Chapter I

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Hospitals are important social institutions and are one of the important inputs for improving health status of a population. Hospitals in the twentieth century have acquired importance as complex social institutions that alleviate pain and are seen as offering cure for illnesses. Within hospitals doctors have assumed professional power and constitute the first contact that patients have when they seek treatment in a hospital. Hospitals are shaped by social forces and the 'open system theory' analyses these institutions as 'open' to the external environment, where by there is a continuous flow of inputs from the environment into the organisation, and output from the organisation to the environment.

The professionals employed in these hospitals, their attitudes, values, and perception are also products of the socialisation process that include: the family, school, and teachers and, later on, the institutions in which they train and work. Thus, individuals who work in institutions are collectively influenced by society. At the same time institutions also play a role in shaping attitudes, values and beliefs of those working in them (Tuckett, 1976).

Our research question is to examine the extent to which different types of management of hospitals such as private and public, influences the perceptions, attitudes, and behaviours of doctors.

With the above assumptions the study proposes to explore whether the doctor’s perceptions, behaviour and attitudes towards their patients, colleagues and their views of public health vary across the different organisational forms of hospitals.

OBJECTIVES

We define our objectives as follows:

1) To study the influence of organizational structure of hospital in shaping doctors perceptions, behaviour, attitude towards their patients, colleagues and profession.

2) To understand the relationship between the goal, structure and management of the hospitals in terms of its difference in approach towards health care.
3) To study the perceptions and behaviour of doctors in two different forms of hospitals.

**Methods for Data Collection**

The study was undertaken in the city of Bombay. Several reasons guided the choice of Bombay as the area of the study. Firstly, it is one of the important metropolitan cities of the country. Secondly, the city has a long history of public health services. Thirdly, the earlier study of the researcher was also on Bombay, on the development of public health services in the city and their utilisation. This study highlighted certain features such as the fact that Bombay Municipal Corporation (BMC) spent the highest amount on health services as compared to other city governments in the country. Fourthly, given the growth and importance of Bombay since colonial times as the commercial and industrial capital of the country, it is generally believed that the city has evolved a distinct work culture over a period of time. We assumed that this culture would be also reflected in the attitude and behaviour of professionals, in general, and doctors, in particular. In such a context the city was more suitable than other place for our study, which focuses on the relationship between organisational environment and attitudes and perceptions of professionals regarding their responsibility. Fifth, was the familiarity of the researcher with the city in terms of its language, work culture, etc.

Selection of hospitals for the study was a very difficult exercise. First of all we prepared a list of the major hospitals in the metropolitan city from secondary sources, and then classified them based on size, specialisation, and organisational structure, namely whether they were public, charitable or private. In terms of size we came across a vast variation from those with two beds to more than a thousand beds. This was not of much use as far as the objectives of our study were concerned. For our objective, we felt that we needed to have those hospitals which were relatively large and had more than one specialisation. We expected larger hospitals to have many doctors, and therefore the structure of the organisation was likely to be complex. We also wanted to probe into differences in attitude between doctors who had specialised skills and those who did not have such skills and training. Hence, purposive selection of hospitals was made. We decided to conduct our study on doctors in tertiary hospitals, from the public, private and charitable sectors. Such hospitals provide a wide range of specialized and super-specialized services, as well as undertake
teaching and training. Hence they have a complex institutional setting which suited our objectives.

A sample of public, private and charitable hospitals was considered with the intention of obtaining comparative insights of the doctors working in these different sectors. We selected King Edward Memorial Hospital – G S Medical College (KEM) located in Parel in the old city and Nanavati Hospital located in Vile Parle a western suburb.

The subsequent stages of obtaining permission from the hospital authorities and then interviewing the doctors and obtaining their responses to the questionnaire was an arduous, time consuming and often frustrating task.

Permission from the Hospital Authorities

Initially letters were sent to the concerned authority in BMC seeking permission to conduct the study in KEM Hospital. We were informed that it was the Dean of the KEM who was the relevant authority. When we approached the Dean during the pilot visit many doubts were raised as to whether or not such a study should be permitted, since the researcher was not a student of KEM. For almost two months the application seeking permission was shunted between the Dean and administrator’s offices in order to clarify the doubts. In this period the researcher made repeated visits and requests to get the permission. Finally, the researcher found out that his application was missing from the office. Meanwhile the researcher had informally talked to some doctors from KEM and J J hospital, to further explore the research problem and make an assessment of the information available in the hospitals. Since, as yet there was no formal permission, many doctors out-right refused to share any information, even about their personal perception and values as a medical professional. Our efforts to get permission from the Dean continued even after the pilot visit was over, while we were preparing the questionnaire for the doctors and administrators, based on the informal interviews of doctors in Mumbai. When the researcher was on his actual field study he once again made a fresh application seeking permission from the new Dean KEM. Fortunately, the new Dean granted permission immediately without passing on the application to the administration. However, the problem did not finish there. We were under the impression that the private hospital would be more open and prompt in granting
permission, as they do not have the bureaucratic style of functioning like the
government. Hence, we contacted Breach Candy hospital for conducting the study.
We were told that, as per the policy of the hospital, we could not seek any information
from any doctor or any patient. However, we could access other information about the
hospital. Such as about its bed strength, services offered, etc. Since this did not serve
the purpose of our study we had to choose another hospital, of similar capacity to that
of KEM. Hence, Nanavati Hospital was chosen as the private hospital instead of
Breach Candy Hospital. In this case too permission was not easily forthcoming. After
repeatedly writing to various administrative authorities such as Superintendent,
Medical Superintendents and Director Administration etc. for permission, finally we
were told that the doctors were not bound to the hospital, and that we could speak to
doctors if they were willing to do so. Hence, we need not have formal permission
from the hospital. This process took nearly two months. However, the hospital refused
to provide any information about its history and present organisation. To get an idea
of the history of the hospital and its founders the researcher had to write to the
trustees, who granted permission to obtain information. So the researcher once again
left for Mumbai to interview one of the administrators, who obliged and spent merely
one hour from his ‘prime time’ of practice. We had to spend nearly four to five
months just to obtain permission from the two hospitals.

Sampling

After the selection of the hospitals, we selected different departments in these
hospitals bearing in mind that routine as well as specialty departments were
represented. Thus cardiology, neurology, paediatrics, medicine, surgery, orthopaedics,
and preventive and social medicine were selected, so that we could get information
from different types of doctors.

Contacts with doctors were then established in these departments initially. The
criteria decided upon for selection of doctors was that of minimum of ten years
employment in the hospital and their specialisation. However, it was not possible to
get adequate samples. Hence, we decided to speak to (i) consultants in case of private
hospitals, and (ii) in case of public hospitals their designation, namely whether they
were lecturer, assistant professor or professor was used. Contact with doctors was
then established in these departments and the questionnaire was given to them after
explaining the purpose of the study. This was a difficult and time consuming process,
and an informal ‘snowball’ approach was adopted (by informal we mean here that we
did not consciously choose to use the ‘snowball’ techniques, rather that is how it
worked in the field). Contacts were established by various means such as by directly
approaching the Heads of departments. Few doctors had already been contacted
during the pilot visit through personal friends who were working as medical social
workers in KEM Hospital. It was especially difficult in the case of Nanavati Hospital
as there were no acquaintances of any sort, who could help in establishing contacts.
Once contacts had been obtained, there were further difficulties. Some doctors refused
to be part of the study for lack of time; some had an indifferent attitude towards such
research and therefore refused or were reluctant to participate. Of those who did agree
and take the questionnaires, not all spared their time easily. The researcher had to
‘pursue’ them repeatedly to get their response, or had to sit with them to complete the
questionnaire. However, the researcher did come across helpful and enthusiastic
doctors who encouraged the research. In this manner at least 250 questionnaires were
distributed in the two hospitals and finally 116 responses were received (66 from
KEM and 50 from Nanavati), which were used for the analysis.

Simultaneously, separate questionnaires were distributed among
administrators, such as Deputy Dean, Assistant Dean, Superintendent, and Head of
the Departments (HODs), etc. Doctor Administrators, including HODs, were also
given the questionnaire designed for doctors. In this manner, 17 responses were
collected from the administrators. This process of data collection, such as interviews
with doctors and others, took nearly eight to nine months.

**Design of Questionnaire**

Before preparing the questionnaires we had informal discussions with few
student doctors in All India Institute of Medical Sciences, Ram Manohar Lohiya and
Safdarjung Hospital, all in Delhi. Based on this experience a set of questions was
compiled in order to have structured discussions with a few doctors in Bombay,
mostly from KEM and JJ Group of Hospitals. The purpose of this exercise was to
explore and assess what kind of information was available on functioning of hospitals
and of doctors. Based on all these a questionnaire was designed and tested on the
doctors studying at the Centre for Social Medicine and Community Health, JNU, New
Delhi. Informal interviews were held with some doctors along the questions in the
questionnaires.
We asked a battery of questions to the doctors on their perceptions on three variables (i) inspirations for selecting medical education (ii) perceived benefits a) by the respondents and b) his family and c) benefits gained by professional training; and (iii) factors on which the professed goals of the institution where respondents were working. Each question had seven points scale from lowest to highest. For analysis we clubbed the seven points scale into three categories: high, middle and low. We also asked them to rank factors from the battery of questions on objectives of medical profession; individual’s professional moulding and shaping values etc.

Apart from the primary data, the secondary data such as various reports of Municipal Corporation of Bombay, Public Health Department and Administrative Department of BMC, studies conducted by NGOs, books, records and other relevant documents were studied and a review of literature was done to have the proper understanding of the problem.

Data Analysis

The responses of the doctors were computed in the Excel package and then converted into SPSS package for data analysis such as simple frequencies and cross tabulation. Accordingly the results were tabulated and analysed.

Chapterisation

Having spelled out the problem for the study and methodology in the Chapter 1, Chapter 2 lays down the larger conceptual framework and the theoretical approach of this study. It begins by locating the primacy of hospitals in public health, as well as in modern medicine and in modern society. As a result of developments in technology and in practice of medicine, the hospital has taken a complex and hierarchical organisational form in order to fulfil its objectives, namely providing curative, preventive, promotive, and rehabilitative services. It also trains future medical professionals. Doctors, being the prime deliverers of curative services, have gained immense importance within hospital settings. However, hospital as formal organisations and doctors, all are part of the larger social environment, and there is a mutual exchange of values, norms and culture, etc. It then looks at the socialisation of doctors, and the different forms and work culture of hospitals, and the ways by which they influence the value systems of doctors.
Chapter 3 presents the journey of Bombay, from being a group of fortified islands to its present metropolitan city, in two broad phases, the colonial and the post colonial periods. It looks at the growth of the city in terms of growth in population (largely due to migration), in trade and changes in settlement pattern. It also traces the development of public health services and the role in this of the colonial rulers, as well the wealthy Indian businessmen of those times in Bombay. It ends with an overview of the present state of health services in the city.

Chapter 4 deals with the history and organisational structure of the two hospitals studied-KEM Hospital and Nanavati Hospital. The chapter traces the historical development of the two hospitals, their institutional history, the people who helped shape and develop them, their objectives and policies etc. It highlights the differences in work culture of both the hospitals, and changes in the value systems over a period of time.

Chapter 5 and 6 present all the primary data that we collected through questionnaires and interviews. Chapter 5 presents data on the social and economic background of the doctor-respondents from the two hospitals. Chapter 6 presents the findings that emerged from analysis of the data collected. We get an idea of the influence of the hospital as an organisation, with specific goals and structure, in shaping the value system of the doctors. The Chapter 6 examines the various influences that shape the value systems, the work attitude, etc of the doctor respondents. It looks at the primary process of socialisation in order to understand better the influences of the hospital as an agent of secondary socialisation. Both, qualitative and quantitative data are presented in this chapter. Interviews with doctors who have worked across different time periods in KEM have been used. Throughout the second section of the chapter comparison have been drawn between the public and private hospital. And Chapter 7 presents the over all summary of the study and broad findings.