HEALTH COMMUNICATION AND HEALTH MANAGEMENT IN TRADITIONAL MEDICINE: A CHALLENGE, A RESPONSE!

K. SUNDARI

Department of Sociology, Stella Maris, College, Madras – 600 006, India

Received: 27 January 1986 Accepted: 03 March, 1986

ABSTRACT: Health communication in health management process contributes to the overall efficiency of the health-care delivery systems. For this the individual health worker should be able to co-ordinate, integrate and adopt his functions. This is basically required which is minutely discussed in this paper by the author.

Health Communication has been defined as the study (and application) of communication parameters (levels, functions and methodologies) applied in health situations / contexts. Planning, organizing, staffing, directing / commanding, controlling, innovating / creating, decision making, leading, motivating, communicating and coordinating are widely accepted as basic elements in the management process, when applied in health situations, contexts and organizations from the health management process.

Communication in health organizations operates at 4 basic levels: individual, interpersonal, group and organizational. Communication serves at least 3 primary functions: co – ordination, integration and adaptation. By combing these two analytic features into a 4 x 3 matrix, we get 12 combinations of level and type, each component contributing to the overall efficiency of the health – care delivery system.

The individual level

How a medical practitioner conducts himself is conditioned by the perspective he takes self – centred, patient – centred or medical field – centred. The individual physician will thus have to co-ordinate his activities in such a way that he ‘manages’ health – care delivery. If there is clear role – perception by the individual he is better able to co-ordinate his activities. A physician has to work with so many different kinds of people that a stable personality – state and a good value system are very necessary, for it is only then can it be gauged whether the individual has integrated within himself alternative choices between professional reputation and financial success; concern for patients and commitment to coast – containment; running a practice and practice management. Change is a fact within any health organization today. The growth of technology and scientific information causes the individual to constantly adapt; if the individual health provider does not have enough behavioural flexibility then he becomes a victim of stress. Thus if the individual health provider is able to co-ordinate, integrate and adapt his functions he...
will be effectively ‘manage’ health – care delivery.

The Interpersonal Level

Individuals in health – care have assets which must be converted into health – related outcomes through interpersonal relationships. The strongest ingredient in this transmission is co-ordination through a clear articulation of objectives and clear spelling out of what each individual should do to achieve the objectives. A key task of management is to develop and maintain a supportive climate and goal structure for co-ordinated efforts to flourish. The physician – patient is another dyad where medical treatment is a primary outcome of co-ordinated human resources. Integration of different roles is basically required, because in health – care delivery many people of diverse talents and specialties will work together; patients are also highly varied and therefore all these human resources will have to be meaningfully yoked together not only through formal administrative structures but also through informal ‘social’ interactions and controls. Health situations and organizations are people – intensive and crises – oriented; hence many health providers become highly task – oriented and neglect the inter – personal dimensions of health – care. High turnover, apathy, indifference, grievances, ineffectiveness, lack of efficiency, lack of job satisfaction are all the end results of maladaptive interpersonal relationships. Thus interpersonal relationships must be optimally adaptive to individual needs within the larger organizational framework, well co-ordinated so as to achieve work effectiveness in particular situations and well integrated so that a common thread of purpose embedded in a shared value system can be reflected throughout.

Group Level

Traditionally health care systems are based on specialization and division of labour. Education and training systems are professionally, specialization oriented and socialization in real life situations comes only with practice. Job descriptions are thus handy administrative tools which can aid group dynamics. The size of the group, its composition, span of control, decision making process and communication channels are factors that determine the effective co-ordination of the health groups. Co-ordination thus regulates the activity in the group so that individuals and groups do not work at cross purposes and necessary activities do not go unperformed. An open communication climate were there is receptivity, frequent dialogue and joint decision making go a long way in the management of conflict. A systems approach to group management will involve following the steps of : 1) joint problem formulation, 2) data collection, 3) goal setting, 4) problem solution, 5) outcome prediction, and 6) determination of the activities to achieve this outcome. Individual energies are thus integrated so that the group as a whole is made responsible for its outcomes. Life, death, disability, disease and crises are the situations commonly faced in health organizations. No other organization in modern day society in any part of the world faces similar situations in their daily routine. Yet health organizations are constantly challenged by the community at large. The image of the health organization is projected by the human resources of the health organizations and the health team which is in constant contact with people who require health care. Hence, the health teams or groups are accountable for the effectiveness of health care delivery, for the image of the organization and for creating the right
atmosphere or environment of the organization. Constant adaptability of the health teams working in health organizations share the responsibility not only in carrying out treatment but in maintaining the ‘quality of life’ in the health organization.

The organizational level

One of the major problems or tasks of the administrator in a health organization is that of various types of co-ordination. Individuals must be melded into groups. Groups with various specializations and tasks have to be made to achieve organizational objectives. Various departments will have to enmesh their activities, research with teaching, teaching with practice and administration with health care practice. Co-ordination is the management process that relates seemingly unrelated people, their specialization and activities into groups and departments which can collectively coexist and care closely interrelated so that a viable end – product – ‘Health – care’ – is made available to everyone. This is one of the heruclean tasks of management as health outputs are ‘services’ that cannot be quantitatively assessed easily. Networking and the use of Management Information Systems (M. I. S) are handy tools which aid the giant task of co-ordinating a health organization as a whole. Organizational integration can thus bring a unifying drive and order into individual and group clashes in the health organization. Staff screening, training, feedback and evaluation are necessary steps which aid organizational integration. When the staff are thus aiding in the achievement of health care, systematic patient screening, diagnosis, treatment and recording are the handy tools for therapy and treatment. The human resources of the health organization using the support of the administrative framework and management tools is able to produce for society viable and important life – saving, life – sustaining services. Change can be brought about drastically by revolutions or slowly and systematically by planning. Systematic planning on the human, material and financial resources of the health organization will enable it to adapt to the changing environment of patient – care and the external environment. Health organizations are structurally, functionally and dynamically different from all other organizations existing in society and therefore have to be tackled by health professionals in a very adaptive manner.

Conclusion

Health organizations are dynamic, self renewing, self adaptive systems of human beings organized for testing, implementing and maintaining health care. A ‘systems’ method of management increases its credibility, end – outcomes, effectiveness and community awareness. Thus health communication and health management will give a leading edge to the theory, practice and research in traditional medicine. Since traditional medicine has strong base on ‘arogyam’ (health) or the preventive, regulative and promotive aspects of health it will significantly promote individual and national development and work towards ‘Health for All’.

ANNOTATIONS, REFERENCES AND BIBLIOGRAPHY

1. D. M. Casata, “Health Communication Theory and Research : A definitional overview” in Communication Yearbook 4. D. Nimmo (ed). J. J. : Transaction Books, P. 584 (1980).
2. J C Wofford. et. al. “Organizational Communication: The Keystone to Managerial Effectiveness. N. Y. : Mc Graw Hill, P. 9 (1977).

3. K. Sundari, “An Empirical Study of Interpersonal, Group and Organizational Communication in a Bureaucratic Health Organization”. (An unpublished Doctoral Dissertation, University of Madras), June (1984).

4. Non-disclosure of the ingredients used in many traditional medicine preparations is one such example. Over a long period of time invaluable medicines may be permanently lost by such methods.

5. Lack of information exchange between system of traditional medicine causes many replicative studies being undertaken, lack of development of the system as a whole. Scientific testing of very rigorous methodology is the order of the day and hence one must be open to this. If today there can be scientific investigations on Unidentified Flying Objects (U. F. O) more is the need for traditional medicine to find a place in the jet age of today.

6. Drdhabala (revising Caraka’s work) gives detailed information on the duties of a doctor in the Sutrasthan.

7. Susrutha : demanded a high standard from doctors and expected them to treat their patients “as of they were his kith and kin”.

8. K. Sundari. “Human Resources in Health Organizations and primary Health care”. “Proceedings of the International Conference on Hospital and Primary Health Care” Vol. xxii, No.1 & 2. pp. 230 – 235 (1985).

9. R A Kurtz. “Hospital Social Systems and Differential perception”. Report No. 4. University of Nebraska (1962).

10. Cal Downs and Hain. “Productivity and Communication” in Communication Yearbook 5. London : Sage Publication, pp. 436 – 542 (1962).

11. Costello & Pettegrew. “Health Communication Theory & Research: An Overview of Health Organizations” in Communication Yearbook 3, (ed). Nimmo. N. J: Transaction Books pp. 607 – 621 (1979).

12. Anthony, W. A & Carkhuff, R. R. The Art of Health Care. Amherst : Human Resource Development Press (1976).

13. Casata, D. M. “Health communication Theory and Research: A Definitional Overview” in Communication Yearbook 4. D. Nimmo (ed.) N. J.: Transaction books (1980).

14. Costello & Pettegrew “Health Communication Theory and Research: An overview of Health Organizations” in Communication year book.3 Nimmo (ed) N. J.: Transaction books (1979).
15. Cal Downs & Hain *Productivity and Communication in Communication Year book 5*. London: Sage publication (1982).

16. Kurtz, R. A. “Hospital Social Systems and Differential Perceptions”. *Report No. 4*. University of Nebraska (1962).

17. Refer item 3

18. Refer item 8

19. Thornton, B. C. “*Communication and Health Care Teams*”. (A paper at the annual meeting of the International Communication Association) Berlin (1977)

20. Wofford, J. C. et. al. *Organizational Communication: The Keystone to Managerial Effectiveness*. N. Y. Mograw Hill. (1977)

21. Zola I. K. & Mckinlay, J. B. *Organizational Issues in the Delivery of Health Services*. N. Y. Prodist (1974).