Human Relations
In
Social Organizations

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CHUGH PUBLICATIONS

CHUGH PUBLICATIONS
2, Strachey Road,
Allahabad (India)

First Published 1979

Printed in India at Vasu Raj Press and
Published by Ramesh Kumar for Chugh Publications
Allahabad.

Dedicated to my parents

Shri Ram Narain Lal Srivastava

and

Shrimati Kalawati Devi

FOREWORD

The comparative study of medical systems is a new interdisciplinary field of Specializations. Historians and anthropologists have taken the lead in creating it, but the core development of this field should come from medical sociology. The comparative study of civilizations has a long history in Sociology, and in the present century Max Weber, Pitrim Sorokin, M. N. Srinivas and other illustrious sociologists have contributed to it. The greatest progress has been made in the comparative study of social stratification, and of political, economic and religious institutious.

Medical sociology, though well-advanced as a field of special research, has not drawn on the tradition of comparative sociology. A great defect of medical sociology so far has been that its data are derived almost exclusively from the industrial countries, and particularly from Western Europe and the United States. Dr. Srivastava begins to correct this defect in the present work. His study of a teaching hospital at a distinguished medical institute in India presents interesting and original data that can be compared to sociological studies in the United Kingdom, the U. S. A. and other countries where similar research has been long established.

Dr. Srivastava's work begins to fill the great need in medical sociology for research on professional institutions outside the industrial west. Allopathic medicine is a cosmopolitan, world wide system, based in medical schools, hospitals research institute and other agencies of professional organization, but we have little sound information about how this system works across cultures and civilizations. International statistics record the number of medical schools, the number of hospital beds, nurses, physicians, and so on. And the organization and technology in the hospital here described by Dr. Srivastava resemble in many ways what one would find in the Soviet Union, Japan, or the United States. But Allopathic medical institutions are not as standardized

internationally as they appear to be on first glance. We need many new studies to discover how they are adapted to the distinctive regional cultures and civilizations in which they are located. Previous compartive work has been limited to professional institutions in countries that belong to the same European civilization, with some attention to industrial Japan.

Dr. Srivastava is to be congratulated for a pioneering work. His interesting and original data will stimulate other new research. He and other Indian Sociologists are in a position to throw much new light on cosmopolitan medical institutions by showing us how they have adapted to the complex Indian social structure, and to the pluralistic culture traditions of South Asain civilization.

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PREFACE

It is a work approved from Ph. D. degree in Sociology of Banaras Hindu University in 1976. The original title of the thesis was "Doctor-Patient relationship in hospital situation". The thesis has been abridged for publication incorporating the basic theme of social relations in hospital organization.

The hospital organization is one of the most dramatic situation of human relationship. The vulnerable position of the patients and expertise of the medical doctors, in given hospital organizational set up, make it very significant subject of study in medical sociology and social administration. The present work emphasises the organizational aspect of the hospital and empirically describes the human relationships with its core as doctor-patient relationship.

The book is divided into seven Chapters. Chapter one outlines the statement of the problem and the design of the research. Chapter two deals with social background of the respondents. Chapter three to chapter six embody the empirical findings and analyse respectively the perception of medical norms, values and health conditions (chapter 3), the interaction and complementarity of expectation of the interacting units in the hospital (chapter 4), indirect factors in doctor-patient relationship (chapter 5), and the organizational context of doctor-patient relationship (chapter 6). At the end some generalizations and typology of doctors and patients have been formulated (chapter 7).

The findings support the contention that socio-cultural status of patients and doctors influences their interaction pattern. The doctors are expert and specific in their relation with the patients whereas the patients insist upon a diffused and intimate relationship with the doctor. This constitutes

the dilemma of human relationship which is further complicated by organizational limits and demands upon both.

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ACKNOWLEDGEMENTS

In completing this work I have been inspired, guided and assisted by many to whom I am duty bound to express my gratitude. I am thankful to the doctors, patients, and the paramedical staff of the hospital under study whose kind cooperation has enabled me to collect data for this study. I owe them deep, heart felt gratitude.

I am highly grateful to Professor Charles Leslie, Chairman, Department of Anthropology and Program on the culture of Biomedicine, University of Delaware, U. S. A. for writing 'Foreword' to this work.

I am extremely grateful to Professor S. K. Srivastava, Malviya Professor and Head, Department of Sociology and Dean, Faculty of Social Sciences, Banaras Hindu University under whose kind supervision the present research has been completed. He has always been a source of inspiration and often rescued me from despair. I shall always remain grateful to him.

I also owe a great debt to Professor S. M. Marwah, Professor and Head of the Department of Preventive and Social Medicine, Institute of Medical Sciences, Banaras Hindu University and Co-Supervisor of my thesis, who has always spared time from his busy schedule to enable me to discuss the problem for his expert advice and guidance. I am grateful to him.

I have benefited a great deal from discussions I have had from time to time with my teachers Dr. G. S. Nepali, Dr. S. Tripathi, Dr. H. C. Srivastava, Dr. (Mrs.) S. Jatley and Dr. S. K. Goyal. I am grateful to each of them.

I am specially grateful to Shri M. Toha, Head, Department of Sociology, D. A. V. Degree College, Varanasi for simplifying unnecessary complications in the logical and systematic interpretation of the data.

I am thankful to my brothers, Ramesh, Basant, Rajani, Ranjan and Jeetendra for helping me at various stages of the research.

I shall fail in my duty if I forget my indebtedness to my wife Mrs. Raj whose sacrifices really made possible for me to take up and complete this task.

I am also thankful to Shri Ramesh Kumar, partner of Chugh Publications, Allahabad for taking up the work for publication.

Akhileshwar Lal Srivastava

CONTENTS

CHAPTER 1

STATEMENT OF THE PROBLEM AND RESEARCH DESIGN

Focus of Study :

The focus of the present study is to analyse the doctor-patient relationship in the context of hospital situation. The problem of the present study arises out of the hospital setting in which the doctor-patient relationship emerges and resolves. The organizational matrix of the hospital, the attitudinal and behavioural characteristics of doctors, patients and paramedical staff members in the hospital organization, and the broader spectrum of socio-cultural milieu influence the doctor-patient interaction. The factors of social background of these incumbents provide shape and content to their relationship. The present research aims to find out some of the sociological factors influencing the doctor-patient relationship in hospital situation, and it also endeavours to throw light on the nature and extent of direct and indirect factors determining this relationship.

The survival and continuance of human society depends upon the health and well-being of its members. Since ancient times it has been the endeavour of the society to seek ways of eradication of illness and human suffering. This basic concern of society for the welfare of the individual has resulted in different systems of medicine ranging from sorcery, witchcraft, nature-cure to the modern medicines which have emerged after passing through various intervening stages of development. Each system of medicine represents different stages of development of healing art in human civilization. In all these medical systems the doctor-patient relationship has occupied the pivotal position and assumed manifold dimensions. In the ancient systems of medicine, such as Ayurvedic and Unani systems, doctor-patient relationship was informal, intimate and personal. In modern western system of medicine, the relationship

between the two has taken a largely formal and impersonal shape. By and large the modern society is atomistic which is characterised by formal and contractual relationships. The modern system of medicine is no exception to it. The hospital is the major agency through which the modern system of medicine is practised. The hospital organization has developed into a complex organization which has a bureaucratic structure of its own, with a tendency to increasing state control on its functioning through financial aid, recruitment, promotion, transfer etc. The doctor has to act as a functionary in the complex organization of hospital. He has to act as an expert in medicine as well as an organizational man. The institutionalised care of the patient thus comes into sharp focus. The patient also needs personalised care in this type of impersonal and formal organization. Thus in modern bureaucratic organization of the hospital the doctor-patient relationship assumes new dimensions. A sociological enquiry into this relationship may throw light not only on the interpersonal relationship existing among the various functionaries of the hospital but also on the organizational characteristics and functioning of the hospital in modern complex society.

Approaches to the Study of Medical Problems :

In western countries sociologists of medicine have studied health and medical problems following different approaches. The most important are the deviant behaviour approach, statistical approach, community approach and interactional approach. The protagonists of deviant behaviour approach believe "That there is a normal pattern of human health and any deviance from this normative health standard is characterised as illness. According to this approach, in each society there is some sort of health values and health norms. When these norms and values are broken or violated they result in health problems."[1] This approach has been followed by Quinney,[2] Schwartz and Skolnick[3], Sellin[4], Dohrenwend and Dohrenwend[5] in their studies.

The second approach is statistical. "Statistical approach

serves as a technique for arriving at medical norms. By a quantitative analysis the medical problems and medical norms are analysed".[6] Kinsey[7] has used this approach.

Community approach is widely used by western scholars. "Community approach is based on the premise that the medical problems are nurtured in the special circumstances of a particular community. It should be community based and community oriented.[8] The studies of Mattison[9], Berelson[10], Willie and Notkin[11], Kerr and Trantow[12] are important illustrations of community approach.

A new approach to the study of health and medical problems has developed which is known as interactional approach. It lays emphasis on the socio-cultural and impersonal factors in studying medical problems. This approach maintains that health problems are not only a biological phenomenon but also a result of the interaction among biological, physiological, social, cultural, and ecological factors and processes. The interactional approach has been widely used by medical sociologists in their recent studies. The important followers of this approach are Wilson[13], Martilbanez Felix[14], Gross[15], Skipper[16], etc.

Ancient Indian Literature and the Doctor's Role :

In India the art of healing has developed to maturity in the form of Ayurvedic system. This system of medicine has been practised in India from time immemorial. It has obtained the sanction of religious scriptures and has been practised by persons who were well versed not only in the art of healing but also in religious scriptures. In this system of medicine the physician was called Vaidya[17], Bhishak[18], Chikitsaka[19] or Agadan-kara[20]. The treatises on Ayurvedic system have enjoined upon these physicians to help the ill person as a moral duty. They were expected to be very careful about the patient's sufferings. The doctor's moral obligation and fiduciary relationship has been very well presented by the great medical theorist Charak in his book 'Charak Samhita' ; "Doctor should continuously and wholeheartedly try to promote the health of the patients. Even if your own life is in danger,

you should not neglect your patient. Your speech should be smooth, polished, truthful and to the point. Do not give medicine to those whose disease is definitely ascertained to be incurable, or to those who are about to die, or to women, if their husbands or guardians are not present.

When you enter a patient's room, all your attention should be centered on the patient, his expression, movements and medicines to the exclusion of everything else. You must treat as strictly confidential all information about the patient and his family. Where there is danger of the patient or any of his relatives receiving a shock, you should not divulge the impending death of the patient even when you are aware of it. Taking all things into consideration a wise physician should listen to and derive benefit from the discoveries or observations even of an enemy : if they are calculated to promote one's fame and prosperity in this world."[21] Thus Charak has emphasised that a patient should be treated by the physician on human considerations.

Similarly in Harshacharita it has been observed that a physician was expected to be very cautious about his duties and responsibilities, and in case of failure he was held responsible.[22] Thus ancient Indian Literature on medicine very clearly shows that physicians were expected to treat patients as a moral duty. They were also expected to keep the patients' illness and disease as confidential. There existed a fiduciary relationship between the physician and the patients.

Western Medicine, Hospital Organization and Doctor-patient Relationship :

The western medical system and the hospital organization are the result of great scientific discoveries and inventions made in the sixteenth and seventeenth centuries in Europe. The great revolution, during this period, led to increased knowledge of the structure and functioning of the human body, of the diseases and the methods of cure. With the increasing concern of the society for the welfare of the

human beings, the hospital became the centre where professional and technical help to the patients could be provided in an organised manner and on a large scale.

In modern western medical system the doctor's role has been greatly differentiated. He has been considered as an expert, a curative agent, a sympathizer, and an adviser to the patient. The doctor's role has been differentiated in terms of bureaucratic norms as well. His behaviour with the patient, with his colleague, and with the administration has been rigorously defined in terms of bureaucratic norms. He has been considered as impersonal, fair and expert in his job. The doctor's behaviour outside as well as inside the clinic has been defined in terms of medical norms and values.[23] The growing specialization and compartmentalization of the medical sciences have led to the growing stress on the expertise and specialist job performed by the doctors. He is considered as an expert in his own special medical field and thereby commands a special authority and prestige on account of his specialised knowledge. Freidson has made the following observation about the ideal role of the doctor : "Whether their motive be to heal the patient or survive professionally, they (physicians) will feel pressure to accept or manipulate lay expectations, whether by administering harmless placebos, or by giving up popular drugs".[24]

The sociologists of medicine have devoted much of their attention to exploring the doctor's role. They lay emphasis on understanding the nature of interpersonal relationship between doctor and the patient. It has been observed that the behaviour of doctors and patients is influenced by the socio-cultural matrix in which they interact.[25], [26] Some researchers have found that socio-psychological factors are important determiners in the interpersonal relationship of the doctor and the patient.[27] The manner in which the doctor talks to the patient and the confidence reposed in him by the latter are important contributory factors in the total welfare of the patients.[28]

Blum H. Richard has analysed doctor-patient relationship from the socio-psychological point of view. His book

on 'Management of Doctor-patient relationship' is in fact a management guide in the art of human relations. He has suggested several methods by which a physician can develop harmonious professional relationship with the patients. He is of the view that the doctor-patient relationship has an important bearing on the diagnosis and treatment of the illness. Therefore, proper management of this relationship is an important feature of the medical care. The individual 'human nature' of both the doctor and the patient is of crucial importance for the understanding of what happens during medical care and for the kind of doctor-patient relationship which is established. The understanding of individual human nature requires an appreciation of the influence of cultural, social, psychological and biological factors.[29]

Mechanic, one of the pioneers in the field of medical sociology, has also found that failure to utilize social and psychological information can result in significant biases in the predictions made in course of the treatment, which may have an important bearing on the patient's welfare.[30] Similar views have been expressed by Hyman who has stressed the need for sociological knowledge among the hospital personnel which, according to him, helps to improve the quality of interaction with the patients. Hyman is of the opinion that medical sciences are dispersed across social class and ethnic boundaries. As such, a knowledge of the same may have to overcome the barriers which are there in the patient and personnel interaction.[31] Freidson has pointed out that patients have an influence on the doctor. Patients usually evaluate the physician by non-professional norms which may be influenced by the patient's cultural background and the lay referral process. Therefore the doctor must perform, to some extent, in accordance with patient's expectations, which may require him to behave in a fashion contrary to professional expectation.[32],[33],[34] In this way the doctor's advice depends on the patient's evaluation of the doctor, and in repercussion the doctor-patient relationship[35] is also affected.