

## **Chapter V**

### **Hospital as a social system**

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In Parson's theory, a system is a complex unit of some kind, with boundaries, within which the parts are connected, and within which something takes place. Parsons distinguished three systems: the cultural, the personality, and the social<sup>1</sup>. According to Talcott Parsons, "A social system consists in a plurality of individual actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the "optimization of gratification" and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols<sup>2</sup> .

The first person who formulated a systematic theory of social system was Talcott Parsons where it was part of his AGIL paradigm. The development of the four functional requisites AGIL (adaptation, goal attainment, latency) is an elaborate concept implicit in *The Social System*. However, it is a subtle shift away from the analysis of structures to the analysis of functions. It is difficult to comprehend the functioning of a designated social system without examining the interchanges among its A.G.I. and L. sectors, especially since these interchanges are affected by exchanges among constituent subsystems and other systems in the environment. In turn, the functioning of a designated subsystem cannot be understood without examining internal interchanges among its adaptive, goal attainment, integrative, and

latency sectors, especially since these interchanges are influenced by exchanges with other subsystems and the more inclusive system I which it is a subsystem<sup>3</sup> .

Luhman identified three basic types of Social Systems. (i) Interaction systems (2) Organization Systems and (3) Societal Systems. Interaction system emerges when individuals are co-present and perceived each other. The perception is a selection of mechanism that sorts from a much more complex environment, creating boundary setting people off as a system. Such systems are elaborated by the use of language in face-to face communication, thereby, reducing complexity even further along the temporal, material, and symbolic dimensions. Organizational systems coordinate the actions of individuals with respect to specific conditions such as work on a specific task in exchange for a specific amount of money with the main function of ‘stabilizing highly artificial’ modes of behaviour over a long stretch of time. An organization is not dependent upon the moral commitment of individuals, nor does it require normative consensus. Organization system is essential to a complex social order. Luhmann, in his delineation of organization system, stresses that complex social orders do not require consensus over value, beliefs, or norms to be sustained: they can operate quite effectively without motivational commitments of actors. A Societal system is a ‘comprehensible system of all reciprocally accessible communication actions’. Societal systems use highly generalized communication codes, such as money and power to reduce the complexity of the environment. He said that the three systems cannot be separated since “all social action obviously takes place in society and is ultimately possible in the form of interaction. Induced in very simple societies, they are fused together, but as societies

become larger and more complex, these systems became clearly differentiated from each other and irreducible to one another<sup>4</sup>.

Charles P. Loomis has identified nine essential elements of a social system such as (1) Belief, Knowledge, (2) Sentiment, (3) End, Goal or Objective, (4) Norm, (5) Status, Role, (6) Rank, (7) Power, (8) Sanction and (9) Facility<sup>5</sup>.

The modern hospital is viewed by social scientists as a highly complex system based on the mutual cooperation of a large and heterogeneous group of interdependent professionals and semi-professional personnel who represent different values and orientations, but who constantly deal with human problems. They have studied complex social system of large hospitals, and have defined various elements of social system in terms of six areas. :

1. Organizational Goals, Member Goals, and Their Attainment
2. Availability and Allocation of Organizational Resources
3. Organizational Coordination
4. Social-normative Integration
5. Organizational Strain and Conflict Resolution and
6. Organizational Adaptation<sup>6</sup>

There was lack of congruence between organisational goals and individual objectives. "This is a serious matter, though by no means unusual, for it adversely affects both performance and the evaluation of performance<sup>7</sup>.

The most important location of institutional health care today is the hospital, which carries out such functions as the treating of patients, doing medical research,

training medical personnel, and offering preventive medicine for general public. For the Functionalists, a hospital consists of various organic parts which include patients, nurses, doctors, administrators, laboratory assistance, technicians and other staff. They are all related and are normally contribute to the smooth functioning of the hospital. Disturbance in any part could temporary upset the equilibrium<sup>8</sup>.

Hospitals, like physicians, may be concerned chiefly with primary care, or may be specialty facilities`. They are classified as primary, secondary, tertiary or quaternary hospitals according to the level of specialisation offered. Third and fourth level hospitals are often associated with a medical school and serve as teaching hospitals<sup>9</sup>.

The study examines certain aspects of the hospital social system that impacts doctor-patient relationship with seven factors emphasizing specific variables. These factors of hospital social system were examined through doctors' point of view.

**Table 5.1: Doctors' opinion on factors of hospital social system**

Factors		No. of Doctors	Percent
Medical Care	Very Poor	3	9.4
	Poor	2	6.2
	Average	15	46.9
	Good	11	34.4
	Excellent	1	3.1
Appreciation and trust in the work groups	Very poor	3	9.4
	Poor	1	3.1
	Average	12	37.5
	Good	15	46.9
	Excellent	1	3.1
Professional growth	Poor	5	15.6
	Average	16	50.0
	Good	10	31.3
	Excellent	1	3.1
Pay	Poor	5	15.6
	Average	16	50.0
	Good	8	25.0
	Excellent	3	9.4
Clarity of rules and regulations	Very poor	4	12.5
	Poor	7	21.9
	Average	13	40.6
	Good	7	21.9
	Excellent	1	3.1
Nurses' role performance	Very poor	3	9.4
	Poor	3	9.4
	Average	17	53.1
	Good	9	28.1
Inter-departmental co-ordination	Very poor	1	3.1
	Poor	7	21.9
	Average	11	34.4
	Good	12	37.5
	Excellent	1	3.1
Level	Low	2	6.2
	Medium	22	68.8
	High	8	25.0
	Total	32	100.0

### Factor 1. Organisational goal

Basic goal of a hospital is to provide quality medical care. Doctor-patient relationship cannot be strengthened unless the social environment of the hospital favours doctors. A good working environment will lead to better role performance of the doctors. Majority (46.9) of the doctor have rated medical care in the hospital as 'average', whereas 34.4 per cent of them rated 'good'. Among them, 9.4 per cent and 6.2 per cent of doctors have rated 'very poor' and 'poor' respectively. Only one, out of the 32 doctors rated 'excellent' on medical care of the hospital.

Majority of the doctors revealed their helplessness in performing their duties efficiently due to inadequacy in many fronts in the hospital. By the evaluation by doctors, the main problem was lack of infrastructure and facilities. There was poor maintenance of important equipment and prolonged breakdown of important machines. No district hospital was equipped enough to be called district hospital. Even though there were specialists, there was no system to facilitate the specialists to perform in their caliber. Probably, the most critical problem faced by government hospitals in Manipur in the area of organizational allocation was that of human resources specially the shortage of medical and nursing personal or may be in others too. Since there was lack of manpower, there was overburden to the staffs. In the district hospitals, only one MO (medical Officer) had to manage the casualty as well as ward call. It was assumed that medicine was supplied free of cost but it was not properly implemented.

## Factor 2. Tension Management

For proper functioning of a hospital as a social system, maintenance of internal stability through the process of tension management is essential. Appreciation and trust in the work group can be a major variable. Regarding this factor, majority (46.9 per cent) of the doctors rated as 'good', 37.5 per cent rated as 'average', 9.4 per cent 'very poor' and 1.3 per cent each 'poor' and 'excellent'. Doctors were sometimes, annoyed by the criticism and jealousy among the staffs. One of the doctors, very disappointingly, expressed,

“Since we are dealing with human beings, I don't encourage such criticisms and jealousies”. Such types of attitudes will definitely affect the smooth functioning of the hospitals as a social system”.

## Factor 3. Professional growth

Professional growth can be studied through doctors which is different from hospital to hospital. Teaching hospital has more emphasis on professional growth than general hospital. But general hospital too has its own room for growth of the profession of doctors in terms of experiment, knowledge, learning and others. As shown in table 3.1, half of the doctors rated 'average' on professional growth. Among them 31.3 per cent gave the opinion as 'good' and 15.6 percent 'poor' and only one doctor rated 'excellent'. From the evaluation of the doctors, the work nature of the specialists seem to be haphazard since they perform their duties like non-specialists due to inadequate facilities and lack of proper work allocation. This indicates that knowledge and skills of the Specialists are not utilized fruitfully.

#### Factor 4. Member goals

Members' goal can be differentiated from either organisational goal or professional growth. Here, the concern is more on pay, promotion and other benefit. Pay is taken as a major variable in the present study. The findings in table 3.1 indicates that half of the doctors rated their pay as 'average'; 25 per cent as 'good'; 15.6 per cent as 'poor' and only 3 doctors (9.4 per cent) have rated 'excellent'. Majority of the doctors have expressed their pay as more than sufficient for their needs.

#### Factor 5. Adaptation

Adaptation is a crucial role in adjusting with external environment. This can be assessed by clarity of rules and regulations of the hospital as a variable. On this aspect, maximum (40.6 per cent) of doctors have rated 'average' whereas seven doctors (21.9 per cent) rated 'good' and another seven doctors have rated 'poor'; 4 doctors rated 'very poor'. Only one doctor have rated 'excellent' on the clarity of rules and regulations of the hospital social system. Even though there are fixed rules and regulations, these are not followed properly as staffs are not regular and punctual.

#### Factor 6. Assistance

Hospital cannot function without the assistance of subordinate staff performing its own role starting from the sweepers to technicians. Nurse' role performance is a major variable among the performance of other staff. More than half of the doctors (53.1 per cent) have rated the role performance of the nurses as 'average'; 9 (28 per cent) termed it 'good'; three each (9.4 per cent) rated 'poor' and 'very poor'. None of the doctors have rated 'excellent' on the role performance of the nurses. Even though they are the ones who are dedicated to work, nurses' role performance needs to be improved.

#### Factor 7. Coordination and Integration

Coordination and integration among the members play is vital for proper and smooth functioning of a hospital as a social system,. Many conflicts could be seen arising out of lapses in the roles. Here, Inter departmental coordination was studied as a major variable. Majority, but only 12 (37.5 per cent) among the 32 doctors had rated as 'good' on Inter departmental coordination of the staffs. Eleven of them had rated as 'average; seven said 'poor'. One doctor each rated 'very poor' and 'excellent'. Majority of them expressed that conflicts could be observed due to lapses in the roles. Co-ordination among the staffs was far from excellence.

**Table 5.2: Doctors’ opinion on factors of Hospital social system (Mean & Standard Deviation)**

<b>Factors</b>	<b>Mean</b>	<b>SD</b>
Medical care	3.16	0.95
Appreciation and trust in the work groups	3.31	0.97
Professional growth	3.22	0.75
Pay	3.28	0.85
Clarity of rules and regulations	2.81	1.03
Nurses' role performance	3.00	0.88
Inter-departmental coordination	3.16	0.92

Score range: 1-5

Hospital social system were tested with seven main factors such as organisational goal, tension management, professional growth, member goal, adaptation, assistance and coordination and integration with variable such as medical care, appreciation and trust in the work group, professional growth, pay, clarity of rules and regulations, Nurses’ role performance and inter-departmental coordination through the study and response of doctors’ opinion. The study suggests that government hospitals need better infrastructure, facilities, governance, manpower, maintenance and dedicated planning for effective functioning of doctors’ sub system in hospital social system. Attention should also be paid to improvement in coordination among staff, work motivation and role performances. The government hospitals social system and doctors were measured by using seven factors as mentioned in Table 5.2. Each factor has been assigned values ranging from 1 to 5 according to their opinion as 1 to “very poor”, 2 to “poor”, 3 to “average”, 4 to “good” and 5 to “excellent”. Doctors rated in between average and good on the factors of hospital social system. This indicates the better functioning of the

hospitals as a social system. However, the doctors were slightly less satisfied with clarity of rules and regulations.

**Table 5.3: Hospital social system and doctors by types of hospital**

		N	Mean	S.D.	95% C.I.		F	P-value
					Lower	Upper		
Medical care	JNIMS	17	3.12	1.05	2.58	3.66	3.012	0.065
	District Hospital Bishnupur	5	2.40	0.89	1.29	3.51		
	District Hospital Churachandpur	10	3.60	0.52	3.23	3.97		
	Total	32	3.16	0.95	2.81	3.50		
Appreciation and trust in the work groups	JNIMS	17	3.35	0.93	2.87	3.83	0.097	0.907
	District Hospital Bishnupur	5	3.40	1.34	1.73	5.07		
	District Hospital Churachandpur	10	3.20	0.92	2.54	3.86		
	Total	32	3.31	0.97	2.96	3.66		
Professional growth	JNIMS	17	3.18	0.81	2.76	3.59	1.561	0.227
	District Hospital Bishnupur	5	2.80	0.45	2.24	3.36		
	District Hospital Churachandpur	10	3.50	0.71	2.99	4.01		
	Total	32	3.22	0.75	2.95	3.49		
Pay	JNIMS	17	3.29	0.92	2.82	3.77	0.025	0.975
	District Hospital Bishnupur	5	3.20	0.45	2.64	3.76		
	District Hospital Churachandpur	10	3.30	0.95	2.62	3.98		
	Total	32	3.28	0.85	2.97	3.59		
Clarity of rules and regulations	JNIMS	17	2.65	1.11	2.07	3.22	0.593	0.559
	District Hospital Bishnupur	5	2.80	1.30	1.18	4.42		
	District Hospital Churachandpur	10	3.10	0.74	2.57	3.63		
	Total	32	2.81	1.03	2.44	3.18		
Nurses' role performance	JNIMS	17	3.12	0.78	2.72	3.52	0.654	0.528
	District Hospital Bishnupur	5	2.60	1.14	1.18	4.02		
	District Hospital Churachandpur	10	3.00	0.94	2.33	3.67		
	Total	32	3.00	0.88	2.68	3.32		
Inter-departmental coordination	JNIMS	17	3.12	0.99	2.61	3.63	1.702	0.200
	District Hospital Bishnupur	5	2.60	1.14	1.18	4.02		
	District Hospital Churachandpur	10	3.50	0.53	3.12	3.88		
	Total	32	3.16	0.92	2.82	3.49		

Various factors and types of hospital and its impact on doctors were tested by using F-test. The mean score of medical care in the three hospitals were 3.12 (SD=1.05), 2.40 (SD=0.89) and 3.60 (SD= 0.52). However, the difference in mean scores was not statistically significant at 5% level of significance since the p-value >0.05. Thus, there is no significant variation among three government hospitals in

medical care. Likewise, appreciation and trust in the work groups, professional growth, pay, clarity of rules and regulations, nurse's role performance and inter-departmental co-ordination had no significant variation among the hospitals as all p-value >0.05.

**Table 5.4: Hospital Social System by personal characteristics of doctors**

Personal characteristics	Hospital social system		F or t	P-value
	Mean	SD		
Age	25-34	23.00	0.505	0.682
	35-44	20.67		
	45-54	21.50		
	55-64	22.20		
Gender	Female	20.56	1.140	0.263
	Male	22.48		
Marital status	Married	21.36	1.458	0.155
	Unmarried	24.00		
Religion	Hindu	21.25	1.445	0.251
	Christian	22.90		
	Muslim	29.00		
	Others	19.00		
Social background	Rural	21.29	0.749	0.460
	Urban	22.44		

The total score of seven factors for hospital social system is used to test the significant difference among the doctors with respect to their personal characteristics as mentioned in table 3.4, by using F-test or t-test. The mean scores of doctors in different age group on hospital social system does not show statistically significant difference at 5% level of significance ( $p > 0.682$ ). Thus, there is no variation of the opinion of various age groups of doctors on hospital social system. Opinion of male and female doctors on hospital social system bear no statistically significant difference and thus both male and female doctors give the same opinion on hospital social system. Similarly, the differences in marital status, religion and social background of doctors have no difference in opinion on the hospital social system.

### *Summary*

Government hospitals in Manipur represent a social system functioning under the authority/governance of the Government, administrators and doctors. Hospitals, today, is becoming an increasingly complex social system called upon to fully facilitate the requirements and needs of the staffs to perform their roles efficiently and responsive to the rising expectations of the society. The findings concerning the seven important factors examined suggest that organizational goal and adaptation are the most important factors that impacts the role performance of the doctors. Hence, Government hospitals need better infrastructure and facilities, human resources, maintenance and dedicated planning for effective functioning of doctors' sub system in hospital social system. Attention should also be paid on co-ordination among staffs, work motivation and role performances of nurses as well as other staffs.