur.

While the evidence linking hospital design to patient safety is growing, much is left to be done in this area of research. Nevertheless, the evidence reported in the literature may already be sufficient to have a positive impact on hospital design.

LIMITATION OF THE STUDY

The research paper is based on the 229 responses received through a structured questionnaire which seems to be small in size and the variables and factors highlighted through the research needed to be validated through some kind of model and industry participation. Keeping in mind the end goal to build up this exploration further, a focus examination of the vital discoveries of the review with the professionals is already in progress (Barlow & Köberle-Gaiser, 2008).

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A GREAT REVOLUTION IN HEALTH CARE: TRADITIONAL MEDICINES

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ABSTRACT

The increased commercial interest in traditional medicine has made international and national communities to revise and amend their law to protect their unique systems and reward local indigenous communities to whom knowledge essentially belongs. This paper is an effort to define traditional medicine and its relevance across the people in Indian tribal areas. How people in ancient India attracted people across the world to get benefited by this medicinal heritage. Of course it was a pious blessing for people of India who arranged their bread and butter with the help of traditional medicine. Traditional medicines are the most valuable asset for the developing countries like India. India is a natural resources rich country and very popular for their traditional assets like Ayurvedic medicines and other kind of herbs.

The key focus in this paper on people living in tribal areas are having the skills to identify right herbs and shrubs to treat patients and it could be commercialized for the benefits of all those and improve their lively hood. Available literatures indicated that there are great uses of traditional medicines in India and it was only available option for the patients. Apart from that due to side effects of synthetic products, herbal products are gaining popularity in the world market. In spite of well-practiced knowledge of herbal medicine and occurrence of a large number of medicinal plants, the share of India in the global market is not up to the mark. The present study deals with the measures to be adopted for global promotion of Indian herbal products.

Key Words: Herbal medicine, Traditional medicine, Ancient India, R &D and TRIPs

INTRODUCTION

In some countries, the terms complementary medicine, alternative medicine or non-conventional medicine are used interchangeably with traditional medicine. However, those terms refer to a broad set of health care practices that are not part of the country's *own* tradition and are not integrated into the dominant health care system. World Trade organization and Trade related intellectual property right ship both are interdependable, Due to the Globalization, there has been a lot of challenges came. The resulting Agreement on Trade-Related Intellectual Property Rights (TRIPS) is one of three pillar agreements, setting out the legal framework in which the World Trade Organization (WTO) has operated since the end of the Uruguay Round (Abramson JH).

For the multilateral trading system, TRIPS marked the departure from narrow negotiations on border measures such as tariffs and quotas toward the establishment of multilateral rules for trade-affecting measures beyond borders. This move reflected underlying trends in international commerce. Due to the growth of trade in knowledge and information-intensive goods, the economic implications of imitation, copying, and counterfeiting had in many industries become at least as relevant for international commerce as conventional border restrictions to trade. The Indian Pharmaceutical industry has transformed itself over the past three decades in India, being almost non existing till 1970's,

to now being a prominent provider of Pharmaceutical Products. The Indian Pharmaceutical industry meets approximately 95% of the country's pharmaceutical needs. The present turnover of the Indian Pharmaceutical Industry is approximately \$ 9.0 billion of which the share of exports is 40%. Compared to the global picture, the Indian pharmaceutical Industry ranks 4th in terms of volume, and 13th in terms of value, which is highly significant. The Indian Government has implemented the new product patent regime in India, as India had signed the WTO agreement and since Trade Related Intellectual Property Rights (TRIPS) was a part of WTO agreement, India was bound to implement the provisions of TRIPS agreement. This meant that India had to make significant changes in its patent law and respect the Intellectual Property Right's (IPR's) as done by other WTO member countries. India implemented from 1st January 2005.

Traditional medicine is the sum total of the knowledge, skills and practices based on theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. Traditional medicine has a long history, and while for many traditional medicinal products scientific, *documented* evidence of safety, efficacy and quality is scarce, these products have been "field-tested" for centuries by

thousands of people; much empirical knowledge has thus been accumulated in communities and has been passed on by generations of healers. The World Health Organization therefore advocates a critical, but open-minded attitude to traditional medicines (Alexder. c, 2014).

RATIONAL OF THE STUDY

All developing countries are running with a crucial problem called poverty and they are not able to make available all facilities to their citizen. Healthcare is the most vital problem in this regards. So more than crores people getting die due to unavailability of life saving medicine. Rising R&D costs imply that only giant corporations with formidable R&D, marketing and financial capabilities will be able to afford extensive new drug developments and commercialisations. Since it is difficult for each unit to invest in R&D, to economise on scarce R&D resources and to avoid the probable duplication, pooling of R&D resources and mergers of firms have been identified as possible solutions. Governments, international agencies and corporations are increasingly investing in traditional herbal medicine research. Traditional herbal medicines are naturally occurring; plant-derived substances with minimal or no industrial processing that have been used to treat illness within local or regional healing practices. Traditional herbal medicines are getting significant attention in global health debates. In China, traditional herbal medicine played a prominent role in

the strategy to contain and treat severe acute respiratory syndrome (SARS).¹ Eighty per cent of African populations use some form of traditional herbal medicine, and the worldwide annual market for these products approaches US\$ 60 billion.² Many hope traditional herbal medicine research will play a critical role in global health. China, India, Nigeria, the United States of America (USA) and WHO have all made substantial research investments in traditional herbal medicines. Industry has also invested millions of US dollars looking for promising medicinal herbs and novel chemical compounds.^{4,5} This is still a relatively modest investment compared to the overall pharmaceutical industry; however, it raises interesting ethical questions, some of which are not faced in more conventional drug development.

GAP ANALYSIS

In India Traditional Medicine is being the back bone of the country. Its played important role in meeting the health care needs globally. They are proceeding to do as such at display and will assume significant part in future moreover. The arrangement of drugs which are thought to be Indian in root or the frameworks of solution, which have come to India from outside and got absorbed in to Indian culture are known as Indian Systems of Medicine. India has the remarkable qualification of having six perceived frameworks of medication in this class. They are Ayurveda, Siddha, Unani and Yoga, Naturopathy and Homeopathy. In spite of the

fact that Homeopathy came to India in eighteenth Century, it totally acclimatized in to the Indian culture and got advanced like some other customary framework henceforth it is considered as a feature of Indian Systems of Medicine (Prasad, 2002). Aside from these frameworks there are expansive numbers of healers in the fables stream who have not been sorted out under any class. In the present survey, endeavor would be made to give brief profile of three frameworks to acclimate the peruses about them in order to encourage obtaining of additional data.

Ayurveda actually implies the Science of life. It is assumed that the principal and connected standards of Ayurveda got sorted out and articulated around 1500 BC. Atharvaveda, the remainder of the four extraordinary groups of learning known as Vedas, which frames the foundation of Indian human progress, contains 114 songs identified with details for the treatment of various ailments. From the learning assembled and supported over hundreds of year's two noteworthy schools and eight specializations got developed. One was the school of doctors called as 'Dhanvantri Sampradaya' (Sampradaya implies custom) and the second school of specialists alluded in writing as 'Atreya Sampradaya'. These schools had their separate delegate gatherings Charaka Samhita for the institute of Medicine and Sushruta Samhita for the school of Surgery. The previous contains a few sections managing diverse parts of solution and related subjects. Around

six hundred medications of plant, creature and mineral beginning have been specified in this treatise. Sushruta Samhita essentially manages distinctive parts of basic standards and hypothesis of medical procedure. In excess of 100 sorts of careful instruments including surgical tools, scissors, forceps, and specula and so on are depicted alongside their utilization in this report. Dismemberment and agent strategies are clarified making utilization of vegetables and dead creatures. It contains depiction of around 650 medications and talks about various viewpoints identified with other medical procedure related themes, for example, life systems, embryology, toxicology and therapeutics (<http://www.indianmedicine.nac.in>). Vagabhata's 'Astanga-Hridaya' is considered as another real treatise of Ayurveda. The over three archives are prominently known as 'Brihat trayees' (the enormous or significant three). Notwithstanding these three insightful and legitimate treatises a huge assortment of writing exists as arrangements covering a time of over 1500 years (Prasad 2002).

Till the medieval period it was maybe the main framework accessible in the Indian subcontinent around then to take into account the medicinal services necessity of the general population. It delighted in the unchallenged support and support of the general population and their rulers. This can be considered as the brilliant time of Ayurveda on the grounds that a large portion of the business related to essential ideas, articulation of various standards, and

evolution of various details happened amid this period. The support for the Ayurveda arrangement of drug significantly diminished amid the medieval period, which was set apart by agitated political conditions in the nation and arrangement of attack by outsiders. The disregard turned out to be more awful amid British governs amid which significance was given to Allopathy through authority support. In the early piece of twentieth century enthusiasm for Ayurveda revived as a major aspect of national opportunity development. Individuals' agents even in English India and august states began requesting appropriate measures to create Ayurveda on logical lines (Shukla, 2007)

Characteristic items have an extensive variety of assorted variety of multi-dimensional substance structures; in the interim, the utility of characteristic items as organic capacity modifiers has additionally won impressive consideration. Accordingly, they have been effectively utilized in the disclosure of new medications and have applied a sweeping effect on chemical biology (Hong, J.Y 2017).

From the previous century, the high basic decent variety of common items has been acknowledged from the point of view of physical science. Their viability is identified with the multifaceted nature of their efficient three-dimensional synthetic and steric properties, which offer numerous points of interest as far as effectiveness and selectivity of atomic targets. As an effective case of medication advancement from common items, artemisinin and its analogs are by and by in

wide use for the counter jungle fever treatment. This shows how inquire about utilizing common items has made a huge commitment in tranquilize advancement (Muschiatti 2013). Among anti-cancer medications affirmed in the time period of around 1940– 2002, roughly 54% were inferred normal items or medications propelled from learning. Toward the start of the nineteenth century, the time of "present day" drugs started. In 1805, the in the first place pharmacologically-dynamic compound morphine was disconnected by a youthful German drug specialist, Friedrich Sertürner, from the opium plant (Hamilton 2007). In this way, endless dynamic mixes have been isolated from characteristic items. Among them, some take after their customary uses and the others don't. Afterward, the improvement of manufactured procedures prompted a critical decrease in the significance of normal items, and there were worries that the utilization of some common items for therapeutic purposes may be totally restricted. In any case, normal items are vital for the improvement of new medications, and these items have been in steady utilize. Some sort of meds, for example, anticancer, antihypertensive, and antimigraine prescription, have profited enormously from normal items (Newman 2003).

OBJECTIVE OF THE STUDY:

After a debate among Member of Parliament Our Prime Minister Dr. Manmohan Singh said that there is a large gap between people live in

India and Bharat. The message behind this was the poverty of the large number of people who living below the poverty line. A few percentage of the population availing medical facilities because they belong to upper income group. Still after independence 2 millions of people not medically secure due to the unexplained causes, but one of this is the costly medicine. They still depend over the domestic and local herbs, and using it to make cure the sufferer.

Proposed objective of the study is....

- 1) To find out the possible role of Traditional medicines in India.
- 2) To find out the impact of unavailability of life saving medicine in India and Bharat.

Future scenario of Traditional Medicine

The above discussion highlights that the impact of IPR will largely depend on the developmental status of the economy such as the availability of technical manpower and infrastructure, capacity of the domestic industry, and so on. A country with a strong domestic industry such as India is in a relatively advantageous position than a country where domestic industry does not have much presence and depends on multinationals. It is true that the impending WTO regime has stimulated the R&D investment in India. Some of the big units have started strengthening their R&D and have also filed number of applications for patents. There is some evidence available regarding the mergers and amalgamations to

pool the human and financial resources (CMIE, 2000) to strengthen the R&D in new product development. These firms will definitely benefit by the stronger protection. Some of the R&D and manufacturing facilities set up in these firms meet the international standards, and they have already been approached by multinationals for conducting research and undertaking manufacturing on their behalf. Besides the R&D investment in traditional chemical based screening, some of the R&D firms are looking for breakthroughs in biotechnology research. With TRIPS allowing the patenting of the living organisms, research in biotechnology is the latest buzzword in the Western pharmaceutical industry. Significant breakthroughs have already been made in the area of stem cells and cloning which have potential cure for some of the dreaded diseases like cancer, Parkinson disease, Alzheimer's and nervous disorders. Cloned animals have been patented and are being used for research purposes. The human genome project or the sequencing of DNA, which has already spent about \$3 billion, will be highly beneficial for the pharmaceutical companies to identify the toxicity of the new drugs on different population or in knowing the reasons for prevalence of certain diseases in specific regions or communities.

An intellectual approach of Traditional Medicines in India

The subcontinent of India has a large and well-trained force of practicer of modern

medicine. In addition, it has several types of traditional medicine, the largest of which is called Ayurvedic medicine. The ancestry of this type can be traced back 3,000 years or so, but it evolved into its current form from about 500 BC. Based on Sanskrit texts, it has a wide following at every level of society. It is governmentally supported, has a defined curriculum, and has schools that grant degrees. Some of these schools are part of universities that may also have a modern medical school. Like other major types of Asian traditional medicine, Ayurvedic medicine is based on humoral theories. That is, the human body is considered a microcosm of the universe. The seven body substances bone, flesh, fat, blood, semen, marrow, and chyle are the product of three humors kapha, or phlegm, pitta, or bile; and vata, or wind. Health depends on the equilibrium of these humors, and sickness is disequilibrium. The point of equilibrium depends on age, sex, temperament, climate, nutrition, and the nature of daily activities.

Many more yet to come in the way of Traditional Medicine

Medicinal herbs have been in use in one form or another, under indigenous systems of medicine like Ayurveda, Sidha and Unani. India, with its traditional background, needs to increase its share in the world market. But unlike China, India has not been able to capitalize on this herbal wealth by promoting its use in the developed world, despite their renewed interest in herbal medicines. This can

be achieved by judicious product identification based on diseases prevalent in the developed world for which no medicine or palliative therapy is available. Such herbal medicines will find speedy access into those countries. Majority of such kind of herbs which is useful for the development of traditional medicine available in bulk. Governments, international agencies and corporations are increasingly investing in traditional herbal medicine research. Yet little literature addresses ethical challenges in this research. In this paper, we apply concepts in a comprehensive ethical framework for clinical research to international traditional herbal medicine research. We examine in detail three key, underappreciated dimensions of the ethical framework in which particularly difficult questions arise for international herbal medicine research: social value, scientific validity and favorable risk-benefit ratio. Significant challenges exist in determining shared concepts of social value, scientific validity and favorable risk-benefit ratio across international research collaborations.

Global emergence of Traditional Medicine

In most Asian countries, even though allopathic medicine is available, traditional medicine is still very popular, for historic and cultural reasons. This is even the case in a highly developed country like Japan. Similarly, in other industrialized countries, the use of complementary and alternative medicine is increasing - in 1993, a landmark

A Great Revolution in Health Care: Traditional Medicines

survey found that 1 in 3 adults in the US use some form of alternative medicine, and this seems to have increased since. As a result, in 2000, the world market for herbal medicines including raw materials- has been estimated at 43 billion US dollars (see also figure 2). Furthermore, it is interesting to note that, in

the US, OTC sales of herbal medicines doubled between 1991 and 1994, and then again between 1994 and 1998. Similar steep increases in sales of herbal medicines have been reported in the EEC, while growth in sales was even faster in China and Korea.

Ministry of Ayush Budget (Crores)

Head	Plan	Non Plan	Total
Budget Estimated (2016-17)	28	NA	28
Revised Estimate (2016-17)	NA	NA	NA
Expenditure Up to 2019	14.7		14.7

CONCLUSION

After the finding this work has concluded the role of traditional medicine. In recent past there were a lot of herbs and shrub available for the treatment of the sick people. Technology was not so updated and there was no presence of allopathic medicines. Population suffered with many crucial and chronic diseases which were curable at that time. It is clear now that majority of the Indian Pharmaceutical companies are satisfied with the efforts of the Indian Government in helping them cope up with the challenges of the price war. However some companies are not happy with the Government that it has not done enough to help them. They want the Government to help them specifically on the issue of drug pricing. But ultimately this is burden not over the companies but on the People. The Government of India should solve the problems of the pharmaceutical companies because the introduction of the product patent has already hit the pharmaceutical companies hard. The Indian pharmaceutical companies entrepreneurs are already becoming disinterested (example: Ranbaxy which is India's

largest pharmaceutical company has sold out to Daiichi Sankyo of Japan) and if slowly MNC pharmaceutical companies take over the Indian pharmaceutical industry then MNC companies will price medicines higher and the common man of India will be a sufferer. The prevalence of a variety of climatic conditions puts India in a supreme position with respect to richness of medicinal flora. As such, India should occupy a significant position in the world trade of botanical drugs. India should focus on agro technology, process technology, standardization, quality control, research and development of herbal drugs. Now, the time has come to compile and document available knowledge on our valuable plant resources and to prove their utility scientifically through detailed photochemical, biological and pharmacological investigations at selected centers in different regions of the country. India should adopt organized cultivation of medicinal plants that have export potential and import substitutions. Efforts should be made to cultivate potential medicinal plants as field crops. Their conservation should be done in appropriate ecological

conditions. In order to push India as a significant player in the global herbal product market, herbal products should be standardized as per WHO guidelines.

SCOPE OF THE STUDY

Every study has a great scope beneath these inceptions. Traditional medicine has a widespread scope for their products. Especially in India where it has a great legacy in their womb. According to the report of Indian Journal of traditional knowledge there is huge contribution of the traditional medicine in present scenario. Majority of established drugs has been developed by the scientist after analyzing the chemical ingredients of herbs and shrubs traditionally used by the tribal and rural people (Vedavathy, July 2003). In Himalayan range, there are plenty of varieties available which played vital role in development of new drugs. Drugs discovery strategies based on natural products and traditional medicines are emerging as an attractive option. Traditional medicine and Ayurveda has become the synonyms to each other. Yet there is great scope of development in traditional resources of Ayurveda in India and Government should spend in research and development.

The major lacuna is not to encourage research and developments on these resources since world fraternity are inclined towards the Indian traditional resources. Few corporate houses are investing money on research and development in Herbal sector. Trade related intellectual property rights encourage and supported this heritage in India and people came forward to invest in this sector, but the pace of research and development is not sufficient.

LIMITATION OF THE STUDY

Increasing demand of the traditional medicine to cure diseases in India there are still several challenges are hindering the effort being made to assimilate the national health. The key challenges are unavailability of the literature and required data which enhance the confidence of medical practitioners. Cutting edge technology and well versed knowledge is also a hurdle in way of success. Advancing the frontier of knowledge in herbal medicine is very low and it's defaming the uses pattern of such available resources.

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