

MEDICAL ORGANIZATION – ORIGIN AND FUNCTION

K. RANI LAKSHMI

Professor, IASE University, Sardarshahr, Rajasthan, India

ABSTRACT

In the beginning, hospitals originated not for the purpose of providing only medical care. Their major aim was not to provide medical care but to serve a religious purpose.² Only as religious centers, the hospitals originated. Medical care was used as a tool to serve the religious purpose. As a result, by the end of the 15th century, an extensive network of hospitals existed throughout Western Europe. During the Renaissance period, the religious character of the hospital began to disappear. The secular control of hospitals brought about a decline in the hospital system. The hospitals turned out to be poor houses. The physical conditions of the hospitals were dirty, insanitary, poorly ventilated and crowded. So the death was high in the poor houses. In the second half of the 19th century, there was a marked improvement in the image of the hospitals. The Invention of Stethoscope, Introduction of Anesthetic work, Discovery of staphylococcus, Development of x-ray enabled physicians to provide effective and reliable service to the sick. Now the hospitals are well equipped and they use advanced technology to provide medical care of the patients. The entire health care delivery system is now under the monopolistic control of the hospitals.

KEYWORDS: Hospitals, Medical, X-ray & Patients

INTRODUCTION

In the beginning, hospitals originated not for the purpose of providing only medical care. Their major aim was not to provide medical care but to serve a religious purpose.² Only as religious centers, the hospitals originated. Medical care was used as a tool to serve the religious purpose. Their origin was associated with the rise of Christianity. Besides the church authorities, kings, queens, nobles, wealthy merchants, artisan and craftsmen's guilds and municipalities also founded hospitals. As a result, by the end of the 15th century, an extensive network of hospitals existed throughout Western Europe. Apart from medical care, they provided food, shelter, sanctuary, nursing as well as prayer not only for the poor, even the able-bodied poor were sheltered in the hospitals and given all kinds of help.

During the Renaissance period, the religious character of the hospital began to disappear. The secular control of hospitals brought about a decline in the hospital system. The hospitals turned out to be poor houses. As the poor needed particularly food and shelter rather than medical care, they received boarding and lodging permanently and stayed there regardless of whether they were sick or healthy. Even though the hospitals harbored the poor and sick and provided medical care to them inter alia, such care was in no way effective. The physical conditions of the hospitals were dirty, insanitary, poorly ventilated and crowded. So the death was high in the poor houses. They acquired an image as places where people went to die.

In the second half of the 19th century, there was a marked improvement in the image of the hospitals. The Invention of Stethoscope, Introduction of Anesthetic work, Discovery of staphylococcus, Development of x-ray enabled physicians to provide effective and reliable service to the sick.

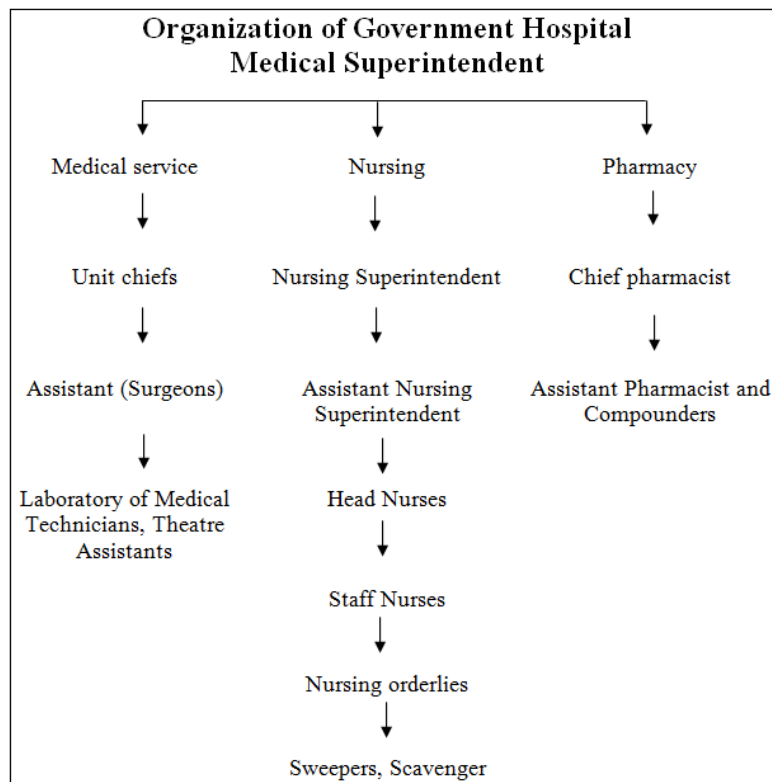
Now the hospitals are well equipped and they use advanced technology to provide medical care of the patients. The entire health care delivery system is now under the monopolistic control of the hospitals. The hospitals have established their reign in the medical system. Their interest in the development of medical technology stems from their intention to provide an efficient medical service as possible to the people. Its existence in society as an institution meant for providing medical service.

SPECIALIZATION OF SERVICES IN THE FIELD OF MEDICINE

According to **Rodney Coe**, as the centre of medical service, modern hospitals have three features. **First**, the work of the hospital personnel is based upon the principle of service-oriented to helping others. **Second**, hospitals employ a universalistic approach in their service-that is they accept for treatment all people who may be sick or injured. **Third**, the hospital care implies custodial nature the patients are housed within the countries of a single location and cared for.

Hospitals have a complex division of labor. The hospital work is divided into a number of tasks and distributed among the hospital personnel. The functioning of the hospitals hinge on the various classes of personnel functioning in concert with one another, that is, to coordinate the various activities, the hospital institutes a system of authority. The system of authority is based on hierarchical order. Those who are in the higher level exercise authority over those who are below them in the order. The formal rules, regulations, and administrative procedures of the system of authority bring about this coordination with the result that the hospitals function as a unity.

Hospitals function in two sectors, namely public and private. There is a hierarchy of authority in both types of hospitals. In a government hospital, there are three lines of authority. It is the Medical Superintendent who controls the three lines of authority, as depicted in the following chart.



MEDICAL SUPERINTENDENT

As the chief of the hospital, he/she has administrative duty to ensure prompt service and to set right any deficiency in service to the patients.

PRIVATE HOSPITAL

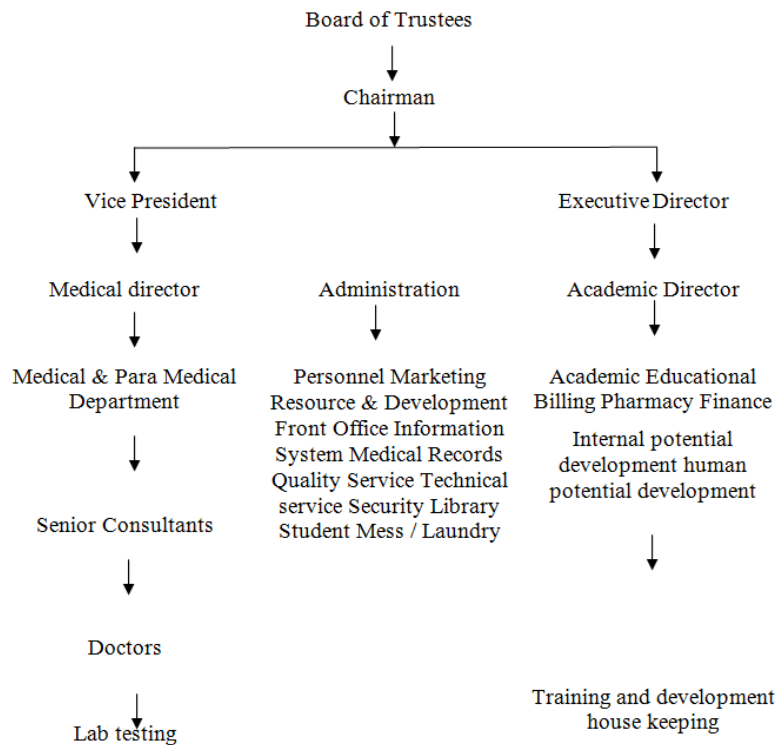
Private Hospitals also have more or less the same type of organization. In their organization, there is a governing body at the apex level. The governing body that comprises the trustees of the hospital is like the Board of Directors of a company. It is the body that sets the goals of the hospital and frames the policies and guidelines for the functioning of the hospital.

The responsible authority should not present needs into account, but should also try to forecast future demands in the light of such considerations as population changes, increase or decrease in industrialization and the progress of preventive medicine

Hospitals are the most costly part of a health service. It is sound economics, therefore, to do everything feasible to keep patients out of the hospital and, by reducing the reasonable demand for in-patient treatment, to lessen the need for the further provision of hospitals. There are two essentials in attempting to attain this desirable aim.

The first is a system of comprehensive medicine operating throughout the community embracing environmental hygiene and personal, occupation, and social health services. The second is the provision of a home care service that will enable as many as possible of those who are sick or injured to be nursed at home with merely supporting help from the hospital.

ORGANIZATIONAL CHART



BUREAUCRACY

The organizational features of the hospital, government or private thus show that the hospital has a bureaucratic set-up.

‘As the modern hospitals require both administrative efficiency and medical efficiency, it sets up two structures one for administration and another for patients care. As a result, these two structures have given rise to a dual authority system in the hospital. One system is an administrative authority and the other, medical authority. The first system comprises the trustees and administrators and the other system, medical staff. These two sources have their own goals and interests. The trustees and administrators are interested in building up a good image for the hospital and to earn money, whereas the medical professionals are interested in providing better care to the patients. Thus the two parties try to control one another. As a result, the dual authority system comes to be established in hospitals.

However, the management still claims to be the center of authority in the hospital. Generally, the Directors are the influential people in the wider community and tend to use their hospital governing Board Membership as a power base in the community. They are contented with the administrative functions and supervision of the functioning of the hospital.

Like any other formal organization, Modern Hospital is characterized by all the bureaucratic features. The Modern Hospital works towards the attainment of specific goals with,

- An elaborate hierarchy of authority,
- Extensive division of labor,
- A set of rules and regulations,
- Rationality and,
- Expertise and knowledge.³

While the hospital shares a basic cone of characteristics with other bureaucratic organizations, it has its own distinctive traits which make the Weberian model of bureaucracy in its strict sense practically impossible.

The bureaucratic mode of administration has been found to be base feasible in a hospital in which a greater degree of flexibility and adaptation are required due to the presence of,

- Dual authority system,
- Unique interaction pattern in the hospital and,
- The precautions condition of the patients.

REQUIREMENTS IN A HOSPITAL

A hospital is a place where a person who needs medical attention goes to stay. So that he can get the necessary treatment and be resorted back to normal health.

The usual requirements in a hospital are

- Rooms for patients to stay, equipped with beds, small cupboards, (for medicines, fruits, clothes), chairs (for visitors).

- Doctors specializing in various fields of medicine
- Nursing & menial staff (for cleaning operations)
- Administration personnel
- Operation theatre, equipped with appropriate machines, instruments and furnitures.
- Equipments for investigations, x-ray, scan, pathology etc.
- Essential drugs for emergencies.
- A kitchen for providing food to the patient and hospital staff.

Of these first 3 points are essential. The others are optional depending on the level of service offered.

According to the German sociologist Max Weber, Bureaucracy means carrying community actions over into rationally orders of social action. He attributed the following characteristics to Bureaucracy.

- It is a corporate body bound by rules
- A division of labor based on specialized function and responsibilities
- Office management based on thorough and expert training.
- Provision for preliminary compensation as a fixed salary.
- The principle of office hierarchy with a system of superordination and subordination in which there is a supervision of the lower classes by the higher ones.

Likewise, **Robert K.Merton** has been pointed out bureaucracy in this way – The bureaucratic official life is planned for him in terms of graded career, through organization devices of promotions by seniority, pensions, incremental salaries etc all of which are designed to provide incentives for disciplined action and conformity to the official regulation. The official is tacitly expected to and largely does adopt his thoughts, feelings actions to the prospect of his career. By these very devices which increase the probability of conformance also lead to an over-concern with strict adherence to regulations which induces timidly, conservatism, and technicism.

Merton emphasizes that social usages or sentiments may be functional for some groups and dysfunctional for others in the same society, make sociologists to carefully consider which groups they are referring to when they examine the functions and consequences of any particular case. His conception of dysfunction is also central to his argument that functionalism is not intrinsically conservative.

As **R.Brown** puts it “In animal organism, it is possible to observe the organic structure to some extent independently of its functioning it is therefore, possible to make a morphology. But in human society, the social structure as a whole can only be observed in its functioning”. Functions in the social organism refer to activities, role in maintaining the social structure of correspondence between the effects of the activity and needs of the social structure.⁴

CONCLUSIONS

The health needs of people are related to the community social and would change observed in it. The health behavior of an individual to a large extent will be determined by the attitude, motive and normative pattern often

influenced by the social psychological, cultural and economic factors operating within and without the social structure of the community on society. The hospitals have established their reign in the medical system. Their interest in the development of medical technology stems from their intention to provide an efficient medical service as possible to the people. Its existence in society as an institution meant for providing medical service.

REFERENCES

1. Dr. Ashok Sahni, Hospital and Health Administration, Yem Yes Publishers, Bangalore, 1992, pp. 36-37.
2. R. Llewellyn – Davies, Hospital Planning and Administration, Jaypee Brothers Private Limited, New Delhi, 1995, pp.13-15.
3. C.N. Shanker Rao, Sociology, S.Chand and Company Limited, New Delhi, 1994. pp.337, 338, 721-722.
4. Dr. B. K. Sawlshwa- Sociology, Cosmos Bookhive Private Limited, Gurgaon, 2005. pp.59-60.