SUMMARY, CONCLUSIONS AND SUGGESTIONS

8.1 OBJECTIVES

The present study, which falls under the broader field of medical sociology, has focussed attention on four allopathic hospitals by setting forth the following objectives -

1. to analyse the social structure of government hospitals and nursing homes;

2. to determine the social composition of doctors, nurses and patients in the gynaecology and obstetric wards;

3. to analyse the role perception, role expectation, role performance, and role behaviour of doctors, nurses and patients and their consequent satisfaction and dissatisfaction; and

4. to explain some aspects of the phenomenon of commercialization in gynaecology and obstetric wards of government hospitals and nursing homes.

8.2 METHODOLOGY

In pursuit of these objectives, the techniques of schedule and participant observation have been used. Such an inquiry requires both primary and secondary data, the former for gathering information from the doctors, nurses and patients and the latter for securing information about the hospitals and nursing homes under study. For the collection of primary data
an interview schedule had been prepared for both, the doctors and the nurses, and a separate one for the patients. The sources of the secondary data had to be the available records and documents. The study has been confined to gynaecology and obstetric wards of government hospitals and nursing homes in Andhra Pradesh and Uttar Pradesh. The sample size for this study was 137, consisting of 34 doctors, 56 nurses and 47 patients. The data collected through the interview schedule has been subjected to hand tabulation. The four main parts of the interview schedule consists of four sets of questions concerning the identification of the respondents, hospital setting, perceptions and satisfactions of the doctors, nurses and patients and some aspects of the phenomenon of commercialization. All except identification data has been put on a three point scale. For the first and second parts of interview schedule, simple percentage analysis has been made. For the third and fourth parts a non-parametric statistical technique called chi-square has also been used. The data so collected and arranged have been analysed in order to understand the social relationship amongst the doctors, nurses and patients.

MAJOR FINDINGS

These findings may be given here objective-wise in respect of the four objectives of this study.

1. The first objective is dealt in two parts:
   Hospital as a formal organisation, and
   Perceptions of the doctors, nurses and patients concerning the facilities present in the hospitals and nursing homes.
(i) In respect of the former it has been found that hospitals, being professionally dominated organisations, have three distinguishable lines of authority and power in order to perform the functions. These are: the medical line, the nursing line, and the lay service. For all these three lines of authority, the common head is found in medical line. Thus the hospital structure is of pyramidal type. In the hospital as a formal organisation, positions are first created and rights and duties are attributed to these positions in order to achieve the goals of the organisation. Hence the positions are associated with rights and duties in the form of complementary status role equations. Like-wise, the structural and functional aspects of the hospital organisation along the medical, nursing and lay service lines are also coordinated to achieve the goals of the proper care and treatment to patients. Between the government hospitals and the nursing homes the government hospitals exhibit a more organised social system.

(ii) In respect of the second part of the first objective it has been found that the availability and non-availability of the facilities in the hospital are directly responsible for the satisfactions and dissatisfactions of the doctors, nurses and patients. All these three categories of personal are found to feel satisfied with the admission procedures and bed-strength but show dissatisfaction concerning the availability of medicines and drugs, fitness and quality of equipment, hygiene and
sanitation, supply of regular water, performance of class IV employees and interdepartmental coordination. The doctors and nurses seem dissatisfied as regards personal objectives and organisational rules but feel satisfied concerning professional growth. The situation seems reverse in case of nursing-homes where dissatisfaction concerning personal and professional objectives is more in evidence. Between the government hospitals and nursing homes, the latter have better facilities than the former. Between the two government hospitals, the govt. hospital of A.P. has better facilities. Between the two nursing homes the nursing home of A.P. possesses better facilities.

II. As regards the second objective, which deals with the socio-economic background of the doctors and nurses as well as the patients, it has been found that doctors are mostly (over 90%) Hindus from an urban setting, while the nurses almost equally belong to the Hindu and Christian groups although almost all of them are also urban bred like the doctors. In the government hospitals, patients come from lower socio-economic strata while in the nursing homes they come from higher socio-economic strata. Their social and economic background thus decides their choice of the hospital for treatment. Muslim patients, in general, prefer visiting the govt. hospitals due to financial handicaps. Most of the doctors working in the gynaecology and obstetric wards are females, thus indicating that it is a female dominated branch of specialization.
III. The third objective relates to the perceptions of doctors, nurses and patients about each other. It has three main parts: perception of doctors about nurses and patients; perception of nurses about doctors and patients; and perception of patients about doctors and nurses. A comparative study of these perceptions has been made in respect of the government hospitals of A.P. and U.P.; the nursing homes of A.P. and U.P.; the government hospitals of A.P. and U.P. on one side and the nursing homes of A.P. and U.P. on the other; and the government hospital and the nursing home of A.P. on one side and the govt. hospital and the nursing home of U.P. on the other. These perceptions are studied in terms of the behavioural, professional and emergency components. The behavioural component deals with emotional needs; the professional component deals with effective medical care and professional ethics; and the emergency component deals with the management of the crisis situations.

(i) As regards the doctors' perceptions about the role of the nurses, we find that -

(a) The majority of the doctors in government hospitals and nursing homes of U.P. seem to be generally dissatisfied with the behavioural component of the nurses. According to them the nurses do not pay the requisite heed to the emotional needs of the patients.

(b) Concerning the professional component of the nurses, the doctors generally perceive that the majority of
nurses in govt. hospitals of A.P. and U.P. keep the case sheets and reports of patients in proper condition but over reprimand class IV employees for their inefficiency. Further, except for doing the clerical work of completing the case-sheets, their attitude towards patients is that of indifference and they do not seriously, competently and efficiently carry out doctors' instructions.

In the nursing homes of A.P. and U.P. the doctors seem to be satisfied with the execution of their instructions and performance of duty by the nurses. But the doctors are of the view that the nurses pass on clear instructions to the patients, partly because of fear of job insecurity in the nursing homes.

(c) Doctors' perceptions about the nurses in relation to the emergency component reveal that doctors are highly dissatisfied with the emergency behaviour of nurses in the govt. hospitals of A.P. and U.P. in respect of proper care of emergency cases, arranging blood, money and medicines for patients, sitting overtime and personally coordinating things. In the nursing homes, the situation is much better partly because of nurses' fear of higher authority born of job insecurity.

(ii) In respect of doctors' perceptions about the role of patients we find that -

(a) In relation to the behaviour component most patients never understand the difficulties of doctors in govt. hospitals regarding their time and limits of patience.
Most of the patients according to doctors want individual attention beyond possible limits. But in the nursing homes the situation is better, for the doctors feel that the patients there are more cooperative for various reasons like better education of patients, better behaviour of doctors, etc.

Further, the doctors of the nursing home in A.P. seem to be more satisfied with patient behaviour than doctors of the nursing homes in U.P. largely because of the fact that the patients are more educated in A.P. than in U.P.

(b) As regards doctors' perceptions about the patients in relation to the professional component it has been found that patients are more comfortable with female doctors in the gynaecology and obstetric wards of govt. hospitals and nursing homes of A.P. and U.P. due to social, cultural and personal inhibitions against male doctors. In the govt. hospitals, they take the advice on diet and medicine and often exaggerate the need for personal attention. In nursing homes, the doctors feel that patients are better behaved and more cooperative for they come from a better socio-cultural background.

(c) Doctors' perceptions about the patients in relation to the emergency component, reveals that there are many problem - patients who create a lot of inconvenience in the wards which the doctors resent very much. Non-availability of blood seems to create a major problem in this connection. But the nursing home patients seem to behave much better than patients in govt. hospitals in so far as they quickly arrange for money, medicines and blood. Their emergency
behaviour is thus directly related to the level of their socio-economic status.

(iii) We now pass on to consider the nurses' perceptions about doctors and patients in relation to the same three components.

(a) Nurses' perceptions about the doctors in relation to the behavioural component reveals that the former are mostly dissatisfied as far as the patience and immediate attendance of the latter towards patients is concerned. Most of the doctors in govt. hospitals mechanically treat their patients as mere cases and rarely try to satisfy their emotions. In the nursing homes, however, the nurses feel that the doctors take greater care of their patients partly because of monetary reasons. Out of the two govt. hospitals studied, the govt. hospital of A.P. stands on a higher pedestal as far as the behavioural component of doctors is concerned.

(b) As regards the nurses' perceptions about the doctors in relation to the professional component in govt. hospitals it has been revealed that doctors resort to mechanical behaviour. The nurses unanimously agree that all doctors physically examine the patients' body temperature and pulse, look at case-sheets and write on them to keep all records up-to-date. In nursing homes the patients sense of satisfaction is greater because the doctors seem to take personal interest in them.

(c) The nurses' perceptions about the doctors in relation to the emergency component reveals that in both govt. hospitals and nursing homes the doctors' attitude is different. In nursing homes, they immediately attend to cases, whereas in govt. hospitals due to overcrowding of hospital, carelessness and indifferent
attitude of doctors there is delay in attending to cases. The general complaint of nurses about doctors is that they generally do not attend to the normal cases of delivery. And even in emergency cases they arrive only after all arrangements have been made and usually convert a normal delivery into a caesarean one.

(iv) As regards nurses’ perceptions about the patients in relation to the same three components, we find that -

(a) The patients fail to understand the difficulties of the nurses concerning their time and patience. All patients unreasonably want individual attention to their own satisfaction. In govt. hospitals the nurses feel that patients being uneducated call for them for aid very often and their attendants create a lot of fuss and nuisance. In the nursing homes, on the contrary, they feel that because the patients pay they try to dominate over them by virtually treating them as their subordinates. Between the govt. hospitals and nursing homes in the two states the nurses in A.P. seem more satisfied concerning the behaviour component of patients, than nurses in U.P.

(b) In respect of nurses’ perceptions about the patients in relation to their professional component it is revealed that patients always ask for repeated clarifications, individual attention and sympathy whether it is a govt. hospital or nursing home. They do not seem to understand the constraints on the nurses’ time and patience. In the nursing homes they seem to co-operate a little more than the patients in govt. hospitals due to the difference in their socio-economic statuses and educational levels.
(c) Nurses' perceptions about the patients in relation to their emergency component reveal that all patients whether in govt. hospitals or in nursing homes exhibit nearly the same emergency behaviour. In the nursing homes the patients are able to arrange for emergency drugs and blood, whereas in the govt. hospitals the patients resent the very idea of buying emergency drugs. When asked to arrange for blood they flatly refuse in govt. hospitals, whereas in the nursing homes they make an effort to procure blood if needed during operations in gynaecology and obstetric wards.

(v) Now we come to the third category, i.e. patients' perceptions about the doctors in relation to the same three components.

(a) The patients are more satisfied with doctors working in nursing homes than those in govt. hospitals. In govt. hospitals they feel they are treated as cases and not as human beings. Between the two states, the patients feel more satisfied with the doctors' behaviour component in A.P. than in U.P. primarily because of better education in the former.

(b) As regards patients' perceptions about the doctors in relation to the professional component, the patients are more satisfied with doctors working in nursing homes because of better rapport between them. Between the two govt. hospitals, the patients seem more satisfied with the doctors in the govt. hospital of A.P. than in that of U.P., whereas the patients seem more satisfied with doctors in the nursing home of Uttar Pradesh than in that of Andhra Pradesh. The main cause of dissatisfaction amongst patients is that the doctors neither give clear instructions to the patients nor tell them about the true condition and consequences of their disease. Many patients complain that doctors on routine
check-ups generally declare everything normal as regards mother and child in the gynaecology and obstetric wards as well as in the OPD, but at the last moment they pronounce the existence of maternal or foetal distress which makes caesarean delivery inevitable. The patients feel that this results in increase of anxiety and thereby causes a lot of discomfort to them.

(c) The patients' perceptions about the doctors in relation to the emergency component reveal that the doctors react in more or less the same way in the two govt. hospitals. They never arrange for blood or medicines for patients. In the nursing-homes the situation is better because the doctors are more alert in an emergency situation and exhibit a greater sense of responsibility primarily because of better doctor-patient ratio. Of the two nursing homes, the patients seem more satisfied with doctors in U.P. because at least one doctor is always on duty, although the doctors take commission on each case after the general OPD consultation is over.

(vi) Regarding the patients' perceptions about the nurses in relation to the same three components, we find that -

(a) The patients rate nurses much lower than the doctors in relation to the behavioural component. The nursing homes present a better picture in this respect because the nurses are constantly watched by the hospital authorities. In the govt. hospitals the patients feel that nurses are generally rude, indifferent to the patients and pay little heed to their emotional needs. Between the two govt. hospitals and nursing homes, the
government hospital and nursing home in A.P. seem better than the government hospital and nursing home in U.P. due to better behaviour of doctors and nurses.

(b) As regards to patients' perceptions about the nurses, in relation to the professional component, the patients have expressed a great sense of dissatisfaction concerning the functioning of the government hospitals where the nurses neither give clear instructions about treatment, medicine or diet, nor satisfy their curiosity about their illness and treatment. They just carry out routine jobs like physically examining the patient and doing the clerical work of keeping case-sheets up-to-date. The situation is slightly better in the nursing homes where the nurses thoughtfully carry out doctors' instructions due to the fear of being sacked. Patients in the state of A.P. are more satisfied with the working of nurses than those of U.P.

(c) The patients' perceptions about the nurses in relation to the emergency component reveal that the nurses are generally indifferent to the patients in emergency situations in all the four hospitals. They show no extra concern or sympathy for patients who need immediate medical aid. They generally fail to coordinate things and never bother seriously about the ailment and suffering of the patients. Between the government hospitals and nursing homes, the latter seem to function better. Between the government hospitals and nursing homes in all the two states, the government hospital and nursing home in A.P. seem better than those in U.P. due to better medical facilities in the case of the former.
VI. Our last objective is concerned with the phenomenon of commercialization in the gynaecology and obstetric wards and includes private practice also. This study leads to many interesting results in this connection.

(i) Doctors' perception concerning commercialization reveals that they combine hospital work with private practice in order to supplement their income because they feel deprived of merit-based preferential scales as compared to other occupations in govt. hospitals. But most doctors feel that the banning of private-practice would improve the working of hospitals in terms of rendering good patient care as well as teaching and research in govt. teaching hospitals. A majority of the doctors feel that the commercial component is very much a part of the medical world, and doctors mostly indulge in it out of greed or dissatisfaction with their emoluments. They unanimously opine that there is a marked deterioration in medical ethics and increase in the commercial gains of doctors in govt. hospitals, whereas there is a great sense of satisfaction among the doctors attached to the nursing homes since they are paid well during working hours and are free to practice after working hours. Out of the two nursing homes, the doctors seem more satisfied in the nursing home of U.P. because after working hours they are given commission on each case they attend. They confess that normal deliveries are often deliberately converted into Caesarean ones for financial gains, although there are certainly some genuine cases of last minute complications which
really necessitate caesarean deliveries.

(ii) The nurses' perceptions about commercialization reveal that most of the doctors indulge in private practice and the nurses are dissatisfied with the fact that whereas doctors and class I employees earn extra official money, they are unable to do so. The nurses' views regarding commercialization by doctors in the two govt. hospitals are more or less similar. They unanimously hold that most doctors do private practice for monetary gains, that the govt. hospital is a better place to attract patients for private clinics, and that the doctors charge the same fees irrespective of the financial status of the patient. In the nursing homes the doctors often convert normal cases of delivery into caesarean ones due to lack of time and patience and also out of greed for money. Between the two nursing homes, the nurses feel, that the doctors of the nursing homes of U.P. are more commercialised than the doctors of nursing homes of A.P. According to them private practice positively hinders the efficient working of govt. hospitals and disturbs their normal routine. Hence all of them are against private practice and commercialization.

(iii) The patients' perceptions about commercialization reveal that senior doctors working in govt. hospitals are indifferent to them and directly or indirectly exhibit greed for money. Almost all patients agree that doctors combine private practice
with hospital work. In the nursing homes the patients feel that the rate commercial fees is fixed except when the doctors enhance the anxiety of patients during delivery by saying that the life of mother or child is in danger and thereby unscrupulously extort money from them. It is here that the patients find the commercial orientation at its peak.

Most of the patients have expressed discontentment over the increase of commercial component and decrease of medical ethics. They call the doctors 'blood-suckers' who make money without considering the financial status of the patients. In the gynaecology and obstetric wards within which goes on the struggle between life and death of the mother and child, the commercial component seems to be on the increase. In both the states the situation seems to be similar because the orientation of the doctors is similar.

In the light of the above stated findings, the over-all general conclusion may be that, the nurses being the mediators between the doctors and the patients, the position of the nurses is quasi-independent because they are subordinates to doctors for professional tasks only. They are unable to fulfill their professional functions based on tender loving care because they are unduly burdened with book keeping and clerical functions which hinder their professional role performance. The unfavourable nurse-patient ratio also makes them somewhat indifferent in their behaviour towards patients. The patients exhibit a more
respective attitude towards the doctors than towards the nurses.

CONCLUSIONS

In the end we may state the main conclusions drawn on the basis of the aforementioned findings in respect of the given objectives -

Concerning the first objective (social structure) our main conclusions are -

(i) The better the social structure of the govt. hospitals and the nursing homes, the better is its functioning in terms of doctor-nurse-patient relationship.

(ii) The smaller the size and more adequate the medical facilities in the govt. hospitals and nursing homes, the more harmonious is the doctor-nurse-patient relationship.

(iii) The functioning of the organisational structure of the nursing homes is better than that of govt. hospitals in terms of the medical, nursing and lay services, primarily because of smaller size, better administration more adequate doctor-nurse-patient ratio, and better facilities like easier admission procedures, proper beds, adequate linen, cleanliness of toilets, satisfactory hygiene and sanitation, regular availability of water and electricity and emergency drugs, and immediate attention and treatment.

(iv) The functioning of both govt. hospitals and nursing homes in the state of A.P. seems better than that of
those of U.P. in terms of medical, nursing and lay service primarily because of better administration basic facilities and the general socio-cultural climate.

Concerning the second objective (socio-economic status) our main conclusions are:

(i) There are more female gynaecologists than male gynaecologists although the medical profession is very largely male dominated.

(ii) Patients are more comfortable with female gynaecologists and obstetricians because in the gynaecology and obstetric wards all patients are females and possess several social, cultural and personal inhibitions against being handled by male gynaecologists and obstetricians.

(iii) There is more relative deprivation amongst nurses in both the govt. hospitals and the nursing homes primarily because of the lower socio-economic status of the nurses and the greater burden of work on them.

(iv) Patients with rural background, little education and lower socio-economic status have to opt for the govt. hospitals because the nursing homes are more costly.

Concerning the third objective (perceptions); the main conclusions are:

(i) The doctor-patient relationship is better than nurse-patient relationship in both govt. hospitals and nursing
homes primarily because the doctors are more humane and more committed.

(ii) The doctor-nurse-patient relationship is better in nursing homes than in govt. hospitals because of better administration, better basic facilities and more commitment on the part of doctors and nurses, and better socio-economic status of the patients.

(iii) The communication gap between the patients and the nurses is greater than that between the patients and the doctors because the doctors exhibit greater patience, and tolerance which is directly related to their greater satisfaction as regards their personal objectives.

(iv) Between the two states, doctor-nurse-patient relationship in both govt. hospitals and nursing homes is better in A.P. than in U.P. primarily because of the differences in the socio-cultural and political climate in the two states as well as in the organisation of hospitals and nursing homes therein.

Concerning the fourth objective (commercialisation) the main conclusions are -

(i) Commercialisation (private practice) among the doctors is increasing largely because of social, professional and economic factors - social in terms of more respect, fame, recognition and higher personal status; professional in terms of greater independence of work due to absence of political or bureaucratic domination and of non-cooperation by colleagues and subordinates; and economic in terms of monetary gains.
(ii) The greater the commercialisation among the doctors the greater is the deterioration of moral considerations among them and decline in their standard of functioning in the govt. hospitals of both A.P. and U.P.

(iii) The govt. hospitals are instrumental in attracting a large number of patients to the private clinics of concerned doctors primarily because of the social, professional and economic factors.

(iv) The doctors in U.P. are more commercialised than doctors in A.P. largely because of differences in the socio-cultural, professional and economic climate in the two states.

SUGGESTIONS

In the light of the personal observations and the aforementioned findings and general conclusions concerning this study, a few suggestions may now be offered for improving doctor-nurse-patient relationships in the government hospitals and nursing-homes of Andhra Pradesh and Uttar Pradesh. These suggestions are also likely to be applicable to the government hospitals and nursing homes all over India in so far as the latter share the problems of the former.

1. Concerning the structure of the government hospitals and the nursing homes, the following basic measures may prove fruitful:

   (i) In the teaching branch of the government hospitals the medical students should be made, through both precept and practice, to develop the orientation that 'patient-
care’ is the central pivot of the functioning of the whole hospital.

(ii) The medical, nursing and lay services in both the government hospitals and the nursing homes, each under the rotating periodic charge of a responsible and responsive person from within each service, should be better coordinated with each other than what is done at present in a bureaucratic manner through the common superintendent meant for this purpose (a) The incharges/heads of each service should hold regular separate meetings at almost fixed intervals of all those working under their respective leadership in order to share each other’s field experiences and constructive suggestions. (b) Likewise, the incharges/heads should hold their regular joint meetings to mutually exchange and co-relate the relevant experiences and findings in their possession in order to improve their respective autonomous functioning. (c) Next, the common Superintendent over all of them should likewise hold regular joint meetings with the incharges/heads of different service in order to devise a common strategy for more usefully coordinating the functioning of all kinds of services which are rendered in the hospital. The over-all supervision and functioning of the hospital is bound to improve through such mechanism. Finally, a system of surprise checking of the functioning of different services by government/community inspectors may also be introduced to keep all the personnel in all services alert all the time in discharging their responsibilities.

(iii) Every kind of unwarranted political interference and favouritism in the administration and management of the hospital should be reduced to the minimum through the
mechanism of collective resistance by hospital personnel to such wrong practices on the basis of properly formulated adequate rules which reduce the scope of arbitrariness to the minimum. Such practices should be exposed by the more upright and conscientious members in each service during the joint meetings referred to above.

(iv) A mechanism should also be established to discover the difficulties and grievances of the patients in the hospitals. They should be discovered by small teams appointed for this specific purpose; and the nurses and doctors directly attending on given patients should not be members of such teams which should submit their reports to the concerned incharges/heads of services as well as the over-all Superintendent.

2. Concerning the socio-economic background of the doctors and nurses in relation to their role performance, the following basic measures may be suggested in order to neutralise and overcome the deficiencies emanating from this background:

(1) A fair proportion of doctors and nurses with urban and rural backgrounds as well as with high, middle and low socio-economic status should be recruited and distributed in different hospitals. A reasonable proportion of them should also belong to the scheduled castes, scheduled tribes and other backward sections of society. This is likely to ensure that different categories of patients in respect of such backgrounds would get reasonable care from the doctors and nurses apart from promoting the equalisations of the professional competence of the doctors and nurses with different backgrounds. All this would improve the general tone...
and quality of government hospitals and nursing homes.

(ii) The social distance between the doctors and nurses should be reduced by subordinating status-consciousness to humane considerations, by providing more satisfactory working and living conditions as well as higher emoluments to the nurses than what the present situation is in this connection by arranging separate periodic refresher courses to both the doctors and the nurses at the cost of the government hospitals and nursing homes, and by institutionalising periodic joint conferences of doctors and nurses in which they should interact with each other more as comrades in joint professional endeavours than as groups and persons having superior-inferior stereo-types of relationships.

(iii) Mechanisms should be created to discover and discourage unwarranted discriminatory behaviour of doctors and nurses towards each other in violation of professional ethics.

3. Concerning the perceptions of the doctors, nurses and patients towards each other in relation to the behavioural, professional and emergency components, the following suggestions may be offered -

(1) The hospital authorities should keep a check on the unbecoming behaviour and professional incompetence of erring doctors and nurses by introducing a system of punishments according to the kind and degree of lapse involved. The punishment should also be made public so that the other doctors and nurses take it as an eye-opener and refrain from it.
(ii) On the other hand a system of rewards should be introduced for noteworthy behaviour and professional competence.

(iii) The juniors should be constantly motivated by seniors by treating example as better than precept.

(iv) The system should include the discipline of both individual and social psychology for benefits emanating from them.

(v) The professionals and semi-professionals should be exposed to various seminars, conferences refresher course, etc. and should be encouraged to become members of professional bodies in order to keep abreast with advancing knowledge.

(vi) The authorities should further endeavour to bridge the status gap between the doctors and the nurses by placing them at an equation which ensures that the patients perceive both of them with due respect. This can be achieved when both doctors and nurses are satisfied as regards the personal, professional and organisational objectives in practice. As a result of it, this involvement in their professional work will automatically deepen once they develop healthy orientation and are satisfied with working conditions. In govt. hospitals there should be greater self-discipline amongst the doctors and nurses. If the ideal attributes of a good doctor and nurse are to be significantly approximated, a qualitative change in their 'psyche' and outlook can be brought about by prompt provision of adequate facilities both at personal and organisational levels.
4. Concerning the increasing commercialisation of their profession by the doctors through private practice the following basic measures may be fruitfully adopted to minimise and curb this undesirable settled feature of the medical world.

(i) Voluntary organisations should be formed by persons imbued with a social service orientation. They should make the wider community aware of the phenomenon of increasing commercialisation of doctors coupled with the harm that it is doing to the community at large. This aroused awareness should then be used to exercise community pressure against all unbecoming doctors who are guilty of such commercialisation beyond a reasonable limit and to demand due punishment of such doctors by the concerned authorities.

(ii) Private practice by doctors during the official working hours in government hospitals should be more severely detected and punished because no professional ethics worth the name can be expected from such doctors in practice due to their diseased orientation.

(iii) A reasonable allowance should be granted to those doctors who agree to desist from private practice for commercial considerations. There should be a provision here for an exemplary punishment to doctors who violate this agreement in practice while enjoying the said allowance.

(iv) The mass media - T.V., radio and press - should also play a constructive role in exposing such commercialisations arousing public opinion against it and encouraging both public action and action by concerned
authorities.

(v) What holds good for doctors guilty of unbecoming commercialisation, should be equally applicable to the nurses with a similar commercialised orientation and practice, although commercialisation among the nurses in government hospitals is much less than among the doctors.

According to system approach, hospitals and nursing homes are sub-sub systems of the medical sub-system of the over-all social system of a people which covers all the inter-related aspects of their total dynamic social life. Naturally, all such sub-sub systems, sub-systems and the general social system significantly influence each other. The doctor-nurse-patient relationships are embedded in and related to the wider organisation of hospitals and nursing homes in terms of the vested interests which control them. This wide control mechanism, though undetected in this study, is intimately related to the various problems which spring from the given pattern of doctor-nurse-patient relationships whose existence is more manifested than latent unlike the existence of this mechanism which is more latent than manifest. These problems cannot be adequately resolved if the necessary improvements are not made in this control mechanism simultaneously. The wider organisation of the hospitals and nursing homes is embedded in the still wider general social system of a people consisting of its inter-related psycho-moral, socio-cultural and politico-economic aspects. Likewise they also significantly influence each other. These problems
cannot be solved until the more intricate problems emanating from the functioning of the general social system are resolved. It means that the behaviour, professional and commercial standards of doctors, nurses and patients cannot be very different from the moral standards and the quality of public conduct prevalent in the wider social life as a whole. These standards may differ only in small degrees, not in kind. Hence, for example, we cannot have very moral doctors and nurses and patients in a climate of widespread immorality in the wider social order as a whole. It means that the moral standards of public conduct in social life as a whole have to be improved in order to improve the moral standards of the conduct of doctors, nurses and patients. This relationship is indeed reciprocal, because more moral doctors and nurses and patients would also tend to effect some improvement in the moral temper of general social relationship.

The traditional structure and emphasis on ascriptive qualities don't seem to influence much this new profession and the doctor-nurse-patient relationships. Mostly the doctors and nurses are able to maintain affective neutrality while dealing with patients, but sometimes strife or special consideration for the known patients does not let them carry it out successfully. Stresses and strains in role performance are the result of the profession itself as well as the organizational setup and the wider socio-cultural milieu.
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<td>1962</td>
<td>Cultural Definition of Illness in Village India, Human Organisations.</td>
</tr>
<tr>
<td>Rama Devi P.</td>
<td>1955</td>
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<tr>
<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
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<tr>
<td>Devault, S.</td>
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<td></td>
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<tr>
<td>Wertz Dorothy C.</td>
<td>1933</td>
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<td>Pangela, S.</td>
<td>1933</td>
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</tbody>
</table>
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INTERVIEW SCHEDULE FOR PATIENTS

Place - H/M  Hospital - G/P  Dated of interview  Name

Residence  Date admitted  If child born Sex M/F, N/C

Number of pregnancy  Abortion

I. Identification data

1. Age in years:  Upto 20/21-25/26-30/31-35/36-40/41-45/above 45

2. Religious category: Hinduism/Islam/christianity

3. Family background: rural/urban/rurban

4. Type of family: joint/nuclear/divorced/separated

5. Own education: educated/not educated

6. Husband's education: educated/not educated

7. Total earnings in Rs of family: upto 200/201-400/401-600/
   601-800/801-1000/1001-1200/above 1200

8. Number of children before coming to hospital: none/one/two/three/four/more than four.
INTERVIEW SCHEDULE FOR PATIENTS

Place-H/M  Hospital-C/P  Date of interview  Name

Residence  Date admitted  If child born  Sex M/F, N/C

Number of pregnancy  Abortion

II Hospital Setting

Answer on a three-point scale 'not satisfied', 'satisfied' and 'very satisfied'

1) Admission Procedures
2) beds
3) drugs  i) normal
          ii) emergency
4) Equipment  i) Simple
             ii) Complicated
5) Hygiene and Sanitation
6) Water
7) Electricity
8) Diet
9) Facility for attendants
10) Class IV Employees
11) Related departments
    i) X-ray
    ii) Blood bank
    iii) Emergency unit
    iv) Medical store
     v) Pathology
    vi) Paediatrics
12) General view about doctors
13) General view about nurses
14) General view about administration
### Interview Schedule for Patients

<table>
<thead>
<tr>
<th>Place-H/M</th>
<th>Hospital-G/P</th>
<th>Date of interview</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>Date admitted</td>
<td>If child born Sex M/F, N/C</td>
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</tbody>
</table>

### III Perceptions

Answer on a three-point scale: 'Not satisfied', 'Satisfied' and 'Very Satisfied'.

<table>
<thead>
<tr>
<th>Doctors</th>
<th>Nurses</th>
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<tbody>
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<td>U.S.</td>
<td>S.</td>
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</table>

### 1. Behavioural Component

1) Enquires Illness

   a. enquires about disease, duration, symptoms.
   b. enquires about other aspects like name, place.

2) Emotional needs

   a. Present during duty hours
   b. Lovingly and patiently listens to all details
   c. Gives moral support and assures every thing would be fine
   d. Treats the patients as human beings and not as cases
   e. Treats the patients same irrespective of socio-economic status
   f. Treats the patients same irrespective of acquaintance
   g. Comes as soon as called and attends to problem

### 2. Professional Component

1) Treatment

   a. Thoughtfully carries out duties instruction/progress
   c. Clarifies doubts about illness, treatment.

2) Prevention

   a. Educates on preventive measures
   b. Tells about true condition and consequence
   c. Reprimands class IV for inefficiency

3) Physical Test

   a. Physically examines the patient

4) Non-verbal

   a. Looks at casesheets, reports and writes.
(v) **Interference**

  a. Attends only to patients needs not to personal or social needs.

3. **Emergency Component**

   i) Immediately comes to attend a serious case.

   ii) Gives or arranges blood

   iii) Gives or arranges money

   iv) Gives or arranges medicine

   v) Sits even if it is overtime and attends

   vi) Coordinates things in operation theatre labour and other departments.

   vii) Reports matter to higher authority for action.
INTerview Schedule FOR PATIENTS

Place: H/M Hospital - G/P  Dated of interview: Name:
Residence: Date admitted: If child born Sex: M/F, N/C
Number of pregnancy: Abortion

IV. Commercialisation

Answer on a three-point scale 'Never', 'Sometimes' and 'Always'.

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
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<td>J.S. E.</td>
<td>V.S.</td>
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<td>N.S.</td>
<td>G. W.</td>
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</tbody>
</table>

1. Till willingly attend the case if
given
   a) monetary gains
   b) reward
   c) promotion
   d) appreciation

2. Prefer to attend a serious case
   with less monetary gains against
   a less serious case with more
   monetary gains.

3. Do you think the medical profession
   is losing its dedication and
   becoming commercialised.

4. Special treatment is given to
   private patients in govt. hospital

5. Govt. hospital is a better place
to attract patients for private
   clinic.

6. Charge same irrespective of
   financial status of patients

7. Charge according to patients
   capacity to pay.

8. Do private practice to
   a) enhance learning
   b) serve people in free time
      by charging nominally.
   c) supplement income due to family
      obligations
   d) because others are doing it
      and making money.
   e) Its prestigious and gives status

9. Private practice hinders the
    normal work of hospital by doctors

10. Should nurses be allowed to do
    private practice.

11. Nurses accept things - gifts and
    money.

12. Class IV employees are more
    commercialised and show a lot of
    greed for money.
# Imperial Schedule for Doctors and Nurses

<table>
<thead>
<tr>
<th>State A.P./O.P.</th>
<th>Place - H/M</th>
<th>Hospital G/F</th>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
</table>

## I. Identification data

<table>
<thead>
<tr>
<th>1. Age group in years</th>
<th>Upto 20/20-25/26-35/36-45/46-55/56-60/above</th>
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<tbody>
<tr>
<td>2. Religious category</td>
<td>Hindu/Islam/Christianity</td>
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<tr>
<td>3. Family background</td>
<td>Rural/urban/rurban</td>
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<tr>
<td>4. Marital status</td>
<td>Unmarried/married/divorced/separated</td>
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<tr>
<td>5. Type of family</td>
<td>Joint/nuclear/single</td>
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<td>6. Education of nurse</td>
<td>M.C./Inter/3 yr tr./3 yrs tr.</td>
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<tr>
<td>8. Cadre of nurse</td>
<td>Head matron/sister/staff/Nr trained/any other/---</td>
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<tr>
<td>9. Cadre of doctor</td>
<td>Med Supr./Head of deptt./Prof./Asstt.Prof. F.G./ House surgeon</td>
</tr>
</tbody>
</table>

## II. Total documents in Rs

| 10. | Upto 400/401-600/601-800/801-1000/1001-1200/1201-1400/1401-1600/above 1600 |

## III. Total experience in yrs

| 11. | Less than 1/1-3/4-7/7-11/12-15/16-19/20-23/more than 23. |
II. Hospital Setting

Answer on a three-point-scale - 'Not satisfied', 'Satisfied' and 'Very satisfied'.

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<th></th>
<th>N.S.</th>
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<tbody>
<tr>
<td>1) Admission procedures</td>
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<td>2) beds.</td>
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<td></td>
<td>ii) emergency</td>
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<td>4) Equipment  i) simple</td>
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<td>ii) Complicated</td>
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<td>5) Hygiene and sanitation</td>
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<td>6) Water</td>
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<td>7) Electricity</td>
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<td>8) Diet</td>
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<tr>
<td>9) Facility for attendants</td>
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<td>10) Class IV employees</td>
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<td>11) Related departments</td>
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<tr>
<td>1) X-ray</td>
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<td>12) Personal objectives</td>
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<td>1) salary</td>
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<td>ii) promotion</td>
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<td>iii) residence</td>
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<td>iv) allowances</td>
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<tr>
<td>13) Professional objectives</td>
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<td>1) library</td>
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<td>ii) seminars</td>
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<td>iii) discussion</td>
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<td>iv) membership to medical bodies</td>
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<td>14) Organisational Objectives</td>
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<tr>
<td>1) rules</td>
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<td></td>
<td>ii) duty roster</td>
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</tbody>
</table>
INTENTIONS SCHEDULE FOR DOCTORS AND NURSES

State - A.P./U.P.  Place - H.M. Hospital - G/P  Name_________  Status_________

III. Perceptions of doctors about nurses and vice-versa
   Answer on a three point scale - 'Not satisfied', 'satisfied' and 'Very satisfied'.

1. Behaviour Component
   (1) Enquires Illness
      a) enquires about disease, duration, symptoms
      b) enquires about other aspects like name, place.

   (ii) Emotional needs
      a) Present during duty hours
      b) Lovingly and patiently listens to all details.
      c) Gives moral support and assures everything would be fine.
      d) Treats the patients as human beings and not as cases.
      e) Treats the patients same irrespective of socio-economic status.
      f) Treats the patients same irrespective of acquaintance.
      g) Comes as soon as called and attends to problem.

2. Professional Component
   (1) Treatment
      a) Thoughtfully carries out duties instruction/progresses
      b) Gives/takes clear instructions about treatment.
      c) Clarifies doubts about illness, treatment

   (ii) Prevention
      a) Educates on preventive measures.
      b) Tells about true condition and consequence
      c) Reprimands class IV for inefficiency
(iii) Physical tests
   a) Physically examines the patient

(iv) Non-verbal
   a) Looks at case-sheets, reports and writes

(v) Interference
   a) Attends only to patients needs not to personal or social needs.

3. Emergency Component
   i) Immediately comes to attend a serious case
   ii) Gives or arranges blood.
   iii) Gives or arranges money.
   iv) Gives or arranges medicines.
   v) Sits even if it is overtime.
   vi) Coordinates things in operation theatre, labour and other departments.
   vii) Reports matter to higher authority for action.
INTERVIEW SCHEDULE FOR DOCTORS AND NURSES

State - A.P./U.P. Place - H/M Hospital C/P Name Status

Perception of doctors/nurses on patients
Answer on a three point scale 'Never', 'Sometimes', 'Always'

**Behavioural Component**

1. Tells Illness:
   a) tells about his illness, problem, duration and symptoms, clearly and briefly.
   b) tells about related aspects like name and place.

2. Emotional needs:
   Understand difficulty as regards -
   c) time.
   d) patience.
   e) individual attention.
   f) lovingly talks and explains.
   g) behaviour of personal attendants.
   h) abuses.

**Professional Component**

1. Treatment:
   a) listens to all instructions.
   b) takes the advise of treatment, diet and medicine.
   c) asks for repeated clarifications about diet and medicine.
   d) wants unnecessary assistance during check-ups.
   e) exaggerates the situation for personal attention.

2. Prevention:
   f) listens to preventive advice about vaccine and hygiene.
   g) keep the ward clean.
   h) keep themselves clean.
3. Physical Tests:
   i) more comfortable with female doctors.
   j) cooperate in physical examination.

4. Non-verbal Situation:
   k) run away with hospital things.
   l) go away before being discharged.
   m) look blank when approached.

5. Interference:
   n) think hospital is a place for socialization.

Emergency Component:
   a) spoiling the case by not understanding the gravity.
   b) consent for operation.
   c) arranging blood.
   d) arranging medicines.
   e) listening more to professionals than attendants.
   f) thinking of professionals like gods.
**INTERVIEW SCHEDULE FOR DOCTORS AND NURSES**

State - A.P./U.P.  Place - H/M Hospital  C/P Name ——— Status ———

**IV Commercialization**

Answer on a three point scale - 'Never', 'Sometimes' and 'Always'

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1. Will willingly attend the case if given
   a) monetary gains
   b) reward
   c) promotion
   d) appreciation

2. Prefer to attend a serious case with less monetary gains against a less serious case with more monetary gains.

3. Do you think the medical profession is losing its dedication and becoming commercialised.

4. Special treatment is given to private patients in govt. hospital.

5. Govt. hospital is a better place to attract patients for private clinic.

6. Charge same irrespective of financial status of patients.

7. Charge according to patients capacity to pay.

8. Do private practice to
   a) enhance learning
   b) serve people in free time by charging nominally
   c) supplement income due to family obligations
   d) because others are doing it and making money.

9. Private practice hinders the normal work of hospital by doctors.

10. Should nurses be allowed to do private practice?

11. Nurses accept things - gifts and money.

12. Class IV employees are more commercialised and show a lot of greed for money.