

SCHOOL OF SCIENCE AND TECHNOLOGY

BSN 1304

Behavioral Science- I



**BANGLADESH OPEN UNIVERSITY
SCHOOL OF SCIENCE AND TECHNOLOGY**

Behavioral Science- I

BSN 1304

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**SCHOOL OF SCIENCE AND TECHNOLOGY
BANGLADESH OPEN UNIVERSITY**

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Introduction to the Module

The module behavioural Science- I, one of the two modules on behavioural science. Behavioural science includes the fields of Sociology, Psychology and Anthropology. In the module, behavioural science-I, an attempt has been made to include the introduction to the subject and Sociology. In the second of the modules on the subject, behavioural science- II, an endeavour has been made to include Psychology and Anthropology. Some of the lessons in one field may also be a lesson in other field, but for the convenience of the learner it has been put where it is in the module. The lessons have been so designed that it just gives a basic idea of the topic under discussion. As the users are future health professionals, the examples cited are all health-related instances.

Through this open schooling programme the learner will be able to learn about different topics, with the help of materials, without attending any formal classes. This module is a bit different from those used in existing formal schooling in classroom situation. Before going through this module, carefully read the following points on how to use the book to get the maximum benefit.

Format of this Module

This book includes six units. Each unit has a unit title followed by a brief introduction to the unit lesson objectives are given at the beginning of each lesson.

The important points in the text have been highlighted in boxes on the left margin. Besides the text, each lesson is supplemented by figures, diagrams, pictures and flow charts as applicable for clearer understanding of the subject. A hypothetical problem, the exercise, is included in most of the lesson so that the learner can solve them in the light of the relevant lesson. This exercise will invite participation on the part of the learner to feel that he/she is an active participant in an exciting intellectual endeavour. There is a scope of self-evaluation at the end of each lesson. This is done by both short and essays types of questions.

How to use (read) the Module

Read carefully the learning objectives of the lesson before going through the text. How much of the learning objectives have been achieved will be assessed by the learner at the end of the text. If the learner is not satisfied, she/he will go through the text, as many times necessary, till she/he is satisfied about the learning objectives. When the learning objectives are achieved, the learner will proceed with the exercise and questions.

For any Clarification

The learner is advised to listen and/or view the scheduled televisions and radio programs by Bangladesh Open University on behavioural science. The learner will read the relevant lessons before the program. At the scheduled time she/he will be ready with the pen, paper and book in front of the television/radio set. The learner will take note, if any part of the programme is not understood. She/he will discuss these with the tutor in the tutorial class.

If the module and radio/TV program has not been able to clarify a point, there the learner may discuss it with the tutor in scheduled tutorial classes. The tutorial classes are different from traditional classes, as the tutor will help only where the learner has difficulty.

So the learner should go through the lessons and find out the difficult parts before going to the tutorials. The tutor will also advice and guides the learner to successful completion of the course. Learners are strongly advised to use a Standard English dictionary for comprehension.

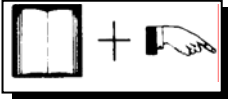
Unit 1:

Introduction to Behavioral Science

Understanding the subject behavioural science is important for all aspects of human activity including medicine

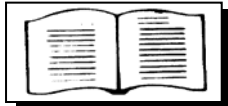
Lesson 1: Basic Concept of Behavioral Science

Objectives



At the end of this lesson the learner will be able to-

- ◆ define science
- ◆ classify science and
- ◆ understand the basics of behavioural science.



Science is the systematic study and knowledge of natural or physical phenomena people through description or by means of measurements. Science has been classified in numerous ways. Broadly speaking, **Pure science** attempts to discover facts and principles in order to increase the quality and quantity of knowledge. **Applied Science** concerns with making knowledge useful to people. Science is also categorised by subject matter as **Natural Science** and social science. **Natural Science** is the knowledge concerned with the physical world and its phenomena. It includes -

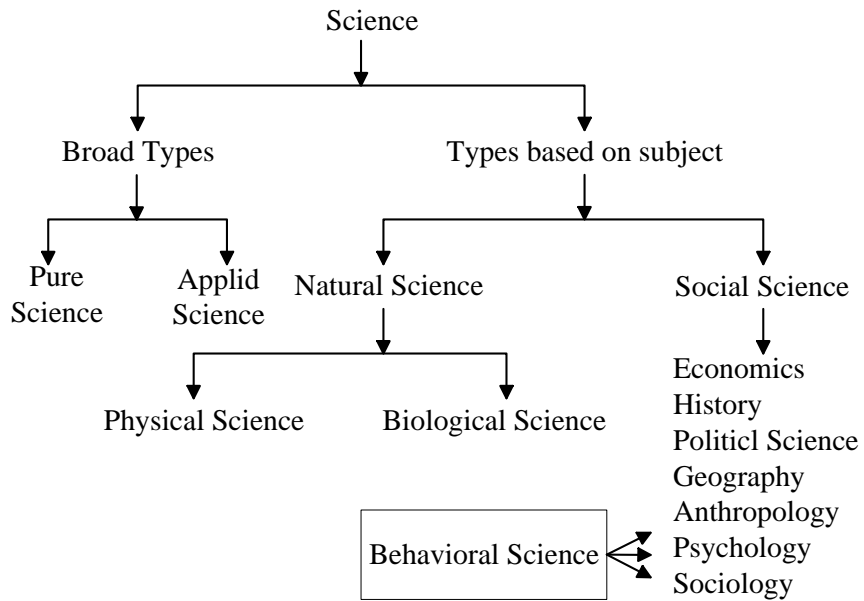
- i) *Physical sciences*- e.g., chemistry, physics, geology etc. - are concerned with the nature of the physical universe.
- ii) *Biological sciences*- e.g., botany, zoology - are concerned with the study of living organisms.
- iii) *Social science* is that which deals with institution and functioning of human society and with the interpersonal relationships of individuals as members of society. In other words, it is concerned with the study of people. It includes subjects as anthropology, economics, history, political science, geography, psychology and sociology. The study of anthropology, psychology and sociology is collectively termed as Behavioral Science. Anthropology deals with physical, cultural and social evolution of mankind. Psychology deals with mental process responsible for different acts. Sociology is the study of society. The overall classification of science is not a rigid one. There are overlapping

The study of anthropology, psychology and sociology is collectively termed as Behavioral Science

in some of these areas of classification. Some of the subjects of science are also the subjects of arts e.g., History.



Illustration: Classification of Science.



Exercise

Complete the blank spaces with appropriate answers -

Science	Deals with	Is it a part of behavioral science?
Physical science		
Anthropology		
Biological Science		
Sociology		
Psychology		



1.1. Question

A. Put a tick (✓) on the correct answer

1. Behavioural science includes
 - i. Botany, zoology and psychology
 - ii. Economics, zoology and chemistry
 - iii. Anthropology, psychology and sociology
 - iv. Anthropology, psychology and physics.

B. Short and board questions

1. Define science and behavioural science.
2. State diagrammatically the classification of science.

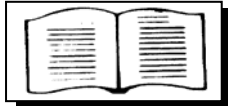
Lesson 2: Role of Behavioral Science in Public Health

Objectives



At the end of this lesson the learner will be able to-

- ◆ understand public health
- ◆ understand the role of behavioural science in public health and
- ◆ cite examples from daily life where behaviour, health and disease are integrated.



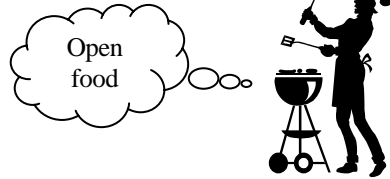
Public health deals with the health status of people. It involves that healthy people stay healthy, diseased people be cured, and disabled persons be rehabilitated. Both health and disease are related to human behaviour. Until recently, biological scientists paid less importance to the influence of sociology on health and occurrence of disease. On the other hand, social scientists paid less attention to the influence of biological elements on people. The modern concept involves an integration of biological and social elements in health and disease. The role of behaviour in public health is mostly concerned with the adoption of practices, which are beneficial to health, and rejection of those, which are deleterious to health. Based on this modern concept, the role of behavioural science in public health can be brought to focus by the following points-

Public health deals with the health status of people. It involves that healthy people stay healthy, diseased people be cured, and disabled persons be rehabilitated

1. Certain Behavioural practices maintain the biological integrity. For example, epithelial tissue integrity is maintained by a balanced diet, which contains, among others, vitamin A. Deficiency of Vitamin A will lead to the development of disease anywhere there is epithelial tissue. Thus it may be concluded that behavioural practices influence human biology and thus health.
2. Behavioural practices maintain a healthy person in a state of good health. For example, when a healthy person goes to the toilet and disposes his excreta in a sanitary way there is almost no possibility of him being infected, or infecting others, by hookworm. This shows Behaviour influences health.
3. Behavioural practice may cure a diseased person. For example, a child suffering from night blindness following diarrhoea is cured on taking Vitamin A enriched food. This highlights food intake Behaviour influences the cure of night blindness.
4. Appropriate Behavioural practices may help to rehabilitate a disabled person. For example, a man who has lost a forearm needs to be rehabilitated in order to live a productive life. This can be possible by medical, psychological and social readjustment on the part of person

concerned, and for those around him. This is the influence of Behaviour on rehabilitation of a diseased person.

Illustration



Bad behaviour: eating exposed and contaminated food



Good behaviour: eating clean food

Exercise

Complete the blank spaces with appropriate answers -

Condition	Health problem	Behavioral to overcome the problem
1. Sitting of fly on food 2. Poor drug compliance 3. Stoppage of breasts feeding to baby before six months 4. Loss of a limb in a road traffic accident.		



1.2. Questions

A. Put a tick (✓) on the most appropriate answer

1. Stoppage of breast feeding to baby before one year an be prevented by
 - i. counselling the social leader
 - ii. counselling the milching cows
 - iii. counselling the mothers to continue breast feeding
 - iv. counselling the baby.

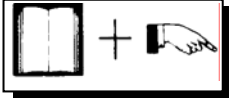
2. For each of the following give one example of behavioural practice which influences
 - i. the maintenance of health
 - ii. prevention of disease
 - iii. cure of a disease
 - iv. rehabilitation of diseased individual.

B. Short and broad questions

1. What is public health?
2. Briefly state the role of behaviour in public health.

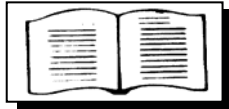
Lesson 3: Determinants of Behavioral and Types

Objectives



At the end of the lesson the learner will be able to -

- ◆ understand that behaviour is governed by certain factors (determinants)
- ◆ describe the determinants of behaviour
- ◆ classify behaviour.



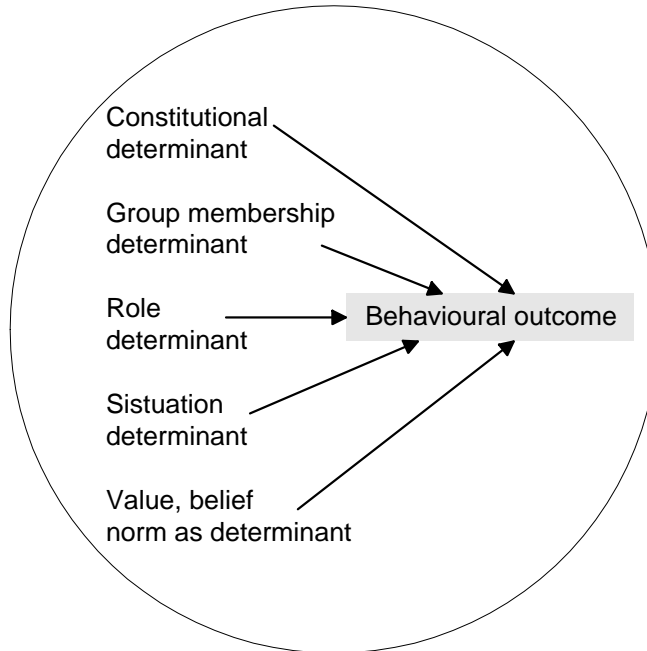
Determinants of behaviour mean the factors that influence human behaviour. Behavioural scientists have defined many factors that influence behaviour. All the factors can be grouped under five major heads with some overlapping. At anytime, one or more factors are responsible for a particular Behaviour.

1. Constitutional determinants include the genetic make up and all other biological structure and functions of an individual. Age and sex are examples of constitutional determinants, especially so in health related behaviour. Menarche, the onset of menstrual cycle in a girl at around the age of 12 years, is a constitutional determinant, which influences the girl's health behaviour. This phenomenon does not occur in a male due to different constitutional determinants.
2. Group membership determinants mean the factors that are responsible for behaviour due to the influence of a group. This group may be a family, a community or a nation. Natural immunity against poliovirus is more among children of lower than higher socio-economic class. This state occur as the children of lower socio-economic class tend to live in overcrowded areas and are exposed to sub-clinical infection with polio virus at an early age.
3. Role determinants mean that each individual has to play a certain role. This role determines the Behaviour that he/she demonstrates. For example, when a woman becomes a mother, she spontaneously demonstrates certain behaviour, which is similar to those of other mothers. She determines the "mothering" function performed for child rearing on becoming a mother.
4. Situation determinants include situations, which are not influenced by biological or group membership or role determinants. For example, the behaviour of a person who has an accident, resulting in some health hazard, will be influenced by the situation that arises following the accident.
5. Societal value, belief and norms also act as determinants of Behaviour. (An example should be included).

In our society, value is given to respect for elderly persons. So, we show respect to our elders by different methods e.g., palaur.



Illustration



Behavioral Types

Behaviour can be defined as response to stimuli. It is anything that an organism or individual does involve an action and response to stimulation. The response may be by an individual, group or species. Suppose, Mr. X, who is a smoker, comes across a poster with the caption "Smoking is bad for health". This acts as a stimulus for Mr. X and in response, he gives up smoking. Here giving up of smoking by Mr. X is a behaviour is response to the message in the poster.

Behaviour can be defined as response to stimuli. It is anything that an organism or individual does involve an action and response to stimulation

The most commonly used classification of behaviour is normal and abnormal behaviour. Normal behaviour is a behaviour that is accepted by most of the people in a society. Most people in a society does not accept abnormal behaviour. Considering health aspect, drug addiction is an abnormal behaviour while refraining from drug addiction is a normal behaviour.

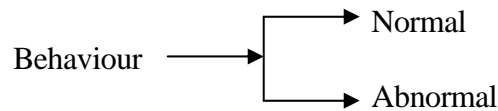
A second classification of behaviour is overt and covert behaviour. Overt behaviour is the response or act observable while Covert behaviour is the response not observable. For example, a patient suffering from a certain disease is advised to take medication at home. After few days, he reported that he has taken medications as advised and is now cured. The actual taking of medicine was not observed by the health professional but concluded on

patients reporting and on response of disease to drug. Here the taking of medicine by the patient is a covert behaviour. Conversely, in a hospital-based treatment, the intake of medicine is directly observable by the health worker and is thus an overt behaviour.

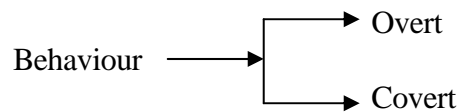
Another classification of behaviour can be stated as Active and Passive behaviour. Active behaviour is response to an individual's internal drive while Passive behaviour is in response to external stimuli. Again active behaviour may be purposeful or non-purposeful. Purposeful behaviour is directed towards an objective or aim while a non-purposeful behaviour is not. Purposeful behaviour may be further subdivided into simple and complex. In a complex type of purposive behaviour the individual will adjust to the feedback he receives during the act while the simple purposive behaviour does not take into account the feedback he receives. Further, the complex system of behaviour may be predictive or non-predictive. Predictive behaviour is based on anticipated response rather than the actual response. For example, a health worker suffering from iron deficiency anaemia decides to correct it by taking iron tables. He predicted that it would need three months to correct if he took three tablets per day. If he does as he had decided then it would be a predictive, complex, purposeful, active behaviour.

Illustration

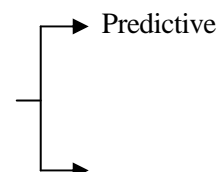
A. Types of behaviour based on social acceptance

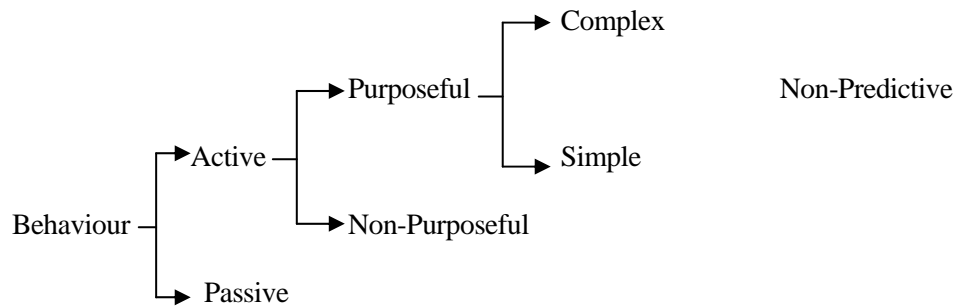


B. Types of behaviour based on its observance



A. Types of behaviour based on internal drive





Exercise

A 20 years old female knows that her *next menstruation* will begin on the second of next month. She was scheduled to attend a wedding reception of her cousin in another town during that period. She *took some sanitary pads* with her in her bag to avoid any inconvenience there.

What are the types of determinants of the activity/ behaviour underlined in the above instance? Please justify.

You are undergoing B.Sc.-in-Nursing course. Based on your internal drive, explain your behaviour in taking admission in the course.



3.1. Questions

A. Write 'T' for true and 'F' for false statements

- i. Behaviour is not influenced by its determinants.
- ii. Only one determinant at a time influence behaviour.
- iii. Constitutional determinant is in other words the biological determinant.
- iv. A nurse has to follow a role model.
- v. Abnormal behaviour is accepted by most of the people in a society.
- vi. An covert behaviour is always not observable.
- vii. An covert behaviour is always observable.
- viii. Active behaviour is always in response to internal drive.

3.2. Broad questions

1. State and discuss the major determinants of behaviour with examples.
2. Define behaviour. Give the main classifications of behaviour.

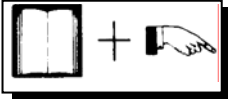
Unit 2:

Understanding Human Society and Social Interaction

Human Behaviour is related to social components and certain intangible factors

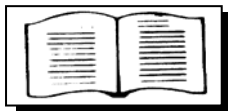
Lesson 1: Elements of Modern Sociology

Objective



At the end of the lesson the learner will be able to-

- ◆ define sociology
- ◆ define habit
- ◆ define custom and tradition
- ◆ state the two major components of culture
- ◆ relate the importance of knowing culture and norms with health and disease.



Sociology is the scientific study of social life. The effort to understand and improve social life has been going on for many centuries. Plato, in fourth century B.C., produced the first written social analysis in the Western World. This was followed by extensive study in the field over the centuries. The greatest problem noticed was the absence of any reliable method for verifying conclusions. In early seventeenth century Francis Bacon and René Descartes established the main procedures of scientific methods. They put forward the concepts of (a) Observation a systematic effort to obtain facts concerning any phenomenon (b) Experiment observation under controlled conditions to minimise the influence of irrelevant factors, and (c) **Reason** - interpretation in an objective and logical way. However, Auguste Comte made the first truly systematic proposal for the application of science to the study of human society, in early nineteenth century. It was Comte who gave the discipline its name.

Psychology is concerned with the action of individuals as they respond to their environment

For a beginner, confusion between psychology and sociology may arise, as they are concerned with many of the same phenomena. Psychology is concerned with the action of individuals as they respond to their environment. It tries to understand the inner mental processes, motivational patterns, and habit structures and so on that explains the individual behaviour. Sociology, on the other hand, concerns with the interaction that takes place between people and explains the interpersonal processes and features of group structure in terms of social behaviour. When psychologists study organisational groups, they do so in terms of reward and punishment that influence individual behaviour, while the sociologists study the motives of individual members that help to shape the behaviour of the group.

Habit, Custom, Tradition, Culture and Norm

Behaviour is defined as response to stimuli. Repeated similar response to similar stimuli is habit.

When the habit is practised over long period of time by a group of people. It is termed as custom.

When custom is carried set of generation to generation, it is called tradition.

Culture is a complex set of shared habit, custom and tradition common to members of a society. In other words, culture is viewed as societal heritage of a society. Culture is of two types -

- a. Material culture refers to concrete things that a society creates and used for examples, house, desk, and telephone.
- b. Non-material culture refers to more abstract creation of society for example. Law, belief, idea.

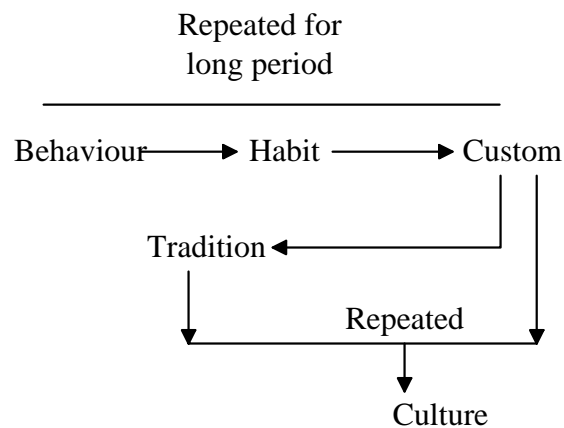
Understanding culture is important so as to control the disease through appropriate education

Norm is an accepted or required behaviour for a society. In other words, it is the unwritten code of conduct of a society. Norm is of two types -

- a. **Rigid norms** are those must be followed by a society, which is termed as mores.
- b. **Flexible norm** is a folkway norm.

Understanding of culture and norm of a society is important. Some diseases are the outcome of culture and norms. For example, open field defecation is the culture that plays an important role in the spread of diarrhoea. Again, understanding culture is important so as to control the disease through appropriate educational therapy and introduction of an alternate way, which can be incorporated or absorbed into the culture. This will enable people to give up harmful practices and adopt scientifically sound and beneficial practices.

Illustration



Exercise

'A sociologist is a person who may visit an out patient department and watch the waiting people'. Explain in five sentences.



1.1. Questions

A. Write 'T' for true and 'F' for false in the following statements

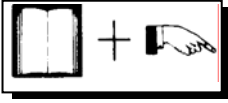
- a. Sociology is a part form social life.
- b. First written social analysis was by Frances Bacon.
- c. Auguste Comte gave the name 'sociology'
- d. Sociology and psychology are synonymous.
- e. Customs when repeated becomes habit.
- f. When habits are practised over generations it is called tradition.
- g. Culture is a complex set of habit, custom and tradition.
- h. Norm is the written code of conduct for a society.
- i. There is no importance of understanding culture in health and disease.

1.2. Short and broad questions

1. Write about the origin of modern sociology.
2. Explain with example how psychology differs from sociology.
3. What is culture? Explain with an example from daily life.
4. Briefly write down the importance of understanding culture and norm.
5. Define norm and classify it.

Lesson 2: Value, Belief, and Socialisation

Objectives



At the end of the lesson the learner will be able to -

- ◆ define value
- ◆ define belief and categorise it
- ◆ define socialisation.



During our lifetime, we come across things, which have different grades of importance to use depending on how useful they are. Again, at different times and in different situations things have different meaning and significance. Every individual places or assigns worth, which are relative to everything around. This worth or weight age, or utility of judgement is known as value. Value, as judged about anything has a strong influence on all actions and behaviour. It helps a person or a group to make choice or alternatives for action. Values are not constant; they change according to need that arises at different times and under different situations. Values may be built-up regarding material (e.g., books, animals, cattle, teacher etc.) and non-material (e.g., religion, superstition, ethical etc.) items.

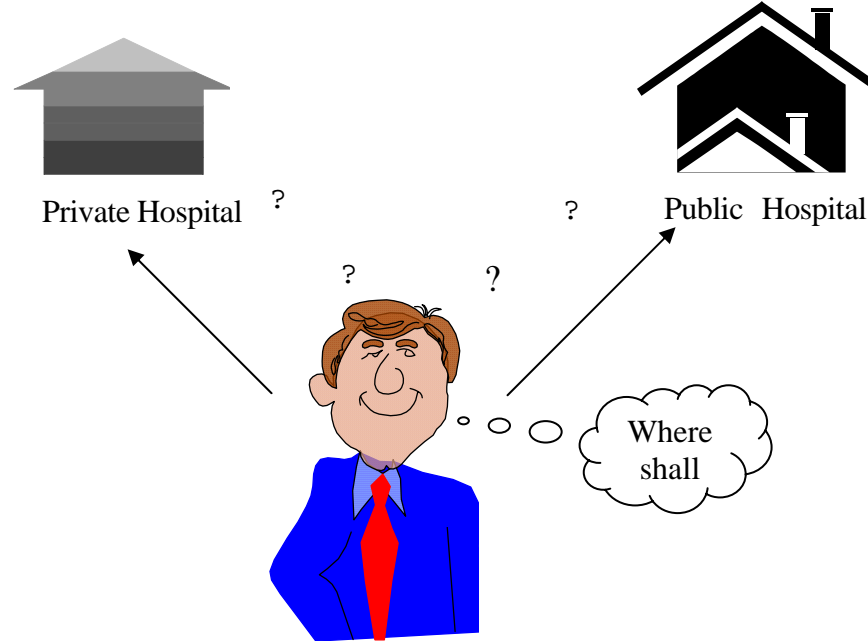
Values are not constant; they change according to need that arises at different times under different situations

The values that have advantage for the self or for the society are known as positive values, and the values that are harmful or disadvantageous are negative values.

The social and cultural values of a community are of great importance when extending any form of education in a society. Before introducing any innovative ideas, long standing values of the society should be analysed. For example, in a family, which is strictly vegetarian, the suggestion of taking any animal food will be strongly resisted. Again, contraception is opposed in many communities because of the value placed on nature. Going against nature and preventing conception is against moral value.



Illustration



Belief

The meaning of the word belief is “trust” or “confidence”. When the mind thinks or knows something about a thing, person or event for quite sometime, it becomes a belief. Belief is a continuing understanding about anything in the individual world. Belief is the social product of individual understanding as well as group experience. Belief can be tested, and if proved wrong, have to be given up. But most belief are so deep-rooted in tradition, that it is not questioned.

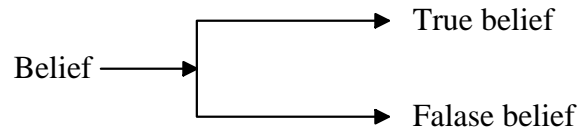
So it can be concluded that belief like values have an influence on behavior and attitude

Belief can be **true** and **false**. True belief are those that have been tested or verified and coincide with reality. False beliefs have no basis, but they may persist in society because of group support. For example, there are many people, even among the educated, who believe that certain disease as small pox and chicken pox are due to the anger or wrath of some god or goddess, and administration of drugs are considered harmful. Diseases like leprosy and tuberculosis are believed by some to be due to there past sins. Childhood disease is believed to be the effect of “evil eyes”, and so charms and amulets are prescribed.

So it can be concluded that belief, like values, have an influence on behaviour and attitude.



Illustration



Socialisation

Socialisation is the entire process by which an individual becomes a member of a society. In other words, it is the learning of habits, skills, beliefs and other requirements that are necessary for effective participation in social groups. Socialisation begins soon after birth and ends with death. There are two types of socialisation.

- 1. Primary Socialisation:** A person undergoes primary socialisation in childhood. This usually takes place in a family, which is said to be the primary socialisation agent. By this initial socialising the child learns to live with its family.
- 2. Secondary Socialisation:** When a primarily socialised person undergoes further socialisation in different sectors or arenas for example work place, school, it is termed as secondary socialisation.

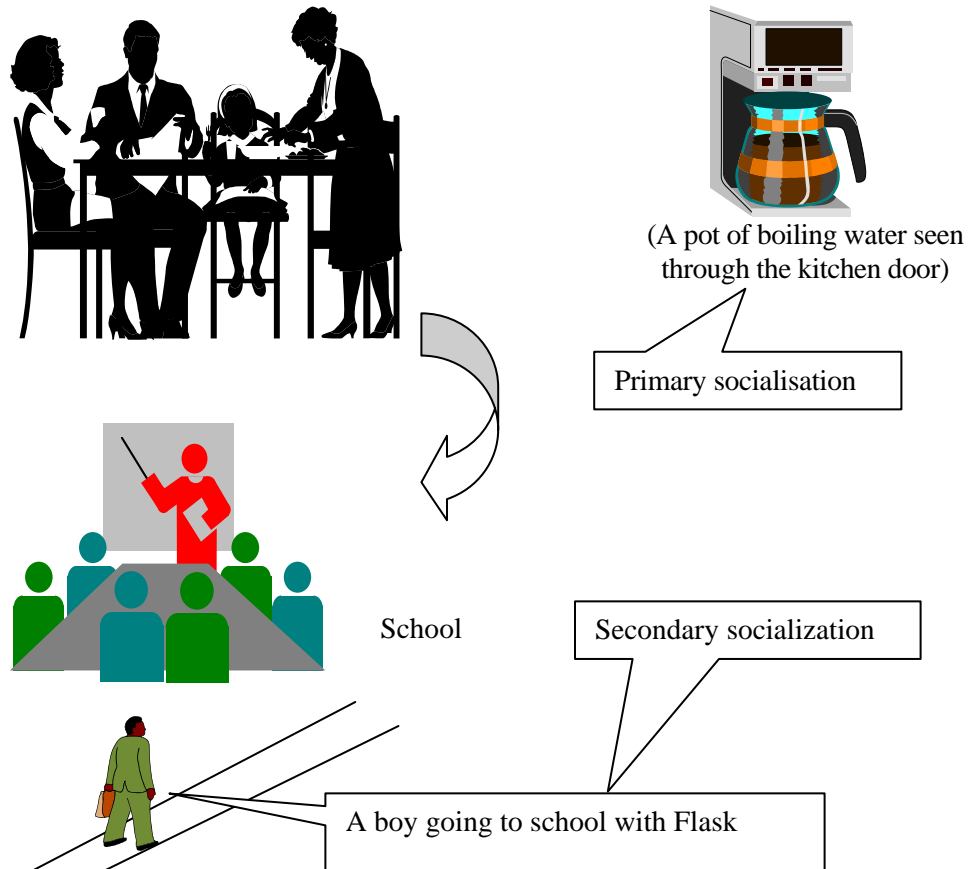
Through socialisation a person gets accustomed to many aspects of society. Health related socialisation is a part of the total socialisation a person may learn these either consciously or without being aware of it. It is the responsibility of the socialising agents (e.g. parents, brothers, sisters, teachers, friends, colleagues, and health workers) to instil good health practices as a part of each other's socialisation.

Examples

In a family, the parents use boiled water for drinking purpose. The child, too, learns to drink boiled water. This is a part of primary socialisation for the child. When this child goes to school, he faces problems about drinking water, as boiled water is not available. He notices that some of his friends bring boiled water in flasks for individual's own use. The boy too then learns to do the same. This being a part of secondary socialisation.



Illustration



Exercise

Write three sentences highlighting the social value of the nursing profession in our country.

Write briefly of a disease believed to be caused by breaking of a taboo and for which religious blessing is sought for its cure.

Cite an example, from your daily life, on behavioral arising out of primary and secondary socialisation processes.



2.1. Questions

A. Write 'T' for true and 'F' for false statements

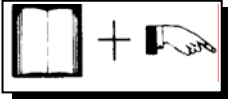
- a) The worth or judgement of any object or subject is known as its value.
- b) Values have no influence on health care seeking behaviour.
- c) Superstition is a material item of value.
- d) Long standing values of the society should be analysed before introducing new ideas.
- e) Belief is always the social product of individual understanding.
- f) Belief is always true.
- g) False belief always has a basis.
- h) Some beliefs are linked with health hazards.
- i) Socialization starts from school.
- j) Socialization starts at birth and ends at about 20 years.
- k) Socialisation has no role in society.
- l) Socialisation tends toward good health practices should begin at home.
- m) A teacher is a socialisation agent for a student.

2.2. Short and broad questions

- 1. Describe value.
- 2. Vategorise value.
- 3. Write in brief the importance of value in health.
- 4. Briefly discuss about belief. Cite one example.
- 5. What do you understand by socialisation?
- 6. What are the types of socialisation? Describe whit examples.
- 7. How does socialisation help in the adoption of good health practices?

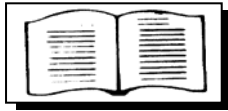
Lesson 3: Group and Collective Behaviour

Objectives



At the end of the lesson the learner will be able to -

- ◆ define the types of group
- ◆ define the criteria of a group
- ◆ define collective behaviour
- ◆ discuss some of the patterns of collective behaviour
- ◆ define social structure and social organisation.



A group, simply defined, is a collection of people. But in sociology, all collection of people is not a group. Division of labour and sharing of interest occur in a group that makes it possible to complete tasks that would not be possible for an individual alone. A group effects and shapes an individual and at the same time they effect and shape other groups. Group is said to exist when a number of people have shared interaction and feel bound together by "we" feeling. A group may be as small as two people or infinitely large. Examples of groups are the nursing team of a hospital, a family and a basketball team.

Group is said to exist when a number of people have shared interaction and feel bound together by "we" feeling

There are other collections of people who do not satisfy the criteria set for groups. Sociologists term them as **non-group**. One form of non-group consists of a number of people clustered together in one place—an aggregate. For example, patients waiting in the outpatient department, people waiting for a train at the station. Another type of non-group are those who have a particular characteristic in common (e.g., all females, all short haired people).

Types of group:

There may be different types of group.

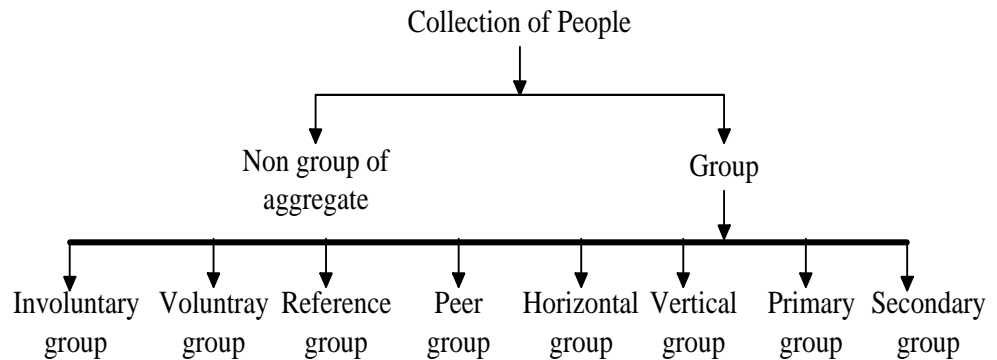
1. **Involuntary group**- where the membership is automatic, the participant has no choice (e.g., the family one is born into).
2. **Voluntary group**- where the membership is open and individuals may or may not join (e.g., cine club).
3. **Reference group**- serve as models for our behaviour. The nursing staff of a renowned hospital may serve as a reference group for nurses elsewhere.
4. **Peer group**- people of relatively the same age, interests, and social position who have reasonably close contact (e.g. a class at the nursing school, a gang of juvenile delinquents). During adolescence this group may be the major socializing agent.

5. **Horizontal group**- whose members come predominantly from one social class (e.g. an association of nurses or doctors or prostitutes).
6. **Vertical group**- whose members are from a variety of social classes (e.g. a team of health care providers which include top level members to the grass root level members).
7. **Primary group**- where the members are intimate, personal, and have face to face contact involving deep and personal interaction and communication (e.g. a family, the nursing team in a hospital).
8. **Secondary group**- where the membership is more impersonal. The interaction of the members is more superficial and based on utilitarian goals, that are for one's particular skill rather than on general personal qualities (e.g. the employees of a hospital).

In the above groups certain overlapping is noticeable which is due to the different aspect from which a group is viewed.



Illustration



Collective Behaviour

Collective behavior is a group behavior that is spontaneous, unstructured and unstable

Collective behaviour is group behaviour that is spontaneous, unstructured and unstable. It may be either sporadic and short term or more continuous and long lasting. Some of the patterns of collective behaviour are discussed, in brief, below.

1. **Crowd**: A crowd is a temporary collection of people in close physical contact reacting together to a common stimulus. Let us look at a case history to understand crowd behaviour.

Following a tornado in 1990 the injured persons were brought in to the emergency department of Tangail district hospital. The injured were accompanied by a crowd shouting 'Where is the doctor?', 'Where is the nurse?'. Each seeking to get their patient(s) attended to first. At a point one seemed to lead the crowd, at another somebody else picked up the lead.

Officials from the local administration joined the crowd too. The emergency medical team appealed to the crowd to leave the patients at their disposal so that they could follow the rule of mass management of patients, but to no avail.

When they are part of the crowd, people tend to forget their individual identity and become anonymous member of the crowd. They readily do things that they would not ordinarily do alone. Controlling the behaviour of a crowd is difficult because of the mass of people involved and the spontaneous nature of their behaviour. Some methods of dealing with a potentially riotous crowd (as in the example above) have been suggested -

- ◆ Remove or isolate the individuals involved reduce the feeling of anonymity and force them to focus on themselves and the consequences of their action.
- ◆ By breaking the crowd into small units.
- ◆ Remove the crowd leader tactfully and without the use of force.
- ◆ Attempt to distract the attention of the crowd by creating a diversion or a new point of interest, especially if someone who is considered to be with the crowd can do this.

2. **Panic and Mass Hysteria:** Sociologically, panic is nonadaptive or nonrational individual flight resulting from extreme fear and loss of self-control. Mass hysteria is in some ways similar to panic. Here, a particular behaviour, fear or belief sweeps through a large number of people – a crowd, a city, or a nation. Example: (a) In a multi storied hospital, fire broke out from a short circuit, on the third floor. Patients and staff on the floors above may each think of their own safety. The situation being essentially individualistic and competitive reaction. This being a panic situation. (b) In village news spread like wild fire that locusts were coming in swarms to destroy crops, which were almost ripe. A mass hysteric situation arose where everybody became very afraid of what would happen to all the village people and they thought of ways to avert the possible catastrophe.

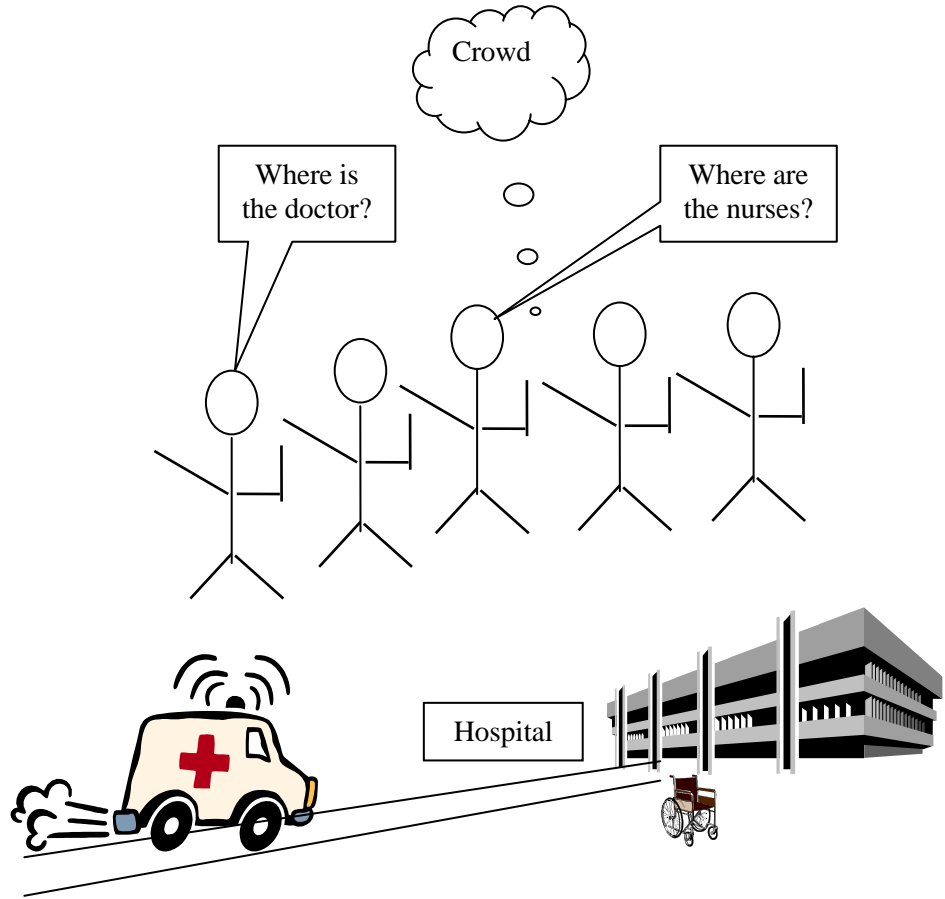
Rumor is defined as unconfirmed, although not necessarily false, communication

3. **Rumors:** Rumor is defined as unconfirmed, although not necessarily false, communication. Rumors change constantly as they spread. They tend to grow shorter, more concise, and more easily told. Certain attractive details of the rumor become magnified. New details are manufactured to complete the story or to make it internally consistent. For example, a senior staff nurse in a hospital hears from her colleagues that keeping her aside, a junior nurse is being promoted to the post of Matron. This creates discontent in the senior nurse and the quality of patient care rendered by her deteriorates. She becomes irritable and

unapproachable. When after a week she receives the order of being promoted, she rebukes herself for falling prey to the hospital rumors.



Illustration



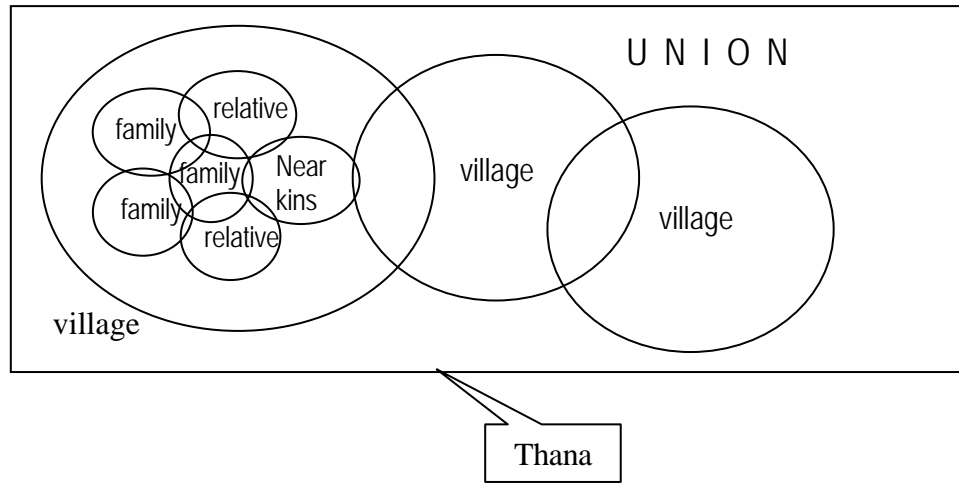
Social Structure and Social Organisation

The key persons are those who can play a pivotal role in bringing about any change in the society

Social structure and social organisation are terms that are often interchangeably used. Though there is a subtle difference, it is probably not worthwhile to try to make distinction between the terms. Social structure or social organisation refers to the network of ways people relate to each other in a society. In other words, it is the social fabrics. In a social organisation, there are certain key persons who hold the strings together. For instance, society can be compared with a building. A building has many parts made up of wood, steel, bricks and concrete. All these are attached together to form a structure. Actually, there are thousands of elements, which are in a network to form a complete structure. Similarly, in a society, its many parts, the people, are held together by ways they relate to each other and maintain the relationship. A family is an example of social organisation.



Illustration



Exercise

Suppose you as a public health nurse in a health visit a village to promote safe drinking water. State whether the term is a group or a non-group. Support your answer with reasons.

A camp for minor surgery was arranged in a remote area of the country. On the first day, a good number of minor surgeries were performed under short acting intravenous anaesthesia. On the second day, too, minor surgery was being done. A young patient was operated upon, who unknown to the doctors, was a drug addict. The anaesthesia wanned off before the operation could be completed. The patient was very restless and shouted in pain. His attendants and guardians soon started chanting slogans against the functions of such camp. Soon, other attendants, local people, elites and government officials joined them without obtaining information on what had actually occurred. They demonstrated weird behaviour towards the camp organisers, behaviours they would never do alone.

From the above situation, justify the pattern of collective behaviour of the local people. What would be your suggestion to control and disperse such collection of people.

Diagrammatically represent territorial based health organisation starting from ward level to national level in Bangladesh.



3.1. Questions

A. Put a tick (✓) on the most appropriate answer

- a) Collection of two persons with no common interest.

- b) Collection of more than two persons with no common interest.
- c) A collection of peoples having a “we” feeling.
- d) A collection of fat people.
- e) Crowd is a group of people who collect together permanently.
- f) Each member loses his or her individuality in a crowd.
- g) In panic situation people think collectively.
- h) Rumors are always confirmed communication.
- i) Social organisation and social structure are almost synonymous.
- j) Social organisation is the social fabric.
- k) There are no key persons in social organisation.
- l) A hospital is a social organisation.
- m) Administrative units at different tier are not social organisation.
- n) There is no importance of understanding social organisation in dissemination of health messages.

3.2. Short and broad questions

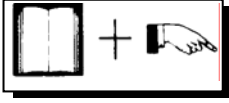
1. Define social organisation and state an example.
2. Discuss the importance of social organisation in the dissemination of health messages.
3. Compare and contrast group and non-group.
4. State the different kinds of groups with example.
5. What is collective behaviour? Write in brief, some pattern of collective behaviour with an example.

Unit 3:
Society and Change

*Social variables and code of conduct
regulate social normalcy and its changes*

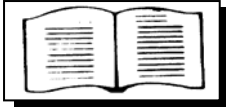
Lesson 1: Family as a Social Institution

Objectives



At the end of the lesson the learner will be able to-

- ◆ define family
- ◆ state the stages of classification and functions of a family
- ◆ define social institution
- ◆ describe a problem.



A family may be defined as two or more people bound by marriage, blood or adoption that constitute a single household, interact with each other in their own roles and share a common culture.

A family passes through three stages -

1. Stage of formation: This begins with the marriage of a male and female.
2. Stage of procreation: With the birth of children or by adoption the size of the family increases.
3. Stage of resolution: The size of family decreases by death or when a grown up child leaves to set up his own family.

Classification of Family

Family can be classified in various ways.

A. On the basis of membership of a group-

1. *Endogamy* - marriage within a certain group. For example, marriage within Muslims.
2. *Exogamy* - Marriage outside a certain group. For example, a Muslim marrying a Hindu.

Classification of family

B. On the basis of number of spouse at a time-

1. *Monogamy* - means one husband for one wife at a time. This type of family is more common in Bangladesh.
2. *Polygamy* - means plural or more than one marriage at a time. This includes three types -
 - a) *Polygamy*: which refers to the state where one man has more than one wife at a time. This type of family is also seen in Bangladesh.

- b) *Polyandry*: which refers to one woman having several husbands at a time. This type of family is found in Tibet.
- c) *Group marriage*: means mutual marriage between several men and several women. This is rarely seen. It exists in uncivilised societies.

C. On the basis of formal power and legal authority-

- 1. *Patriarchal* - here the power and legal authority is vested on the male, he makes the family decision. This is the common system in Bangladesh.
- 2. *Matriarchal* - here the female does the decision-making, she retains the power and legal authority.

D. On the basis of family structure-

- 1. *Nuclear family*- refers to a married couple and their unmarried and dependent children.
- 2. *Conjugal family*- a family the members of which are related by marital ties. Children or parents are not included e.g. a polygynous family without children.
- 3. *Consanguine family*- here the family is considered on the basis of blood ties and not on marital ties. When in a nuclear family, one of the parent's die, the other parent with the children will form a consanguine family. Surviving children or child with no living parents also constitute a consanguine family.
- 4. *Extended family*- where two or more generations live in close association or under the same roof.
- 5. *Compound family*- refers to a family where there are multiple spouses e.g. group marriage.

<p>Basis of family structure-</p> <p>Nuclear family</p> <p>Conjugal family</p> <p>Conjugal family</p> <p>Extended family</p> <p>Extended family</p>

The functions of a family aims to fulfil certain basic needs, and perform essential tasks. This are-

- 1. Procreation: It is for the continuation of human species by reproduction.
- 2. Control of sex expression: Family deals with the powerful sexual needs by defining the who, when, where and why of sexual activity.
- 3. Care for and socialize children: its own family members can best take care of A child. A family also initiates a child to socialize, who grows up to take his/her own place as an adult and responsible person.
- 4. Close affectional and emotional ties: This is important for the psychosocial development of the family members.

5. Status ascription: The family, a child is born into, provides him with a place in society. For example boy in a Muslim family is considered a Muslim.
6. Other functions: Besides the above, family provides, safety security, shelter, economic support, education and interdependence.

Illustration



A nuclear family with father, mother, son and daughter.

When in a society, a basic problem arises, the members of the society form an organised system to deal with the problem. This type of organised system is called social institution. The key terms in this are problem, society, and organised system.

The health system itself consists of several organized subsystems

A problem arises when a difference is noted between “what is present” and “what should be the situation” in a community. A society means a group of people who organise themselves. Organised system means, a collection of different organised components. An example will better clarify a social institution.

In an organised village (i.e., society) of Bangladesh, the people are not getting adequate health care due to absence of any static health facility. They think that the health care delivery system should be improved. The people then organise themselves to set up a community based health centre. The health system itself consists of several organised subsystems, for example the doctors and nurses, the laboratory with their staff, the cleaners, the group who collect funds, the accountants who record the expenditures and so on. These organised subsystems all work with the aim of rendering health care to their own community. So an institute develops where the subsystems are the units of the whole institute.



Illustration

Basic problem faced by society	Institutional area	Institutional units or small groups or subsystems	Social institution
Care and treatment of the sick in a village, Dhanikhola, Mymensingh	Health care	Dhanikhola community based hospital, Mymensingh	Doctors, nurses, laboratory staff, cleaner, office staff and guard

Exercise

What is the type of family of which you are a member now? Explain.

Suppose in a village there is no school for formal education. The people of the village find it inconvenient for their children to go to adjoining villages to study. Outline the felt problem, desired institutional area, and institutional organisation and institution unit. You may organisation al unit take the help of the illustration.



1.1. Questions

A. Write 'T' for true and 'F' for false statements

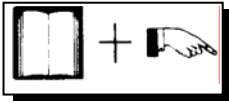
- Monogamy means, a woman has five husbands.
- Polyandry is seen in Tibet.
- A matriarchal family is based on the physical structure of a family.
- Family plays an important role in socialisation.
- Social institution is a collection of social subsystems.
- Educational institution is an example of social institution.
- Identification of a social problem is not necessary for the development of a social institution.
- BOU is an example of social institution.

1.2. Short and broad questions

- Define family and state its stages.
- State the broad headings under which family has been classified. Write in details any one of these classifications.
- List the functions of a family.
- What do you understand by social institution?
- Name, as many as possible, the sub systems of district level hospital.

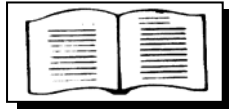
Lesson 2: Religion

Objectives



At the end of the lesson the learner will be able to-

- ◆ define religion
- ◆ state a health worker's point of view on religion
- ◆ describe the functions of religion from health view point.



Religion may be described as a unified system of beliefs, feelings, and behaviours related to things or supernatural power defined as sacred. The sacred things may be objects (e.g., tree, moon, cross, book), animals (e.g., cow), people (e.g., Buddha, Christ, Saints) or a power (e. g., God, Allah). Like the family, religion has appeared in all societies, although its form varies greatly from society to society. All countries have at least one religion, although not all people are religious. Health workers, as behavioural scientists, who study religion, are not concerned with the possible truth or falsity of religious beliefs. They are interested in what people believe and especially in what believing does for people and their health.

Function of Religion from Public Health Point of View

1. ***Dominant religion in society usually represents the dominant social class.*** For example, in Bangladesh the dominant religion is Islam and from religion point of view, dominant social class is Muslim. Muslim males are circumcised at an early age, which prevents certain genital diseases of males as well as their spouses. Circumcision is not practised among the Hindus and consequently certain diseases are prevalent among them.
2. ***Religion may serve as integrative function in that it to promotes solidarity.*** Religion binds together a group of people in a common bond of brotherhood. Health messages can be ingrained easily in this group if a religious base can be found.
3. ***Religion may function as an agent for social control.*** Religion sets forward certain modes of behaviour and norms, which are accepted and practised by the believers. These norms act as social control, which may have beneficial effects. For example, Islam forbids indiscriminate. Refraining from indis criminate sex has proved today to be beneficent for preventing the occurrence and spread of AIDS through sex.
4. ***Due to religious beliefs people tend to develop a viewpoint and a way of looking at the world.*** The viewpoint and way of looking at the world may be beneficial or harmful from the point of view of modern concept of health. For example, religion strengthens the belief that every man

stays alive for a set period of time determined by Almighty. This gives solace and strength to a person when his/her close relative dies. Again, the belief that people have no control over the number of children they have or their spacing results in uncontrolled birth, increased societal burden and strains the natural resources.

Illustration



Hindu



Muslim



Christian

Health workers should render health care keeping in mind the viewpoints of different religion.

Exercise

Match column 'B' with column 'A', keeping column 'A' intact.

Behaviour (A)	Religious Belief (B)
1. Eating only vegetables only by Buddhists.	a. As a witness
2. Circumcision of Muslim males.	b. All life is sacred
3. Avoidance of extramarital sex by Muslims.	c. Cleanliness and avoidance of certain disease
4. Tradition of inviting guests on wedding ceremony by Hindus	d. Social control on sexual activities



2.1. Questions

A. Write 'T' for true and 'F' for false statements

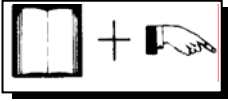
- a) Religion is the sum total of belief, feeling and behaviour.
- b) There is only one religion in the world.
- c) Focus of health worker is on what religious beliefs do for people.
- d) Religion does not function as an agent for social control.

2.2. Short and broad questions

- 1. Describe the role of religion in public health.
- 2. From what focus do health workers see religion? Explain with examples.

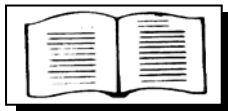
Lesson 3: Social Differentiation and Social Change

Objectives



At the end of the lesson the learner will be able to -

- ◆ define social differentiation
- ◆ state the factors that help to identify the social class
- ◆ describe social mobility
- ◆ describe social differentiation based on sex and age
- ◆ describe social change
- ◆ discuss on some of the factors that influences social changes.



The process of defining, describing and distinguishing between different categories of people is called social differentiation. This lesson will deal with social class, age and sex as points of social differentiation.

1. Social class

Social class is usually based on occupation, education, wealth, power and prestige. Sometimes this class is referred to as the socio-economic status. Social stratification, too, is based on the factors that identify the social class. Max Weber, a sociologist, described socio-economic status based on wealth, power, and prestige, also taking into accounts the occupation and education. Karl Marx described society as composed of two classes, **bourgeoisie** or capitalist, and the **proletariat** or workers. The bourgeoisie control the capital or finances - the means of production. The proletariat depend on their labour.

The bourgeoisie control the capital of finances-the means of production. The proletariat depends on their labour

Within the social class there may be some change or social mobility. A person may change his occupation from one to another within the same social class, that is, his education, wealth, power and prestige remaining the same as before. This type of mobility or change is referred to as **horizontal social mobility**. Again, a person may move from one social class to another, which may be in the upward or downward direction. This is termed as **vertical social mobility**. A person may gather more wealth, gain power and prestige and climb up in the social class.

2. Age

Social differentiation based on age is important in the study of behavioural science. The increase in age starts from birth and ends with death. From the sociological point of view, ageing is of two types, **physical ageing** is the physical change over time, and **social ageing** refers to the attitudes of younger age group towards older people. It is thought that old are unintelligent, unemployable and mentally ill. But actually to remain in

optimal health old people need what other people need, that is, work to do money to live on, a place to live in and other people to care whether they live or die. Society should recognise that the elderly are an important resource with their wealth of knowledge.

3. Sex

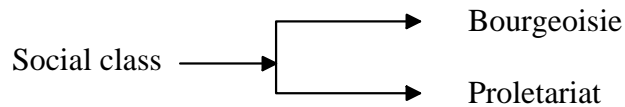
Sex plays an important role in socialization

Male and female are the two categories of social differentiation based on sex. Here there is no confusion or overlapping. Sex plays an important role in socialization. It starts soon after birth. The male is subjected to much stress and pressure than female. This is probably a contributing factor towards male having more heart disease and shorter life expectancy than females in most of the countries in the world.

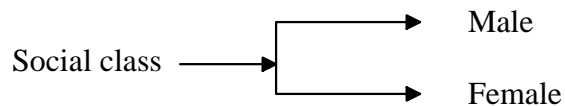


Illustration

1. Social class by Karl Marx



2. Social class based on Sex



Social Change

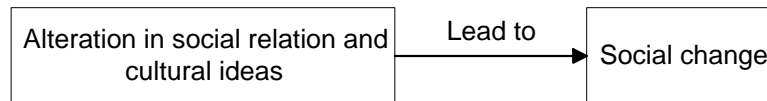
Social change refers to significant alterations in social relationships and cultural ideas. The fact is that all is not constant - life is not the same today as it was yesterday. The point is, of course, that all societies are dynamic and constantly changing. Some societies change more rapidly than others and within a society some parts change more rapidly than other parts. Some changes may lead to improvement, to a better life for some or most members of the society. Change may also lead to problem causation. When we think of change, probably first the technological changes come to mind - high-speed travel, transplanting organs and so on. But there are other sort of changes as well - the changing role of women, emergence of new disease (e.g., AIDS) control of certain other diseases and increase in life expectancy, likelihood of getting married and if so, at what age and so on.

These changes are brought about by certain factors or influences, which are related to each other in complex patterns. Some factors related to social change are:

1. **Geographical factors:** For example, considering Bangladesh, frequent floods and cyclone are attributed to deforestation. At present, the society is undergoing social change towards the concept of a forestation through social mobilisation, which in its wake is expected to decrease the incidence of natural disasters.
2. **Technological advancement:** In the past anaesthesia was induced by banging a blunt object on the head of a conscious person. But today technological advancement has made anaesthesia smooth and painless.
3. **Demographic factors:** When a country faces population growth to the point of overcrowding, social relationships change, both within that society and with surrounding societies.
4. **Appearance of great men:** Florence Nightingale’s ideas formed the basis for establishing the first accredited schools of nursing in United States, thus revolutionising Nursing Care.



Illustration



Exercise

Match column 'A' with column 'B'.

Write the examples of exclusive female roles and explain them.

Social Change Factors (A)	Social Changes (B)
1. Small pox eradication	a. Reduction in diarrhoea mortality
2. ORS promotional campaign	b. Increased life expectancy
3. Better health service	c. People no longer vaccinated
4. Good nursing administration at a hospital	d. Improved patient care



3.1. Question

A. Write 'T' for true and 'F' for false statements

- a) Social class is based on education alone.
- b) Bourgeoisie is the only social class described by Karl Marx.
- c) Proletariat depends on their labour
- d) Vertical and horizontal social mobility is the same.
- e) Societies are dynamic, that is, constantly changing.
- f) Emergence of the new disease AIDS will have to lead to certain social changes.
- g) High-speed travel, organ transplants are examples of technological changes.
- h) Social change follows technological change.

B. Short and broad questions

- 1. Define social differentiation and describe social class.
- 2. Write short notes on sex and age as social differentiation.
- 3. Define social change and cite one example from your daily life.
- 4. Discuss the factors responsible for social change.

Lesson 4: Social Pathology

Objectives



At the end of the lesson the learner will be able to -

- ◆ understand the dynamism of society
- ◆ describe social pathology
- ◆ describe social disintegration following social pathology.



A society is never static; it is dynamic and is changing continuously. Some society changes rapidly while some change slowly. These changes are due to change in the people, in the environment, and in the ideologies and cultural components. Some changes are brought about by rapid scientific development. In any changing society, initially, the established relationships are disturbed and the harmony between the various social groups is disrupted. Later, in the course of time, some of these changes are absorbed or assimilated.

These changes are due to change in the people, in the environment, and in the ideologies and cultural components

Social pathology is said to occur when the new changes are not absorbed in the society nor are the new standards of values, customs and ideologies adopted. This results in maladjustment between individuals, groups and institutions leading to social disharmony and disintegration.

The disintegration may result from two types of maladjustment: personal and cultural.

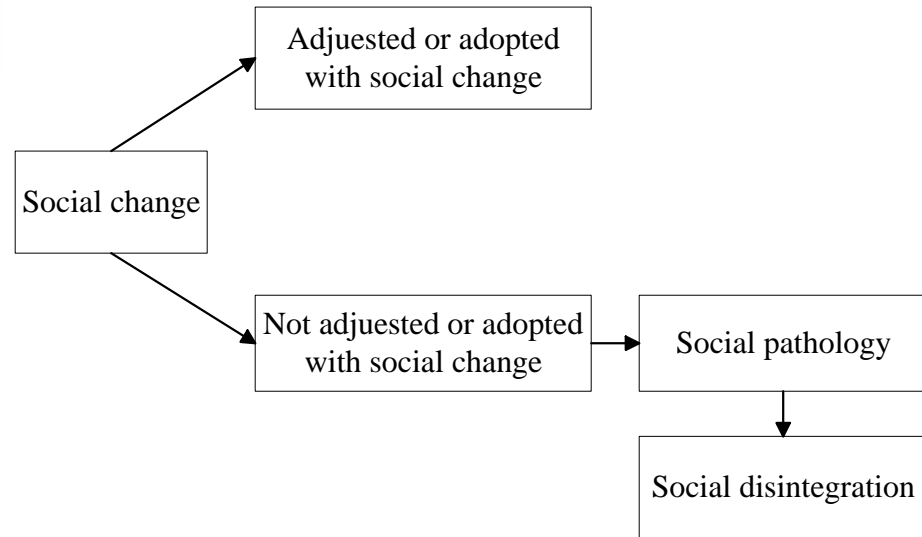
1. **Personal**- this may be due to lack of ability on the part of the individual (e.g. deaf, blind bracket). The dissatisfied persons in the society either get adjusted or are eliminated. Some join each other to form small group or gangs of delinquents.
2. **Culture**- this is the maladjustment in the whole cultural complex, for example scientific ideas may clash with ancient beliefs and old traditions.

The areas where this disintegration is mostly noted are economic order, public education, and form of government, religion, crime and moral standard.

In modern context social pathology also tries to find out the relation between disease and social condition. Social pathology of accidents, cardiovascular diseases and so on have been delved into by sociologist



Illustration



Exercise

Suppose, a new technology, female condom, has been marketed in Bangladesh by the government. The existing male condom is being phased out of the community. It was hoped that the new technology would be accepted and adopted by the females, but the females could not accept it.

Is it a social pathology? Justify your answer.



4.1. Questions

A. Write 'T' for true and 'F' for false statements

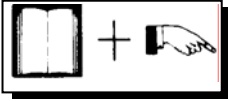
- a) Social pathology is the adjustment to social change.
- b) Society is always static.
- c) Personal maladjustment leads to societal disintegration due to individual's defects.
- d) Social pathology may attribute to diseases.

4.2. Short and broad questions

- 1. Describe social pathology.
- 2. Describe social disintegration following social pathology.

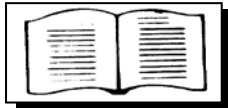
Lesson 5: Social Deviation and Social Control

Objectives



At the end of the lesson the learner will be able to -

- ◆ discuss the difference between normality and deviation
- ◆ define social deviation
- ◆ describe the two major types of social deviation
- ◆ define social control describe the forms of social control.



There are a number of ways of defining social deviation. Sometimes deviation and normality are defined statistically. Those around the average are considered normal and those to the extremes are seen as deviant. If average height of Bangladeshi adult males is 5 feet 5 inches (5'5"), then the males from 5'-6' are probably viewed as normal, and a fellow 7' or 4' is considered deviant. These types of normality and deviation are used in physiological states. Sociologists, however, generally do not look at deviation as a statistical phenomenon. To better understand deviation, it maybe likened to a disease. A deviation is something that a person has but we wish he/she wouldn't have it like a cold or measles. If studied carefully, what is wrong can be identified and perhaps corrected. Sociologist view deviant behaviour as the outcome of group definition - one is a deviant because a particular group labels him or her as such. Lawmakers may give this definition of deviant or community members based on the guidelines set by legislation, religion and social norms. Another may define what is defined as deviant by one group legislation, as normal. Hence, social deviation may be defined as any activity or action, which does not conform to the legal, social, cultural, traditional and religious norms of that society.

Social deviation may be defined as any activity or action, which does not conform with the social, cultural, traditional and religious norms of that society

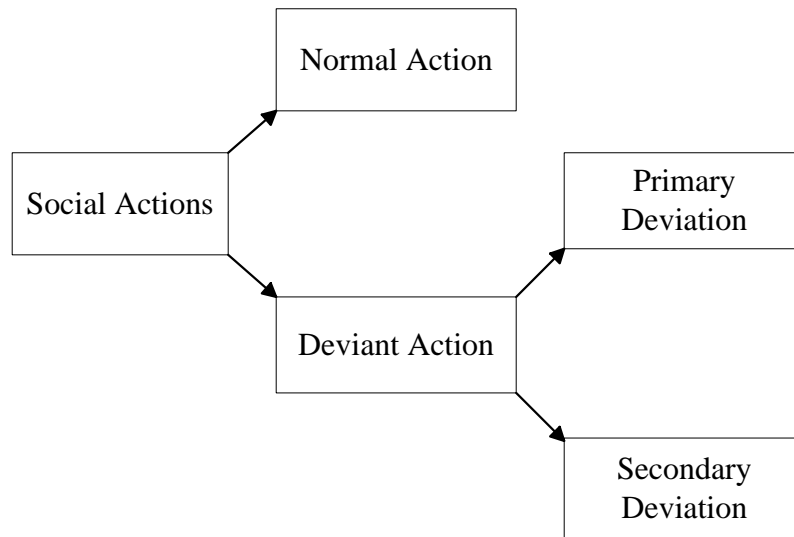
Deviation may be of two types -

1. **Primary deviation:** It is the initial, often low-level deviation within the bounds of reason reasonably ably acceptable levels and does not affect the deviant's self-concept. For example, an office employee who is not used to taking medication without consulting a physician gets restless one night and takes a sedative without consulting physician. Though this is a deviant behaviour it does not change his concept of not taking medication without consultation.
2. **Secondary deviation:** It is the deviation that occurs when the society reacts to the primary deviation demonstrated by a person. The person becomes labelled or stigmatised and he begins to see himself as others do and his self-concept changes. For example, the office employee as referred to in primary deviation, feels restless quite frequently and now

he takes sedatives regularly. His colleagues find him drowsy in the morning. They label him as addicted to sedatives. He explains away his action as a necessity for restlessness and sleeplessness that he feels regularly now. But over the time his self-concept changes and he also starts considering himself as an addict to sedatives.



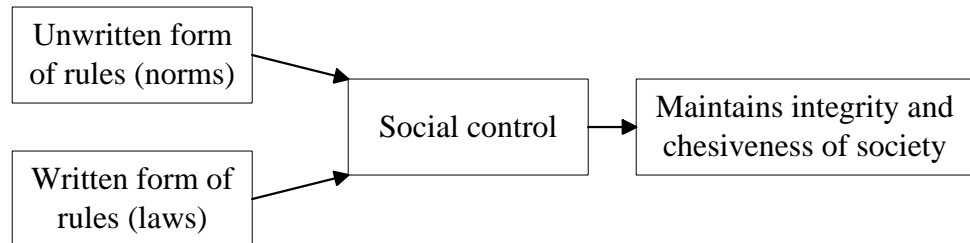
Illustration



Social control refers to the process by which people are made to follow the norms and rules of the society to maintain the integrity and cohesiveness of the society. Social control exists in all societies. The socialisation process, in a society, inbred certain norms, which acts as the social control. These are usually unwritten. Again, written laws, enforced by police and courts, also exert social control. For examples our socialisation process inbred that drinking of alcohol publicly is not acceptable. Drinking of alcohol is not accepted as it is not good for health and it induces antisocial activities. This norm is a form of social control. Further, law also enforces prohibition of public drinking of alcohol. Such law enforcement supplements the social control by socialisation.



Illustration



Exercise

You have come to know that your friend Miss X, who is 20 years old, has sexual relationship with a 25 years old youth. Self-concept on sex normative for both of them has changed.

Is this relationship accepted as normal in your society? Explain.

Criticise the existing social control for drinking alcohol and prostitution in our society.



5.1. Questions

A. Write 'T' for true and 'F' for false statements

- a) Normality and deviation are the same.
- b) That which is normal behaviour in one society may be a deviant one in another society.
- c) Social deviation and normality are usually expressed statistically.
- d) Whether a person is normal or deviant is decided by the members of the group to which he belongs.
- e) Social control is related to norms and rules of the society.
- f) Socialisation has no impact on social control.
- g) Law enforcement has impact on social control.

B. Short and broad questions

- 1. When is statistical normality used in medicine? Differentiate between social deviation and statistical deviation.
- 2. What is a sociologist's viewpoint on deviant behaviour?
- 3. Define social deviation and describe the types of social deviation.
- 4. Describe in brief the social control.

Unit 4:
Organisational Behaviour

Effective leadership and management is the prerequisite for effective organisation and management

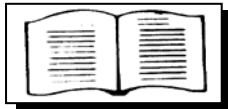
Lesson 1: Theories of Organisational Management and Behaviour

Objectives



At the end of the lesson the learner will be able to -

- ◆ understand this theories of management
- ◆ define management
- ◆ describe the types and skills of managers
- ◆ discuss the managerial roles.



Management may be defined as “deciding what is to be done “and” getting other people to do it. Decision of what is to be done can be taken by one person or the members/staff and a decision taken may discuss it. At one extreme is the **autocratic** type of management while at the other extreme is the purely **democratic** type of management. The theories of organisational management describe these two extremes as 'Theory X' and 'Theory Y' respectively. In practice no organization, including hospital, is found to exist in any one of the above states. They lie somewhere in between. Each having a different combination of the two types.

In theory X, the belief is that people do not like to work, they prefer to be directed about what to do. By contrast, in theory Y the belief is that work comes naturally to a person. Just as a person likes to eat, and sleep so does he like to work? Like other activities, work gives satisfaction.

A person's behavior depends on how he is treated in the organization

A person's behaviour depends on how he is treated in the organization. If he is kept under close control and given no responsibilities, he may react by being stubborn, uncooperative or plain lazy. On the other hand if he is given full reign he will work hard and seek more responsibility.

Such two types of interpretation of human behaviour in organization, like hospitals, is too simple and abstract. Human behaviour is much more

complex. The right blending of the two can only be arrived at by trial and error.



Illustration

Theory 'X'

(Autocratic or Authoritarian)

Principle:

Control and direction through the exercise of authority

Belief:

Work is disliked and avoided. People prefer to be directed

Theory 'Y'

(Democratic or Participative)

Principle:

Integration and creation of condition which motivate staff.

Belief:

Work is natural as rest and play and can be made a source of satisfaction

Management is a process of effective and purposeful use of resources to achieve predetermined objective(s). Every man, in his own sphere, is a manager.

Function of Management

Management function describes how managers do what they do, that is the activities they perform to accomplish objectives through people and by utilising other resources. These Management functions are:

Management is a process of effective and purposeful use of resources to achieve predetermined objective

- 1. Planning:** Planning is the blue print of future activities. It involves deciding what to do, when and how.
- 2. Implementation:** Without implementation, plan remains theoretical. Implementation is the execution of plan.

3. **Evaluation:** Evaluation is the process of examination or measurement to ascertain how much of the objective(s) of management has been achieved.

Types of Managers and their Skill

Traditional classification of managers is by level in the hierarchy. There are three types of managers.

1. **top** or policy level manager
2. **middle** or administrative or coordinative level manager, and
3. **first line** or supervisory or operations level manager.

Top managers use conceptual skill to a larger degree in performing their jobs than do middle or first line managers. In contrast, first line managers tend to use technical skills more than either middle level or top managers. All managers use human relation skills because they accomplish work through people.

Managerial Roles

Managerial roles are the various sets of behaviour or activities associated with certain management positions. These roles are-

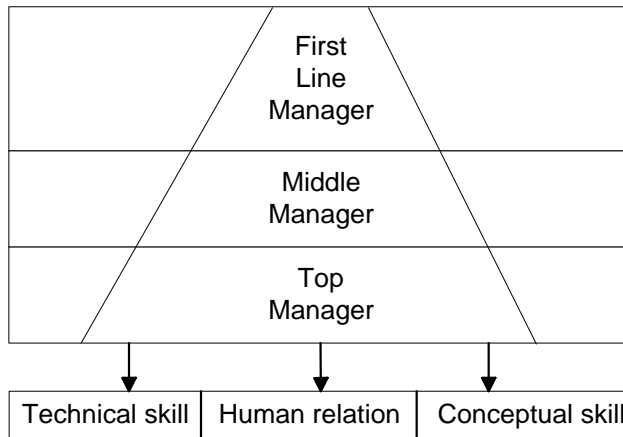
1. **Interpersonal role:** This includes figurehead, that is duties and activities that are symbolic in nature, for example ribbon-cutting for a new wing of a hospital. The other component of the role is liaison, that is, contacts with people.
2. **Informational role:** This includes monitoring, that is, gathering information on ongoing activities. For example, the matron of a hospital keeps all information about the nursing activity of the hospital.
3. **Decision making role:** This includes activities like disturbance handling, resource allocation, and negotiation. For example, a manager has to

decide where to place a problem creating health worker so that the smooth functioning is not disturbed.



Illustration

a) Type of managers and their skill -



Exercise

Evaluate a health organization of Bangladesh in the light of management theory as to where does it stand.

You have been asked to set up one antenatal clinic at a union sub– centre under Trishal thana of Mymensigh district. Describe the management function that you will follow to set up the clinic and find out how it will help the people.



1.1. Questions

A. Write 'T' for true and 'F' for false statements

- a) In practice all organisations follow either 'X' theory or 'Y' theory of management.
- b) 'X' theory of management is democratic
- c) 'Y' theory of management is participatory
- d) 'Y' theory of management believes that work gives satisfaction.

B. Fill in the blanks with appropriate words

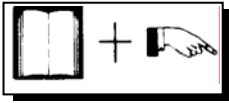
- a) Planning is the _____ of future activities.
- b) Management is the process of _____ and _____ use of resources.
- c) Top managers use _____ skill to a larger degree.
- d) Without implementation a plan remains _____.

1.2. Broad questions

- 1. Discuss in brief the theories of organisational management.
- 2. Define management. Briefly discuss the management functions.
- 3. Discuss the types of managers and the skills they require.
- 4. What are the roles played by a manager? Explain.

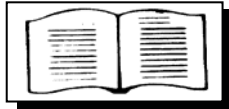
Lesson 2: Leadership

Objectives



At the end of the lesson the learner will be able to -

- ◆ describe leadership
- ◆ state the types of leaders
- ◆ describe the styles of leadership.



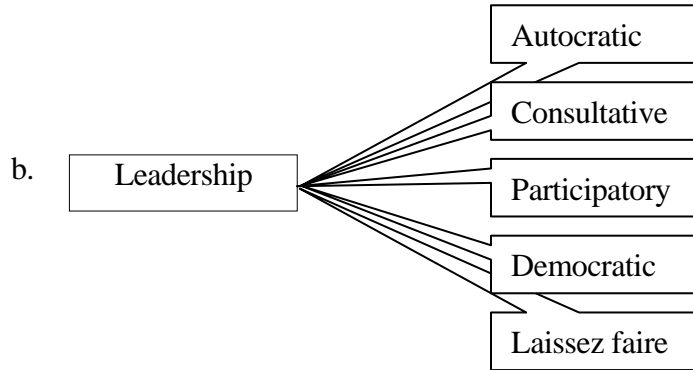
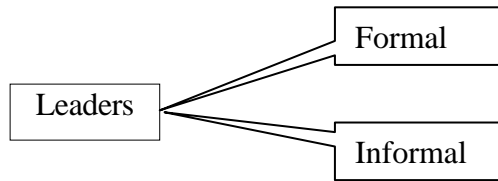
Leadership is a process, with a complex multi-dimensional concept, where one or more person decides what is to be done and influence the efforts of others to accomplish that purpose. Those who exert this influence are called leaders. There are mainly two types of leaders—**formal** and **informal** leaders. Formal leaders are those who are appointed to the position of authority (i.e. Civil Surgeon, Divisional Commissioner). Informal leaders are those who by the virtue of age, knowledge, behaviour, and other a group or community as a leader (e.g. head of the family, a schoolteacher), look upon characteristics.

The style of a leaders decision-making authority depends on what, when and how work activity and varies from leader to leader.

Leadership is a process, where one or more person decides what is to be done and influence the efforts of others to accomplish that purpose

Style of Leadership

1. **Autocratic:** Where the leader makes the decision and announces it. Other sub-ordinate members just have to carry out the orders.
2. **Consultative:** Here the leader sells the idea or presents an idea and invites questions. Unless there is a strong cause to change the idea or decision, the decision made by the leader managers, stands.
3. **Participative:** Here the leader or manager presents a tentative decision that is subject to change or presents the problem, gets suggestions and then makes the decisions.
4. **Democratic:** In this case the leader or manager defines the limit of the situation and problem to be solved and asks the group to make decisions.
5. **Laissez-faire:** Here the group is permitted to function within limits.



The Bamboo Bridge over the canal is broke. Why do not we all give two pieces of bamboo each and the young boys here can repair it soon. Every body needs the bridge.



A leader is sitting on the chair and community members are around him.

Exercise

Suppose in a village community the informal leaders sit with the senior and junior members of the community two days a week and discuss problems, share the good news, give advice, organize small activity which may help some particular person, family or the whole community. What type of leadership is exerted in this instance?



2.2. Question

A. Write 'T' for true and 'F' for false statements

- a) A leader is not a community influencer.
- b) Civil Surgeon is an informal leader.
- c) Leadership always accomplishes purposes.
- d) In Laissez-faire leadership the leader permits the group to function within a limit.

B. Short and broad questions

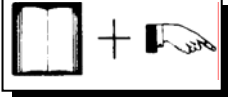
- 1. What do you understand by leader and leadership? Explain the different types of leaders with example.
- 2. "Do it" and "Let us do it". Explain these two in terms of types of leadership.
- 3. Describe the different types of leadership in brief.

Unit 5:
Medical Sociology

Knowing the social aspect of medicine and medical aspect of sociology is a tool in the hands of health care seekers and providers towards effective health care

Lesson 1: Medical Aspect of Sociology

Objectives



At the end of the lesson the learner will be able to -

- ◆ define medical aspect of sociology
- ◆ describe the sociological factors influencing health and disease in developing countries



Medical aspect of sociology means the culture, customs and belief relating to health and disease. These factors vary from society to society. The examples cited here pertain to most of the developing countries, including Bangladesh.

Some of the sociological factors that influence health and disease are-

1. Concept of aetiology and cure: Most people believe that the cause and cure of any disease fall under two broad headings.

a) **Supernatural-** Small pox and chicken pox are believed to occur as wrath of god and goddess, hysteria is considered to be ghost intrusion in the body, sexual intercourse with minor girls are considered to cure some sexually transmitted diseases, and marasmus is considered to be for susceptibility to evil eye. In these situations, most of the disease is thought to occur due to the influence of some power beyond the sight and comprehension of human beings. For adults, mostly it is the gods and goddesses who get angry about sins committed, while for children, who are innocent, it is the evil eye that casts an evil spell which can be broken by charms and amulets.

b) **Physical-** If extremities become cold for any reason, oil and ghee is applied on the sole of the foot as a remedy. Eating neem leaves is believed to cure skin disease, which supposedly occurs due to impure blood.

Medical aspect of sociology means the culture, customs and belief relating to health and disease

2. Environmental sanitation: Open field defecation is practised in many communities. They say that as the urban people do not have space so they build toilets. These people are unaware about the health hazards of open defecation.

3. Maternal and child health: Marriage is universal and a family is not complete without the birth of a male child, is the common belief. Rigid adherence to this belief results in large family size, with its consequences. Each child is considered to be born with its own sustenance from heaven. But with increasing life expectancy this consideration cannot hold

grounds. There are many other beliefs regarding mother and child, which influence their health and disease. Some examples are- if a pregnant woman cuts anything at the time of lunar or solar eclipse, the conceived baby will be deformed because of evil influence; babies are deformed also due to the sins of the parents; miscarriage and still birth are considered to occur due to non medical cause and so help is not sought. Pregnant women should not be given foods such as eggs, meat, fish and milk; pineapples are said to cause abortion; the mother is not supposed to breast feed the baby during the first two days after birth.

Exercise

Write few lines about the supernatural beliefs associated with child delivery room (Atur ghar/Choti ghar) in an illiterate rural community of Bangladesh that you have seen or heard about.



1.1 Question

A. Write 'T' for true and 'F' for false statements

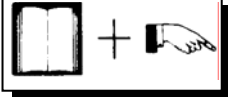
- a) Wrath of god and goddess is a supernatural belief for the causation of disease.
- b) Marasmus is considered as susceptibility to evil eyes.
- c) Eating “neem leaves” is believed to cure skin diseases.
- d) Pineapples are said to cause abortion.

1.2. Short and broad questions

1. What do you understand by medical aspect of sociology?
2. What are the sociological factors influencing health and disease in Bangladesh? Briefly explain.

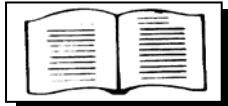
Lesson 2: Medical Systems and Health Practitioners

Objectives



At the end of the lesson the learner will be able to -

- ◆ describe the medical systems existing in Bangladesh
- ◆ name the different health practitioners in Bangladesh
- ◆ name some of the health systems and their practitioners in the estern world.



At some point in the life, from birth to death, a person may suffer from disease. Throughout the world there are many systems of medicine, which are followed to prevent and cure people from diseases. Different practitioners practice these systems of medicine. Each system has its own practitioners. There are mainly five systems of medicine in Bangladesh.

The practitioners of this system are the registered physicians who are helped by a team of auxiliary which include nurses, technocrats and other paramedics

1. **The Kabiraji System:** This system uses herbal medicine, mantras, amulets and predictions. The practitioners of this system are called kabiraj.
2. **Ayurveda:** This is the traditional Indian medical system, which uses herbal medicine and is based on Hindu Mythology. The practitioners are called ayurveds.
3. **Unani System:** This is also a traditional system of medicine based on Muslim and Araibic text. One who practices it is a 'hakim'.
4. **Homeopathy:** This system of medicine treats a disease by the administration of minute doses of a remedy that in healthy persons produces symptoms of the disease treated. This system originated in Germany in the eighteenth century. The practitioners are called homeopaths.
5. **Allopathy or Modern Medicine:** This system of medicine uses different drugs to cure diseases. The practitioners of this system are the registered physicians who are helped by a team of auxiliary, which include nurses, technicians and other paramedics.

Besides the practitioners of the above systems of medicine there are some other practitioners who do not follow any of the systems of medicine. They use a combination of them. Some of these practitioners are (jhas, quacks and faith healers.

In the western world too, besides physicians there are other practitioners who provide health care. Some of them are the osteopaths and the

chiropractor that try to cure disease by manipulating bones. The quacks, folk healers and faith healers are also present in Western countries.

Illustration

Health systems and health practitioners in Bangladesh

<u>Health system</u>	→	<u>Health practitioners</u>
1. Kabiraji	→	Kabiraj
2. Ayurveda	→	Ayurved
3. Unani	→	Ha`kim
4. Homeopathy	→	Homeopath
5. Allopathy	→	Doctor/Physician



2.1. Question

A. Write 'T' for true and 'F' for false statements

- a) Some medical systems have no medical practitioners.
- b) Hakim is the practitioners of homeopathy.
- c) Amulets are given by ayurveds.
- d) Chiropractors are the bone healers in our country.

2.2. Short and broad questions

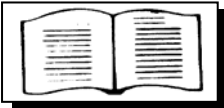
- 1. Write a brief note on the medical systems and health practitioners in Bangladesh.
- 2. Name the health practitioners in Western World.

Lesson 3: Process of Seeking Medical Care

Objectives

At the end of the lesson the learner will be able to -

- ◆ describe the factors that influence medical care seeking behavior
- ◆ describe the importance of knowing the health care seeking behavior
- ◆ describe some of the factors that influence utilization of health care facilities.



Individual interpretations of physical dysfunction, social and psychological factors has influence on health care seeking behavior

Physical symptoms as pain, fever, tooth-ache are perceived in different ways by different people. Some will seek medical practitioners help, some attempt self-medication or dismiss the symptoms as not needing attention. These differences in deciding whether or not to seek medical care are subject of intensive investigation in medical sociology. Individual interpretation of physical dysfunction, social and psychological factors, all have influence on the health care seeking behavior.

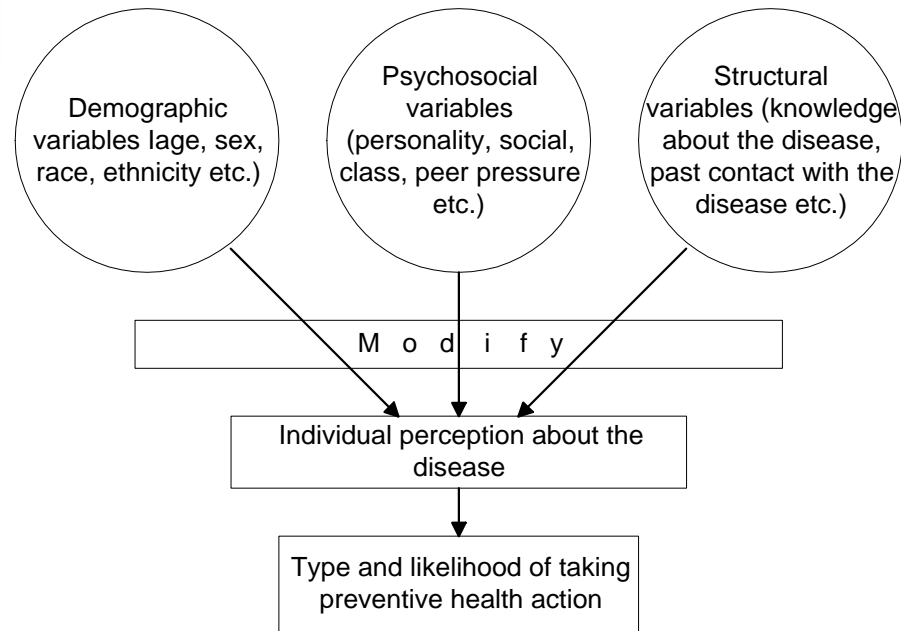
For those individuals and groups who are concerned with the planning, organization, and implementation of health care delivery system, the question of what social influences encourage or discourage a person from seeking medical care is of great importance. An understanding of the health care seeking behavior can tremendously influence the structuring of health services and its utilization in terms of providing better medical care and making that care more available to the people who need it. Certain socio-demographic, psychosocial and structural variables are noted to influence the health service utilization. Some of the factors that influence health service utilization are age, sex, ethnicity, socio-economic status, personality, social class, peer and group pressure, knowledge about the disease, prior contact with the disease and so on.

Example: A forty years old pregnant female, from a poor family, is expecting her fifth child. She has abdominal pain and bleeding her vagina about a month before the expected date of delivery (EDD). Her mother

and sisters-in-law consult and decide that the local untrained 'dai' is good enough to handle the lady as this is her fifth child. The same 'dai' normally delivered all the previous. More over the health facility is far away. Here the sick female had very little choice or voice in deciding her medical care. Her age, gravida, past exposure, peer pressure, distance of health facility all influenced the medical care seeking behavior.



Illustration



Exercise

In the following block the health care seeking behavior is given in one column. Write two possible factors, for each that is responsible for the behavior in our context.

Behaviour	Possible factors
1. A child with tetanus is not taken to the local hospital.	
2. A case of epilepsy is taken to a faith healer.	
3. A case of scabies is taken to a homeopath.	
4. A case of eclampsia is allowed to be handled by a dai.	



3.1. Question

A. Write 'T' for true and 'F' for false statements

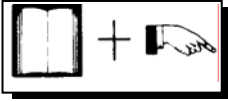
- a) Perception of symptoms varies from person to person and society to society.
- b) To plan health care delivery system it is not important to know the health care seeking behavior of the people.
- c) Quality of health care is of no importance.
- d) Availability of health services is one of the factors influencing its utilization.

3.2. Short and broad questions

- 1. Describe the factors that influence medical care seeking behavior.
- 2. Describe the factors that influence utilization of health care facilities.

Lesson 4: Illness Behavior

Objectives



At the end of the lesson the learner will be able to -

- ◆ define illness behavior
- ◆ describe the sick role and patient role
- ◆ state the factors that influence illness behavior.



Illness behavior may be described as the way in which the symptoms and signs of physical discomfort are perceived, evaluated and acted upon. At many points during the course of illness, medical and social decisions have to be taken and necessary adjustments made. Medical behavioral scientists have described these sequential actions as 'illness behavior'. The concept of 'sick role' and 'patient role' has been used to analyze illness behavior.

Illness behavior may be described as the way in which the symptoms and signs of physical discomfort are perceived, evaluated and acted upon

When a person, due to his discomfort, exhibits social dysfunction, or removes himself from some or all of his normal roles, he is said to be playing a sick role. When the sick person seeks advice or consults a competent medical authority to establish his discomfort/disease and follow the instructions given he assumes a patient role. Illness behavior (sick and patient roles) is strongly influenced by factors such as social class, ethnic and cultural differences.

Example: An adult who awakens with a sore throat engages in illness behavior. He must decide whether to take an aspirin and hope for the best, or call the doctor. But this is neither a sick role nor a patient role behavior. If this adult with the sore throat decides to spend the day resting in bed interrupting his normal activities, the sick role has been assumed. Now, if a physician is consulted and the individual acts on his instructions, the patient role comes into being.

Exercise

Suppose, you have a mild headache. Considering your own background, what will be your subsequent behavior with respect to headache? Explain your expected behavior in terms of illness behavior sick role and patient role.



4.1. Question

A. Match the words on left column with those on the right

- | | |
|------------------------|------------------------------------|
| (i) Sick role | (a) consultation with physician. |
| (ii) Patient role | (b) feeling of discomfort |
| (iii) Illness behavior | (c) disruption of social activity. |

4.2. Broad question

1. Define and explain illness behavior, with an example.

Lesson 5: Hospital a Therapeutic Community

Objectives



At the end of the lesson the learner will be able to -

- ◆ get a concept on hospital
- ◆ get the concept of team work in a hospital
- ◆ describe hospital as a 'therapeutic community'.



A hospital is a living learning arena for both healthy and diseased persons.

The recent past concept of hospital was that it is a place for diseased persons who come to receive only drug therapy and get cured. This concept has changed. Today, hospitals are involved in care, cure and teaching processes. The involvement in these processes by the staff is

teamwork. Each person in his team has something to contribute in the above processes. The role of any member of the staff cannot be belittled. All the members have a common goal, that is, to look after the health matters of the individual and society. The staff members of the hospital have to get above all conflicts and work in co-operation. They should have

A hospital is a living learning arena for both healthy and diseased persons

a welcoming attitude for health care seekers and their attendants or visitors. After a patient or attendant enters a hospital each member of the hospital staff should guide the patient step by step till his/ her exit from the hospital. Greetings and a welcoming face, at each step, is essential for the overall management of the patient. Such a comprehensive team includes the gate keeper at the entrance, the ticket man at the counter, health educator, physicians, nurses, cleaners, dieticians, technicians, laundryman, cooks, office staff, supporting staff, the manager and so on. The team can be compared to a community - an organized group of people with common goal. The goal of this community is to render services, each member in his/ her own sphere, for the betterment of care, cure and educational process. Collectively this process may be termed as therapy for those who attend hospitals as patients or clients. Thus a hospital can be termed as a therapeutic community.

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A story may, perhaps, depict the role of hospital as a therapeutic community. The mother of a very sick child once arrived at a hospital 50 miles from her home. The child was very sick and almost at the last gasp. As the doctor provided emergency care, he asked the mother why she had come to this place so far from her village, by passing one health centre and two hospitals on the way. She could have got medical help much quickly. The mother replied quite naively, “Yes, but they smile at patients and attendants here”. A smile conveys sympathy and understanding.

Exercise

Write five sentences on how you can be an active member of the “therapeutic community in a hospital”.



5.1. Question

A. Write 'T' for true and 'F' for false statements

- a) Hospitals are also involved in teaching process.
- b) Each hospital staff should work independently.
- c) Hospital staff should remain above personal conflicts.
- d) Initiation of or response to a greeting is not essential in a hospital.

5.2. Broad question

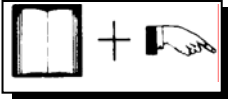
- 1. Describe in brief the concept of hospital as a "Therapeutic Community".

Unit 6: Nursing Sociology

Effective and skilled profession depends on good behavior within the same field

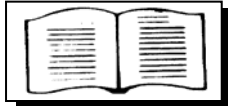
Lesson 1: Doctor-Nurse Relationship

Objectives



At the end of the lesson the learner will be able to -

- ◆ define the role of a nurse in a hospital
- ◆ define the role of a doctor in a hospital
- ◆ state the traditional doctor - nurse interaction
- ◆ state the more progressive doctor - nurse interaction.



No single person can deliver the entire range of health care service to the people. The practice of modern medicine has become a joint effort of many groups of workers, both medical and non-medical. More often than not, the nurse is the co-coordinator of the team while the doctor is the team leader in a hospital situation. The primary role of doctor comprises of diagnosis and treatment, that is, the 'cure' process, while the primary role of nursing lies in the 'care' process. In the medical care team, the doctor/physician tends to be autocratic and expects the nurse to follow his/her orders. Most of the nurses, perhaps, internalize the attitude of subordination. This attitude is prevalent in nursing traditions, where obedience to the physician has been emphasized. This sort of interaction on the part of doctors and nurses, place the nurses at a disadvantage in exercising and acting upon their judgment regarding medical treatment. However, a good, effective, informal interaction style can be built up with the physician's doctors.

The primary role of doctors comprises of diagnosis and treatment i.e. the 'cure' process, while the primary role of nursing lies in the 'care' process

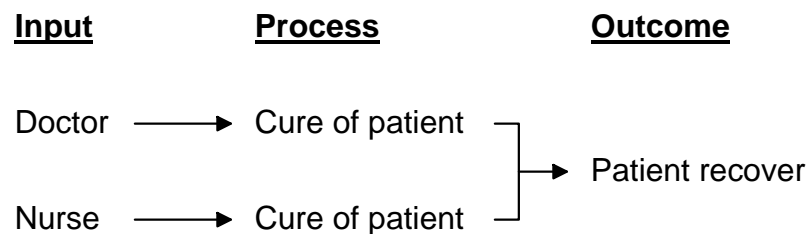
The nurse can be bold, show initiative and make significant recommendation to the doctor in a manner that appears passive and totally supportive of the physician. The role being, to avoid open disagreement with the doctor. This requires the nurse to communicate her recommendation without appearing to do so. At the same time, the doctor, in seeking a recommendation, must appear not to be asking for it.

For example, the night duty nurse telephones and wakes up the on call

doctor and reports that a female patient of the ward is unable to sleep as she has been informed of some bad news from her home. What the nurse is actually telling the doctor, between the lines, is that the patient needs a sedative to calm her down. Since the doctor cannot recall the patient, he asks the nurse what sedative helped the patient earlier. The doctor here is actually asking the nurse for recommendation, but he phrases it as a question rather than a request for recommendation.



Illustration



Exercise

Combined care - cure process for the patient is the effective doctor (nurse interaction). Criticise this in the light of your own experience or after visiting a hospital.



1.1. Question

A. Write 'T' for true and 'F' for false statements

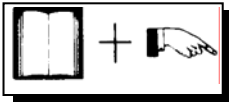
- A doctor is a co-ordinator in the health care team in a hospital.
- The primary role of the nurse is in the cure process.
- A nurse can make significant recommendation to the doctor for patient management.
- The doctor should always disagree with the nurse.

1.2. Short and broad questions

- Discuss the roles of nurses and doctors in a hospital.
- State the traditional as well as more progressive doctor-nurse relationship in a hospital.

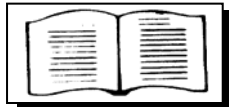
Lesson 2: Nurse-Patient Relationship

Objectives



At the end of the lesson the learner will be able to -

- ◆ describe the levels of nurse - patient communication
- ◆ name the factors that hamper good nurse-patient interaction.



An important area of medical sociology is nurse patient relationship in which complex social factors are implicated. Besides technical competence, the nurse must know how to communicate with her/his patients. In this regard, three levels of communication have been described.

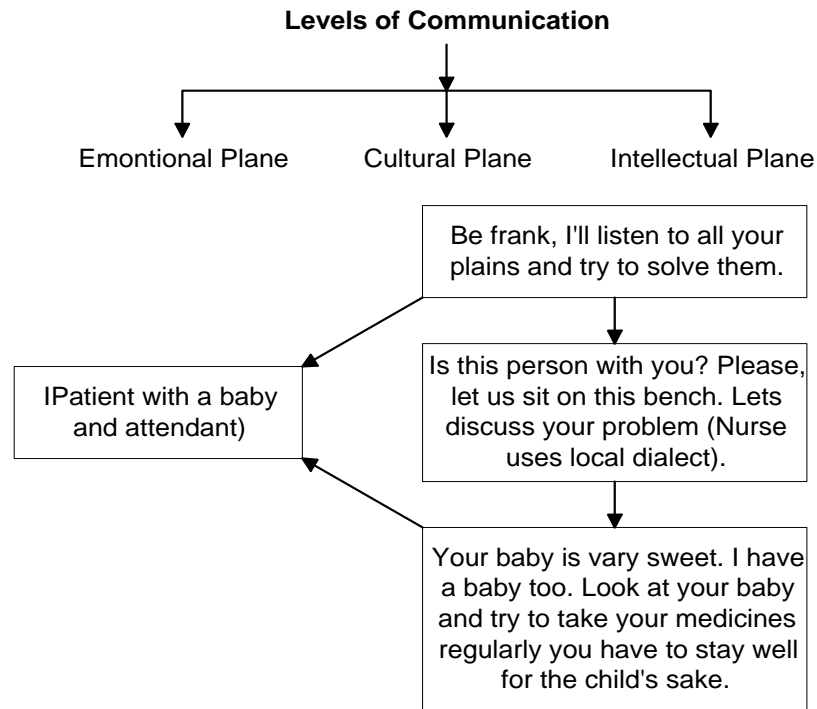
- 1. Communication on an emotional plane:** The nurse must give a sympathetic ear to the complaints made by the patient and his/her relatives. This is essential to establish a rapport.
- 2. Communication on a cultural plane:** The nurse should be aware of the general concept of culture and social organization of the community with which he/she is dealing. This understanding of community helps the nurse to develop flexibility in dealing with the patients. The nurse should coin the scientific advice in terms that fit in the cultural patterns.
- 3. Communication on an intellectual plane:** Due to the technical and educational training received by the nurse, a gap may develop between their intellectual level and those of the illiterate masses. A successful nurse is one who can reduce this distance and can communicate freely with the patient to win her/his confidence. A bit of humour or comical amusement soon puts a patient at ease.

If a nurse can communicate with her/his patients on these three levels, the patient is bound to get maximum satisfaction. The good qualities of a

nurse may be obscured or marred by his/her greed for money, differential treatment between the rich and poor and lack of sympathetic and friendly attitude.



Illustration



Exercise

If you have not already visited a hospital, visit one. Try to critically discuss the patient-nurse interaction that you observed there.



2.1. Question

A. Write 'T' for true and 'F' for false statements

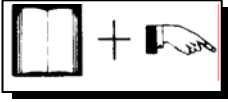
- Complex social factors influence nurse-patient relationship.
- Art of communication has no role in nurse-patient interaction.
- Rapport building is not essential in effective communication.
- Greed for money is a must for a nurse.

2.2. Short and broad questions

- Write in brief the planes of nurse-patient communication in developing effective relationship.
- What qualities of nurse act as a barrier to effective nurse-patient interaction?

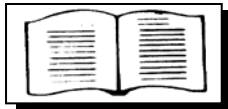
Lesson 3: The Elderly, The Aged or the Old

Objectives



At the end of the lesson the learner will be able to -

- ◆ state the factors that promote long life
- ◆ describe the physical ageing process
- ◆ describe social ageing
- ◆ state the needs of old people
- ◆ state the physical and mental problems associated with old age.



A number of health related factors, including improved medical care, nutrition, sanitation and housing have combined, in the twentieth century, to help promote longer life. This is reflected in the increasing number of elderly. The elderly are the senior citizens, who have undergone several decades of ageing process.

Ageing affects people both physically and socially. In general, physical ageing begins in people around the age of thirty and continues throughout the rest of the life span. Certain body functions, muscle tone and strength, and the senses all reach their peak around thirty and decline thereafter. Many people think that ageing is a disease, but actually it is not so. People are more likely to die as they get older because the body becomes more vulnerable to outside influences, less adaptable and more affected by stress and crisis. Social ageing refers to the attitude we have about older people. The old are thought to be unintelligent, asexual, unemployable, mentally ill, and hard to get along with. The fact that many if not most older people are not this way is beside the point. The elderly are retired from active service before they want to, and are paid less when they do get a job.

A number of health related factors, including improved medical care, nutrition, sanitation and housing have combined, in the twentieth century, to help promote longer life

To remain in optimal health old people need what other people need, that is, work to do, money to live on, a place to live in, and other people to care whether they live or die. Society should recognize that the elderly are an

important resource. Ageing is a process that is going to happen to all of us (if we are fortunate).

In the frail elderly, especially those over 80 years of age, certain problems are seen frequently. These are: (1) intellectual impairment, (2) immobility, (3) instability, (4) incontinence and (5) iatrogenic drug reactions.

Exercise

Explain, in three sentences, the phrase 'old is gold' in case of an experienced elderly.



3.1. Question

A. Write 'T' for true and 'F' for false statements

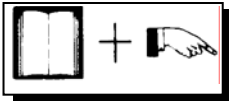
- a) Improved medical care is one of the factors contributing to the increasing number of elderly.
- b) Ageing affects people only physically.
- c) Physical ageing begins in people around 60 years.
- d) Society should recognize elderly as burden.

3.2. Short and broad questions

1. What are physical ageing and social ageing? State the factors related to increase in the number of elderly.
2. What are the needs of elderly for their optimal health? State the usual health problems of frail elderly.

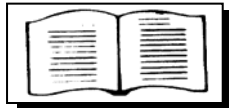
Lesson 4: Death and Dying

Objectives



At the end of the lesson the learner will be able to -

- ◆ define death
- ◆ define dying
- ◆ describe the sequential stages of death experience
- ◆ discuss the responsibilities of health worker towards a dying person



Death is the permanent cessation of all vital functions of a living being. Dying is the gradual process leading to death. Death is an inevitable biological and social experience of all people. Its effect on human behavior cannot be ignored.

Russell Noyes, Jr. (1972) has developed a model of the death experience consisting of three sequential stages -

Death is the permanent cessation of all vital functions of a living being

1. **Resistance:** This initial stage begins when a person struggles for survival when he realizes that death is close.
2. **Review:** This stage begins when all hope of survival is lost and the person surrenders to his or her fate. At this particular point, the person begins to review past life experiences from a detached perspective, as if observing it act out the past.
3. **Transcendence:** In this stage the person's perspective becomes more distant as if out side of time, beyond past or future. There is a sense of loss of control as if held by a superior power.

A point of caution should be kept in mind. Noyes' analysis of death process cannot be considered conclusive. People who are generally in good health who were suddenly threatened with death rendered these descriptions. They obviously were not verified with an actually dead person.

Responsibilities of Health Worker

Responsibilities of a health worker towards a dying person is to make the patient more comfortable and his or her dying days more meaningful, through companionship, sense of security, and control of physical symptoms by medical and nursing technique. The control of pain is very important in order to allow the patient to be as active as possible for as long as possible.



Illustration

Stages of death:

1. Resistance
2. Review
3. Transcendence

Exercise

Suppose your grandmother is on her deathbed. She guesses that she will die soon. She talks of many past incidences among which she said that she was responsible for the disharmony with her husband (your grandfather), a fact that she has never acknowledged before. This was new information for everybody around. Explain, what stage of death experience is your grand mother passing through.



4.1. Question

A. Write 'T' for true and 'F' for false statements

- a) Death is the cessation of some of the vital functions of life.
- b) Death is not inevitable.
- c) The three stages of death experience may not occur sequentially.
- d) Plato developed a model of death experience.

4.2. Short and broad questions

1. Define death and dying. Describe sequentially the stages of death experience after Russel Noyes, Jr.
2. Criticise Noyes' analysis of death experience.
3. Discuss the responsibilities of health worker towards a dying person.

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Glossary

Stubborn	: Difficult of deal with
Phenomena	: An observable fact or event
Universe	: The world
Rehabilitation	: Process to restore or bring to a condition of useful and constructive activity
Restrain	: To keep oneself from doing
Predictive	: That which can be told in advance
Concrete	: Particular and specific
Abstract	: Existing as a quality or idea rather than a material object
Ethnic	: Relating to a group that shares a culture, realign or language
Superstition	: A belief or practice resulting from ignorance fear of the unknown, trust in magic, or a false conception of causation
Supernatural	: Relating to things beyond the laws of nature
Delinquent	: A young person, who repeatedly breaks the law
Anonymous	: Not named or identified
Disseminated	: Widely spread
Indiscriminate	: Unrestrained or unrestricted
Deforestation	: Clearing away of trees from a forest
Cohesiveness	: Stick together
Intrusion	: The act of entrance by force
Mythology	: The tale with supernatural character, especially how the world or mankind began
Belittled	: Treat as having little value or importance
Naively	: Simply or with innocence
Competence	: Having sufficient skill or knowledge
Frail	: Physically weak
Transcendence	: Exceeding usual limit.