

Block

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INTRODUCTION TO HEALTH CARE SERVICES

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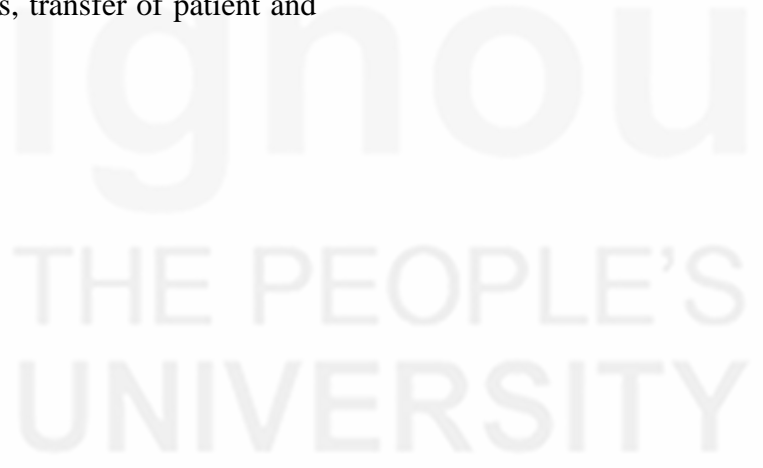
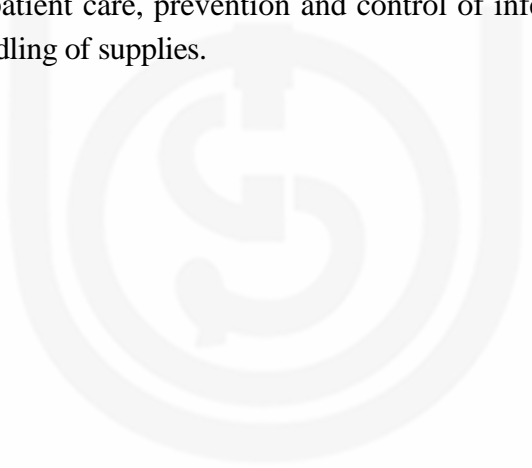
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COURSE INTRODUCTION

The General Duty Assistance (GDA) program is a short duration (six months) skill based training program, with an objective to develop a pool of trained workforce which can be employed by hospitals and healthcare facilities to provide support to nurses, doctors as well as other healthcare team members in ensuring quality care to the patients. This program focuses on the acquisition of skills necessary to provide support by undertaking non-clinical tasks or the activities that have been directed by the healthcare team members.

The program is meant for making a student to develop the skills of communication with patients, their relatives and other stakeholders, and will be competent to perform the skills related patient positions, use of assertive devices, patient safety, practice personal hygiene and infection control measures including right method of bio medical waste management.

The theory course 1 deals with foundation of General Duty Assistance and is having four blocks comprising of 16 units. The focus of this course is on acquiring knowledge about healthcare services in the country and skills of patient care, prevention and control of infections, transfer of patient and handling of supplies.



BLOCK 1 INTRODUCTION

This block of General Duty Assistance (GDA) theory course 1 aims at providing you the latest and up-dated information related to delivery of health care services in the country. There are four units (1- 4) in this block. Unit 1 discusses the status of healthcare system in India while Unit-2 Hospital as an Organization. Unit 3 focuses on qualities, values and ethics in General Duty Assistance and Unit 4 deals with skills for communicating with various stakeholders such as patients, their relatives, colleagues, authorities, etc.

After going through this block, you will be able to understand and learn the health system in India, practice the qualities, values and ethics as General Duty Assistant and develop the skills of communication with patients, their relatives, colleagues, authorities and in special / emergency situations. This will not only equip you to make your own approach in similar situations but also help you to identify your own role as General Duty Assistant to improve the health care delivery system in the country.



UNIT 1 HEALTH CARE SYSTEM IN INDIA

Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Introduction to Health System in India
 - 1.2.1 Health Planning
 - 1.2.2 Health System in India
- 1.3 Health Care Delivery System in India
 - 1.3.1 Universal Health Coverage
 - 1.3.2 National Health Mission and Other Initiatives of GOI
 - 1.3.3 Health Status and Health Problems
 - 1.3.4 National Health Programmes
 - 1.3.5 Health Care System
 - 1.3.6 Community Participation
- 1.4 Let Us Sum Up
- 1.5 Key Words
- 1.6 Answers to Check Your Progress

1.0 INTRODUCTION

You must be aware that every Government all over the world is responsible for providing health care services to the citizen of their country. Same stands true for India also. Government tries to provide quality, accessible, affordable health services to all people. Therefore it is important for you to learn about health system in India. Thus in this unit you will learn about Health System, Health Planning and Health Care Delivery System in India. You will be able to describe the key elements of nation health mission and sustainable development goals; you will also be able to describe the various health problems in country and various national health programmes including activities under these programmes to provide health care services to people; role of community in planning, implementation and monitoring the health care services. Let us first go through the objectives of the unit.

1.1 OBJECTIVES

After completion of this unit you will be able to:

- describe the health planning and health system in India;
- explain the health care delivery system in India;
- enlist the key elements of national health mission and other initiatives of GOI;
- discuss health status and health problems;

- enumerate the key services in important national health programmes; and
- describe the concept of community participation.

1.2 INTRODUCTION TO HEALTH SYSTEM IN INDIA

You must have studied in your school some basic concepts about health. Let us first review the definition of the term Health. Health as per World Health Organization (WHO) is “*State of complete physical, mental, social and spiritual well being and not merely absence of disease or infirmity*”. Health is considered as a fundamental right and is a part of socio-economic planning of a country. Health is a dynamic condition i.e. it is a changing process; person is healthy, work normally and is productive on other hand can be sick at any point of time. Therefore needs health services when healthy or is sick. Hence, let us learn about healthcare planning and health system in India.

1.2.1 Health Panning

Let us ask to our self’s one question: Do we plan your activities in life? Yes you will all agree that all of us plan our daily routine or monthly activities or plan for the future. Same way Government also plan for the people in the country. It is important to plan because we set objectives to achieve; to achieve these objectives some activities are planned for specific time period depending on the available resources i.e. material, man and money so that limited resources are used efficiently with no wastage; and best possible solutions are carried out to achieve the objectives; at the same time feedback is taken and re-planning is done if needed.

Same way Government of India also plan for the country i.e. five year plans are drafted; each sector like health, agriculture, industry, education etc get importance in plan document. Let us concentrate on health planning in India. Purpose of Health planning is for quality health care services provided through various national health programmes and various schemes.

National Health Planning is done keeping in view the priorities based on the health status, health problems and resources available; set achievable goals with timeline and actions are planned through various programmes. Day to day monitoring is done to see what was planned is implemented; if any problems they are taken care off; and evaluation is done to see that goals are achieved, if not achieved reasons for and then again future planning or re-planning is carried out.

Health planning in India is a part of socio-economic planning for the country and is based on the recommendations of various committees, set by Government of India.

Various other Committees set up by Government of India (GOI) are given below which were set up from time to time:

1. Health Survey and Planning Committee also known as Mudaliar Committee. 1962
2. Chadha Committee, 1963
3. Mukerji Committee, 1965

4. Mukerji Committee, 1966
5. Jungulwalla Committee, 1967
6. Kartar Singh Committee, 1973
7. Shrivastav Committee, 1975
8. Bajaj Committee, 1986

In case interested these reports can be accessed at www.nihfw.org

Some of the policy documents are:

1. Alma Atta Declaration, Health For All by 2000 AD, 1981
2. First National Health Policy, 1983
3. First National Population Policy, 2000
4. National Health Policy, 2002
5. Second National health Policy, 2002
6. National Rural Health Mission, 2005
7. National Urban health Mission, 2013
8. National health Mission, 2013
9. Revised National Health Policy, 2017

Above documents are available at www.mohfw.gov.in, in case interested to learn about them in detail.

Check Your Progress 1

Match the following:

Column A	Column B
1. Bhore Committee	1983
2. Mudaliar Committee	1973
3. Kartar Singh Committee	2000
4. First National Health Policy	1962
5. National Health Mission	1943
6. National Population Policy	1946

Now let us learn about health system in India.

1.2.2 Health System in India

Hope all of you have studied about the constitution of India in your school. In our constitution it is mentioned that Health is a responsibility of State. Every State has its own health care delivery system. Therefore the Centre plays the role in policy making, planning, coordinating, assisting, monitoring and evaluation. State plays role in delivery of health care and implementation of national health programmes and schemes. Let us now see the health system in India at Centre, State and District levels.

At the Centre

At the centre there are:

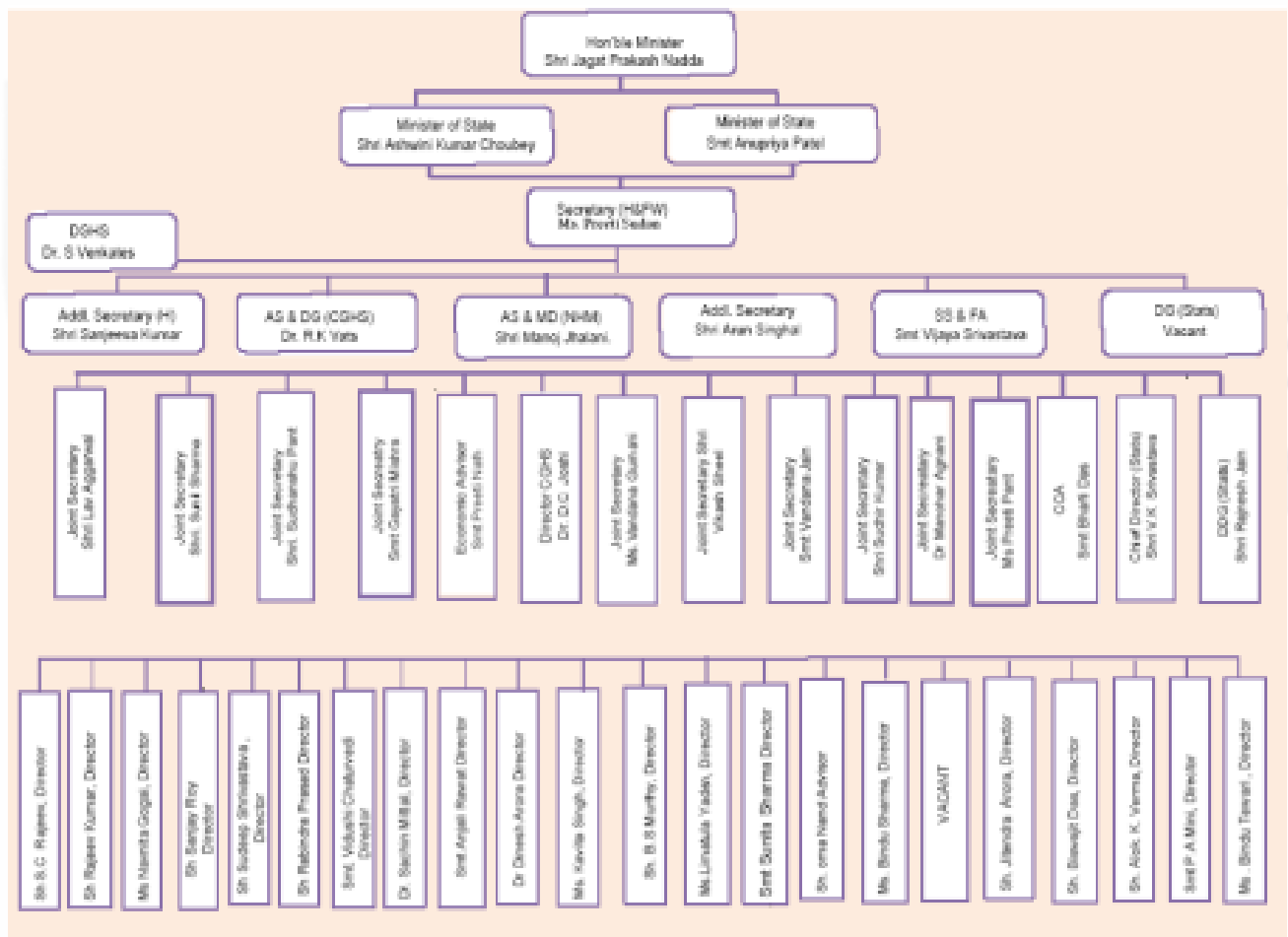
- A. The Central Council of Health and Family Welfare
- B. The Ministry of Health and Family Welfare (MOH&FW)
- C. The Directorate General of Health Services (DGHS) and

Let us view the structure of the Ministry of Health and Family Welfare

A. The Central Council for Health and Family Welfare

There is a Central Council of Health & Family Welfare under the chairmanship of the Minister for health & FW comprising the Health Ministers of State Governments/UTs, MPs, non-officials representing health organizations and public bodies and certain eminent individuals. It is the apex policy formulating body in the field of health and family welfare for recommending broad lines of policy to the Centre and the States.

B. The Ministry of Health and Family Welfare (MOHFW) is headed by the Union Minister of Health and Family Welfare;



Source: www.mohfw.nic.in

MOHFW has 2 departments:

1. Department of Health and Family Welfare, headed by the Secretary to GOI, Secretary is executive head and is assisted by the joint and deputy secretaries and administrative staff. It has various departments

under it like Central Health Services, Mental health Division, Medical Education, National Health Programmes, National Health Mission, Training Division, Nursing, Allied Health Services, Drug Food Quality Control etc.

2. Department of Research - Department of Health Research (DHR) was created as a separate department within the Ministry of Health & Family on 17th Sept, 2007. The aim of the DHR is to bring modern health technologies to the people through research and innovations related to diagnosis, treatment methods and vaccines for prevention; to translate them into products and processes and, introduce these innovations into public health system. The Department. is headed by Secretary with an Additional Secretary and one Joint Secretary.

C. The Directorate General of Health Services (DGHS)

The Directorate General of Health Services (Dte.GHS) is a repository of technical knowledge concerning Public Health, Medical Education and Health Care. It is an attached organisation of the Ministry of Health & Family Welfare. The Dte.GHS is headed by Director General of Health Services (DGHS), an officer of Central Health Services, who is an technical advice on all medical and public health matters to Ministry of Health and Family Welfare. The Directorate co-ordinates with the Health Directorates of all States/UTs for implementation of various National Health Programmes. The Dte.GHS oversees the functioning of Central Government Hospitals and their management. The broad responsibility of Directorate General of Health Services are:

- To formulate evidence-based policies and strategies and to plan and implement programmes.
- To address social and cultural determinants to ensure every citizen has the right to health and well-being.
- Guarantee food security to provide essential nutrition, especially for mother and child.
- Ensure potable water, sanitation facilities and proper housing
- To provide technical support to the Department of Health and Family Welfare in developing the strategies for free universal health care.
- To take effective measures to prevent, mitigate and eliminate/eradicate communicable diseases of public health importance and health emergencies.
- To promote health through behavioural change with involvement of community to address issues related to non- communicable diseases, alcoholism and other substance abuse.
- To ensure Emergency Medical Services coverage for all.
- Address climate change issues impacting health.
- Lay down specific standards and norms for safety and quality assurance of all aspects of health care
- To develop and ensure availability of human resources in health sector.

Introduction to Healthcare Services

- To manage health information. To monitor progress and evaluate health outcome / impact of health services.
- To provide technical guidance and advice to the state health departments.

At the State Level

The State is responsible for all the health matters in the State as per constitution of India. Every State has its own organizational structure. But mainly consists of the following:

A. The State Ministry of Health

B. The State Health Directorate

A. The State Ministry of Health

The State Ministry of Health and Family Welfare is headed a political head i.e. by the Minister of Health and Family Welfare; and in some States there is provision for Deputy Minister of Health and Family Welfare; and Minister of H&FW are also responsible for other departments.

The Health Secretariate is headed by Principal Secretary or Secretary Health and Family Welfare as an executive head; assisted by Additional / Joint / Deputy Secretaries and administrative staff. Health Secretariate is responsible for policy issues, planning, evaluation of health services in the State.

B. The State Health Directorate

The Director, Health Services (DHS) also known as Director, Health and Family Welfare is a technical adviser to the State Health Ministry on matters related to medical and public health; the designation of Director, Health Services varies in many States; in few States there are more than one directorate i.e. Directorate of Health, Directorate of Family Welfare, Director Medical Education or Directorate of Medical and Health Services. DHS is assisted by Additional or Deputy or Assistant Director, Health Services. DHS is responsible for implementation of all the policies and programmes, day to day supervision, monitoring of services.

At the District Level

In India, District is an administrative unit headed by a District Collector. Administrative areas under district are in rural area: sub-districts, tehsils, community development blocks (unit for planning and development; nearly 100 villages and 80,000 to 1,20,000 population); villages and panchayats; in urban area are: town area committees, municipal boards, corporations. Each block has 4 to 5 PHCs (Primary Health Centres) to provide health care for each 30,000 population.

At district level health sector is headed by the Chief Medical Officer with 2 or 3 Deputy Chief Medical Officers. The District Hospital functions at this level for healthcare delivery.

Each state have their won set up for health care delivery system. For State organization structure need to access the specific State Health website e.g. for Haryana State www.haryanahealth.nic.in or ee.delhihealth.nic.in.

Hope you can now describe the health planning and health system in India.

Check Your Progress 2

1. Briefly describe the health System at State and District level (each in 6-8 lines)

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1.3 HEALTH CARE DELIVERY SYSTEM IN INDIA

Let us now learn about health care delivery system in India.

The challenges faced by country is to provide quality, accessible, affordable need based basic health care to all the people in the country especially the poor, tribal and vulnerable groups (mother, child, elderly and special group etc). Various strategies and models were adopted by the country to provide health care services to people.

Let us first discuss about Universal Health Coverage, Sustainable Development Goals and National Health Mission.

1.3.1 Universal Health Coverage

Let us learnt about the concept of Universal Health Coverage (UHC)

Universal Health Coverage

Universal Coverage refers to where everyone is covered for basic healthcare services, regardless of their socio-economic cultural backgrounds, so that all will have the right to affordable, acceptable, accountable and appropriate health services of assured quality. They receive promotive, preventive, curative and rehabilitative services at primary, secondary and tertiary levels. The Primary level care is provided through the PHC and the secondary level health care is rendered by the District health system, as mentioned the 1.2 earlier. as well as addressing the determinants of health like education, nutrition, water, agriculture etc; Today the role of a government being as an enabler and guarantor of health care services therefore supplementary system of finance protection for people is also planned so that people are able to afford health care services.

Principles of UHC

- Universality → caring all for all health problems
- Equity → Equitable consideration for all
- Non-Exclusion and Non-Discrimination → No one is spared irrespective of social or economic status
- Comprehensive Care of good quality → A care that is care in totality and good in quality
- Financial protection → at a low cost
- Protection of Patients Rights Survival of the patient is main motto and he gets all cares as a right to health
- Strengthening Public Health provisioning → Making all the public health faculties functional with resources.
- Accountability and Transparency Putting everything in clarity
- Community Participation → Taking everybody (community) along with the system
- Putting health in people's hand Making health care availability and utilization as a movement of the people not only the government.

Various initiatives taken by Government of India are **The National Health Mission** (National Rural Health Mission and National Urban Health Mission) aims to provide universal access to health care; **Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY)** is a national health protection scheme aims to provide coverage upto 5 lakhs rupees per family per year for secondary and tertiary care hospitalization. **Mission Indradhanush** aims to increase full immunization coverage. A number of **Nation Health Programmes** are implemented like Revised National Tuberculosis Control programme, National Leprosy Eradication Programme, National Mental Health Programme, National Programme for Control of Blindness, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke.

It is now important to review the vision, core values, goals, strategies and outcomes of National Health Mission.

1.3.2 National Health Mission and Other Initiatives of Government of India

Let us describe the various initiatives by Government of India like National Health Mission, Ayushman Bharat, Mission Indradhanush and National Health Programmes.

A. National Health Mission

Vision of National Health Mission (NHM) states “Attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergence action to address the wider social determinants of health”. This means as explained earlier that provide

quality services to people as per their need with collaboration of other sectors like water, sanitation, nutrition, agriculture etc.

Core Values of NHM

- Safeguard the health of poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.
- Strengthen public health system as a basis for universal access and social protection against the rising cost of health care.
- Build environment of trust between people and providers of health care.
- Empower community to become active participants in the process of attainment of highest possible level of health.
- Institutionalize transparency and accountability in all processes and mechanisms.
- Improve efficiency to optimize use of available resources.

Goals, Strategies and Outcomes

The **key goal** is to achieve the vision of the NHM as highlighted above; to meet the needs of the people; to build partnerships with health and related sectors, NGOS, civil societies, private sector and focus on well being of women, children, reducing disease burden of communicable and non-communicable diseases and ensuring financial protection for the households through insurance and other schemes to reduce out of pocket expenses.

To achieve these goals following strategies to be adapted:

- Support and supplement State efforts for health system strengthening by providing financial and technical assistance.
- Build state and district capacity for outcome based planning and implementation based on disease burden and performance based funding.
- Enable integrated facility planning including infrastructure, human resource, drugs etc.
- Create District level Knowledge Centre within each District Hospital to provide care, skill based training, analyze data and participate in district planning.
- Improve delivery of outreach services through fixed and mobile units.
- Strengthen Sub-Centre and Urban Primary Health Centres for promotive, preventive, curative care and to be first point of primary health care.
- Prioritize achievement of universal health coverage for RMNCH+A (Reproductive Maternal Newborn Child Health + Adolescent), Communicable and non-communicable disease programmes.

Introduction to Healthcare Services

- Expand focus from child survival to child development (0-18 years) through community, anganwadi and school health services.
- Achieve the goal of safe motherhood.
- Focus on adolescent and their needs.
- Response to epidemics and surveillance.
- Convergence with ministries for reduction of under-nutrition (0-3 years) and anaemia in children, adolescent and women.
- Empower ASHA (Accredited Social Work Activist) to work as a facilitator.
- Strengthen Village Health and Nutrition Committees, Mahila Arogya Samities.
- Strengthen Behaviour Change Communication.
- Enable free consultations, free drugs, free investigations, free emergency care and transport system by the hospitals.
- Partnership with NGOs, Civil Societies and Private Sector.
- Create public health cadre and strengthen managerial capacities.
- Use of information Communication Technology (ICT) as additional strategy for programme planning and monitoring.
- Ensure universal registration of births and deaths; including causes of death.
- Establish accountability by participatory community processes like Jan Sunwais/Samwads, Social Audit.

Outcomes

To ensure equitable distribution and improve health outcomes, it is important to take care of disparity through effective planning, more financial and technical support, effective monitoring, relaxing norms, supportive supervision and innovative strategies.

Expected Health outcomes in terms of target are:

Reduce MMR to 1/1000 live births.

Reduce IMR to 25/1000 live births.

Reduce TFR to 2.1.

Prevention and Reduction of anaemia in women aged 15-49 years.

Prevent and reduce morbidity and mortality from communicable, non-communicable, injuries and emerging diseases.

Reduce household out of pocket expenditure on total health care expenditure.

Reduce annual incidence and mortality from Tuberculosis by half.

Reduce prevalence of Leprosy to $<1/10000$ population and incidence to zero in all the districts.

Annual Malaria incidence to be $< 1/1000$.

Less than 1 percent microfilaria prevalence in all the districts.

Kala-Azar elimination by 2015, < 1 case per 10000 population in all the blocks.

B. Ayushman Bharat: Pradhan Mantri Jan Aarogya Yojana (PMJAY)

One of the major initiatives by Government of India is Ayushman Bharat. This scheme will adopt standard treatment guidelines; defined package rates, use of information technology and data analytics.

Establishment of Health and Wellness Centres—The first component, pertains to creation of 1,50,000 Health and Wellness Centres which will bring health care closer to the homes of the people. These centres will provide Comprehensive Primary Health Care (CPHC), covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

Prime Minister of India on 25 September, 2018 rolled out Health Insurance Scheme: Pradhan Mantri Jan Aarogya Yojana (PMJAY); it is one of the initiative under Ayushman Bharat. It is a step forward towards financing the delivery of health care for the poor. The objective is to provide health cover of 5 lakhs rupees for secondary and tertiary hospitalization per family per year. This is one of the strategy to achieve universal health coverage by improving access and affordability of secondary and tertiary care services through public and private care providers.

Entitlements of PMJAY include:

- Pre and Post hospitalization expenses
- Defined transport allowance per hospitalization
- Patient can avail services from anywhere in the country
- Services from any empanelled public or private hospital
- Cashless insurance

Benefits of PMJAY include:

- Regulation of healthcare and Accreditation of health facility
- Incentivize hospitals to expand in rural areas
- Package rates 15-20 percent lower than Central Government Health Scheme
- Performance based payment system
- ICT use for free flow of data and tracking of transactions
- Mapping of beneficiaries, track insurers and healthcare providers

**Introduction to
Healthcare Services**

- Integrating with services at Health and Wellness Centres
- Digital Information Security in Health care Act to protect the storage, use and transmission of patient data
- Benefits reach to all
- Out of Pocket Expenditure is reduced
- Beneficiaries are satisfied

C. Mission Indradhanush

Immunization programme was introduced in India in 1978 as “Expanded Programme of Immunization”. In 1985, programme was modified as “Universal Immunization programme” but approximately 65 percent of children were immunized in first year of life. To strengthen the programme and to achieve full immunization coverage for all children and pregnant women, Government of India launched “**Mission Indradhanush**” in December, 2014. The goal of Mission Indradhanush is to ensure full immunization to children up to 2 years of age and pregnant women in identified 216 high focus districts.

For intensified immunization activities, Prime Minister of India launched “**Intensifies Mission Indradhanush**” on 8 October, 2017, to reach all the uncovered children up to 2 years of age and pregnant mothers, under routine universal immunization programme. Intensified Mission Indradhanush will cover low performing areas.

Check Your Progress 3

1. Explain the concept of Universal Health Coverage

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2. Sustainable Development Goals related to Health

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3. List the entitlements of Pradhan Mantri Jan Aarogya Yojana

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1.3.3 Health Status and Health Problems

Health status and health problems data are an essential components to planning health care services. Let us think what type of data needs to be collected? So let us learn type of data any health administrator needs. Sources of data are census reports, survey reports, vital statistics, health profile of country, annual reports of states, health utilization data etc.

To analyze the health situation and defining health problems following data are required:

1. Morbidity and mortality data

Morbidity means illness; person can also have co-morbidities i.e. morbidity may lead to morbidity. For example a person having Diabetes might have kidney damage because of diabetes, the kidney disease is then known as co-morbidity. Prevalence is used to measure the morbidity.

Now you would like to know what is prevalence? **Prevalence** is total number of cases of a particular disease at a given period of time in a population divided by total population at that time. It is generally expressed in percentage.

Another term is **Incidence** which means number of only new cases of a disease in a population divided by the number of persons at the risk for the disease during given period of time. It is also expressed in percentage.

Mortality means death. It is number of deaths due to disease divided by total population.

2. Demographic Data

Demographic data includes socio-economic like age, sex, education, income, occupation, marital status, religion, size of family etc.

3. Environmental conditions which have impact on health

4. Socio-Economic factors like family income, per capita income and economic assets etc.

5. Cultural factors, attitudes, beliefs, practices etc

6. Health services and other related services available

7. Other services available which have impact of health

If the data is Analyzed from all the above sources, it will give an idea about health situation of a state or district and health problems prevalent in the area. Then health administrators can assess the health needs of the community and prioritize the health problems, allocate the resources and plan action to implement modified health care action.

In India major problem is the uncontrolled huge population; high fertility and high birth rate; low death rate, more young population and increasing elderly population. Every year Indian population increases to a total additional population as large as Australia. Overtime health status of people

has improved and death rate is declining and while life expectancy has increased. However as compared to developed nations standard of health status is low in India. Still our maternal and newborn deaths are high as compared to developed nations.

Health problems

Health problems in India can be grouped as given below:

1. Non-Communicable Diseases in India are increasing and deaths are also increasing due to diabetes, cancer, cardio-vascular, stroke, blindness, mental health and, injuries etc.
2. Communicable Diseases are still public health problems like malaria, filaria, kala azar, diarrhoeal diseases, tuberculosis, leprosy, acute respiratory infections and, HIV/AIDS etc.
3. Nutritional Problems, under nutrition, stunting, anaemia, low birth weight and deficiency disorders etc. are in rise.
4. Increase in Environmental health problems due to air, water, soil pollution, environmental sanitation and climate changes.
5. Population increase leads to problems like unemployment, high density of population in urban areas and slums, rising cost, inadequate infrastructure, low income etc.
6. Medical Care problems are issues related to housing, availability of doctors, nurses, living conditions etc.

1.3.4 National Health Programmes

Government of India initiated many national health programmes to improve the health of the people. These programmes are implemented by State health Directorate. Activities are carried out by staff at district level and hospitals also implement these programmes. Therefore it is important to list the various national health programmes and describe the activities under these programmes.

A. National Vector Borne Disease Programme (NVBDP)

The Directorate of NVBDP at Centre is nodal agency for policy making, technical support, planning and monitoring the programme under National Health Mission (NHM). NVBDP is implemented to prevent and control various diseases like Malaria, Filariasis, Kala-Azar, Japanese Encephalitis, Dengue, Chikungunya. These are major public health problems in India and strategies for prevention and control of diseases are:

- Early case detection and treatment
- Strengthening referral services
- Epidemic preparedness and rapid response
- Surveillance
- Integrated Vector Management measures like indoor residual spraying, use of insecticides treated bed nets and care of environment

- Behaviour Change Communication
- Intersectoral Convergence
- Capacity Building of staff
- Monitoring and Supervision
- Operational Research

Specific Strategies for specific diseases are also suggested.

Malaria

In 2016, Government launched The National Framework for Malaria Elimination: 2016-2030, with a goal to eliminate malaria throughout the country by 2030 and malaria free status and prevent re-occurrence. The strategies under the National Framework for Malaria Elimination are:

- Early case detection and prompt treatment; chloroquine is the main drug
- Vector Control
- Integrated Vector Management
 - Chemical Spray: Indoor Residual Spray (IRS), Day time spray and spray during epidemics
 - Personal Prophylactic Measures: Use of mosquito repellent creams, Covering body with cloths, Long Lasting Insecticidal Nets (LLINs), Insecticidal Treated bed Nets (ITNs)
- Environmental Management and Source Reduction Methods: Filling breeding places, covering stored water
- Community Participation
 - Behaviour Change Communication
 - Partnerships with NGOs
- Monitoring and Evaluation

B. National Leprosy Eradication Programme (NLEP)

In 1983, National Leprosy Control Programme was renamed as National leprosy Eradication Programme (NLEP) with a goal to reduce case load to 1 or less than 1 per 10,000 population. The programme is integrated with general healthcare system in 2002-03 that is why treatment is available in all the hospitals and primary health centres and urban health centres. Strengthen disability prevention and medical rehabilitation and reduction of stigma associated with leprosy. To achieve the goals the programme Strategies are:

- Early detection and complete treatment of new cases
- Households contact survey for early detection
- Involvement of ASHS in early detection and treatment

Introduction to Healthcare Services

- Strengthening Disability Prevention and Medical Rehabilitation (DPMR) services
- Information Education and Communication (IEC) activities to improve self reporting and removing stigma
- Monitoring and Supervision
- Involvement of NGOs
- Capacity Building
- Research activities

C. Revised National Tuberculosis National Programme (RNTCP)

RNTCP was launched in 1997 and countrywide it was implemented by 2005 which recommended Directly Observed Treatment Short Course (DOTS). In 2006, Stop TB strategy was adopted. During 2012-2017 National Strategic Plan for Tuberculosis Control was implemented with a goal to universal access to quality tuberculosis (TB) diagnosis and treatment for all TB patients in the country. In 2012, Nikshay, a new initiative was adopted i.e. TB surveillance using case based web based IT system. TB Notification i.e. every healthcare organization have to report TB cases to district health authorities. To eliminate TB by 2025, National Strategic Olan for Tuberculosis Elimination 2017-2025 is being formulated with 4 strategic pillars i.e. Detect-Treat-Prevent-Build (DTPB). Various initiatives under RNTCP:

- Passive case finding
- Sputum examination in microscopic centre
- Free drugs under DOTS
- Daily regimen for pediatric TB cases
- Daily regimen for TB/HIV co-infected patients
- Drug Resistance Surveillance (DRS)
- Find all drug sensitive TB (DS-TB) cases and drug resistant (DRTB) cases taking treatment from private sector and undiagnosed cases- screening is done
- Initiate and sustain all patients on free TB treatment, monitoring and social support, linking TB patients with social welfare schemes
- Control air borne infections and treatment of contacts
- Intersectoral approach
- Partnership with NGOs and Private Sector
- Research Activities

D. National AIDS Control Programme (NACP)

National AIDS programme was launched in 1984 and in 2014 NACP IV was launched providing preventive, care, treatment and support services.

National Strategic Plan for on HIV/AIDS and STI, 2017-2024, with a Three Zeros Goal i.e. zero new infections, zero AIDS related deaths and zero discrimination. In 2017 India HIV/AIDS Prevention and Control Act was enacted. The strategies for prevention, testing and treatment:

- Increase coverage for improved prevention, testing and care linkages
- Prevent HIV infection in risk population
- Evidence data to locate new high risk population groups
- Using technology to reach high risk vulnerable groups
- Quality testing and treatment services
- Increase ART coverage
- Strengthen laboratory and blood transfusion services
- Advocacy Communication and Social Mobilization
- Elimination of parent to child transmission of HIV and syphilis
- Capacity Building
- Addressing stigma and discrimination
- Strengthen RTI/STI prevention and control

E. Reproductive Maternal Newborn Child Health+Adolescent Programme (RMNCH+A)

RMNCH+ A approach was launched in 2013 with an aim to assess the causes of mortality among women and children, delay in accessing and utilizing health care services. Approach adopted was continuum of care to focus of all life stages. Goals of the programme is to reduce maternal mortality rate, infant mortality rate and total fertility rate. Various interventions under Janani Shishu Suraksha Karyakaram, Janani Suraksha Yojana, DAKSHATA implementation package, LaQshaya Guidelines and various other interventions are being adopted to achieve the above goals. Interventions under RMNCH+A:

- ❖ Reproductive Health
 - Focus on spacing methods
 - IUCD at all facilities on fixed days
 - Home delivery of contraceptives
 - Ensuring access to pregnancy kit
 - Strengthening comprehensive abortion services
 - Quality sterilization services
- ❖ Maternal Health
 - Use Maternal Child Tracking System (MCTS) for early registration of pregnancy and full Ante-Natal checkup (ANC)

Introduction to Healthcare Services

- Detect high risk pregnancies and severely anaemic mothers and ensure their management
- Trained manpower for delivery and access to emergency obstetric care
- Review maternal and child deaths and take corrective actions
- Identify villages for home delivery
- ❖ Newborn Health
 - Early Initiation and exclusive breast feeding
 - Home based newborn care through ASHA
 - Essential newborn care, resuscitation at all delivery points
 - Special newborn care units
- ❖ Child Health
 - Complementary feeding, IFA supplementation
 - Diarrhoea management at community level with ORS and Zinc
 - Management of pneumonia
 - Full immunization coverage
 - Rashtriya Bal Swasthaya Karyakaram to detect birth defects, development delays, deficiencies and diseases and management
- ❖ Adolescent Health
 - Address issues of teenage pregnancy
 - Community based services for adolescents
 - Provide iron and IFA supplementation
 - Promote menstrual hygiene

F. National programme for prevention and control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS)

Objectives

- Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.
- Opportunistic screening at all levels in the health care delivery system from subcentre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged.
- To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke. To build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/ BCC, operational research and rehabilitation.
- To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.

- To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

Strategies

Health promotion, awareness generation and promotion of healthy lifestyle
Screening and early detection Timely, affordable and accurate diagnosis
Access to affordable treatment, Rehabilitation.

To provide all the services under national health programmes and general health services, there is need for health care system to provide promotive, preventive, curative and rehabilitative services at primary, secondary and tertiary level. Now we will learn about health care system in India.

1.3.5 Health Care System

Let us first understand the levels of health care.

Levels of health care

Health care is provided at 3 levels; type of care and institutions varies at each level. Indian Public Health Standards (IPHS) are followed for infrastructure, human resource, equipment, supplies and services provided at each level by various institutions.

i. Primary level care

It is a first level of contact between people or community with health care system; it provides basic need based health care pr essential health care to people. Primary health care is provided by Sub-Centres (SCs) and Primary Health Centres (PHCs) through ASHS, Multipurpose Health Workers Female and Male (also known as ANMs at some places or different States designate then by different names); Anganwadi Workers; local healers or traditional health care workers. RMPs and many othe voluntary organizations or Non-Government Organizations (NGOs).

ii. Secondary level care

It is a first referral unit where PHC refer the patients for further treatment. Community Health Centres (CHC) and District hospitals provide care to people.

iii. Tertiary level care

It is a specialized referral units where care is provided by the specialist through regional institutions, national institutions and tertiary hospitals with or without attached medical colleges.

Health care system in India

Let us now proceed to learn about health care system under public or government sector, private sector, indigenous system and voluntary sector which provide health care services at all level.

a. Public or government sector

Primary Level: Sub-Centres and Primary Health Centres

Secondary Level: Community Health Centres, Block hospital and District hospital

Tertiary Level: Secondary 200 bedded hospitals, specialized hospitals, teaching hospitals

Health Insurance Schemes: Central Government Health Scheme (CGHS), Employees State Insurance (ESI), Railway and Defense institutions provide services to their employees and their families

b. Private sector

Private large and small hospitals, nursing homes, polyclinics, dispensaries, private practitioners clinics

c. AYUSH system (Ayurveda, Yoga and Naturopathy, Unnani Sidhha and Homeopathy)

Hospitals, dispensaries, private practitioners clinics.

d. Voluntary Organizations and Non-Government Organizations (NGOs)

Various voluntary health agencies and NGOs provide health care services.

e. Others

Local healers, untrained practitioners, Registered Medical Practitioners (RMPs) too provide health care services to local people.

In brief we have learnt about health care agencies which provide services to people. As we have discussed earlier that community participation is very important for planning, implementing and monitoring health care services at community level. We will now learn about concept of community participation.

1.3.6 Community Participation

Community participation is important for planning, implementation and monitoring of health care services and it is the responsibility of the community in order to take care of the health of the community itself. It is believed by the health administrators must aim at the involvement of community is essential to provide primary health care services and to achieve universal health access. It is important to utilize local resources such human resource, material and money. Since beginning health guides, trained dais, local health workers, multipurpose health workers/ANM, Anganwadi workers and ASHS are involved in providing health care services to people from the community.

Even under National Health Mission is it envisaged that active participation of community is very important and examples are involvement of ASHA, formation of Village Health and Nutrition Committee (VHSNC), involvement of NGOs and public participation in facility based committees.

Participation does not end in utilizing the human resources. The community should participate in planning and implementation of health care delivery

also. The administrative leadership capacity is being enhanced by different managerial training programmes of the health sector administrators like CMO, Deputy CMO and Medical officers. The Block extension Educator is also being converted as Community Health Managers.

Check Your Progress 4

1. List the health problems prevalent in your State/District

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2. a. List the strategies under National Framework for Malaria Eradication

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- b. List interventions under RMNCH+A Programme - Maternal Health and Child Health

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1.4 LET US SUM UP

In this unit you have learnt about the Health System in India i.e. Health Planning process in India; List of various committees which were set up by the Government of India and their recommendations were taken into consideration while planning. Health System structure in India at Centre, State and District level and their functions were described in brief. Centre is responsible for policy, planning and technical assistance; State implement and supervise the health policies and programmes and District an implementation unit at field level. Further health care delivery system was explained with emphasis on Universal Health Coverage i.e. every citizen is covered for healthcare services irrespective of socio-economic status and services are accessible, available and affordable. National Rural Health Mission was launched in 2005 and National Urban Health Mission was launched in 2013; therefore to converge the both in 2013 National Health Mission was announced. Emphasis was given on to meet the needs of the people; to build partnerships with health and related sectors, NGOS, civil societies, private sector and focus on well being of women, children, reducing disease burden of communicable and non-communicable diseases and ensuring financial protection for the households through insurance and other schemes to reduce out of pocket expenses. Further health problems were listed and important national health programmes strategies and interventions under these programmes were listed. Health care is provided

at 3 levels; type of care and institutions varies at each level. Health care services are provided by health care system through public or government sector: Sub-Centres, Primary Health Centres, Community Health Centres, Block and District hospitals, secondary, tertiary hospitals which are specialized or teaching hospitals. Private sector is also providing health care services to people through dispensaries, polyclinics, small and large nursing home, small and large hospitals;

Unit 2 of this block will discussed hospital on an organisation.

1.5 KEY WORDS

Affordable	:	Inexpensive
Accountable	:	Responsible
Appropriate	:	suitable or right
Efficient	:	working well
Effective	:	producing results
Comprehensive:		includes everything

1.6 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

Match the following:

Column A	Column B
1. Bhore Committee	1943
2. Mudaliar Committee	1962
3. Kartar Singh Committee	1973
4. First National Health Policy	1983
5. National Health Mission	2005
6. National Population Policy	2000

Check Your Progress 2

1. Briefly describe the health System at State and District level (each in 5-6 lines)

The State is responsible for all the health matters in the State as per constitution of India. Every State have its own organizational structure. But mainly consists of the following:

1. The State Ministry of Health

The State Ministry of Health and Family Welfare is headed a political head i.e. by the Minster of Health and Family Welfare. The Health Secretariate is headed by Principal Secretary or Secretary Health and Family Welfare as an executive head for policy making, planning, monitoring etc.

2. The State Health Directorate

The Director, Health and Family Welfare is a technical adviser to the State Health Ministry on matters related to medical and public health; the designation of Director, Health Services varies in many States; in few States DHS is responsible for implementation of all the policies and programmes, day to day supervision, monitoring of services.

C. At the District Level

In India, District is an administrative unit headed by a District Collector. Administrative areas under district are in rural area: sub-districts, tehsils, community development blocks (unit for planning and development; nearly 100 villages and 80,000 to 1, 20,000 population); villages and panchayats; in urban area are: town area committees, municipal boards, corporations.

At district level health sector is headed by the Chief Medical Officer with 2 or 3 Deputy Chief Medical Officers.

Check Your Progress 3

1. Explain the concept of Universal Health Coverage

Universal Coverage refers to a scenario where everyone is covered for basic healthcare services, regardless of their socio-economic cultural backgrounds will have the right to affordable, accountable and appropriate health services of assured quality (promotive, preventive, curative and rehabilitative at primary, secondary and tertiary levels) as well as addressing the determinants of health; the government being an enabler and guarantor and supplementary system of financing protecting people from increasing medical expenses.

2. Sustainable Development Goals related to Health

SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

3. List the entitlements of Pradhan Mantri Jan Aarogya Yojana

Entitlements of PMJAY includes:

- Pre and Post hospitalization expenses
- Defined transport allowance per hospitalization
- Patient can avail services from anywhere in the country
- Services from any empanelled public or private hospital
- Cashless insurance

Check Your Progress 4

1. List the health problems prevalent in your State/District
2. Non-Communicable Diseases in India are increasing and deaths are also increasing due to diabetes, cancer, cardio-vascular, stroke, blindness, mental health, injuries etc.

3. Communicable Diseases are still public health problems like malaria, filaria, kala azar, diarrhoeal diseases, tuberculosis, leprosy, acute respiratory infections, AIDS etc.
 4. Nutritional Problems under nutrition, stunting, anaemia, low birth weight, deficiency disorders etc.
 5. Environmental health problems due to air, water, soil pollution, environmental sanitation and climate changes.
 6. Population increase leads to problems like unemployment, high density of population in urban areas and slums, rising cost, inadequate infrastructure, low income etc.
 7. Medical Care problems are issues related to housing, availability of doctors, nurses, living conditions etc.
2. a. List the strategies under National Framework for Malaria Eradication
 - Early case detection and prompt treatment; chloroquine is the main drug
 - Vector Control
 - Integrated Vector Management
 - Chemical Spray: Indoor Residual Spray (IRS), Day time spray and spray during epidemics
 - Personal Prophylactic Measures: Use of mosquito repellent creams, Covering body with cloths, Long Lasting Insecticidal Nets (LLINs), Insecticidal Treated bed Nets (ITNs)
 - Environmental Management and Source Reduction Methods: Filling breeding places, covering stored water
 - Community Participation
 - Behaviour Change Communication
 - Partnerships with NGOs
 - Monitoring and Evaluation
 - b. List interventions under RMNCH+A Programme - Maternal Health and Child Health
- ❖ Maternal Health
- Use Maternal Child Tracking System (MCTS) for early registration of pregnancy and full Ante-Natal checkup (ANC)
 - Detect high risk pregnancies and severely anaemic mothers and ensure their management
 - Trained manpower for delivery and access to emergency obstetric care

- Review maternal and child deaths and take corrective actions
- Identify villages for home delivery

❖ Child Health

- Complementary feeding, IFA supplementation
- Diarrhoea management at community level with ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthaya Karyakaram to detect birth defects, development delays, deficiencies and diseases and management



UNIT 2 HOSPITAL AS AN ORGANIZATION

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Hospital as a Unit
 - 2.2.1 Structure and Organization
 - 2.2.2 Types of Hospital
- 2.3 Team Work in Hospital
 - 2.3.1 Health Team
 - 2.3.2 Responsibilities of Health Professionals
 - 2.3.3 Role and Responsibilities of GDA
 - 2.3.4 Patients Rights and Responsibilities
 - 2.3.5 Working in the Hospital
- 2.4 Providing Care to People in Community
- 2.5 Let Us Sum Up
- 2.6 Key Words
- 2.7 Answers to Check Your Progress

1.0 INTRODUCTION

In the previous unit you have learnt about health system in India at centre, state and district level. Health care delivery services are provided by public sector through Sub-Centre, Primary Health Centres, Community Health Centres, District Hospitals and Specialized as well as Teaching hospitals. The Private and voluntary sector also provide services through dispensaries and hospitals. As you will be working in public and private hospitals, it is important for you to learn about hospital structure and functioning and your role in the hospital in various units. Today some of these hospitals also provide services to people in community while the people also participate in various activities in hospital too. You may have to provide care to people at home or visit community adopted by your hospital, therefore you will also learn about some guidelines how to visit community and meet people.

In this unit you will learn about organizational structure of hospital, types of hospitals, various departments in the hospitals and services provided by them. You will also learn about responsibilities of various health and paramedical professionals and the responsibilities of General Duty Assistants (GDA). There are some rights and responsibilities of the patients', which you should also know and develop skill how to handle the issues of the patients and families. As you will work in hospital and with community you will also learn about how to work in hospital and at the same time visit as well as work within the community.

2.1 OBJECTIVES

After completion of this unit you will be able to:

- describe the organizational structure of a hospital;
- enlist the departments and services provided by the hospital;
- list the types of hospitals;
- discuss the working as a health team member in the hospital;
- enumerate the responsibilities of health professionals in hospital;
- describe the role and responsibilities of a GDA;
- explain the patient rights and responsibilities; and
- describe the guidelines of working in hospital and with a community.

Let us first learn about the meaning, structure and organization of hospitals.

2.2 HOSPITALS AS A UNIT

At the thought of the word hospital what comes to your mind? May be someone is very sick, someone needs operation or somebody needs blood transfusion...etc. What type of organization is it? What will be the cost of care? When you reach hospital you feel as if it is an unknown environment where you do not know anyone, you are hesitant to ask anything from anyone. You must have visited various units or departments; can you recall some of them. Let us first understand the meaning of hospital, types of hospital, then the organization structure and services provided by the hospital, and so on.

Definition of hospital World health organization (WHO) defined

hospital as: a residential establishment which provides short term & long term medical care consisting of observational, diagnostic, therapeutic & rehabilitative services for persons suffering or suspected to be suffering from diseases or injury, and for parturient. It may or may not provide services for ambulatory patients on an out-patient basis.

A hospital is a health care institution providing patient treatment with specialized doctors, nursing staff and medical equipments. But today hospital is not only providing treatment to sick, it also provided promotive and preventive services like immunization, supplementation, health education etc and rehabilitative services so that person after disability can be productive to family and society. Hospitals also involve in teaching medical, nursing and allied health professionals and conduct research. Health care services are provided at every stage and in all setting as healthcare continues from hospital to home and home to hospital i.e. it is a continues process. Hospitals also provide outreach services to community through mobile vans or adopt the villages and conduct clinics. So today the scope of working has increased therefore hospitals are considered as complex units. Care and hospital environment matters to people and participation of people brings in quality and transparency.

The modern system of medicine was introduced in India in 17th century in South India. British Empire established first hospital in 1664 in Chennai.

2.2.1 Structure and Organization

First let us learn the meaning of organization structure: wikipedia defines, organization structure explains as to how do the activities i.e. task allocation, co-ordination and supervision etc, are undertaken. The organizations need to be flexible, innovative and efficient with responsibilities of people working to achieve the set objectives.

You have learnt in Unit 1 of this Block that, health care is provided by public, private, voluntary and NGOs sector, and in all these sectors have their own hospitals with their own structure for making policies, planning and decision. For example in Public or Government hospitals Medical Superintendant is head of the hospital, assisted by Additional and / or Deputy Medical Superintendant; Nursing Superintendant. The service providers are doctors, nurses, para-medical and allied health staff while on the management / official side they are assisted by administrative and finance staff. Private and Voluntary sector have their own organization structure. When you visit the hospital try to see an organization structure of the hospital.

Specialized, teaching large hospitals have complex structure but smaller district hospitals or private hospitals have simple structure.

Let us now learn type of services provided by the hospital.

We can sub-group the hospital services as given below.

Hospital Services

- Clinical and Professional Services
- Support Services
- Utility/Ancillary Services
- Business /Administrative services

Hospitals provides wide range of services i.e. clinical services including diagnosis and the treatment. There are clinical units which provide care for emergency or causality services i.e. patient avail services in case of emergency, disaster or injury, accident cases (medico-legal cases), intensive care unit (ICU) and Critical Cardiac Care Units for critical care. In the Out Patient Department (OPD), patients come for consultation of doctor, take medicine, get investigations done. There are units for dressing, immunization, injections too. Similarly in the Indoor Patient Department (IPD), the patients are admitted in the wards which can be general wards or for children (paediatrics), for pregnant women (Ante-natal ward, post delivery rooms or specialized wards; special units like Operation Theaters (OTs), Labour rooms (for deliveries), Nursery for new born children are very critical areas; laboratories for various blood and other test or investigations; X Ray and Ultra Sound rooms etc There are other support and utility services like kitchen, sanitation, laundry, equipment and

supply stores, pharmacy, physiotherapy, housekeeping, billing etc. All the departments need to coordinate to provide quality efficient services to the people.

Hospitals provide comprehensive health care services including preventive, promotive, curative and rehabilitative services to the people and their families. Education and training to staff and attached teaching institutions prepare human resource for future. Big hospitals also carry out research activities. Many hospitals adopt villages and provide services through mobile vans.. Community people to participate in assessment and monitoring of the hospital services and demand need based care.

2.2.2 Types of Hospital

Hospitals are divided according to objectives or services provided by the hospitals; according to ownership or control or system of health etc.

Following are types of hospitals:

1. General hospitals provide basic all types of services
2. Specialist hospital provide special services like heart, orthopedics, paediatrics etc.
3. Teaching hospital attached medical and nursing colleges and conduct research
4. Non-Teaching with no attached teaching institution can be general or specialized hospital
5. Government or Public directly under Union or State Government
6. Private hospital owned by an trust, society or individual
7. Charitable or Voluntary under some charitable trust or mission
8. District, Secondary and Tertiary under Government
9. Allopathic or Ayurveda, Unani or Homeopathy Government or private hospitals

Hospital works as a system with organizational linkages at all levels i.e. from top to bottom. All units of the hospital are inter-linked and coordinated together. Hospital has external linkages also like getting oxygen from a gas agency, medicines from companies or manufactures, equipment from manufactures, staff from recruitment agency etc. Being an integral part of the health system of the country, hospitals participate to achieve goals of National Health Policy and implementing national health programmes. It extend services beyond four walls of hospital to serve the community thorough visiting villages, re-settlement colonies and slums and through mobile health teams, even in response to emergencies and disasters provide services and open disaster unit in hospital and send teams in the area.

World Health Organization document (2015) on Comprehensive Safe Hospital Framework emphasized on need for safe building design, construction, equipment, supplies, emergency and disaster management,

trained and qualified manpower, capacity building of human resource and adequate financial resources. This will help in providing quality care to community.

Quality of care is dependent on three inter-linked factors:

- **Structural inputs:** investments in health facility infrastructure such as building, equipment, drugs, supplies, water sanitation and hygiene or human resources.
- **Process measures:** what and how care is delivered according to standard operational protocols or guidelines such as infection control, care procedures, drug prescription etc.
- **Programme Outcomes:** health status of the patient or population i.e. fully recovered, recovery with complication, disability or death etc.

Check Your Progress 1

1. Explain the meaning of hospital.

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2. List the type of hospitals.

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2.3 TEAM WORK IN HOSPITAL

In this section you will learn about concept of health team, role and responsibilities of health professionals and GDA and patients rights.

2.3.1 Health Team

Health team is a group of health professionals and staff working in hospital who have a common goal to provide quality need based care to the patients; therefore each member in the team contribute as per their qualification, roles and responsibilities, specialized knowledge and skills and coordinate with each other. For example doctors, nurses, ward assistant provide medical/nursing/routine care; with support staff from other departments like pharmacist, technician, physiotherapist, dietician and kitchen staff, laundry staff, store staff who provide support and utility services like medicines in pharmacy, laboratory test in laboratories, physiotherapy, diet, laundry services, store all kinds of equipment, supplies and drugs etc.

In this way teams work at:

1. Top Level i.e. Medical Superintendent, Additional or Deputy Medical Superintendent, Nursing Superintendent or Director Nursing

2. Middle Level Team i.e. Consultants or Chief Medical Officers as Department Heads, Deputy Nursing Superintendent and Assistant Nursing Superintendent
3. First Level i.e. Medical Officers, Nursing Officers and Assistants, patient and family
4. Community Level i.e. Accredited Social Health Activist (ASHA), Multi-purpose health worker or Auxiliary Nurse Midwife (ANM), Local NGO worker, Local Practitioner or Traditional Healer, community leaders and family members

Working in hospital is different from working in any other office. As hospital function for 24 hours staff works in 3 shift i.e. morning, evening and night. Therefore you should be ready to work in hospital in any shift in any department. There is change of duties from one department to other i.e. it can be in OPD, in wards, in ICU or operation theater and even in emergency or mortuary or in labour room or nursery. Sometimes you may have to accompany with team to transfer the patient to other hospital in ambulance.

It is important to keep in mind some points while working in a team:

1. Discipline: Role and responsibilities are carried out by each and every member in all the situations following the standard operating protocols.
2. Honesty: Transparency and effective communication within team about sharing information, decisions, plan for patient care, suggestions for improving care and trust among members.
3. Professional ethics and code of conduct should be following by all the professionals and health workers
4. Inter personal co-ordination and cooperation with mutual support.
5. Creativity and Innovation in working environment. New ideas are explored and implemented.
6. In case any problem arises all team members take decisions. In case not successful learn lessons rather than blaming, they reflect back and take new decisions for future.
7. Humble: Team members support each other irrespective of position, knowledge and skills, help each other.

In this way we can see that there are shared common goals to achieve. The roles and responsibilities are defined, effective communication and trust between all members and feedback reviewed and actions for future are also taken. In this way need based quality effective care is planned and provided to patient, limited available resources are used effectively and hospital works efficiently. It is important to remember here always one has to involve patient and members of family in planning for better coordination and making them responsible for care; in this way they will also become self reliant. In next sub-section we will learn in brief about responsibilities of health professionals and in detail about role and responsibilities of GDA.

Check Your Progress 2

1. Explain the concept of health team.

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2. List the points to keep in mind while working in a team.

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2.3.2 Responsibilities of Health Professionals

Let us now go through the broad responsibilities of various health professionals working in a health team. You can go through their job responsibilities in the hospital. As all hospitals have their own job responsibilities for their staff. Responsibilities of staff vary from department to department therefore we will discuss responsibilities in general.

Health Professional	Responsibilities
Medical Officers Doctors	Makes admission notes, takes complete history, under takes physical and clinical assessment, diagnose a case, advises laboratory investigations, prescribes or changes medicines, prescribes special diet or physiotherapy or referrers the patient to other department if required or any other treatment or referral unit. He also supervises the medical care, follows up, takes rounds in all departments or OPD & inpatient, coordinates with nursing staff and others for quality care. Advice and explain treatment to patient and family members and during discharge writes discharge summary. In case of death supports the family of the deceased and maintains necessary records as per legal needs. Carry put all other administrative or teaching responsibilities.
Nursing Officers / Nurses	Keep bed ready, admit the patient, provide bed and complete records, check file of patient as per the doctor’s advice, Take consent for any treatment. Give treatment as prescribed, do assessment and plan care, check temperature, pulse respiration, blood pressure and record. They have to, take round, follow up and give health education to patient and family, give orientation to patient and family regarding ward routines and

	<p>facilities, coordinate with doctors and other members of the team and provide nursing care to patient. They collect the different samples from the patients and send them for investigation, as advised. Supervise other nursing staff and co-workers. Transfer patient if required and discharge patient explaining the treatment and advices by the doctor. In case of death support the family, pack the body with the help of assistant staff and if required inform mortuary.</p>
Nursing Assistant	<p>Assist doctors and nurses in various routine activities like making bed, receiving or taking patient to other departments, help patient with daily routine activities, taking samples to laboratory and bringing reports, bring equipment and supplies from the store. Assisting family members and patients during diet distribution and undergoing various procedures. Helping in discharge of the patient and packing the death body if required.</p>
Dietician	<p>Provide diet as prescribed by the doctor, meeting patient and family for diet planning and other issues, supervision of diet preparation and distribution, maintaining quality of diet. Hygiene of utensils, kitchen and diet handlers.</p>
Physiotherapist	<p>Provide physiotherapy services as prescribed and required by the patient in the ward or physiotherapy department. Help them to be productive and independent as soon as possible.</p>
Pharmacist	<p>Provide drugs, injections and other items required for patient care from the store to wards and other units for indoor services. Distribute medicines to patients in outdoor services and explain how to take. Maintain medicine stocks and records.</p>
Technicians	<p>Check the various samples and provide reports in time. Maintain the laboratory in good condition, keep stocks and maintain records.</p>
Others	<p>There are various other categories of health professionals and workers in the hospital. When you visit particular hospital please make a list of workers working in health team and what are their responsibilities.</p>

2.3.3 Role and Responsibilities of General Duty Assitant (GDA)

You must be thinking what are the responsibilities of GDA or what will I do in a hospital after completing this programme. Let us see what MOHFW, GOI say about this; as per Ministry of Health and Family Welfare (MOHFW), Government of India (GOI), General Duty Assistant (GDA) will be a trained workforce which can be employed by hospitals and other health care facilities to provide support to doctors, nurses and other health team members and work under their supervision to ensure quality care to the patients. At present people who are doing similar jobs in the hospitals have different designations in different hospitals like in government hospitals they are known as Nursing Orderly, Attendant; in private sector known as General Duty Assistant or Health Assistant or Nursing Aid.

Responsibilities of GDA:

- The GDA will be responsible for bedside assistance to the patient, ensuring safe, comfortable environment for the patient and family so that they can undergo the treatment and other interventions in the hospital.
- Prepare comfortable bed for the patient and keep other articles clean and safe.
- Maintain the personal hygiene, comfort, safety and take care of other needs as per condition of the patient like helping in elimination, oral care, bath, dressing, grooming, hair care, foot care, nail care etc.
- Assist patient during various investigations, procedures, eating food, walking in ward, sitting on wheelchair etc.
- Respond to patient and family in case of call or need.
- Keep watch on patients vital signs, incase intra-venous fluid in on, blood transfusion and for side effects of drugs and inform immediately to doctor and nurse on duty in case something unusual.
- Assist in maintaining records and reports of patient and in the ward or unit.
- Label the sample bottles and transfer them safely to the laboratory in time.
- Assist in safe transferring the patient from one ward or department to other with records.
- Help in bring equipment, supplies and drugs from the store and arranging in the ward or unit.
- Practice infection control measures and follow waste management guidelines during segregation, packing, storing and transporting.
- Promote safety, understand usage of protective devices and hand washing.
- Follow precautions to be taken while usage of oxygen and other basic equipments.

- Take care of trolleys, wheelchairs, equipment after procedures.
- Able to provide immediate first aid to patient if case of emergency and disaster.
- Maintain professional behavior, personal appearance.
- Communication effectively with the health team members, patients, family members and others in hospital.

These are general responsibilities and mentioned earlier every hospital will provide job responsibilities document as per their hospital policies.

Now let us go through the patients' rights and responsibilities for healthcare.

2.3.4 Patients Rights and Responsibilities

In 1948, the Universal Declaration of Human Rights brought in the concept of patient's right, i.e. the fundamental dignity and equality of all human beings. Patient is entitled for protection ensured by the State, hospital, physician and healthcare professionals in the form of charters of patient's rights. As patients have a right to take decision for their treatment and refuse treatment. Again the model of citizen state relationship and doctor patient relationship varies from country to country. In August 2018, draft of "Charters of Patient's Rights" was forwarded by Central Government (MOHFW, GOI) to all the State Governments, for the provision of proper health care to the patients by the Clinical Establishments.

It is a right of a patient to know about details of treatment and cost of treatment in private sector and have right to receive quality care. It is important to know the rights of the patient in the hospital. As per Clinical Establishment Act following are Rights of the Patients in India.

The patients have right to:

- Information
- Reports and Records
- Emergency Medical Care
- Informed Consent
- Confidentiality, Human Dignity and Privacy
- Second Opinion
- Transparency in Rates and Care according to prescribed rates wherever relevant
- Non-Discrimination
- Safety and Quality Care according to Standards
- Choose Alternative Treatment options if available
- Choose source for Obtaining Medicines or Tests

- Proper Referral and Transfer,
- Protection for Patients involved in Clinical Trials
- Protection of participants involved in Bio-Medical and Health Research
- Take discharge of Patient or Receive Body of deceased from the hospital
- Patient Education
- Be heard and seek redressal

Along with promoting their rights, patients and caretakers should follow their responsibilities so that hospitals and doctors can perform their work satisfactorily. This should be well understood by the GDAs and they also inform the patients and their relatives about the same.

Handling of Grievances and complaints:

All complaints must be registered by providing a registration number and there should be a robust tracking and tracing mechanism to ascertain the status of the complaint resolution. The patient and caregivers have the right to a fair and prompt redressal of their grievances. Further, they have the right to receive in writing the outcome of the complaint within 15 days from the date of the receipt of the complaint.

Patients should provide all required health related information to their doctor, in response to the doctor's queries without concealing any relevant information, so that diagnosis and treatment can be facilitated.

Responsibility of patients: Patients and their relation also have responsibilities such as discussed below

- 1) Patients should cooperate with the doctor during examination, diagnostic tests and treatment, and should follow doctor's advice, while keeping in view their right to participate in decision making related to treatment.
- 2) Patients should follow all instructions regarding appointment time, cooperate with hospital staff and fellow patients, avoid creating disturbance to other patients, and maintain cleanliness in the hospital.
- 3) Patients should respect the dignity of the doctor and other hospital staff as human beings and as professionals. Whatever the grievance may be, patient / caregivers should not resort to violence in any form and damage or destroy any property of the hospital or the service provider.
- 4) The Patients should take responsibility for their actions based on choices made regarding treatment options, and in case they refuse treatment it is Clinical Establishment Act, available in the site <http://clinicalestablishments.gov.in/cms/Home.aspx>

2.3.5 Guidelines for Working in a Hospital as GDA

Working in a hospital needs good health, positive and caring attitude, empathy for sick and family and professional etiquettes and values are also

very essential; as you will be working in different setting like intensive care setting, emergency, casualty, operation theater, labour room, nursery, outpatient department, mortuary, etc. Some settings are acute care setting and some are long care settings and also working in a community setting with health team.

- Acute Care Setting: Provides care to patients who are sick suddenly / severely or met with an accident or any other emergency; they require immediate care until their condition improves.
- Duration of patient stay patient: Stay can be for a short period. Some patients need long stay in the hospital may be after operation or some other disease and require continues medical and nursing care.
- Level of patient dependents for can: Some of the patients may be partially dependent on you for basic daily care activities and some may be fully dependent. Therefore assess their needs and help them and assist nurses and doctors in various procedures. Therefore it is essential for you to know all the routines, equipment, supplies and procedures and techniques. You should also know what to observe, when and whom to report.
- Different Situation: Sometimes it is very stressful to work in the hospital in ICU or in wards if any patient die, you have to work with elderly, adults, children, women, injured, mentally sick, disabled etc. People with heart diseases, respiratory diseases, after surgery, services provided to people who come during disaster do attain the department. Therefore it is important to for you to be familiar with the environment and try to be relaxed and work.
- Use of communication: As patients and family are under stress it is important for you to communicate with them effectively, be empathetic and support them by answering their questions without any irritation and providing help. As they are very worried they have many questions, try to help them to seek the help of doctor or nurse on duty.
- In case any road side accident, immediately inform the doctor and nurse on duty so that police can be informed for completing basic formalities of medico-legal cases. Do not give any wrong information or false assurance to them. Try to speak in their local simple language. As they are under stress support them and try to make them understand and be a link between patient and healthcare setting. Be polite and respectful to their feelings and behaviour. Do not be judgmental and pass any comments.

2.4 PROVIDING CARE TO PEOPLE IN COMMUNITY

Patient goes back to home after recovery therefore sometimes you need to visit patient at home. Some of the hospitals also provide services to community through mobile teams; therefore you should know how to visit community and how to involve them in care.

Here you may work with your hospital team or with health centre team or ASHA or ANM in the field. You can assist the patient and family and provide care under the supervision. Many a times you may visit community to collect data or implement some of the activities under national health programmes.

It is important for you to know the community, community leaders, various organizations and their health teams; because they will be visiting to the hospital too for providing care to the families. Visiting the community will help you know their constitutions, socio-economic status, their beliefs, attitude, culture, food habits and rituals etc. You can also make them aware about services available in the hospital and assist in organize awareness camps for prevention and promotion of health. So let us list down the purposes of community visit.

A. Purposes of community visit

- To know the community and maintain good working relationship
- To meet the community leaders and their importance in the community
- To identify the community health needs and demands
- To identify the community resources
- To plan activities in the community under hospital and national health programmes
- To involve them in identifying needs, plan, implement and monitor activities
- To organize awareness activities
- To help people to provide support to elderly, women, child and people who need care
- To help them to remove stigma regarding certain diseases

You can be link between community and your hospital to provide quality services in the hospital. You can also influence them to implement activates which will help them to live a healthy life, take treatment in time and in case of emergency can take your help to reach the hospital. It is important to keep some points in mind while working with the community.

B. Points to keep in mind for working in the community

- You should represent your hospital or institution where you are working.
- Follow all the rules and regulation which working in community.
- You should work as a one of the team member.
- Assist the health team to build linkages with community.
- Set objectives and make visit schedule with the help of doctor and nurse in your team.
- Be friendly with the community leaders, health workers and families.

- Do not demand any favours from them.
- Respect their involvement and value for time.
- Respect their beliefs, culture and thinking.
- Do not force them to follow your instructions.
- Take permission from the community leaders for organizing any activity.
- Use the available resources in the community.

It is always important to plan visit to community with your health team. So you should know what steps you can take to plan visit.

i. *Planning community visit*

- Be a part of planning with your health team
- Collect required information about community from records, reports, health centre etc. as directed to you by nurse or doctor
- Identify the health care providers and community leaders
- Identify health status and health problems with your team
- Plan visit with team in consultation and approval of hospital authorities
- Plan visit the community with some health worker who is familiar with the community
- Divide the work among team members to avoid duplication and missing some information
- Organize all the things and arrange for vehicle if community is far

ii. *During community visit*

- Meet community leaders and take their permission to sit and talk.
- Brief them about objectives of the visit, about your hospital and health team.
- Start with general talk about current issues in news etc.
- Then slowly allow them to speak about their community, needs and problems.
- Be a good listener and note down important points only.
- Side by side make observations about surroundings and note.
- Take permission to visit community and 1-2 of you can visit community and draw map and collect information.
- Take health worker from health centre with you as he/she is familiar with the families.
- Maintain good working relationships, be friendly, do not force them to speak or spend time with you during first visit.

**Introduction to
Healthcare Services**

- In case they are busy take time for next visit and meet some local health worker or health facility for other details.
- Thanks them for sparing time and talking with health team.
- During next visit collect more details and plan some activity with them.
- Come back and discuss with you seniors and take decision to plan activities
- Submit report of the task you were given by your team leader.
- Plan activities and involve community to implement.
- Encourage the cith your team ommunity to take all decisions, support them.
- See that all the families avail the services and attend the awareness camp or health camp for services.

iii. After community visit

- Help tp complete records and reports and other task with your team
- Participate in discussion about achievement of objectives and re-plan activities for future
- Thanks all the members and appreciate their support and efforts

You will be learning in detail about practical course and will be visiting a community.

Check Your Progress 3

1. Describe the responsibilities of GDA.

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2. List patients rights.

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3. List the points to keep in mind while working in the community.

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2.5 LET US SUM UP

Hospital is an organization which has structure, provide clinical, support and utility services and various departments like OPD, IPD, casualty, ICU, OTs etc which provide promotive, preventive, curative and rehabilitative services and outreach services to people in the community. It also train human resource and conduct research for quality patient care. There are different types of hospitals like general, specialist, teaching, non-teaching, public, private hospitals, hospitals are according to system of medicine like allopathic, ayurveda etc. In hospital all the health professionals and other workers work as a member of health team, they coordinate with each other to provide quality patient care. All the health professionals have defined responsibilities in the hospital and even GDA have defined responsibilities; all of them work according to their job responsibilities, post, specialized knowledge and skills. Clinical establishment act of India had specifies rights of patients and there are some responsibilities towards patients also. GDA should know how to work in hospital and in the community. GDA should keep in mind some principles during visit to community.

2.6 KEY WORDS

Structure	: The way that the departments are put together
Organization	: Group of people who form an institution
Ethics	: Beliefs about what is morally correct
Professional	: Associated with a job which require high level of education and training

2.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1. Explain the meaning of hospital.

A hospital is a health care institution providing patient treatment with specialized medical, nursing staff and medical equipments. But today hospital is not only providing treatment to sick, it also provided promotive and preventive services like immunization, supplementation, health education etc and rehabilitative services so that person after disability can be productive to family and society. Hospitals also involve in teaching medical, nursing and allied health professionals and conduct research. Health care services are provided at every stage and in all setting as healthcare continues from hospital to home and home to hospital i.e. it is a continues process. Hospitals provides wide range of services i.e. clinical services support and utility services.

2. List the types of hospital.

1. General hospitals provide basic all types of services or Specialist hospital provide special services like heart, orthopedics, paediatrics etc.

2. Teaching hospital attached medical and nursing colleges and conduct research and Non-Teaching with no attached teaching institution
3. Government or Public directly under Union or State Government and Private hospital owned by an trust, society or individual
4. Charitable or Voluntary under some charitable trust or mission
5. District, Secondary and Tertiary under Government
6. Allopathic or Ayurveda, Unanni or Homeopathy Government or private hospitals

Check Your Progress 2

1. Explain the concept of health team.

Health team is a group of health professionals and staff working in hospital who have a common goal to provide quality need based care to the patients; therefore each member in the team contribute as per their qualification, roles and responsibilities, specialized knowledge and skills and coordinate with each other; for example doctors, nurses, ward assistant; staff from other departments in providing support and utility services like pharmacist, technician, physiotherapist, dietician.

2. List the points to keep in mind while working in a team.

1. Discipline: Role and responsibilities are carried out by each and every member in all the situations following the standard operating protocols.
2. Honesty: Transparency and effective communication within team about sharing information, decisions, plan for patient care, suggestions for improving care and trust among members. Professional ethics and code of conduct should be following by all the professionals.
3. Creativity and Innovation: In case any problem arises all team members take decisions, new ideas are explored and implemented. In case not successful learn lessons rather than blaming, they reflect back and take new decisions for future..
4. Humble: Team members support each other irrespective of position, knowledge and skills, help each other.

Check Your Progress 3

1. Describe the responsibilities of GDA.

- The GDA will be responsible for bedside assistance to the patient, ensuring safe, comfortable environment for the patient and family so that they can undergo the treatment and other interventions in the hospital.
- Prepare comfortable bed for the patient and keep other articles clean and safe.

- Maintain the personal hygiene, comfort, safety and take care of other needs as per condition of the patient like helping in elimination, oral care, bath, dressing, grooming, hair care, foot care, nail care etc.
- Assist patient during various investigations, procedures, eating food, walking in ward, sitting on wheelchair etc.
- Respond to patient and family in case of call or need.
- Keep watch on patients vital signs, incase intra-venous fluid in on, blood transfusion and for side effects of drugs and inform immediately to doctor and nurse on duty in case something unusual.
- Assist in maintaining records and reports of patient and in the ward or unit.
- Label the sample bottles and transfer them safely to the laboratory in time.
- Assist in safe transferring the patient from one ward or department to other with records.
- Help in bring equipment, supplies and drugs from the store and arranging in the ward or unit.
- Practice infection control measures and follow waste management guidelines during segregation, packing, storing and transporting.
- Promote safety, understand usage of protective devices and hand washing.
- Follow precautions to be taken while usage of oxygen and other basic equipments.
- Take care of trolleys, wheelchairs, equipment after procedures.
- Able to provide immediate first aid to patient if case of emergency and disaster.
- Maintain professional behavior, personal appearance.
- Communication effectively with the health team members, patients, family members and others in hospital.

2. Rights of patients are:

- Right to Information
- Right to Reports and Records
- Right to Emergency Medical Care
- Right to Informed Consent
- Right to Confidentiality, Human Dignity and Privacy
- Right to Second Opinion
- Right to Transparency in Rates and Care according to prescribed rates wherever relevant

- Right to Non-Discrimination
- Right to Safety and Quality Care according to Standards
- Right to Choose Alternative Treatment options if available
- Right to choose Source for Obtaining Medicines or Tests
- Right to proper Referral and Transfer, this is free from commercial influence
- Right to Protection for Patients involved in Clinical Trials
- Right to Protection of Participants involved in Bio-Medical and Health Research
- Right to take Discharge of Patient or Receive Body of deceased from the hospital
- Right to Patient Education
- Right to be heard and seek redressal

3. Points to Keep in Mind for Working in the Community

- You should represent your hospital or institution where you are working.
- Follow all the rules and regulation which working in community.
- You should work as a one of the team member.
- Assist the health team to build linkages with community.
- Set objectives and make visit schedule with the help of doctor and nurse in your team.
- Be friendly with the community leaders, health workers and families.
- Do not demand any favour from them.
- Respect their involvement and value for time.
- Respect their beliefs, culture and thinking.
- Do not force them to follow your instructions.
- Take permission from the community leaders for organizing any activity.
- Use the available resources in the community.

UNIT 3 QUALITIES, VALUES AND ETHICS FOR GENERAL DUTY ASSISTANCE

Structure

- 3.0 Objectives
- 3.1 Introduction
- 3.2 General Duty Assistant in Health Care
- 3.3 Scope of Work for General Duty Assistant (GDA)
- 3.4 Personal Qualities Required for GDA
 - 3.4.1 Qualities as a Healthy Individual
 - 3.4.2 Qualities as a Team Member in Hospital
- 3.5 Art of Care
- 3.6 Professional Image
- 3.7 Code of Conduct and Ethics
- 3.8 Working Guidelines for GDA
- 3.9 Let Us Sum Up
- 3.10 Answers to Check Your Progress

3.0 OBJECTIVES

After completion of this unit you will be able to:

- explain the scope of General Duty Assistant (GDA) ;
- enlist the personal qualities required for GDA;
- discuss the skills required for GDA;
- describe the role and responsibilities of a GDA;
- explain the patient rights and responsibilities;
- describe code of conduct for health care worker; and
- describe the guidelines to be followed for Values and ethics.

3.1 INTRODUCTION

In the previous unit you have learnt that “Hospital” is an organization which provide clinical, support and utility services through various departments like OPD, IPD, causality, ICU, OTs, support departments, stores etc. It provides promotive, preventive, curative and rehabilitative services and outreach services to people in the community. In hospital all the health professionals and other workers work as a member of health team, they coordinate with each other to provide quality patient care. All

the health professionals have defined responsibilities in the hospital and even you as GDA have defined responsibilities as discussed. In this unit you will learn about scope of GDA, personal qualities and skills of General Duty Assistants (GDA). There are some value and ethical guidelines which you should follow as GDA.

Let us first learn about the General Duty Assistant in health care..

3.2 GENERAL DUTY ASSISTANT IN HEALTH CARE

In health care General Duty Assistant (GDA) are also known as “Nursing Care Assistants”, “Nursing Assistant”, “Nursing Aides”, “Bedside Assistants” or “Nursing Orderlies”.

The General Duty Assistant (GDA) provides need based assistance in patient care and helps in maintaining a helpful environment as a member of healthcare team. Means a GDA carries out patient’s daily care, facilitate patient’s comfort, patient’s safety and attends to patient’s health needs.

As GDA you must be able to

- Work in wards or emergency or ICU or mortuary or OPD in shift duty in hospital- i.e. morning, evening or night.
- Read, interpret and cross verify the instructions provided by other team members before taking actions pertaining to the patient
- Ensure patient privacy and confidentiality
- Communicate effectively with patients and their family members keeping in mind their background, values, language and special needs
- Listen in a responsive and empathetic manner to establish working relationship
- Follow personal hygiene norms while working in hospital i.e. wear washed clean uniform, coat, follow dress code of every department
- Update your knowledge by asking questions, learning, reading, observing
- Practice each procedure and learn use and maintenance of various equipments
- Follow hospital guidelines, protocols of working, rules

Check Your Progress 1

1. Enumerate any five responsibility GDA must be able to perform in hospital.
 - i)
 - ii)
 - iii)
 - iv)
 - v)

3.3 SCOPE OF WORK FOR GENERAL DUTY ASSISTANT (GDA)

GDA is expected to follow instructions by doctor and nurse on duty; providing daily routine care to patients as per need, ensuring patient comfort and safety, greeting the patient and making bed, helping patient during bath, dressing, eating food etc, cleaning the surrounding i.e. side table or cupboard of patient, checking equipments, cleaning equipment, report or documentation if required, transporting patient to other ward or units, transporting samples to laboratory and bringing reports, help in collecting and packing waste; help patient changing dress for any procedure, help patient in getting ready for investigations or operation, help family members, be responsive to call from patient or family member, be observant and inform doctor or nurse in case any emergency or complication or in case any equipment not functioning; help family i.e. provide support to family in case patient is serious; help family and staff in case of death of patient in carrying out various activities and support to family; help in other unit or ward activities as and when required.. GDA will work under the supervision of nurse on duty and receive orders from doctor or nurse on duty. GDA should not carry out any procedure which they have not learnt. Should work within their job responsibilities and under the supervision.

GDA should be polite, good listener and have good communication skills to be an effective member of health care team.

The expected outcomes after completing the GDA program is to carry out set of tasks that are written in job responsibilities. Every hospital have their own job responsibilities therefore read carefully and understand your role and scope of work in respective hospital or respective department. You have learnt about GDA job responsibilities given by MOHFW, GOI in Unit 2 of this Block.

3.4 PERSONAL QUALITIES REQUIRED BY GENERAL DUTY ASSISTANT (GDA)

As we have already learnt that GDA will be working in hospital in shift duties in acute and intensive care units or in wards or OPD therefore it is important for GDA to be acquire some qualities. GDA will be working as an assistant to doctors and nurses as a team members. Will carry out responsibilities given by them.

In this section we will discuss about the personal qualities of GDA.

3.4.1 Qualities as a Healthy Individual

Healthy individual have sense of self, function as an team member and carry out own responsibilities successfully. Have self respect, satisfied and aware of own strengths, weakness and try to grow to its potential.

There are a lot of “qualities “to a healthy person. One of the quality of a healthy person is that they are “always on the go” and “hard at work.” They aren’t lazy and full of energy.

Let us list some of the qualities of healthy individual:

Healthy person never become sick because they have an “strong” immune system, and if they come in contact with any contagious viruses or bacteria they are not at high risk of getting sick. This is possible if person is taking good nutrition and maintaining good hygiene.

Healthy person is Physically fit also and active in day-to-day routines, tireless working

Healthy person works with due attention, good memory and good mental ability .

Having balanced emotional status, without medication etc is hallmark of healthy person .

Following are the qualities which make the person to feel as healthy individual:

i. Self development

Self development means that person always try to improve What he/ she has already done .

Person with quality of self development do not give importance to past achievements and constantly sharpen their skills to become more productive.

For example “Kheer” has its own qualities as sweet dish but these qualities get enhanced when dry fruits are added to it.

ii. Positive attitude

Person can have a positive attitude or a negative attitude.

Is the glass half full or half empty?

A person with positive attitude believe in themselves and like their work .They are nice to people – other people enjoy their company. other people will be happy to be with them. If things are difficult – they are able to face them come out stronger. They don’t leave everything to luck and fate as they do not lose hope.

iii. Self motivation

The term ‘motivation’ has been derived from the word ‘motive’. Motive may be defined as an inner state of our mind that activates and directs our behaviour. It makes us move to act. It is always internal to us and is externalized via our behaviour. Motivation is one’s willingness to exert efforts towards the accomplishment of his/her goal.

A student pay attention in the class and also spends extra time studying at home because he or she wants a better grade in the class test.

It is a way to learn the right lesson in life by getting motivated.

You also wish to improve yourself and reach your goal?

Then you have to act positively. Sometimes things are difficult at home or at work? But we learn to face them. Gain from your difficulties. Don't let them pull you down. Don't let fear change you. Once the fear is gone you will be back to your old ways. The change in you must come from within you. No one can improve you. You have to improve yourself.

iv. Personal Hygiene

As discussed earlier that healthy individuals maintain hygiene and which is visible in their behavior and looks also. Some of the tips for personal hygiene which you must be following also always if not please try to follow :

- Brush your teeth everyday.
- Clean your hands and feet.
- Bathe daily.
- Cut your nails once a week.
- Wear clean clothes.
- Don't chew ghutka, or smoke or drink.
- Keep your room and toilet clean.

As a GDA on the job you need to provide patient's daily care, patient's comfort, patient's safety and patient's health needs. While working you should also look presentable, neat and clean.

Let us summarise some of the qualities of healthy individual as follows:

Qualities of healthy individual:

- Think positive and plan for future
- Attentive and observant
- Have strong social circle and help others
- Physically and mentally healthy
- Have good memory
- Active and work tirelessly
- Self development and improves self for learning new skills and update one self
- Take up responsibilities and carry out with positive attitude. Do not consider as burden
- Self motivated to come forward and do work, learn new things, extra efforts are put in do work in difficult situations

- Healthy good look, take care of daily routines
- Well groomed and dressed
- Easy going and comfortable
- Respect every one and take care of working norms
- Work in a team and adjust with all team member

3.4.2 Qualities as a Team Member in Hospital

To work in team you need to have some of the qualities. Some of the qualities are given below.

- Honest and reliable, team can trust upon, accept if by mistake taken some wrong step while working in hospital
- Empathetic with patient and family members of patient and shows respect to them
- Straightforward and accept praise and criticism
- Share Responsibilities and confident
- Reliable as team can depend for work, will be able to do multi tasking i.e. can do variety of activities or handle multiple task
- Competent, know own work, carry out work efficiently
- Good communication skills with team and patients
- Positive attitude towards team, patients, family members of patient and work
- Focus on work and share responsibilities
- Use own strengths and overcome own weaknesses
- Practice the skills to update and carry out work with competence
- Motivated to perform daily task in hospital
- Adaptable to situation and understand working environment; as GDA will be posted in various units in hospital GDA should be able to adapt in new environment
- Manage resources effectively, efficiently and is punctual
- Able to handle stressful situations in hospital and resolve conflicts with team members and patients if any

Some examples are given below for you to understand.

i. Inter-personal communication skills

A GDA needs to consider the following while communicating with co-workers:

- Ensure that communication is precise and brief
- Give facts and not opinions, unless specifically requested When you listen, pay attention.

- If others find fault in you, do not get angry.
- Think before you find faults in others.

ii. Work etiquette

Follow the five rules of work ethics – you'll be a winner always.

To be competent, the individual on the job must:

- Speak clearly and slowly in a gentle tone
- Use language familiar to the listener
- Give facts and avoid opinions unless asked for
- Structure brief and logical messages

iii. Time management

For learning time management you need to ask following questions to yourself.

- Are you always rushing with reference to job related work?
- Do you try to do everything at the same time?

If answer is YES than you need to learn how to divide your tasks as per the priority and importance.

What must be done immediately? – Do it first and prepare yourself. What can wait? – Let it wait for sometime. Do them in between the important jobs. Finish your tasks on time. You will have more time for yourself .

iv. Discipline

The real purpose of discipline to encourage employees to confirm to established standards of job performance and to behave sensibly and safely at work. Discipline is essential to all organized group action.

Discipline should be viewed as a condition within an organisation As GDA you also need to be disciplined while working in hospital.

v. Honesty

You need to answer the question that “Does honesty win in the end?”

Yes it does!

It is well evident that If you are dishonest you may win at first but it won't last long. Honesty is forever – you won't lose. Speak the truth as for hiding one lie you need to speak many lies.

No one trusts a dishonest person.

vi. Anger management

Do you know anger is like a dragon If you do not control anger, it will swallow you. Here are tips to control anger.

Following are the tips for control of anger and stress:

Try your best to remain calm.

Count one to ten before you speak if you are angry and stressed.

Say a prayer if you are upset.

Forgive – yourself and others.

Forget the past – if it made you upset or angry.

Admit your mistakes politely.

Do not let your anger grow within you.

Check Your Progress 2

1. List the qualities of healthy person.

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2. List the qualities of a healthy person for working in team.

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3.5 ART OF CARE

Giving Care is an art as you are dealing with human beings. You need to have following qualities:

- Empathy - understanding other person point of view
- Love for human beings as an individual with individual health needs
- Compassion - understanding other person situation, illness and have desire to help the patient and family
- Kindness and providing skillful care
- Keep patient information confidential and maintain privacy
- No harm to be patient therefore patient safety is very important by keeping environment safe and clean, infection control protocols to be followed, wash hands whenever enter patient ward or room or touch patient or carry out any procedure
- Maintain dignity of patient, provide privacy during procedure, involve patient in decision making for treatment and care, patient has right to say yes or no
- Encourage the patient to take care of self, assist patient if required
- Explain to patient about do and do not in hospital, give orientation to daily routine

- Provide clean bed and environment to patient and provide comfort devices
- Always verify the orders from doctors and nurses and verify from them before doing any procedure with patient like making bed, assisting patient in daily routine, helping in eating food, transferring the patient etc. Identify all equipments, their use and maintenance, follow all guidelines and protocols for procedures and infection control
- Respond to patient and their family members, reply to their call and answer their questions, if you do not
- Do not give false information to patient and relatives and do not carry out any procedure which is not practiced by you like complicated dressing, minor surgical procedures, injections etc
- Help your team in handling conflict situations, stand with your team in crisis and try to convince patient and family

3.6 PROFESSIONAL IMAGE

When you work in a hospital team your hospital employee, patient and their family expect you to appear and behave in a certain way. When you join any hospital you are part of it therefore you need to follow the professional etiquettes, work culture and values of hospital.

Some of the DO and DON'TS are given below.

DOs	DON'Ts
Clean teeth and Take bath every day and brush your hair, tie up neatly, Keep your nail clean and short	Do not put on perfume, make up etc
Change your dress. Wear clean, pressed uniform	Do not wear stained or crushed dress or uniform
Remove any jewellery and watch while working in hospital	Do not wear any jewellery which may hurt patient and you will not be able to wash hands properly
Wear dress as per hospital policy in the unit where you are posted	Do not insist on wearing coloured, fancy cloths
Be relax and smiling and walk straight	Do not show sad expressions on your face while working with patients

3.7 CODE OF CONDUCT AND ETHICS

You are living in a society and must be having some principles, values and norms which are followed by your community. Same way when you work in a hospital you need to follow code of conduct of hospital.

Code of conduct is a set of social norms, rules and responsibilities to be followed by an individual. Code of conduct of hospital are ethical principles and values.

Standards of Conduct:

- Provide comprehensive, needs based, quality care
- Use latest technology and follow treatment protocols
- No harm to patient and give care to everyone irrespective of their socio-economic status
- Keep patient information confidential, do not give information to anyone
- Billing in private hospitals should be accurate
- Accept the mistakes if any, do not hide any mistake
- Be honest with patient and family
- Keep records updated and accurate, do not manipulate records
- Do not accept any gift or favour patients
- Hand over the valuables and cash with the patient to the relatives
- Provide safe environment to patient and follow patient safety guidelines
- Safety of ward and hospital is very essential and follow infection control guidelines
- Report immediately any injury or fire or accident
- Follow the protocols for medico-legal cases, inform police immediately
- Carry out skills for which you are trained
- Work as a team member and work under supervision

Ethics is moral conduct i.e. what is right and wrong.

Sometimes health professionals and health workers face ethical dilemmas i.e. what to tell to patient and what not to tell; decision between two therapies or treatment; when patient is chronically ill decision to continue treatment or stop the treatment etc.

Principles of ethics are:

1. Respect for autonomy - Every patient have right to take decision about self, own treatment, decision to stay in hospital etc.
2. Informed Consent - Inform the patient in detail about health condition, treatment, diagnosis, complications and take consent after this.
3. Non-Maleficence - Do not harm patient intentionally or un-intentionally
4. Beneficence - Doing good for the patient
5. Justice - Be fair with all patients, do not be partial with anyone

Code of conduct for a health care worker

As per the code of conduct, as a health care worker you must:

- Be accountable by making sure you are answerable for your actions or missions.

- Be able to Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services at all times.
- Be able to Work in supervision of Doctors and Nurses to ensure the delivery of high quality, safe and compassionate healthcare, care and support.
- Be able to Communicate in an open, and effective manner to promote the health, safety and wellbeing of patients .
- Be able to respect a person’s right to confidentiality.
- To do your best to improve the quality of healthcare, care and support through continuing self development.

Check Your Progress 4

1. List the fundamentals to a code of conduct.

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2. Enumerate ethical principles.

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3.8 WORKING GUIDELINES FOR GDA

As GDA always keep in mind that patient should be given first priority in hospital. You have kept right of patient in unit-2. Let in summarise in patient can point of given.

Patients have the right to competent care, protection from reasonable risks, and advocacy from their health care professionals.

Following are the rights of patients in any health care setting:

- Right to be free from harm and ill treatment.
- Right to information, informed consent during care.
- Right to privacy and confidentiality.
- Right to be treated with dignity and respect.
- Right to equality, freedom from discrimination, and equitable care.
- Right to healthcare and to the highest attainable level of health.

Handling complaints/grievances of patients

In hospital patient and their relatives are the key personnel with whom GDA may be communicating frequently.

In case of hospitalized patients they use their call lights or send the relatives to call the health personnel.

The top 4 reasons patients or relatives may call:

- Having pain or other discomfort to patient
- Request for daily living needs, such as bathroom assistance .
- Change the bed sheet
- Inform about I/V drip going to finish.

An effective way to decrease call frequency is to remove the reason for call in the first place. Hourly rounds to ascertain and meet patients' needs are an evidence-based strategy that reduces the complaints from the patient .Specific actions are to be taken by the person who is taking round whether this individual is a nurse, certified nursing assistant, nurse's aide, or GDA.

Assess the patient's pain level (if the patient is experiencing pain, you should contact contacted immediately to nursing personnel.

If patient is asking for daily living needs than offer toileting assistance;

In case of discomfort assess the patient's position and position comfort and ask if the patient is comfortable or needs to be repositioned;

In case of private ward the patient call may be reduced by following ways:

- Make sure the call bell is within the patient's reach;
- Put the telephone within the patient's reach;
- Put the TV remote control and bed movement keys within the patient's reach;
- Put the bedside table next to the bed;
- Put the tissue box and drinking water within the patient's reach;
- Put the garbage box next to the bed;

Prior to leaving the room, ask, "Is there anything you can do for patient .Tell the patient that a member of the nursing staff will be back in the room in an hour to round again.

The GDA should:

- Introduce him /herself i.e. name, designation and his/her professional role to the patient.
- Consider the patient's demands and needs
- Provide the care based of your knowledge and skills and take decisions using problem solving.

- Try to maintain good rapport with patient with your good behaviour and communication skills.
- Before performing any interventions as instructed by doctor or nurse or team member, obtain the patient or his/her or legal guardian consent under supervision and as per policy of hospital.
- In order to make patient self dependent educate and teach patient and family members basic care and procedures and help them to take decisions.
- Patient information should be kept confidential, do not share with any stranger. Share with treating doctor or nurse with the permission of the patient.
- Involve patient in research or use patient information for research with their informed consent; give incentives or pay for their time they are giving to researcher. Do not force patient to participate in research activities against their wish or threaten them.
- In case patient is chronically ill or in palliative care unit respect patient feeling for spiritual and religious prayers and try to take care of last wishes.
- Provide emotional support to family in case patient is taking least breath and respect their feelings.

Situations that can cause disciplinary action against GDA in hospital:

1. Patient Abuse; Willful harm or injury to patient i.e. hitting or slapping patient; shouting at patient; threatening the patient; failing to provide care to the patient who are fully dependent on you especially elderly and children.
 - a. Abuse can be physical, mental, sexual, neglect, financial hardship etc.
2. Assault to Patient: Patient has fear of harm or unwanted touch.
3. Negligence: Failure to give basic routine care or treatment to the patient.
4. Working beyond your responsibilities: Never do any procedure which you have not learnt or not mentioned in your job responsibilities. Always work as a team member under the supervision. Or ask for help from them to learn or take their permission.
5. Accepting gifts and personal favours from the patient and family members: Do not accept gifts or money or ask for favours. Maintain professional relationship and terminate it as patient gets discharge.
6. Not following rules and regulations of hospital and refusing for performing duty: In case you refuse to perform the task given to you or refuse to work in a particular unit, disciplinary action can be taken. Therefore in case you are not confident try to learn procedures and practice.

Working in intensive care units and other units of hospital

As you have learnt in Unit 2 of this Block hospital have various units and you can be posted in any unit or ward or department. Therefore you should be ready to work wherever you are posted.

You will be learning in theory and practical various basic procedures which you will carry out independently or under supervisions or as instructed by nursing staff or doctor on duty.

OPD or Out Patient Department is a unit where patient come for doctor consultation, get medicine, get investigations done, go for physiotherapy etc, Here you can be posted in medical, surgical, EYE/ENT, Orthopedics, Pediatrics OPD etc. You will be helping to work at registration counter or outside doctors room to maintain discipline or inside doctors room to help the patient; you can be posted in pharmacy with pharmacist to help in distributing medicines or in laboratory to help doctor and lab. technician. You can be even posted with nursing staff in various OPDs for managing patient in OPD and help them during examination.

Same way you can be posted in Indoor Patient Department in various wards; kitchen; store; mortuary; with ambulance staff; in disaster room. in intensive care unit, operation theater or emergency.

You will work in all departments in morning, evening and night shifts with staff on duty and will get offs as per policy.

3.9 LET US SUM UP

In this unit you have learnt about the scope of General Duty Assistant **which will help you to identify your role and limits.** Further this unit will help you to identify Personal qualities required for GDA and Knowledge and skills required for assistance. While working in hospital you need to keep in mind the rights of patients and code of conduct in health care setting which has been discussed in the unit. Further you have read the guidelines to be followed for Values and ethics .

In next unit you will learn in detail about the communication.

3.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1. Enumerate any five responsibility GDA must be able to perform in hospital.

- Work in wards or clinics in shifts
- Navigate within the healthcare facility and the major departments in order to perform activities correctly.
- Read, interpret and cross verify the instructions provided by other team members before taking actions pertaining to the patient
- Ensure patient privacy and confidentiality
- Communicate effectively with patients and their attendants keeping cultural and special needs

Check Your progress 2

- 1. List the qualities of healthy person.**
 - Self development
 - Positive attitude
 - Self motivation
 - Personal hygiene
- 2. List the qualities of a healthy person for working in team.**
 - Inter-personal communication Skills
 - Work etiquette
 - Time management
 - Discipline
 - Honesty
 - Anger management

Check Your Progress 3

- 1. Discuss the rights of patients in any health care setting.**
 - Right to be free from harm and ill treatment.
 - Right to information, informed consent during care.
 - Right to privacy and confidentiality.
 - Right to be treated with dignity and respect.
 - Right to equality, freedom from discrimination, and equitable care.
 - Right to healthcare and to the highest attainable level of health.

Check Your Progress 4

- 1. List the fundamentals to a code of conduct.**
 - Credibility
 - Monitoring
 - Enforcement
 - Transparency
- 2. Enumerate norms of conduct.**
 - Honesty and integrity
 - Proper decorum and work ethics
 - Value and ethical standards

UNIT 4 COMMUNICATING WITH VARIOUS STAKEHOLDERS

Structure

- 4.0 Objective
- 4.1 Introduction
- 4.2 Communication
 - 4.2.1 Communication Process
 - 4.2.2 Types of Communication
- 4.3 Factors Affecting Effective Communication
- 4.4 Barriers of Communication
- 4.5 Skills for Effective Communication
 - 4.5.1 Listening Skills
 - 4.5.2 Effective Speaking Skills
 - 4.5.3 Conversational Skills
- 4.6 Communication in Special Situations
 - 4.6.1 Communication with Patients
 - 4.6.2 Communication with Relatives
 - 4.6.3 Communication in Emergency Situation and Code Blue
 - 4.6.4 Patients who Cannot Speak Clearly
 - 4.6.5 Patient who are Cognitively Impaired
 - 4.6.6 Patients who are Hearing Impaired
 - 4.6.7 Patients who are Visually Impaired
 - 4.6.8 Patient who are Unresponsive
 - 4.6.9 Communication with Colleagues and Authorities
- 4.7 Use of Information Technology in Clinical Setting
 - 4.7.1 Telephone Etiquette and Communicating Over the Telephone
 - 4.7.2 Cell phone Etiquette and Cell Phone Usage
 - 4.7.3 Use of Computers
- 4.8 Let Us Sum Up
- 4.9 Answers to Check Your Progress

4.0 OBJECTIVE

The students should be able to

- explain the concepts of communication;
- enumerate factors affecting communicating process;
- describe barriers to effective communication;
- describe skills for effective communication;
- describe communication in special situations and groups and
- discuss use of information technology in clinical setting.

4.1 INTRODUCTION

Communication is a lifelong learning process and is an essential part of patient centered care. Communication gap among the health care team is considered as major cause of workplace conflicts and errors which can lead to errors and patient safety issues arises in clinical setting. To provide quality care and to ensure patient safety effective team communication and interpersonal relationship skills are considered as one of the most useful and effective tool. In this unit you will learn about meaning of communication, communication process, factors affecting communication, barriers to communication and skills for effective communication; you will also learn about communication in special situations and with special group of patients and will learn about use of information technology in clinical setting.

4.2 COMMUNICATION

Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour.

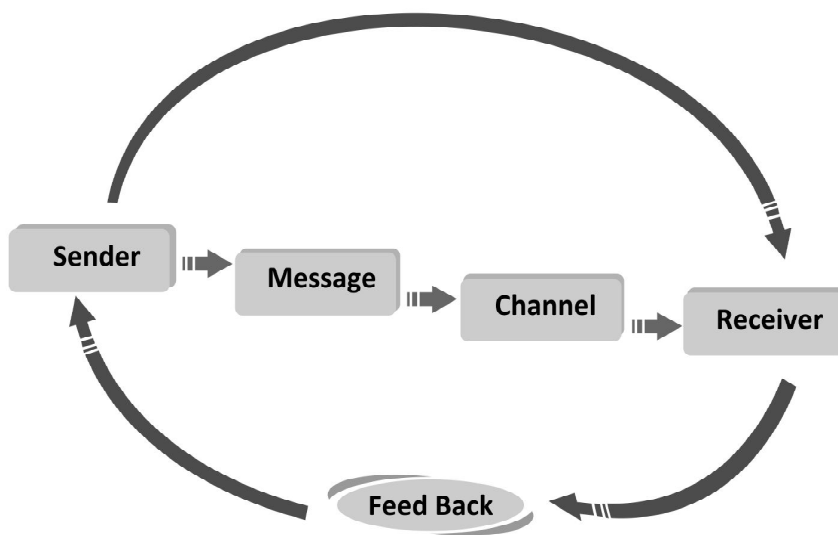


Fig. 4.1: Communication Process

4.2.1 Communication Process

Communication process involves elements like sender, message, channel, receiver and feedback.

Please add diagrammatic representation of Communication Process

These elements are explained below:

- 1 **Sender:** the person who sends message or ideas to another person. It is also known as the source. For example, if doctor wants to ask from nurse on duty about the condition of the patient, he is the sender.
- 2 **Message** – second element of communication. Message consists of verbal or non-verbal . For example, as in the above case “condition of patient” is the message. It is a verbal message.

Message could be in form of verbal, written or by signals or body language.

- 3 **Channel** - it is the medium used to convey the message.. It can be, through telephone, direct face to face, through sms or written in case sheet of patient.
- 4 **Receiver** – Receiver is the person who receives the message. In above example nurse is a receiver; he or she will interpret the message as per own understanding, knowledge, attitude, interpretation of message etc.
- 5 **Feedback** - Feedback is the message that receiver conveyed to source /sender. In this example nurse sends the feedback to doctor about the condition of the patient. Feedback can be verbal or written or nonverbal.

4.2.2 Types of Communication

There are different types of communication

- Verbal – Oral can be face to face / from distance through telephone / mobile / video conference or written in the form of instructions by the doctor in case sheet or treatment book or electronic patient record
- Non-Verbal – Body Language i.e. body gesture, tone or volume of voice, eye contact, facial expressions
- Formal communication is also known as office communication i.e communication from medical superintendant to nursing superintendant and then through proper channel to nursing staff in the ward
- Informal communication or un-official or grapevine i.e. informal communication in canteen, after duty off time, duty any get together.
- **Verbal communication:** - It occurs through the medium of spoken or written.
- **Nonverbal communication** - This communication occurs without words; where the five senses & whole range of body movements, posture, gesture, facial expressions & silence are used for sending & receiving the message
- **Formal communication** - Formal communication follows line of authority & is generally used in organization to achieve organizational objectives. For example, the Nursing superintendent of a hospital will communicate with Staff nurse through Assistant nursing Superintendents, supervisors & ward-In charge
- **Informal communication** - does not follow line of authority. It is very fast & usually takes place in social groups like friends, family and peer groups examples of informal communication are gossip, chitchat & kitty parties., etc
- **Interpersonal communication** -It takes place whenever two or more people interact & exchange messages or ideas. Interpersonal

communication may further categories into assertive, nonassertive & aggressive communication

- **Small-group communication** - An example of a small-group communication is when one interacts with two or more individuals face-to-face or use a medium (like a conference call). Eg-Patient care conferences, staff meetings & reports are good examples of small-group communication
- **Public communication** - Communication with a large group of people is known as public communication. It requires essential skills to influence people at large & media material to reach member of the public clearly & loudly.
- **Organizational communication**- It takes place when individuals & groups within an organization communicate with each other to achieve established organizational goals

4. **Based on the pattern of communication in can be:**

- **One-way communication** - A common example of one-way communication is lecture delivered in a classroom.
- **Two-way communication** - It takes place when both the communicator & audience take part in the process.
- **One-to-one communication** - Providing information to a patient is an example of one-to-one communication
- **One-to-many communication** - A GDA providing health education to a community is an example of one-to-many communication.
- **Many-to-one communication** - A panel of expert taking an interview is an example of many-to-one communication.

Check Your Progress 1

1. Communication is derived from which latin word?

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2. What is the term for the message that receiver conveyed to source / sender?

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3. List the types of communication based on purpose.

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4.3 FACTORS AFFECTING EFFECTIVE COMMUNICATION

There are many factors which may affect the communication and leads to miscommunication. Effective communication is key to good interpersonal relation. Effective communication is very essential for working in team as it will help you to have good working relationship with your team members. Therefore it is important to keep in mind factors that are important for effective communication.

Factors affecting effective communication are given below:

- Language, tone, volume of voice
- Body language, facial expressions
- Speech or hearing impairment
- Age like child, old age
- Personal experience, interpersonal relationship
- Attitude and feelings
- Values and culture
- Listening attitude and habits
- Preoccupation with own thoughts and feelings or work
- Anxiety, stress, pain, medical condition like hearing loss, ear surgery
- Environmental factors like sound, light, uncomfortable bed, privacy, distance

Age of the person - knowledge of client based on their age helps us how to and what message to be conveyed to him/her.

For example - way of talking to a child is different than with adolescent or old age

- **Gender** – same message can be interpreted by Females and Males differently.
- For example. - In Hospitals we often see Male person controls his emotion while explaining critical condition of the patient than a female relative.
- **Values and Perceptions** – Values are the standards of behaviors' and Perception are the mental image of an event. Every individual interprets and perceive messages according to his personality trait, values and experience.

For example – In hospital if a relative have been asked to buy some medicine for his patient due to non-availability the relative perceive that purposely doctor has asked him to buy the medicine even being in the hospital. Here understanding values and perception of relative is very important.

- **Personal space** – personal space is the distance maintained by persons while interacting with others.

For example – while giving care to a normal patient we maintain professional distance were as for a sick or bed ridden patient we have to closely observe and care the patient as he or she is fully dependant or partially dependant keeping in mind about professional touch.

- **Roles and relationships** – the role and relationship between sender and receiver affect significantly the communication process.

For example- a Doctor talks to his colleague, Nursing officer, Patient relative and to his Family members will be in differently according to his role and responsibility

- **Environment** - a proper environment is the necessity for the effective communication. Environment should be noise free, temperature should be in normal range, privacy, proper light and also the situation of the environment also affect the communication

For example – in an ICU department the communication of health care workers to the relative will be different than that of general ward as he or she has to see the environment of the department also.

- **Interpersonal attitudes:** a person with caring attitude, respect and acceptance will communicate and act accordingly in any situation.

For example – a nurse who possess these qualities will develop a good inter personal relationship with her colleagues, her patients and relatives also

4.4 BARRIERS OF COMMUNICATION

There are many barriers to communication and these may occur at any stage in the communication process. Barriers may lead to confusion and.

Following section discusses the common barriers of communication:

1. **Physiological barriers like** - Poor retention due to memory problem, Lack of attention, Discomfort due to illness, Poor sensory perception, Hearing problems, Poor listening skills, Information overload etc.
2. **Environmental barriers like** - Loud background noise, Poor lighting, Uncomfortable setting, Unhygienic surrounding & bad odor and Very hot or cold room
3. **Psychological barriers like** - Misperception & misunderstanding, Distrust & unhappy emotions, Emotional disturbances, Psychotic or neurotic illness Worry & emotional disturbances, Fear, anxiety & confused thinking
4. **Social barriers like-** Difference in social norms, values & behavior, Social taboos, Cultural tradition, values & behavior

5. **Semantic barriers like** - Language barriers, Faulty language translation, Individual differences in expression & perception, Past experiences of an individual failure
6. **Organizational barriers like** - Organizational policy, rules & regulation, Technical failure, Time pressure, Complexity of organization structure due to hierarchy **and** Size of the organization
7. **Communication process-related barriers like** -Unclear & conflicting message, Stereotypical approach **and** Inappropriate message

Check Your Progress 2

- 1) List factors affecting effective communication?

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- 2) Describe the barriers of communication?

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4.5 SKILLS FOR EFFECTIVE COMMUNICATION

In order to communicate effectively, one should have following skills:

- 4.5.1 Listening skills
- 4.5.2 Conversational Skill
- 4.5.3 Speaking Skill
- 4.5.4 Other Skills

4.5.1 Listening Skills

Listening is key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. As a result, communication breaks down and the sender of the message can easily become frustrated or irritated.

Good listening skills can lead to better patient satisfaction, greater productivity with fewer mistakes, and increased sharing of information that in turn can lead to more creative and innovative work.

Effective listening is a skill that underpins all positive human relationships. Spend some time thinking about and developing your listening skills – they are the building blocks of success.

Listening is Not the Same as Hearing

Hearing refers to the sounds that enter your ears. It is a physical process that, provided you do not have any hearing problems, happens automatically.

Listening, however, requires more than that: it requires focus and concentrated effort, your brain also works with ear.

Listening means paying attention not only to the story, but how it is told, the use of language and voice, and how the other person uses his or her body. In other words, it means being aware of both verbal and non-verbal messages. Your ability to listen effectively depends on the degree to which you perceive and understand these messages.

Listening is not a passive process. In fact, the listener can, and should, be at least as engaged in the process as the speaker. The phrase '*active listening*' is used to describe this process of being fully involved.

For example, one common problem is that instead of listening closely to what someone is saying, we often get distracted after a sentence or two and instead start to think about what we are going to say in reply or think about unrelated things. This means that we do not fully listen to the rest of the speaker's message.

The Purpose of Listening

There is no doubt that effective listening is an extremely important life skill.

Why is listening so important?

Listening serves a number of possible purposes as given below: To specifically focus on the messages being communicated, avoiding distractions and preconceptions.

1. To gain a full and accurate understanding into the speakers point of view and ideas.
2. To critically assess what is being said.
3. To observe the **non-verbal signals** accompanying what is being said to enhance understanding.
4. To show interest, concern and concentration.
5. To encourage the speaker to communicate fully, openly and honestly.
6. To develop an selflessness approach, putting the speaker first.
7. To arrive at a shared and agreed understanding and acceptance of both sides views.

Often our main concern while listening is to formulate ways to respond. This is not a function of listening. We should try to focus fully on what is being said and how it's being said in order to more fully understand the speaker.

Listening: the process of receiving, constructing meaning from, and responding to spoken and/or non-verbal messages.– International Listening Association.

4.5.2 Effective Speaking Skills

Speaking effectively is defined as speaking in such a way that your message is clearly heard and, if possible, acted upon. There are two main elements to speaking effectively: what you say, and how you say it.

What you say means your choice of words. The words you might use when chatting to a friend are likely to be quite different from those used in a formal presentation or interview.

Similarly, the way that you speak will also vary in different situations. However, there are also likely to be some common factors: for example, whether you naturally talk quietly or loudly, and how you use body language.

Aspects of effective speaking

There are three main elements of effective speaking

- The words you use
- Your voice
- Your other non-verbal communication, particularly body language

The following three core elements of vocal production need to be understood for anyone wishing to become an effective speaker:

- **Volume** - to be heard.
- **Clarity** - to be understood.
- **Variety** - to add interest.

Volume

This is not a question of treating the voice like the volume control on the TV remote. Some people have naturally soft or loud voices. But , if the voice is raised too much, tone of your speech becomes loud. You should breath inbetween in case your voice is loud.Clarity

Some people tend to speak through clenched teeth and with little movement of their lips. It is this inability to open mouths and failure to make clear speech . Variety

- To make speech effective and interesting, certain techniques can be applied. Vocal clarity can be achieved by variations in:
- **Pace:** This is the speed at which you talk. If speech is too fast, then listeners will not have time to comprehend what is being said. It is also a good idea to vary the pace - quickening up at times and then slowing down – because this will help to maintain interest.
- **Volume:** By raising or lowering volume occasionally, you can put emphasis on important points. If you drop your voice to almost a whisper for a sentence or two, it will make your audience suddenly alert. Be careful not to overuse this technique, as it will lose its impact.
- **Pitch - Inflection - Emphasis:** When speaking in public, try to convey the information with as much vocal energy and enthusiasm as possible. Try to make the talk interesting. Remember that when you are nervous or excited, your vocal chords tense and shorten, causing the voice to get higher. Emphasize certain words and phrases within the talk to convey their importance and help to add variety.

Pause: Pauses mean silence for a few seconds. Pauses are powerful. They can be used for effect to highlight or gain attention to important message.

Warm up your voice

Before any important speaking situation, whether it is an appointment, meeting or talk, it is beneficial to have a voice warm-up.

Body Language

A considerably amount of communication—some estimates suggest over 70%—is non-verbal. Tone of voice, pace and emphasis are all part of non-verbal communication.

However, your body language is also important. This includes how you stand, your facial expressions, the way you use your hands to emphasise your speech, and even whether and with whom you make eye contact.

4.5.3 Conversational Skills

Conversation is oral communication between two or more people which is two way . Like any other skill conversation skill can be learnt and practice.

Oral communication is an important form of communication Some conversation do’s and don’ts include:

Conversation Do’s	Conversation Don’ts
<ul style="list-style-type: none"> ● Look at the person or people you are talking to ● If you haven’t met before, introduce yourself and ask their name ● Use a person’s name when talking to them ● Ask questions when you don’t understand something ● Stick to the subject ● Say nice things about people and praise those who deserve it ● It’s fine to disagree, but disagree politely <p><i>SOME MAGIC WORDS TO BEING POLITE</i></p> <ul style="list-style-type: none"> ● “Thank You” ● “Please” ● “May I ... “ ● “Excuse Me” ● “I’m Sorry” 	<ul style="list-style-type: none"> ● Don’t look elsewhere, or wander off while someone else is talking ● Don’t listen in on conversations you aren’t part of ● Don’t interrupt when someone else is talking ● Don’t whisper in front of another person ● Don’t whine, tattletale, brag, or say mean things about others ● Don’t ask personal questions such as how much things cost or why someone looks or dresses the way they do ● Don’t point or stare ● Don’t argue about things that aren’t important

You must think critically about anything you will communicate or any message received by you.

Analytical:

Means ability to examine the impact of message on listener/recipients. For effective communication one must be able to examine the verbal, non-verbal response of the client.

Open minded:

An open-minded communication will explore the information by entering in the situation.

Active listener:

Is the best quality of a good communicator. This can be done by nodding the head, maintaining eye contact, saying “YES” “NO” in between the conversation.

Empathetic:

Empathy means perceiving the patient’s feelings. Being empathetic, enable you to help the patient. Simultaneously, Patient also develop trust in you,

Honest:

Honesty is very important in any of communication.

Confidentiality:

To keep the information confidential and use it for the particular purpose. Health worker must maintain confidentiality of client information. Do not share any information with any stranger or relative without permission of patient or close family member who is with patient.

Importance of non-verbal communication in health care

Non-verbal communication fulfils several purposes of communication process such as to

- * express feelings
- * regulate interactions
- * validate verbal message
- * maintain self-image
- * maintain relationship

Non-verbal communication has special relevance in the health sector. Actually in this sector, patient pays close attention to non-verbal communication or body language of the professionals and healthcare workers,.

Check Your Progress 3

1. Explain skills required for effective communication?

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2. Describe the importance of non-verbal communication.

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4.6 COMMUNICATION IN SPECIAL SITUATIONS

1. As a health care worker, we should know that *communicating with patients* and their *families* is one of the most important parts of our job.

4.6.1 Communication with Patients

1. Introduce yourself to your patient and call patient by name while talking.
2. A warm greeting or smile at your initial meeting is often a good way to quickly establish trust and respect.
3. Make sure your patient has privacy when you provide care.
4. Actively listen to your patient. Make sure you understand his/her concerns by restating what he/ she has verbalized.
5. Don't use restating too much in a conversation because it can be perceived by your patient that you aren't really listening to her.
6. Maintain eye contact. Remember, too much eye contact can be intimidating.
7. Smile at intervals and nod your head as you and your patient engage in conversation. Speak calmly and slowly in terms that she can understand.
8. Your voice inflection should say "i care about you."
9. Maintain professional boundaries.
10. Some patients like old age need more therapeutic touch, such as hand-holding and hugging, than others and some patients prefer no touching.
12. Always respect differences in cultures.

4.6.2 Communication with Relatives

2. A warm greeting or smile at your initial meeting is often a good way to quickly establish trust and respect
3. Try to listen their problem with patience.
4. Don't interrupt or shout.
5. Slow down, and take a moment to understand what the patient's relatives are saying.
6. Take in not only the words, but also the visual cues from their facial expressions or body language.
7. After the family member has finished speaking, summarize it.
8. Repeating their communication back to them in your own words is a great way to let them know you understand what they are saying.
9. Be especially careful to communicate the families after death of some of their relative. One has to be extremely calm, non-hurting, tolerant, sensitive and resolving in attitude.
10. Don't forget to ask follow up questions.

4.6.3 Communication in Emergency Situation and Code Blue

In emergency situations, communication should be effective. Communication barriers can lead to breakdown of communication between those in need of help and caregivers which can lead to conflicts and fights.. People in these situations report instances to higher authorities as there is gap between message send and received which can be a cause of fear, frustration, anxiety etc.

In emergency conditions,

1. First responders must be able to assess a patient's need in order to administer the proper care .
2. Call for help and inform doctor and nurse on duty
3. Call ambulance, code blue team, or emergency department

4.6.4 Patients who Cannot Speak Clearly

- Listen attentively or understand their lip movements or ask them to write in case possible, be patient and do not interrupt
- Ask simple question that require 'yes' or 'no' answers
- Allow time for understanding and response
- Use visual cues (e.g. words, pictures and objects) when possible
- Allow only one person to speak at a time.
- Encourage patient to converse.
- Let patient know if you have not understood him or her.
- Collaborate with speech therapist as needed.

4.6.5 Patient who are Cognitively Impaired

- Use simple sentences and avoid long explanations
- Ask one question at a time
- Allow time for patient to respond
- Be an attentive listener
- Be extremely tolerant and non reactive to the gesture of the patient.
- Include family and friends in conversations, especially in subjects known to patient.

4.6.6 Patients who are Hearing Impaired

- Check for hearing aids.
- Reduce environmental noise
- Get patient's attention before speaking
- Face patient with mouth visible and if needed use signals.
- Speak at normal volume and do not shout
- Rephrase rather than repeat if misunderstood
- Provide a sign language interpreter if indicated

4.6.7 Patients who Are Visually Impaired

- Check for use of glasses or contact lenses
- Identify yourself when you enter room and notify patient when you leave room
- Speak in a normal tone of voice
- Do not rely on gestures or nonverbal communication
- Use indirect lighting, avoiding glare

4.6.8 Patient who are Unresponsive

- Call patient by name during interactions
- Communicate both verbally and by touch
- Speak to patient as though he or she can hear
- Explain all procedures and sensations
- Provide orientation to person, place and time
- Avoid talking about patient to others in his or her presence

4.6.9 Communication with Colleagues and Authorities

Office etiquette in the workplace are values and norms; good manners and common courtesies to be followed while working in hospital. Keep in mind following while working in hospital:

Displaying Affection

- Avoid showing inappropriate physical affection to others.
- Remember that inter-gender intimacy is a cultural taboo.
- Sexual advances, which is inappropriate at work anyway; can be the risk of being considered to be sexual harassment.

Addressing colleagues

- Call your officers as Sir or Madam or as per norms in hospital.
- If anyone offends you, politely tell nurse on duty to handle the situation.
- To maintain professionalism, family members who work together should avoid using pet names, nicknames and avoid discussing family issues at the office.
- Establish cordial and respectful relationships with all colleagues.
- Avoid giving nicknames and labeling people.

Conversations at work

- Excessive social chit-chat, office gossip, politics and anything very personal should be avoided.
- Criticizing or reprimanding someone in front of others is hurtful and shows insensitivity.
- Praise where praise is due.
- Don't discuss your personal affairs at work.
- Avoid sexist or racist jokes.
- Avoid asking personal questions.
- Do not feel obliged to answer personal questions
- Don't converse in front of others in a language they don't understand.
- Whispering in company is not acceptable.
- Confidential matters should be kept confidential.
- Avoid losing your temper at work or becoming aggressive.
- Always be kind and considerate.
- Show an interest when listening to someone.

Check Your Progress 4

1. List steps of communication with patients who can not speak clearly?

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2. Enlist steps of conversation at work?

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4.7 USE OF INFORMATION TECHNOLOGY IN CLINICAL SETTING

4.7.1 Telephone or Mobile Etiquette & Communicating Over the Telephone



The telephone is an extremely useful tool in every day communication. It is been estimated that 70-80% of today's is conducted over the telephone or mobile, largely because it is easily available means of communicating.

Telephone conversation: Following is an example of Telephone conversation given step wise. Ask your counselor to have a similar Role Play in your contact session.

Role Play: Please change the names

- Step 1:** When you pick up the phone, greet the caller, then identify your institution, then identify yourself, then ask what you can do for the caller. "Good morning. Mary speaking. How can I assist you?"
- Step 2:** The caller then has an opportunity to greet you and identifies them self and states the purpose of their call to you. Ask whether you are able to speak to them. "Hello Mary this is Michael from surgical ward. Do you have cut open sterile set with you?"
- Step 3:** The conversation then follows. In this case, Mary is being assertive, because she cannot accommodate into her schedule at this time. Though assertive, she remains courteous." No, Michael, I'm busy at the moment with a patient. Could you call back me after some time?"
- Step 4:** The intrusive caller retreats though with an undertaking to call at the agreed time . Then the closing greeting follows. "Certainly, Mary I'll call you after one-hour thanks for your time. Goodbye."
- Step 5:** Mary returns the greeting before replacing the handset, which she does only after the caller, has put the phone

Leaving and taking messages:

When leaving a message:

Give full details so that the person can call back. . The first name and surname are important, confirm phone number.

When taking a message:

Take messages carefully and write down all the details in your message book for future reference.

Note for whom the message is intended, plus the full name of the person who called. Ensure that you have the correct spelling . Record the date and time of the call. Write their telephone number and code as well as the extension, and ask until what time they are available if land line number is given or ask for mobile number.

In the case of an urgent message, take the caller's home or cell phone number. For safety sake, leave the handwritten message on the person's desk



4.7.2 Cell Phone Etiquette & Cell Phone Usage

- Convenient necessity.
- Extremely useful tool.
- Allows instant accessibility
- Vital in an emergency.

Do's and don'ts in the hospital

- Review the institutes cell phone policies.
- Don't use loud and annoying ring tones that destroy concentration and eardrums.
- Don't multi-task, concentrate on the caller.
- Don't speak louder on your cell phone than you would on any other phone.
- Maintain a distance of at least three meters from the nearest person when talking on a cell phone.
- Demand 'quiet zones' and 'phone-free areas' at work ..

Cell phone etiquette tips

- Use Short Message Services (SMS) to reduce the social intrusion of a call.
- Enable the 'silent' setting on your cell phone in Hospital.

4.7.3 Use of Computers

Reason of why people **use computer**: Nowadays, **computers** had become one of the integral parts in our daily life. **Computers** can make our jobs become easier. They can be **used** for communicational purposes (internet), to store and calculate data and to write up massive documents multiple times while only needing to write it up once.

Computers in Healthcare

- Integrating technology is an effective way to streamline work and reduce expenses.
- Hospitals and health organizations invest in technology for computerized equipment and electronic health records.
- Hospitals are computerized and linked with health centres in remote areas.
- Many advantages are there with challenges.

Benefits

- It is cost effective
- Time saving
- Information is linked
- Information available to everyone in time and easily
- Patient information shared and not duplicated
- Review is easy
- Access is easy for everyone
- Improve care as communication is timely

One example of a significant advancement that IT has provided to hospitals is the development of electronic medical records (EMR).

- This technology can convert medical information into a single database.
- Not only does this technology reduce paper costs, it allows healthcare providers to access pertinent patient information such as medical history, medications, insurance information, etc with just the click of a mouse.
- Integrate patient information with laboratory and pharmacy information, and provides point of service information regarding preventive services, diagnosis, treatment, and follow up.
- Evidence based decision is taken for quality care
- Real-time monitoring via connected devices can save lives in event of a medical emergency like heart failure, diabetes, asthma attacks, etc.
- On-time alert is critical in event of life-threatening circumstances.
- In event of an emergency, patients can contact a doctor who is many kilometers away with a smart mobile apps.
- Computerized Assistive devices and aids

Challenges

- Privacy and confidentiality
- Integration of devices □ Interpretation of data

- Maintenance of equipment
- Training of staff □ Retrieval of information
- Data ownership
- Data quality and overloading
- Cost

Your counsellor will help you learn computer with practical exposure.

4.8 LET US SUM UP

Communication is becoming more and more difficult to master. Communication is effectively useless if we don't listen to and comprehend the responses that we get in regard to our message. Active listening is the one of the most effective ways to improve communication skill. One of the important purposes of communication is to influence others. Communication helps the person to understand values, behaviour of another individual. Above all the mentioned functions of communication leads to promote health as well as professional success.

4.9 ANSWERS TO CHECK YOUR PROGRESS

Answers to Ceck Your Progress 1

1. Communication is derived from latin word
The term communication is derived from Latin word "Communicare" means "To share or to impart"
2. Feed Back is the message that receiver conveyed to source /sender
3. Three types of communication based on purpose are
Formal communication
Informal communication
Therapeutic communication

Answers to Check Your Progress 2

1. List factors affecting effective communication?
Age of the person ,gender, values and perceptions ,personal space roles and relationships ,'Environment, interpersonal attitudes
2. Describe the barriers of communication?
 - **Physiological barriers like** - Poor retention due to memory problem, Lack of attention, Discomfort due to illness, Poor sensory perception, Hearing problems, Poor listening skills, Information overload and Gender physiological differences.
 - **Environmental barriers like** - Loud background noise, Poor lighting, Uncomfortable setting, Unhygienic surrounding & bad odor and Very hot or cold room

- **Psychological barriers** - Misperception & misunderstanding, Distrust & unhappy emotions, Emotional disturbances, Psychotic or neurotic illness Worry & emotional disturbances, Fear, anxiety & confused thinking
- **Social barriers** - Difference in social norms, values & behavior, Social taboos, Cultural tradition, values & behavior
- **Semantic barriers** - Language barriers, Faulty language translation, Individual differences in expression & perception, Past experiences of an individual failure
- **Organizational barriers** - Organizational policy, rules & regulation, Technical failure, Time pressure, Complexity of organization structure due to hierarchy and Size of the organization
- **Communication process-related barriers** -Unclear & conflicting message, Stereotypical approach and inappropriate message.

Check Your Progress 3

1. Explain skills required for effective communication?
 - Good conversational skill
 - Good listening skill
 - Maintaining silence when and were ever required
2. Describe the importance of non-verbal communication

Non-verbal communication fulfils several purposes of communication process such as

- * To express feelings
- * To regulate interactions
- * To validate verbal message
- * To maintain self-image
- * To maintain relationship

Check Your Progress 4

1. List steps of communication with patients who can not speak clearly?
 - Listen attentively, be patient and do not interrupt
 - Ask simple question that require 'yes' or 'no' answers
 - Allow time for understanding and response
 - Use visual cues (e.g. words, pictures and objects) when possible
 - Allow only one person to speak at a time
 - Encourage patient to converse
 - Let patient know if you have not understood him or her

- Collaborate with speech therapist as needed.
 - Use communication aids.
2. Enlist steps of conversation at work?
- Excessive social chit-chat, office gossip, politics and anything very personal should be avoided.
 - Criticising or reprimanding someone in front of others is hurtful and shows insensitivity.
 - Give praise where praise is due.
 - Don't discuss your personal affairs at work.
 - Avoid sexist or racist jokes.
 - Avoid asking personal questions.
 - Do not feel obliged to answer personal questions
 - Don't converse in front of others in a language they don't understand.
 - Whispering in company is not acceptable.
 - Overtly racist remarks are unacceptable, and punishable.
 - Confidential matters should be kept confidential.
 - Avoid losing your temper at work or becoming aggressive.
 - Always be kind and considerate. Show an interest when listening to someone.