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The Comparative Study of Social Organizations and Hospital

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Abstract: ***Hospital is a social organization and logical combination of the activities of a number of persons with different level of knowledge and skill for achieving a common goal of patient care through a hierarchy of authority and responsibility. Public and professional interest in health services has increased dramatically over the last two decades. Medical sociologists have been interested in the structure, organization, dynamics, and impact of health services for well over 50 years. Sociologists have been instrumental in highlighting the challenges associated with integrating care, as well as the inter- and intra-organizational dynamics that are occurring within increasingly complex healthcare systems (Flood and Fennel 1995; Light 2004; Scott et al. 2000). Understanding these organizational changes is critical because they reflect fundamental shifts in the nature of medical work and the delivery of health services. Today's complex health systems represent fundamentally new configurations of an increasingly broad array of professional expertise that is altering the long standing system of professional. In this, the health care system has been elaborately discussed focusing mainly on hospital system. Following are some of the points focusing on hospital as a social organization. Goffman described hospitals as "total institutions" (referring in particular to asylums for those with mental health problems, but also to hospitals more generally), in which people were isolated from society over a period of time and led life an in enclosed and formally administered way (Goffman, 1968). He argued that, as a result of this experience, people often formed new relationships and attachments dependent on these institutions (i.e. underwent a process of "institutionalization") that could make re-integration into the community on discharge very difficult.***
Keywords: Social organization, Hospital, Medical sociologists, Goffman, system of professional, "institutionalization.

I. INTRODUCTION

Hospital word has been derived from the Latin word **'HOSPES'** meaning 'a **host** or **guest'** o r **'hotel',** hostel. Some also believe that the origin of the hospit al from the word **'HOSPITUM'** a rest house for travelers or night shelter showing 'hospitality' to
Hospital is a social organization and logical combination of the activities of a number of persons with different level of knowledge and skill for achieving a common goal of patient care through a hierarchy of authority and responsibility.
Hospital as a social organization process through grouping the activities in workable units and connected by authority, communication and control.
Public and professional interest in health services has increased dramatically over the last two decades. Medical sociologists have been interested in the structure, organization, dynamics, and impact of health services for well over 50 years.

1) A set or series of interconnected or interdependent parts or entities (objects, organs, or organisms) that act together in a commo n purpose or produce results impossible by action of one alone.
2) An organized set of principles or ideas

The parts of a system can be referred to as its elements or components; the environment of the system is defined as all of the factors that affect the system and are affected by it.
A living system is capable of taking in matter, energy, and information from its environment (input), processing them in some way, and returning matter, energy, and information to its environment as output.
An open system is one in which there is an exchange of matter, energy, and information with the environment; in a closed system th ere is no such exchange. A living system cannot survive without this exchange, but in order to survive it must maintain pattern and o rganization in the midst of constant change.
Control of self.regulation of an open system is achieved by dynamic interactions among its elements or components.

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The result of selfregulation is referred to as the steady state; that is, a state of equilibrium. **HOMEOSTASIS** is an assemblage of organi c regulations that act to maintain steady states of a living organism.

A system can be divided hierarchically into subsystems, which can be further subdivided into susubsystems and components.

A system and its environment could be considered as a unified whole for purposes of study, or a subsystem could be studied as a sys tem.

For example, the collection of glands in the endocrine system can be thought of as a system, each endocrine gland could be viewed a s a system, or even specific cells of a single gland could be studied as a system.

It is also possible to think of the human body as a living system and the endocrine system as a subsystem. The division of a system i nto a subsystem and its environment is dependent on the perspective chosen by the person studying a particular phenomenon.

Public and professional interest in health services has increased dramatically over the last two decades. Medical sociologists have been interested in the structure, organization, dynamics, and impact of health services for well over 50 years.

Our healthcare system has evolved and changed dramatically over the same period, shifting from one focused on providing acute care for immediate and emergent health problems to a more diffuse system struggling to support individuals with chronic and long term conditions while also controlling costs.

Not surprisingly, medical sociological interest in health services has followed suit and expanded to examine a wider variety of settings, conditions, and processes within the formal health care delivery system.

Scholarship initially focused largely on understanding the structural and institutional underpinnings of healthcare systems, and later on exploring the variability in access to health care across social groups.

More recently, sociological health services research has concentrated on the structure of and dynamics within health service organizations and how these factors shape both access and clinical outcomes for different groups and communities.

Before managed care, hospitals operated largely as autonomous units. Today, most are evolving to become the nuclei of wider, regionally focused health networks formed through the acquisition or merger of specialty and allied health care agencies and the development of new ambulatory care facilities (e.g., urgent care centers, outpatient surgery centers) and specialty branch hospitals (e.g., children's, cardiac, orthopedic hospitals; Andersen and Mullner 1989; Cuellar and Gertler 2003; Weinberg 2003).

Sociologists have been instrumental in highlighting the challenges associated with integrating care, as well as the inter- and intra-organizational dynamics that are occurring within increasingly complex healthcare systems (Flood and Fennel 1995; Light 2004; Scott et al. 2000).

Understanding these organizational changes is critical because they reflect fundamental shifts in the nature of medical work and the delivery of health services.

As health care organizations have become more highly specialized, internally differentiated technologically oriented, and more tightly integrated (Scott et al. 2000), the professional boundaries of medical work have blurred.

Initially, medical sociologists suggested that these organizational changes had the potential to lead to the "deprofessionalization" of medicine (Haug 1973)and to undermine physicians' professional dominance within the health care system (Light 2004). Indeed, the greater emphasis on the "business of health care" and the rise of health administrators clearly have changed the traditional role of physicians by reducing or restricting their authority over clinical decision-making (Hafferty and Light1995).

Today's complex health systems represent fundamentally new configurations of an increasingly broad array of professional expertise that is altering the long-standing system of professional. In this, the health care system has been elaborately discussed focusing mainly on hospital system. Following are some of the points focusing on hospital as a social organization.

a) Hospital word has been derived from the Latin word 'HOSPES' meaning 'a host or guest' or 'hotel', hostel.

b) Some also believe that the origin of the hospital from the word 'HOSPITUM' a rest house for travelers or night shelter showing 'hospitality' to the guests.

c) Hospital is a social organization and logical combination of the activities of a number of persons with different level of knowledge and skill for achieving a common goal of patient care through a hierarchy of authority and responsibility.

d) Hospital as a social organization process through grouping the activities in workable units and connected by authority, communication and control.

e) According to World Health Organization:"The 'hospital is an integral part of a social and medical organization, the function of which is to provide the population complete healthcare, both curative and preventive, and whose out-patient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research."

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f) Hospital is a social organization and a rational combination of the activities of a number of persons with different level of knowledge and skills for achieving a common goal of patient care through a hierarchy of authority and responsibility.
g) Hospital organization is very peculiar and differs from other organizations. Hence called a 'MATRIX' organization.
h) Hospital as a 'MATRIX' organization is a mix of product and function where people of similar skills are grouped together to execute activities to achieve organizational objective.
i) In a hospital some part of the organization has scalar type of function while others are informally structured.
j) As a social organization the hospital provides patient care with a multi-functional team comprising of people with different level of knowledge and skill.
k) Hospital, an institution that is built, staffed, and equipped for the diagnosis of disease; for the treatment, both medical and surgical, of the sick and the injured; and for their housing during this process. The modern hospital also often serves as a centre for investigation and for teaching.

II. INTRODUCTION

Social health is more than just the prevention of mental illness and social problems. Being socially healthy means increased degree of happiness including sense of belonging and concern for others.
As we grow, social ties start building their place in our lives. We become a part of different communities around us like, school, college, office etc. These positive relations help us build a support system making us healthier. Social health might seem ignorable and difficult to address yet it stands as one of the pillars of health.
It has been proven with relevant incidence that those who are well integrated in the society have longer and healthier life. A review published in PLoS Medicine indicates that good social relationships are were associated with 50% increase in survival chances.

A. Definitions

As social health is one of the dimensions of health, thus we must know what is health.
1) *Health:* A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO).
2) *Well-being:* The well-being stands for absence of negative conditions and feelings and if not the total absence then presence of more positive aspects than negative ones.
3) *Social Well-being-* It is the ability of the people to be free from want of basic necessities and to coexist peacefully in communities with opportunities for advancement or well-being stands for absence of negative conditions and feelings and if not the total absence then presence of more positive feelings than negative ones.
4) *Social health: a state of well-being:* Social health is a positive dimension of health which is included in the constitutional definition of health of WHO. It is an individual's ability to handle and act based on different social conditions.

B. Need of Social Health

Having healthy relation involves good communication, empathy, and care for family, friends and colleagues. Being self-centered, violent and alone have ill effects on health causing stress and depression which are a threat to self and others.
Social isolation and social exclusion, both are causes of poor chances of survival with a decreased degree of quality of life, depression and increased risk for chronic diseases. These in turn can lead to poor physical and mental health. Hence, the social health can be considered as cause behind the cause.

C. Determinants of Social Health

The factors like unequal distribution of various health-damaging conditions eg. economy, goods and services, access to education, communities etc. determine the social health of a person.
In turn, poor and unequal distribution of these conditions are a result of poor social policies and programs which have a determining effect on the living conditions of an individual's life. per WHO, people have dramatically different life spans depending on places where they are born.
In Japan people tend to live > 80 years, in Brazil, 72 years; India, 63 years; and in one of African countries, the life span is less than 50 years. In turn, Thus, there must exist a balance between social and economic development for overall health of a country.

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D. Dimensions of Social Health

According to Corey Lee M. Keyes, there are 5 dimensions of social health and well- being i.e social integration, social contribution, social coherence, social actualization and social acceptance.

1) *Social Integration:* It is the feeling as a part of society. It explains the extent to which feelings of an individual are related to the society and community. It reflects the commonness of an individual with the others along with the sense of belonging. For being socially integrated, the interdependence on others through norms and fondness is must. Lack of social integration leads to estrangement from society and individual feels socially rejected.
2) *Social Contribution:* It is feeling of an individual's value in society. It reflects self-obligation of a person towards others and whether the behavior of a person affects the society as a whole. To contribute socially, an individual must feel responsible to give something valuable to the world. If not able to do so then an individual may feel alienated from the society. As per Erikson, midlife is the period adults can contribute most to the society and shape the coming generation into productive members of society.
3) *Social Coherence:* It is a state where an individual or a group interact with each other. Interaction among people give rise to new ideas and ability to maintain coherence when faced with undesired and stressful life events.
4) *Social Actualization:* It is positive comfort level with others. There is openness to ideas, efforts and experiences to grow continually. People who can envision this potential in themselves are socially healthy. They realize that they have the ability to make society better and healthier and in turn, they will be the beneficiaries of the social growth.
5) *Social Acceptance:* It is the ability of a person to accept the good and tolerate the bad in society. In order to fit in the community, an individual might behave like others around him/her. People exhibit this behavior to feel comfortable in society.

An individual with good understanding of self and who accepts both good and bad in self is known to have a good social and mental health. Thus, it can be said that the self-acceptance is necessary for social acceptance of others.

E. Strategies To Achieve Social Health

In order to achieve good social health, an individual must be willing to:

1) Sacrifice some time, effort and energy
2) Establish self-identity
3) Develop new relations
4) Spend money with friends
5) Adjust in new environment
6) Not complain about little things

F. Strategies To Improve Social Health

1) *Make Connections*

a) Develop new hobbies by joining groups of reading, drawing, writing, yoga etc.
b) Learn new skills like art, dance, cooking, swimming etc.
c) Volunteer at schools or events outside.
d) Travel and meet new people.

2) *Get Active*

a) Participate in debates and discussions.
b) Join an exercise group or start new outdoor activities with friends.
c) Help parents in household chores.

3) *Build Healthy Relations*

a) Share your feeling with parents or friends.
b) Ask for help in need.
c) Listen to others without being judgmental.
d) Compromise and work on agreements.
e) Avoid conflicts and anger.
f) Disagree but respectfully.
g) Protect yourself from bad company and set boundaries.

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4) Develop healthy Habits in Family

a) Eat healthy food with family members.
b) Go out instead of watching TV or mobile phone.
c) Cook a meal together.
d) Give children a task to do and compliment after they finish.
e) Set rules at home for a disciplined behavior.
f) Spend time with family during holidays or visit a place together.

The social role of hospitals extends far beyond their function in the treatment of patients and has been the subject of some of the best-known work in the sociology of healthcare.

To a large degree, the current social role of hospitals reflects their historical development over time, which it has been argued - passed through four phases (Cockerham, 2014):

- *Centres of Religious Practice:* many of the earliest hospitals were established by religious orders, and treatments administered by monks, nuns and members of the clergy. A primary function of these establishments – besides the treatment of patients – was the extension of charitable and welfare services to those in **"need";**
- *Poorhouses:* the secularization of hospitals during the Renaissance led to a change in their role beyond simply treatment, to provision of food and shelter to the poor;
- *Death Houses:* the development of medical knowledge and technology from the 17th century onwards spurred a change in the way hospitals operated and a rising role for physicians within them. By the 19th century they had adopted their present role as institutions for the provision of medical care, but conditions were often unsanitary and clinical outcomes poor;
- *Centres of Medical Technology:* By the end of the 19th century, hospitals were regarded as places where individuals of all social classes could receive high quality medical care (provided an ability to pay for that care).

III. CONCLUSION

Advances in hospital medicine have not been without disadvantage, however. One of the principal theoreticians of hospitals' modern social function and its potentially detrimental effects was the sociologist, Irving Goffman.

Goffman described hospitals as **"total institutions**" (referring in particular to asylums for those with mental health problems, but also to hospitals more generally), in which people were isolated from society over a period of time and led life an in enclosed and formally administered way (Goffman, 1968).

He argued that, as a result of this experience, people often formed new relationships and attachments dependent on these institutions (i.e. underwent a process of "institutionalization") that could make re-integration into the community on discharge very difficult.

Goffman's contention was that medicine – through its reliance on hospitals was complicit in this process of institutionalization, which could be quite damaging for individual wellbeing.

Positive social functions of hospitals are understood to include, first and foremost, their role as employers.

Hospitals are often among the largest single employers in any given area (of both clinical and non-clinical staff). They also contribute to the local economy as large-scale purchasers of healthcare-related products, services and other goods (food and drink for example).

Finally, they perform an important function as a resource for the wider community: function rooms on hospital sites may be used for public meetings; and sports grounds may be opened to the public (among other examples).

However, hospitals also bring with them a number of negative impacts. First, they can be major direct and indirect polluters of the environment. Directly, hospital sites produce large volumes of clinical waste that are difficult to dispose of by conventional methods. Much of it must be incinerated. Indirectly, hospitals contribute to pollution through the impact of transport to and from work by staff. Secondly in line with Goffman's theory above they can function as agents of isolation and exclusion for patients from the wider community.

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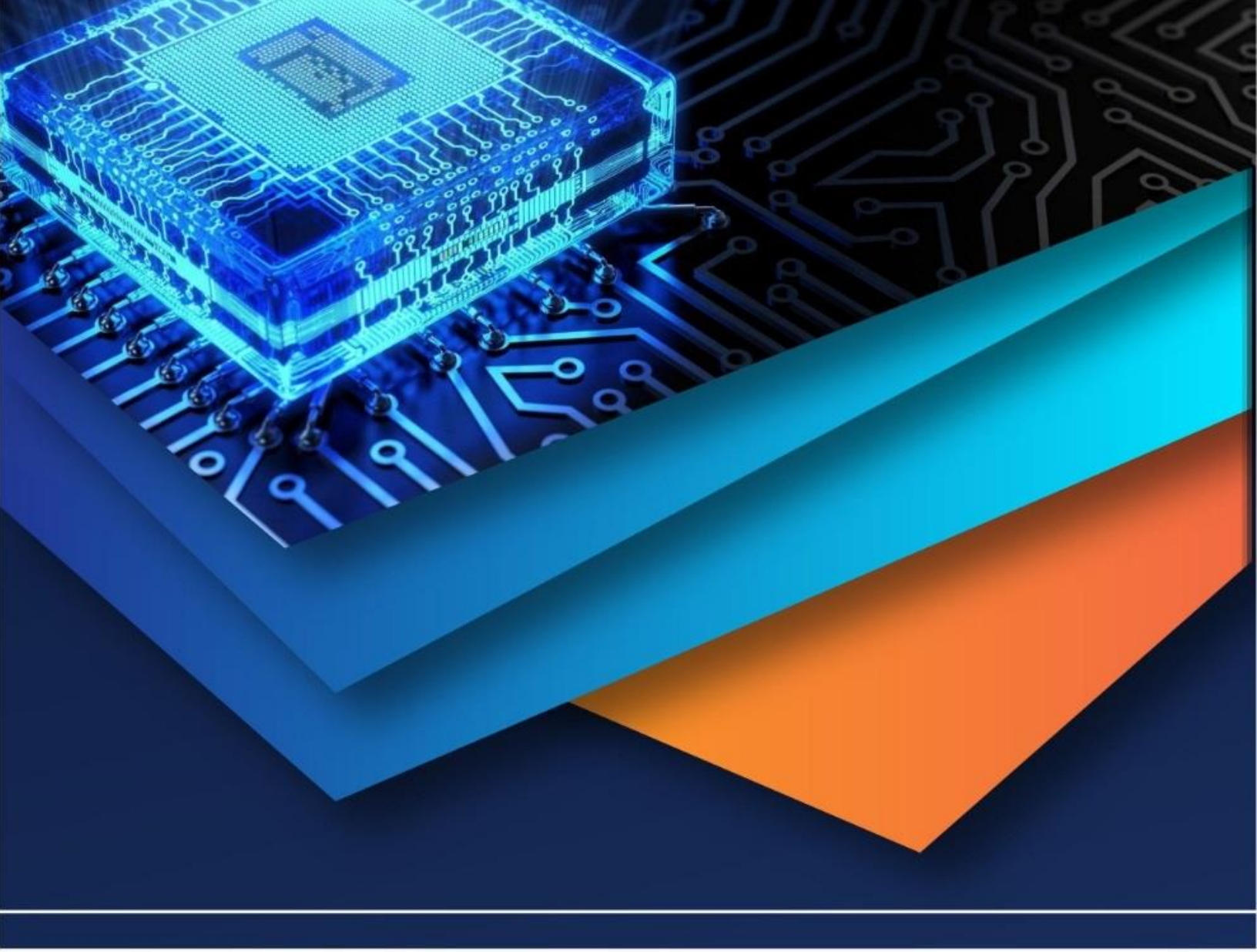

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