Hospital as Social Organization

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Public and professional interest in health services has increased dramatically over the last two decades. Medical sociologists have been interested in the structure, organization, dynamics, and impact of health services for well over 50 years. Our healthcare system has evolved and changed dramatically over the same period, shifting from one focused on providing acute care for immediate and emergent health problems to a more diffuse system struggling to support individuals with chronic and long term conditions while also controlling costs (Wholey and Burns 2000). Not surprisingly, medical sociological interest in health services has followed suit and expanded to examine a wider variety of settings, conditions, and processes within the formal health care delivery system. Scholarship initially focused largely on understanding the structural and institutional underpinnings of healthcare systems, and later on exploring the variability in access to health care across social groups. More recently, sociological health services research has concentrated on the structure of and dynamics within health service organizations and how these factors shape both access and clinical outcomes for different groups and communities.

Before managed care, hospitals operated largely as autonomous units. Today, most are evolving to become the nuclei of wider, regionally focused health networks formed through the acquisition or merger of specialty and allied health care agencies and the development of new ambulatory care facilities (e.g., urgent care centers, outpatient surgery centers) and specialty branch hospitals (e.g., children’s, cardiac, orthopedic hospitals; Andersen and Mullner 1989; Cuellar and Gertler 2003; Weinberg 2003). Sociologists have been instrumental in highlighting the challenges associated with integrating care, as well as the inter‐ and intra‐organizational dynamics that are occurring within increasingly complex healthcare systems (Flood and Fennel 1995; Light 2004; Scott et al. 2000). Understanding these organizational changes is critical because they reflect fundamental shifts in the nature of medical work and the delivery of health services. As health care organizations have become more highly specialized, internally differentiated technologically oriented, and more tightly integrated (Scott et al. 2000), the professional boundaries of medical work have blurred. Initially, medical sociologists suggested that these organizational changes had the potential to lead to the “deprofessionalization” of medicine (Haug 1973)and to undermine physicians’ professional dominance within the health care system (Light 2004).Indeed, the greater emphasis on the “business of health care” and the rise of health administrators clearly have changed the traditional role of physicians by reducing or restricting their authority over clinical decision‐making (Hafferty and Light1995). Today’s complex health systems represent fundamentally new configurations of an increasingly broad array of professional expertise that is altering the long‐standing system of professional. In this, the health care system has been elaborately discussed focusing mainly on hospital system. Following are some of the points focusing on hospital as a social organization.

              Hospital word has been derived from the Latin word ‘HOSPES’ meaning ‘a host or guest’ or ‘hotel’, hostel.

              Some also believe that the origin of the hospital from the word ‘HOSPITUM’ a rest house for travelers or night shelter showing ‘hospitality’ to the guests.

              Hospital is a social organization and logical combination of the activities of a number of persons with different level of knowledge and skill for achieving a common goal of patient care through a hierarchy of authority and responsibility.

              Hospital as a social organization process through grouping the activities in workable units and connected by authority, communication and control.

              According to World Health Organization:"The 'hospital is an integral part of a social and medical organization, the function of which is to provide the population complete healthcare, both curative and preventive, and whose out‐patient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio‐social research."

              Hospital is a social organization and a rational combination of the activities of a number of persons with different level of knowledge and skills for achieving a common goal of patient care through a hierarchy of authority and responsibility.

              Hospital organization is very peculiar and differs from other organizations. Hence called a ‘MATRIX’ organization.

              Hospital as a ‘MATRIX’ organization is a mix of product and function where people of similar skills are grouped together to execute activities to achieve organizational objective.

              In a hospital some part of the organization has scalar type of function while others are informally structured.

              As a social organization the hospital provides patient care with a multi‐functional team comprising of people with different level of knowledge and skill.

              Hospital, an institution that is built, staffed, and equipped for the diagnosis of disease; for the treatment, both medical and surgical, of the sick and the injured; and for their housing during this process. The modern hospital also often serves as a centre for investigation and for teaching.