

SPECIALIZATION OF SERVICES IN THE FIELD OF MEDICINE

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Abstract

Hospitals have a complex division of labour. 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 a 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 hospitalsA 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 furniture's. Equipments for investigations, x-ray, scan, pathology etc., Essential drugs for emergencies.

KEYWORDS; Medical, Service, Public, Private, Government, Authority, Hospital

Introduction

According to **Rodney coe**, as center 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 labour. 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 a 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 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.



Organization of Government Hospital

Medical Superintendent

Medical service	Nursing	Pharmacy
Unit chiefs	Nursing Superintendent	Chief pharmacist
Assistant (Surgeons)	Assistant Nursing Superintendent	Assistant Pharmacist and Compounders
Laboratory of Medical Technicians, Theatre Assistants	Head Nurses	
	Staff Nurses	
	Nursing orderlies	
	Sweepers, Scavenger	

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 considerational 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 hospital and, by reducing the reasonable demand for in-patient treatment, to lessen the need for further provision. The first is a system of comprehensive medicine operating throughout the hospitals. There are two essentials in attempting to attain this desirable aim. community embracing ,environmental hygiene and personal, occupation, and social health services. The second is the provision of a

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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

Board of Trustees Chairman

Vice President Executive Director

Medical director	Administration	Academic Director
Medical & Para Medical Department Senior Consultants	Personnel Marketing Resource & Development Front Office Information System Medical Records Quality Service Technical service Security Library Student Mess / Laundry	Academic Educational Billing Pharmacy Finance Internal potential development human potential development
Doctors Lab testing		Training and development house keeping

BUREAUCRACY

. The trustees and administrators are interested in building up a good image for the hospital and to earn money, whereas the medical professionals are interest 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 the hospitals. However the management still claim to be the centre 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,

a. an elaborate hierarchy of authority,



- b. extensive division of labour,
- c. a set of rules and regulations,
- d. rationality and,

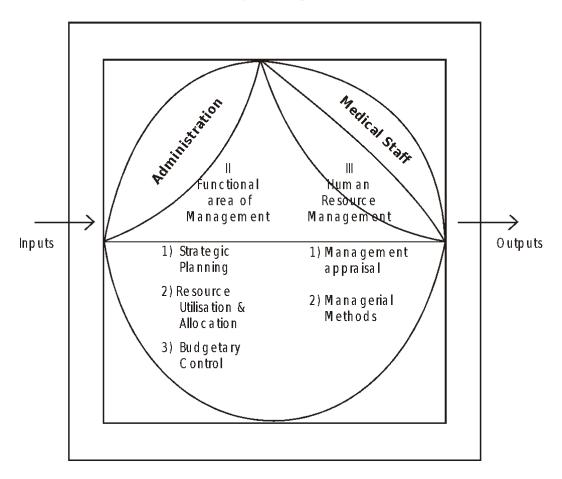
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e. Expertise and knowledge. ³

While 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 hospital in which a greater degree of flexibility and adaptation are required due to the presence of,

a. Fedual authority system, unique interaction pattern in hospital and, the precautions condition of the patients.

1.1 Hospital Organisation



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 furniture's.
- 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 labour 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 super ordination 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, and 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, conservation and techniques.

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

Conclusion

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



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administrative efficiency and medical efficiency, it sets up two structures one for administration and another for patients care. As a result, these two structures given rise to a dual authority system in the hospital. One system is 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

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