Culture and Human Relations in Hospitals

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THE hospital, because of the large number of heterogenous groups which compose its staff, would seem to be a challenging unit of organization in which to conduct research in the field of human relations. It contains groups of differing social and professional status working in close proximity to one another. This situation often leads to difficult working relationships among personnel, and research into the nature of the attitudes of these groups may be fruitful in yielding information which will assist administrators in planning and organization of their hospitals.

Because there has been little, if any, study in the field of human relations in Indian hospitals, one must be prepared to put forward hypotheses supported only by general observations and hearsy rather than by available statistics. In the absence of such statistics it is all the more important that the investigator himself should assess those factors which are likely to influence the behaviour of the groups of people to be investigated and compared. There are a number of such aspects which should be borne in mind, both in choosing the research problem and in conducting the research programme. In this paper the author will confine himself to considering one of these aspects: the importance of considering international and inter-state cultural differences.

The Philosophical Problem

W.F. Whyte, in his book, devotes a chapter to what he calls "the problem"[1] of recognising the factors likely to influence human relations and points out that the previous research indicates that human relations sometimes appear similar in the same industry in different countries of the world, while at other times such relationships may be primarily culturally determined. An important piece of research on this topic was that of Kerr Clark and A. Siegel[2] who made an international comparison of the propensity to strike in a number of different industries[3] having studied industries in eleven countries. It was found that sixteen of these industries had somewhat similar propensities towards being subject to strikes. This seemed to indicate that there were some attributes of these industries which were of greater importance than local cultural factors in determining the behaviour of workers and management. Kerr and Siegel then put forward the hypothesis as to what these attributes might be. Their suggestions were: (1) the location of the worker in the society, e.g., the isolation group, as exemplified by the maritime and stevedoring industries, or the group which is integrated with society, exemplified by public utility services; and, (2) the character of the job and the worker. The second hypothesis "is that the inherent nature of the job determines, by selection and conditioning, the kinds of workers employed and their attitudes, and these workers, in turn, cause conflict or peace. If the job is physically difficult and unpleasant, unskilled or semi-skilled, and casual or seasonal, and fosters an independent spirit, it will draw tough, inconstant, compative and virile workers, and they will be inclined to strike". (3) Kerr and Siegel are aware, however, that this latter hypothesis may not apply in all the hospitals/industries.

How would these hypotheses explain human relationships in hospitals? Will human relationship in the hospital vary from country to country or state to state or is the hospital a unit which provides a unique and invariable type of working environment no matter where it is geographically located, ? The author is inclined to think that the latter is true in case of our hospitals.

The hospital is an institution which provides a unique service to the community, and the worker in the hospital is never far removed from the persons primarily benefiting from that service, that is the patient. Relationships between members of staff may, therefore, tend to be governed to some extent by a general feeling for the welfare of the patient and a willingness to moderate personal desire so that the patients' wellbeing will not suffer. Behaviour in the hospital might thus be less predictable than in other industries where there is little consideration of the effects which militant action or hostility may have on the welfare of other people.

Integrated Group

The hospital seems to fit very well on the category of an "integrated group". This term is used by Kerr and Siegel in the sociological, and not the psychological, sense. It is taken to mean "absorbed in, and unified with society at large". In fact, speaking in this sense, the hospital is probably the most integrated unit in the society. Its staff and patients compose a very representative cross-section of the community from all points of view. The inter-industry study found that the integrated industries were those in which there was a low propensity to strike, and this would certainly be borne out by experience in the hospital field also. However, because of the possible importance of a feeling for the welfare of the patient it should be not assumed from this that there are no human relations problems of any magnitude in the hospital field.

If we examine the actual staff composition of the hospital and its personnel these could be classified as: 1. Administrative; 2. Ministerial and Clerical; 3 Medical Staff; 4. Nursing Staff; 5. Domestic; 6.Laundry and Maintenance and others; and 7. Paramedicals, Technicians etc.

Categories 1, 3 and 4, i.e., Administrative, Medical and Nursing Staff, could be said to be professional in

1. Whyte W.F., *Man and Organization*, Richard D. Irwin Inc, Illinois, 1959, pp.677.
2. Clark, Kerr and Siegel, Abraham, "The inter-industry propensity to strike" in Kornhauser, A., Bubin, R. and Ross, A.M, Industrial Conflict, McGraw Hill, New York 1954 pp 189-212
3. *Ibid*, p. 195

nature. They comprise approximately 63 percent of the total staff. They are highly educated. Nearly 2/3rd of these are Nurses only. We give the group the title of professional and regard all other hospital workers as non-professional.

Factors of Influence

What are the factors likely to influence these professional people (i. e. Nurses) in their working environment? Perhaps an important one might be the primary working group of which they are members. This is, of course, a well aired hypothesis, having first seen the light in the early nineteen thirties when it was put forward by the Hawthorne experimenters. It will surely have some importance as a factor in shaping attitudes because many of the professional people work in isolated units or wards and outpatient departments and do not have a great deal of intimate contact with other professional persons but perhaps the "off duty" group may in some cases be just as important in influencing attitudes. By this I mean the groups of medical, Nursing, and other staff who get together in their particular recreation, dining areas when not on duty and who, as members of the same profession, may be able to communicate more easily with one another than they are able with members of other professions who work with them when they are on duty. This may account for the keen awareness of professioonal status which appears to exist in most hospitals. The professional associations like TNAI to which the nurses belong should no doubt also have some effect, albeit perhaps small in most cases, in influencing attitudes.

The non-professional group that we may call paramedicals may also comprise laboratory, x-ray and clerical, domestic and maintenance, laundry and other staff. This is the group which is more likely to have a militant approach to problems of human relations in the hospital. These personnel are generally members of an appropriate Trade Union and are probably more concerned with working conditions than with their status in the organization's hierarchy. Relations with other members of staff may be construed as being included in the term "working conditions", for a frequent source of unrest is the feeling of victimization, etc,. e.g., the ward sister asking a sweeper to do a job which he feels she has no right to ask him to do.

Here, again, off duty groups, e.g., in lunch hour, often lend themselves to freerer intercourse in such non-professional categories as those of the domestic and maintenance staff. Sweepers, for example, may work by themselves much of the time, and have little intimate contact with other people while on the job. The unions would probably have a greater influence over the non-professional group than would the professional associations over the professional group, and the relative strengths of unions would have to be taken into account when comparing the attitudes in this group of personnel in different countries or states, e.g.,the strength of the unions in hospitals is probably getting greater (in almost all the states) which is mainly due to the infiltration of outside influences, cultural, political and others.

From the above outline it is suggested that human relations among hospital professional staff, generally speaking, present problems which are independent of geographical location but are depedent on organizational structure. Since hospitals throughout the world are organised along somewhat similar lines, previous research in hospitals outside India may be useful in suggesting lines of approach to research in the attitudes of this group of hospital staff in our hospitals. It is among the non-professional staff that the influences of local culture may be most important and where the researcher should have more regard to examine the extra-hospital environment in his attempt to understand the formation of internal attitudes. A detailed study of nurses' attitude as professional workers in the hospital is of paramount importance at the present juncture.

References

1. Whyte, W.F, *Man and Organization*, Richard D Irwin Inc. Illinois, 1959, Pp. 6&7.
2. Everett, Hagen, *Human Problem of U.S. Enterprise in Latin America*, New York State School of Industrial and Labour Relations, Cornell University, June 1958.
3. Dean, Louis, "Interaction Reported and Observed, the Case of One Local Union," *Human Organization*, Vol XVIII, No. 3, Pp. 36-44, Fall, 1958.

C.N.L.'s Annual Conference

THE Christian Nurses' League of the Christian Medical Association of India will be holding its fortythird Annual Conference at Christian Medical College and Hospital, Vellore from October 1 to 3, 1977.

Please contact for detailed programme : Mrs. Jeeva Samuel, Chairman, Conference Committee, Christian Nurses' League, College of Nursing, Christian Medical College & Hospital, Vellore-632004.