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Relevance of Social Science Concepts to Health Systems Management

Nirupama Prakash

Distance Learning Programmes Division, Birla Institute of Technology and Science (BITS), Pilani 333 031, Rajasthan, India

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ABSTRACT There is a close relationship between sociology and health. There are sociological and cultural determinants for understanding the cause and cure of disease and illness. Medicine and health care are organized as social institutions which can be explained through sociological concepts reflecting on an interdisciplinary approach.

Medicine is a socially defined phenomena. Since medicine is socially constructed it can be best described and explained by examining it from the perspective of social sciences, disciplines that focus on societies and cultures. Concept of social science do speak to the real world of health care. (Denton, 1978). The aim of this article is to explain the social organization of "health system" through concepts related to social structure of society. The article seeks to explain the significance of relationship between health and society, distinguish between concepts of health and medicine, describe the social organization of health system, explain important social science concepts and apply its relationship to "health care organizations" and "health systems"

RELATIONSHIP BETWEEN HEALTH AND SOCIETY

The society is the system of usage and procedures, of authority and mutual aid, of many groupings and divisions of controls of human behaviors and liberties. It is the web of social relationship (MacIver, 1950). Society must be organized and in a well-organized society various processes such as political, social, health system management, economic and cultural are structured and each organ performs its duties efficiently.

The concept of Health has evolved and expanded. In the early 1900s, health was defined biologically, thus restricting health to the absence of death, chronic diseases and /or physical disabilities. In the decades since then, health has undergone a "de-biologization". In the more recent years, a more holistic, multisectoral approach to the determinants of health has emerged which attempts to integrate medicine with health economics, political processes and socio-cultural factors. Here a variety of social, economic, political and cultural issues are seen as additional determinants of society's health (Rodriguez-Garcia & Goldman, 1994)

It is a common notion to consider areas of Health and Medicine from a technical perspective. Take the example of AIDS. The general belief is that AIDS is a medical problem. Now it is widely accepted that sociology has a great deal to say not only about the causes of disease but about their cure as well. Culturally sensitive information and educational strategies that focus on how AIDS is transmitted and how exposure to it can be minimized are important means of reducing the spread of disease. There are numerous cases of people affected by AIDS being discriminated against in their places of work, in their homes, prisons, hospitals and wide variety of social contacts. Thus, respect for human right, tolerance and compassion is needed.

SOCIAL MEDICINE

This has primarily been a European specialty. Pioneers sowed the seeds that medicine is a social science. However, the germ theory of disease and discoveries in Microbiology checked the development of these ideas. Alfred Grotjahn revised the concept of social medicine in 1911 who stressed the importance of social factors in the etiology of diseases, which was called Social Pathology.

Development in the field of social sciences (e.g. sociology, psychology, and anthropology) rediscovered that man is not only a biological

animal but also a social being. Disease has social causes, social consequences and social therapy.

Social medicine is the study of man as a social being in his total environment. Its focus is on the health of the community as a whole. Social medicine stands on two pillars: Medicine and Sociology: In the broad sense, social medicine is an expression of the humanitarian tradition in medicine. It could be identified with care of patients, prevention of disease, administration of medical services or any area in the field of health and welfare.

In the more restricted sense, social medicine is concerned with knowledge based in Epidemiology and the study of medical care of society.

Do you know that "laughter therapy" works wonders for patients with cancer? This is a glaring example of a social behavioral pattern, which has a positive impact on health care. Erdman (1993) points out that Humor is an important part of life. Care should be taken to ensure that humor persists even during the bleakest times for patients, families and medical personnel. Laughter eases the mind, diffuses tension among people and has positive physiologic effects on patients. Thirteenth century medical history depicts laughter as being used as an anaesthetic for surgical procedures. It has also been known to be a treatment for colds and depression.

While laughing, a person experiences an increase in heart rate, which in turn stimulates circulation. Laughter also releases endorphins, which provide the body with natural pain relief. Laughing exercises the muscles used for breathing and movement.

Are you aware that laughing 100 times a day is equal to 10 minutes of rowing and that relaxation follows the stimulation produced by laughter, resulting in a cool-down period with decrease in heart rate, blood pressure and muscle tension?

In addition to its physiologic benefits, humor serves three other functions: communicative, social-interactive and psychological. Nurses can assess the laughter needs of the patients and interject "humor breaks" into the nursing care plan. The bottom line is that the use of humor and laughter with patients and families serves to improve the quality of their lives while it makes the hospital environment more enjoyable for everyone.

How do nurses determine which patients are likely candidates for humor therapy? Some people are not accustomed to humor in their lives. Because nurses and physicians often do not know the background of the patient, it may be helpful to perform humor assessment. The following questions might be helpful.

Do you like to laugh?

Before you became ill, did you laugh a lot?

What makes you laugh? (Give examples such as a comedy, jokes, cartoons)

When is the last time you had a good belly laugh?

With whom do you laugh most. What is about that person that invites you to laugh?

Can you remember a painful experience you have had that was soothed by humor?

What is one area in your life to which you would like to add humor?

If the patient answers "no" to Question #1, then it may be helpful to try to determine the reason (e.g. financial difficulties, cultural limitations, and the nature of disease). A shared laugh between patient and nurse can bridge communication. Sharing humor leads to a caring personal response, which in turn helps to individualize patient care. All people need the "high touch" of laughter to help balance the "high-tech" treatment of cancer.

A variation of social humor in health care known as "play therapy", has been used for years to encourage children to face difficult procedures or discussions (Erdman, 1993).

Remember: "He who laughs – lasts".

CONCEPTS OF HEALTH AND MEDICINE

Health can be defined as a state of mind, physical and social well being. It involves not merely the absence of illness but a positive sense of soundness as well. This definition put forth by WHO draws attention to the interplay of psychological, physiological and sociological factors in a person's sense of well being.

Medicine can be defined as an institutionalized system for the scientific diagnosis, treatment and prevention of disease, illness and other damage to the mind or the body. It is concerned with the physiological and psychological conditions that prevent a person from achieving a healthful state (Appelbaum and Chambliss, 1995).

There is a dichotomy of medicine into two major branches. One of them is called "curative medicine" and the other "public health" or "preventive medicine". With advances in medical and bio-medical sciences, acute infectious diseases could be controlled. However, modern diseases such as cancer, diabetes, cardiovascular disease, mental illness and accidents came into prominence in industrialized countries. These diseases could not be treated or explained on the basis of germ theory of disease.

One can list various factors or causes in the etiology of diseases – namely, social, economic, genetic, environmental and psychological factors. These factors are equally important. Most of these factors are linked to man's life style and behaviour.

Primary objective of curative medicine: The primary objective is the removal of disease from the patient rather than from the mass. It employs various modalities to accomplish this objective, such as diagnostic techniques and the treatment.

Around middle of 20th century, a profound revolution was brought in Allopathic Medicine which has been defined as treatment of disease by the use of a drug which produces a reaction that itself neutralizes the disease, by the introduction of antibacterial and antibiotic agents.

Preventive medicine is applied to healthy people. Its prime objective is prevention of disease and promotion of health. For example, washing eyes early in the morning with strained water of "triphala" soaked overnight would result in combating any eye problems and also ensures no glasses to be worn even after turning 40 !.

THE SOCIAL ORGANIZATION OF HEALTH SYSTEM

The Health System can be broadly defined as the coherent whole of many interrelated component parts, both sectoral and intersectoral as well as the community itself, which produces a combined effect on the health of a population.

The ideal may be to have one unified health system encompassing promotive, preventive, curative and rehabilitative measures. Whether unified or not, a health system should consist of coordinated parts and extend to the home, the workplace, the school and the community (Kleezkowski, 1984).

The health system is usually organized in levels. Primary health care pays particular attention to the point of initial contact between members of the community and health services.

Expensive and specialized needs should be referred to secondary (intermediate) and tertiary (regional or national) levels. It is at the local level that the health care will be most effective within the context of the areas needs and limitations, duly recognizing the users of health systems as social beings in a particular environment.

Role of primary health care in the social organization of health systems: Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination.

Thus thepPrimary health care forms an integral part of the country's health system and of the overall social and economic development of the community. Herein lies its relationship to the social organization of the health system. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work. This establishes the link between the basic unit of health system and society.

Primary health care is an integral part of the overall social and economic development of the community. This means it gives a new direction to the health system and goes beyond the more limited approach based on a system of health services alone.

Some specific services and activities that must be provided to individuals and communities at the local level are listed below:

Education concerning prevailing health problems and method of preventing and controlling them.

MATERNAL AND CHILD HEALTH CARE

Beliefs are ideas about the truth or falseness, right or wrongness, of some thought or action. Norms, values and beliefs constitute non-material aspects of culture about what behaviour and

thoughts are expected, what persons want to do, and about what is believed to be right or wrong to do. These can be examined with in any group. People learn the norms, values and beliefs of any social group through the process of socialization. Norms, values, beliefs, socialization constitute primary elements in the non material culture of a group (Denton, 1978).

People's perception of sickness and health is influenced by their cultural definitions. There are sick roles in every society and to a large extent these are sociologically determined.

According to Talcott Parson's role theory of sickness in modern society, when someone is labelled 'sick' they are expected to behave in certain culturally appropriate ways and to receive culturally appropriate responses from others.

Parsons drew the following conclusions regarding the social construction of illness:

Being healthy is a value in modern society, being ill is to be avoided.

The role of sick person includes the right to be excused from social responsibilities and other normal social roles as well as responsibility for the illness itself.

The role of sick person also includes a normative obligation to seek to get well, and to seek competent medical help in order to do so.

The norms of modern society include the idea that everyone has a right to medical care if they are sick. (Appelbaum and Chambliss, 1995). Parson's Model helps us to understand sickness and health in modern society for it underscores the fact that the sick role is to a large extent sociologically determined (Appelbaum and Chambliss, 1995). There are examples of some illnesses to be culturally defined as legitimate enabling those who suffer from the particular illness to take on the role of a sick person.

Take the example of a person who has Cancer and compare the same to an alcoholic. Think of differences in the culturally accepted response in both the cases. The person with cancer expects to be treated with sympathy and patience. Such an expectation would be contained in the role of "sick person".

Do you think an alcoholic or a person with a drinking problem would be treated with the same parameters? Obviously not!

Appelbaum and Chambliss have highlighted another aspect of social construction of illness. This is manifest in the doctor-patient relationship. In modern society the doctor has assumed the role of authority in all matters of health and medicine. They are treated by their patients with great respect because they have the technical expertise to make the difference between life and death.

Talcott Parsons viewed the unequal power between doctor and patient as functional for proper health care. Parsons argued that it is necessary for physicians to have authority over their patients because the doctors have knowledge and expertise while patients do not.

It has been argued that doctors may be more effective in enforcing social norms and reproducing the domination of experts and professionals than any other social group (Appelbaum and Chambliss, 1995).

MANAGING CULTURE FOR HOSPITAL SYSTEMS

Culture is the shared values and behavior that knit a community together. Culture provides meaning, direction, and mobilization – a social energy that moves the health service organization into action.

Cultural shock occurs when the sleeping organization awakes and finds that it has lost touch with its mission, its setting and its assumptions. New situations demand rapid responses and tough decision making.

An adaptive culture entails a risk taking, trusting and proactive approach to organizational as well as individual life. Members actively support one another's efforts to identify all problems and to implement workable solutions.

A hospital culture is formed based on the organization's mission, its setting and what is required for success: efficiency, product reliability, quality of services provided, advanced medical technology, innovation, hard work and/or loyalty. When the organization is born, a tremendous energy is released as health professionals struggle to make it work. The culture captures everyone's drive and imagination (Fotler, 1988).

Culture manifests itself through shared values, beliefs, expectations and assumptions but it is most controllable through norms.

Fotler, (1998) has listed the following steps

for managing culture that can be used for hospital systems:

Surfacing actual norms: The first step is for all group members to list the actual norms that guide their behaviors and attitudes.

Articulating new directions: The next step is for all group members to discuss where the Health Organization is headed and what type of behaviour is necessary to move forward. This would require certain amount of planning and problem solving methodology.

Establishing new norms: In this step, all group members develop a list of new norms for organization's success. The members can create a new Social Order within the organization.

Identifying culture gaps: The contrast between the desired norms and the actual norms can be immense. This is "cultural gap".

Closing culture gaps: How can a health service organization move its culture from the actual to the desired? Can a hospital be taken from a culture rut and put back on track for solving present and future problems?

There is a great sense of relief, as people become aware that they can live according to different norms and they have the power to change.

If members of the organization and workers decide on taking responsibility for change and feel that the power to change should be part of new culture - it can be so. Power and control are social phenomena, not objective, physical realities.

Any health organization that determines the extent of its culture gaps using the above steps can chart the direction for a culture change.

The culture change should be supported by formally documented system such as strategy, structure, and reward system and right leadership style. This will ensure the organization's success in today's competitive health industry.

APPLICATION OF BELIEF AS A SOCIAL CONCEPT TO MEDICAL INSTITUTION

This relates to existing dilemmas and debates in the structure of medicine. In the preceding paragraphs, belief has been defined as ideas about the truth or falseness, right or wrongness of some thought or action. Beliefs are governed by cultural norms and differ from society to society.

While discussing about belief dilemmas, what immediately comes to mind is the notion of Euthanasia. There are beliefs about manipulating death and the effect of these beliefs on family, society and medical institutions. This would further be governed by societal and cultural values.

There are also belief dilemmas associated with the concept of illness. Denton (1978) has pointed out that Health and Illness are relative concepts, determined in part by culture and historical periods and in part by the health professionals. Certain kinds of phenomena may be considered as illness in one culture and health in another. Each culture also has customs and rituals that are related to the individual's perceptions and values regarding health and illness.

In some cultures, for example in Siberia, the hysteric individual is highly esteemed and even assigned the role of priesthood, denoting authority and prestige, In contemporary American society, coronaries and peptic ulcers are often considered signs of success in businessmen. (Denton, 1978).

An Interesting feature is the medical system used by tribal community in Indian society. Ofcourse the beliefs associated with tribal folk medicine hold true for those who have not been a part of the wider society through cultural contacts. The belief in attributing the cause and cure of disease to supernatural powers is a strong feature of Tribal folk medicine. The magico-religious beliefs are also accompanied by an extensive use of knowledge of herbal medicine.

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