

PREFACE

In the curricular structure introduced by this University of students for various programmes, the opportunity to pursue Post Graduate Diploma course in a subject introduced by this University is equally available to all learners. Instead of being guided by any presumption about ability level, it would perhaps stand to reason if receptivity of a learner is judged in the course of the learning process. That would be entirely in keeping with the objectives of open education which does not believe in artificial differentiation.

Keeping this in view, study materials of the Post Graduate Diploma level in different subjects are being prepared on the basis of a well laid-out syllabus. The course structure combines the best elements in the approved syllabi of Central and State Universities in respective subjects. It has been so designed as to be upgradable with the addition of new information as well as results of fresh thinking and analysis.

The accepted methodology of distance education has been followed in the preparation of these study materials. Co-operation in every form of experienced scholars is indispensable for a work of this kind. We, therefore, owe an enormous debt of gratitude to everyone whose tireless efforts went into the writing, editing and devising of a proper lay-out of the materials. Practically speaking, their role amounts to an involvement in invisible teaching. For, whoever makes use of these study materials would virtually derive the benefit of learning under their collective care without each being seen by the other.

The more a learner would seriously pursue these study materials the easier it will be for him or her to reach out to larger horizons of a subject. Care has also been taken to make the language lucid and presentation attractive so that they may be rated as quality self-learning materials. If anything remains still obscure or difficult to follow, arrangements are there to come to terms with them through the counselling sessions regularly available at the network of study centres set up by the University.

Needless to add, a great part of these efforts is still experimental-in fact, pioneering in certain areas. Naturally, there is every possibility of some lapse or deficiency here and there. However, these do admit of rectification and further improvement in due course. On the whole, therefore, these study materials are expected to evoke wider appreciation the more they receive serious attention of all concerned.

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- Advanced Diploma in
Hospital Front Office Management

PAPER-VII
HOSPITAL INFORMATION SYSTEM

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**NETAJI SUBHAS
OPEN UNIVERSITY**

**Advanced Diploma in
Hospital Front Office Management**

Paper-VII

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Paper-VII

HOSPITAL INFORMATION SYSTEM

Unit 1 □ AN INTRODUCTION TO COMPUTER

Structure

- 1.1 Definition
- 1.2 History
- 1.3 Components Of Computer
 - 1.3.1 Control Unit
 - 1.3.2 Arithmetic Logic Unit
 - 1.3.3 Memory
 - 1.3.4 Input Output (I/O)
 - 1.3.5 Hardware
 - 1.3.6 Software
 - 1.3.7 Programming Languages

1.1 Definition

A **computer** is a programmable machine that receives input, stores and manipulates data, and provides output in a useful format. A computer is a device that accepts information (in the form of digitalized data) and manipulates it for some result based on a program or sequence of instructions on how the data is to be processed. Complex computers also include the means for storing data (including the program, which is also a form of data) for some necessary duration.

A program may be invariable and built into the computer (and called *logic circuitry* as it is on microprocessors) or different programs may be provided to the computer (loaded into its storage and then started by an administrator or user). Today's computers have both kinds of programming.

1.2 History

The first electronic computers were developed in the mid-20th century (1940–1945).

The history of the modern computer begins with two separate technologies—automated calculation and programmability—but no single device can be identified as the earliest computer.

It was the fusion of automatic calculation with programmability that produced the first recognizable computers.

In 1837, Charles Babbage was the first to conceptualize and design a fully programmable mechanical computer, his analytical engine.

George Boole was an English mathematician and philosopher. As the inventor of Boolean logic—the basis of modern digital computer logic—Boole is regarded in hindsight as a founder of the field of computer science.

Augusta Ada King, Countess of Lovelace, born **Augusta Ada Byron**, was an English writer chiefly known for her work on Charles Babbage's early mechanical general-purpose computer, the analytical engine. She is said to have introduced the ideas of program loops and subroutines and is considered the first programmer.

Apart from mechanical calculators, the first really useable computers began with the vacuum tube, accelerated with the invention of the transistor, which then became embedded in large numbers in integrated circuits, ultimately making possible the relatively low-cost personal computer.

Modern computers inherently follow the ideas of the stored program laid out by John von Neumann in 1945. **John von Neumann** was a Hungarian-born American mathematician who made major contributions to a vast range of fields, including set theory, functional analysis, quantum mechanics, ergodic theory, continuous geometry, economics and game theory, computer science, numerical analysis, hydrodynamics (of explosions), and statistics, as well as many other mathematical fields.

Computers using vacuum tubes as their electronic elements were in use throughout the 1950s, but by the 1960s had been largely replaced by transistor-based machines, which were smaller, faster, cheaper to produce, required less power, and were more reliable.

The first transistorized computer was demonstrated at the University of Manchester in 1953.

In the 1970s, integrated circuit technology and the subsequent creation of microprocessors, further decreased size and cost and further increased speed and reliability of computers.

By the late 1970s, many products such as video recorders contained dedicated computers called microcontrollers, and they started to appear as a replacement to mechanical controls in domestic appliances such as washing machines.

The 1980s witnessed home computers and the now ubiquitous personal computer.

With the evolution of the Internet, personal computers are becoming as common as the television and the telephone in the household.

Modern smartphones are fully programmable computers in their own right, and as of now may well be the most common form of such computers in existence.

1.3 Components of Computer

A general purpose computer has four main components: the arithmetic logic unit (ALU), the control unit, the memory, and the input and output devices (collectively termed I/O). These parts are interconnected by busses, often made of groups of wires.

Inside each of these parts are thousands to trillions of small electrical circuits which can be turned off or on by means of an electronic switch. Each circuit represents a bit (binary digit) of information so that when the circuit is on it represents a “1”, and when off it represents a “0” (in positive logic representation). The circuits are arranged in logic gates so that one or more of the circuits may control the state of one or more of the other circuits.

The control unit, ALU, registers, and basic I/O (and often other hardware closely linked with these) are collectively known as a central processing unit (CPU). Early CPUs were composed of many separate components but since the mid-1970s CPUs have typically been constructed on a single integrated circuit called a *microprocessor*.

1.3.1 Control unit

The control unit (often called a control system or central controller) manages the computer’s various components; it reads and interprets (decodes) the program instructions, transforming them into a series of control signals which activate other parts of the computer. Control systems in advanced computers may change the order of some instructions so as to improve performance.

1.3.2 Arithmetic logic unit

The ALU (Arithmetic logic unit) is capable of performing two classes of operations : arithmetic and logic.

The set of arithmetic operations that a particular ALU supports may be limited to adding and subtracting or might include multiplying or dividing, trigonometry functions (sine, cosine, etc.) and square roots. Some can only operate on whole numbers (integers) whilst others use floating point to represent real numbers—albeit with limited precision. However, any computer that is capable of performing just the simplest operations can be programmed to break down the more complex operations into simple steps that it can perform. Therefore, any computer can be programmed to perform any arithmetic operation—although it will take more time to do so if its ALU does not directly support the operation.

1.3.3 Memory

A computer's memory can be viewed as a list of cells into which numbers can be placed or read. Each cell has a numbered "address" and can store a single number. The computer can be instructed to "put the number 123 into the cell numbered 1357" or to "add the number that is in cell 1357 to the number that is in cell 2468 and put the answer into cell 1595". The information stored in memory may represent practically anything. Letters, numbers, even computer instructions can be placed into memory with equal ease. Since the CPU does not differentiate between different types of information, it is the software's responsibility to give significance to what the memory sees as nothing but a series of numbers.

1.3.4 Input output (I/O)

I/O is the means by which a computer exchanges information with the outside world. Devices that provide input or output to the computer are called peripherals. On a typical personal computer, peripherals include input devices like the keyboard and mouse, and output devices such as the display and printer. Hard disk drives, floppy disk drives and optical disc drives serve as both input and output devices. Computer networking is another form of I/O.

Often, I/O devices are complex computers in their own right with their own CPU and memory. A graphics processing unit might contain fifty or more tiny computers that perform

the calculations necessary to display 3D graphics. Modern desktop computers contain many smaller computers that assist the main CPU in performing I/O.

1.3.5 Hardware

The term hardware covers all of those parts of a computer that are tangible objects. Circuits, displays, power supplies, cables, keyboards, printers and mice are all hardware.

1.3.6 Software

Software refers to parts of the computer which do not have a material form, such as programs, data, protocols, etc. When software is stored in hardware that cannot easily be modified (such as BIOS ROM in an IBM PC compatible), it is sometimes called “firmware” to indicate that it falls into an uncertain area somewhere between hardware and software.

1.3.7 Programming languages

Programming languages provide various ways of specifying programs for computers to run. Unlike natural languages, programming languages are designed to permit no ambiguity and to be concise. They are purely written languages and are often difficult to read aloud. They are generally either translated into machine code by a compiler or an assembler before being run, or translated directly at run time by an interpreter. Sometimes programs are executed by a hybrid method of the two techniques. There are thousands of different programming languages—some intended to be general purpose, others useful only for highly specialized applications.

Unit 2 □ OPERATING SYSTEM AND MS OFFICE

Structure

- 2.1 Software-Operating System**
 - 2.1.1 Types of Operating System**
- 2.2 Software-Other Stuff**
- 2.3 Ms Office Applications**
- 2.4 Ms Word (Word Processing)**
- 2.5 Ms Excel (Spreadsheets)**
- 2.6 Ms Access (Databases)**
- 2.7 Ms Outlook (Email)**
- 2.8 Ms Powerpoint (Presentations)**
- 2.9 Ms Frontpage (Html Editor-Web Design)**

2.1 Software-Operating System

The main piece of software on any PC (personal computer) is Operating System (OS). Operating systems can be found on almost any device that contains a computer—from cellular phones and video game consoles to supercomputers and web servers.

Examples of popular modern operating systems include Android, BSD, iOS, Linux, OS X, QNX, Microsoft Windows.

What the OS does is:

- Runs all the technical stuff inside your PC.
- Gives a nice glossy interface (windows and menus and stuff) to do stuff that otherwise wouldn't be able to do.

Imagine the OS as being the customer service side of a shop. We can see and deal with the well dressed and polite customer service staff. And we don't have to look at the messy pit that they call a storeroom.

2.1.1 Types of Operating System

Real-time

A real-time operating system is a multitasking operating system that aims at executing real-time applications. Real-time operating systems often use specialized scheduling algorithms. The main objective of real-time operating systems is their quick and predictable response to events.

Multi-user

A multi-user operating system allows multiple users to access a computer system at the same time. Time-sharing systems and Internet servers can be classified as multi-user systems as they enable multiple-user access to a computer through the sharing of time.

Multi-tasking vs. single-tasking

A multi-tasking operating system allows more than one program to be running at the same time, from the point of view of human time scales. A single-tasking system has only one running program.

Distributed

A distributed operating system manages a group of independent computers and makes them appear to be a single computer. The development of networked computers that could be linked and communicate with each other gave rise to distributed computing.

Embedded

Embedded operating systems are designed to be used in embedded computer systems. They are designed to operate on small machines with less autonomy. They are able to operate with a limited number of resources. They are very compact and extremely efficient by design. Windows CE and Minix 3 are some examples of embedded operating systems.

2.2 Software-Other stuff

The OS is only the basics of your PC - which need to add all the extras on it! These are usually Microsoft Office Suite which includes Word, Access, Excel and Outlook.

Other pieces of software already installed in the PC are known as drivers. These are programmes that run specific things on your PC-for example the mouse has its own driver,

as does the printer. During adding a new device (input or output), it may be require to install a new driver for it.

2.3 MS Office Applications

Microsoft Office is a series of programmes developed by Microsoft to take advantage of computing power in the office. MS Office contains (some of or all) :

- MS Word (Word Processing)
- MS Excel (Spreadsheets)
- MS Access (Databases)
- MS Outlook (Email)
- MS PowerPoint (Slideshow presentations)
- MS FrontPage (HTML Editor - web design software)

There is also a host of other minor tools and applications available as well.

2.4 MS Word (Word Processing)

MS Word is used to compose letters, reports, essays, etc. It also contains many templates for creating documents from CVs to envelope labels.

It allows to changing the font size, font type, font colour, etc of text and altering the formatting of the paragraph which is working on - all with an inbuilt and automatic spell checker. There are many more advanced features, but these are the most common uses.

2.5 MS Excel (Spreadsheets)

MS Excel is used to create spreadsheets which are used primarily for storing and manipulating numerical data-for example : creating the company balance sheet on a spreadsheet and set the totals to automatically add up.

2.6 MS Access (Databases)

A database is used to store records-kind of like an electronic filing cabinet. With MS Access one can create his own database and perform tasks such as editing fields (e.g. name, address, phone, etc.) to outputting reports (e.g. a list of all names).

So one could use this to create a client database of all his companies clients and store all their details, then create lists (printouts) of the information in any format the person like (e.g. one client per sheet or paper, or one per line).

2.7 MS Outlook (Email)

MS Outlook is an email programme. It is used to compose, send and receive emails. It's pretty simple.

2.8 MS PowerPoint (presentations)

Again, fairly simple concept-MS PowerPoint is used to create slide show presentations.

2.9 MS FrontPage (HTML Editor-web design)

MS FrontPage is useful to create websites. It is generally used to design and maintain this site.

It basically used to design a site like using a graphic design package, and then creates the code for it.

Unit 3 □ SCOPE OF HOSPITAL AUTOMATION IN INDIA

Structure

- 3.1 Introduction**
- 3.2 Usage of computers by doctors in developed countries**
- 3.3 Are Indian Doctors averse to Hospital Information Systems (HIS)?**
- 3.4 Computerization of hospitals in India**
- 3.5 When would a doctor appreciate the importance of computers?**
- 3.6 Role of hospital**
 - 3.6.1 Benefits of using computer technology**
- 3.7 Role of the Government**
- 3.8 Role of HIS vendor**
- 3.9 The expectation**

3.1 Introduction

Any organization when automated, transforms its business processes into a near paperless system, controlling costs, saving time and thereby aiding in quick decision making and increasing the efficiency of the total system or organization. This is possible as all the information is available online at any point of time.

For example, if a bank is automated, then one would know the details of the transactions of an account-holder instantly based on the unique account number of the account holder.

Many hospitals are being automated, but the scope of their usage is limited to administrative functions.

Most of the hospitals, which claim that they have computerized their business processes, have only billing, finance and accounts and to a certain extent inventory either fully or partially automated. This means that only administrative staff would be using

computers, leaving little or no scope for doctors in using computers for providing quality patient care.

3.2 Usage of computers by doctors in developed countries

According to a study conducted by American Medical Association, 94 per cent of the US physicians use computers in their practice, and 79 per cent use the internet or an online network compared to 80 per cent and 61 per cent averages for the 15 countries in the European Union. Cent per cent of doctors in Finland and the Netherlands are reported to use computers and an online network.

According to a survey from Harris Interactive Inc., 26 per cent of America's practicing physicians used hand-held devices for professional and personal activities in 2011, up from 15 per cent in 2001. Harris Interactive estimates that 50 per cent of the country's physicians will be using the devices by 2015. But that could change markedly if insurers, employers, hospitals and other providers mandate physician usage.

3.3 Are Indian Doctors averse to Hospital Information Systems (HIS)?

The answer to this is 'yes' to a large extent. Recently, an expert from the US told a leading Australian IT magazine that in IT terms, doctors are practicing the same way they did 75 years ago—with pencils and pieces of paper. One of the reasons is the lack of awareness among the doctors about the potential of using computers for providing quality patient care.

Time is the main constraint for doctors to learn or adopt new technologies emerging around them. Time is money for them. For the time spent to see one patient by an American doctor or a European doctor, an Indian doctor would see around 15 patients though the revenue generated by 15 patients in India may be less than the revenue generated by one in the west.

Key board shyness is another reason. A senior manager of Escorts Heart Institute feels that their vision of a hospital computerized end-to-end, is realized with 250 computers in

two buildings with 19 servers, but he mentions that it is the nurses who are making it possible to run the system successfully. Doctors want others to feed the data for them.

Other reasons could be 'fear of the unknown,' fear that the computer will make him redundant, lack of doctor friendly interfaces, etc.

3.4 Computerization of hospitals in India

Only a handful of state governments in India have taken the initiative of computerizing the government hospitals though they have a long way to go as far as enjoying the fruits of computerization is concerned as, networking of the intended hospitals in the state, training and implementation etc. would take a lot of time. One such example is the initiative of the Andhra Pradesh Health Ministry to computerize all the district hospitals, area hospitals and primary health centers (PHC) in Andhra Pradesh initially. This would enable the Ministry for making various analysis and take effective measures for better patient care.

In the state of West Bengal, the Government provides drugs free of cost to all patients in primary health care facilities and poor and underprivileged patients in the secondary and tertiary facilities. The management of drugs at the District Reserve Stores is a critical link in the supply chain for drugs across the state. With time the stores are managing ever-increasing volumes and modernising the storekeeping process was an important step undertaken to improve the efficiency of the drug procurement and supply in 2007. Thus, computers were provided to District Reserve Stores with specially designed softwares installed and storekeepers and accounting staff trained in the use of the new software. The districts were evaluated for computerised processing in various areas of warehouse management including basic inventory management tools like opening balance, ordering, goods receipt note, quality, vendor payment advice and perpetual inventory and Uttar Dinajpur, Bankura and Paschim Medinipur were adjudged as better performing districts.

In India, most of the corporate hospitals have either computerized or are in the process of computerizing their hospitals which mainly covers their billing, finance and accounts and to some extent pharmacy. This may not result in improved patient care.

The main benefits of computerization are being enjoyed by the administrators and the management for MIS reports like the hospital occupancy, revenue generated by various

departments etc. The support staff uses computers for the operations like registration, billing, finance, pharmacy etc whereas the doctors very rarely use computers to see their patients condition/progress online.

3.5 When would a doctor appreciate the importance of computers?

Doctors would definitely appreciate the technology, if they are made to know/understand that adopting computer technology is not cumbersome and tedious. Instead, it is easy to view, store and exchange medical information using computers and the internet and share with colleague's video images of patients before and after treatment.

Doctors should be shown how computers could prevent or minimize medical errors. Doctors should be told how they could save time and earn more. It is interesting to note that according to an estimate in the US, by increasing the speed of patient history gathering, using technology, a doctor can see 30 per cent more patients a day without extending his workday. With a computerized environment, doctors will have the patients' information at their finger tips.

3.6 Role of hospital

The hospitals should look at the computerization as a patient care tool rather than a mere accounting and inventory mechanisms. The clinical process and patient information access should be given priority.

3.6.1 Benefits of using computer technology

The use of computer technology greatly benefits the hospital environment where reliability and quality are critical factors. Many computer applications, such as patient information systems, monitoring and control systems and diagnostic systems, are being used to enhance healthcare.

In the hospital, patient information systems allow doctors at different locations to access permanent patient records from a centralized database. This type of computer application enables doctors and or nurses to easily find and send notices to patients who

need follow up treatment/medication. This system also allows for doctors to compare methods of treating illnesses. This “allows fast processing of large quantities of patient data that could be used to produce useful information for management purposes”.

Another usage of computer applications in the hospital is a patient monitoring and control system. These systems “help doctors treat patients by providing 24 hour service and by this reduce the level of false alarms”. For example, some surgery patients must continuously be monitored in the ICU; these patients are fitted with sensors connected to the system which record vital signs. If a patients’ heart rate was to go below or above the programmed range an alarm is sounded.

3.7 Role of the Government

As the government is primarily responsible for effective health care in the country, it is their responsibility to encourage doctors, hospital administrators and other medical staff to imbibe the computer culture in them by automating their operations. It can do so by computerizing all the government hospitals with focus on clinical management.

In medical colleges and the colleges related to medical profession, a few topics related to computers and HIS should be introduced in their curriculum which would enable the professionals to appreciate the potential of IT in medical field.

Like HIPAA (Health Insurance Portability and Accountability Act) in the US, the government can formulate certain code sets which would streamline the operations of Indian health care providers.

3.8 Role of HIS vendor

The main responsibility of HIS vendor is that he should develop the software in such a way that even a computer illiterate doctor can understand with ease. Studies suggest that technology companies should seek to include office staff in their efforts to educate physicians about the potential benefits of using electronic records to better manage or practice medicine. Vendors also should develop HIS based on the future needs of the hospital and the international trends.

3.9 The expectation

If the hospitals, the government and the information technology vendors come together with an agreed framework regarding the use of the technology to improve the quality of the patient care, then one can see smiles on the ailing faces, calmness in the working nurses, freshness in the technology savvy doctors, and cash flow fulfillment in the anxious management.

Unit 4 □ INTRODUCTION TO HOSPITAL FRONT OFFICE MANAGEMENT SOFTWARE

Structure

- 4.1 Introduction**
- 4.2 The Help Desk**
- 4.3 Registration area**
- 4.4 Billing**
- 4.5 Outpatient desk**
- 4.6 Inpatient desk**
- 4.7 Laboratory**
- 4.8 Radiology**
- 4.9 Inpatient Pharmacy**
- 4.10 Outpatient pharmacy**

4.1 Introduction

As per the activities of different working area of hospital front offices, the modules are required to design as per the requirement of that working station. Various functional support by the software, required for different work stations are described below

4.2 The help desk

The Help Desk Module automates the day-to-day functions of the Front office management of a hospital. This module needs to help in assisting patient with accurate information and supports in handling patient related enquiries efficiently. This module must have have features and advanced search facilities to improves the quality of services rendered to the user. It generally provides for queries relating to the following :

- **Patient related enquiries**
 - Admission Details
 - Demographic Details
 - Payment Details and
 - Discharge Details.
- **Doctor related enquiries**
 - Availability Details
 - OP Clinic Details
 - Appointment Schedules
 - Operation Schedules and
 - Charge Details

4.3 Registration area

The Registration module is an integrated patient management system, which captures complete and relevant patient information. The system automates the patient administration functions to have better and efficient patient care process.

- Patient Registration Details
- Inpatient and Outpatient Registration
- Medical Alerts Details
- Appointment Scheduling (Patient / Doctor wise)
- Doctor's Schedule Summary
- Doctors Daily Schedule List
- Patient Visit History
- Medical Record Movements
- Appointments for Radiology tests and Operation Theatre
- Patient Visit Slip
- Sponsorship Details

It provides for enquiries about the patient, the patient's location, admission, and appointment scheduling and discharge details. Furthermore, this system even takes care of

package deals for a patient for a fixed cost. Medical Record keeps an abstract of clinical data about patients. It allows easy retrieval of medical records on patients.

4.4 Billing

The Patient Billing module must be able to handles all types of billing for long-term care. This should facilitate cashier and billing operations for different categories of patients like Outpatient, Inpatient and Referral. It must have to provisions for automatic posting of charges related to different services like bed charges, lab tests conducted, medicines issued, consultant's fee, food, beverage and telephone charges etc. This module provides for credit partly billing and can be seamlessly integrated with the Financial Accounting Module. The billing module must be extensively flexible by which every billing plan can be configured to automatically accept or deny. The system must be tuned to capture room and bed charges along with ancillary charges based on the sponsorship category. The Billing Screens is generally used for In-patient and Outpatient Billing and Invoicing. Further more the charges for various services rendered can be recorded through service module and this can be used for billing purposes.

- Payment Modes / Details
- Sponsorship Conditions Details
- Patient Billing Details
- Package Installment
- Approval from Sponsor
- Company Sponsorship Details
- Package Registration
- Sponsor Verification
- Retroactive Processing
- User-defined Billing cycles
- Automatic Room and Board charges
- Recurring Ancillary charge capability
- Auto-generated Codes and Billing Criteria
- Provision for Pre-billing
- Extensive third-party Billing

4.5 Outpatient desk

The Outpatient module serves as an entry point to schedule an appointment with the Hospital Resident Doctor or Consultant Doctor for Medical Consultations and diagnosis. So, this module should support doctors to take better and timely consultation decisions by providing instant access to comprehensive patient information. Patient visits are divided into New, Follow-up and Review. This module also requires to handling requests and results of laboratory tests and other examinations. External Doctors visit to in patients can be defined as “Call on”. Some patients may avail only the hospital facilities like Lab, Radiology, Nuclear Medicine, and Physiotherapy and so on.

- Medical Alerts Details
- Consultation Duty Roster
- Diagnosis Details
- Triage Parameters
- Patient’s Appointments
- Daily / Weekly Schedule Summary
- Appointment Scheduling / Rescheduling Facility
- Outpatient Medical Observation Details
- Investigation / Treatment History
- Clinical Service Details
- Group / Package Registration Facility
- Common Billing Clinical Services
- Doctor’s Diagnosis Statistics

Further more, Confidentiality of Doctors Observation, Previous History of Patients Visit, Online Prescription, Online Request for Investigations and so on, are the special features in Doctors Observation screen. This system should help to calculate the cost for the services rendered to the patient and reflects in the billing module appropriately resulting in smooth billing process.

4.6 Inpatient desk

The inpatient module should design to take care of all the activities and functions pertaining to Inpatient Management. This automates the day-to-day administrative activities and provides instant access to other modules, which leads to a better patient care. It generally provides comprehensive data pertaining to Admission of Patients & Ward Management: Availability of beds, Estimation, Agreement preparation, Collection of advance, planned admission, Emergency admission and so on. The Inpatient module also deals with Ward Management: Shifting from one ward to the other, Bed availability, Surgery, Administration of drugs, nursing notes, charge slip and so on.

- Admission Cost Estimation
- Admission Approval
- Admission Request
- Doctor Transfer Details
- Nursing Notes
- IP Medical Observation
- Pending Drug Request
- Surgery Scheduling Details
- Discharge Notification Summary
- Expected Date and Time of Discharge

The module should track every visit made by the patient and caters to follow-up visits of patients, along with multiple appointments.

4.7 Laboratory

The Laboratory module automates the investigation request and the process involved in delivering the results to the concerned department/doctor of the hospital. The Laboratory module supports to perform various tests under the following disciplines : Biochemistry, Cytology,

Hematology, Microbiology etc. Tests are grouped under various sections and sample type (specimen). Based on the request the user can input the sample and generate the sample number.

If the test result requires approval, the supervisor has to approve the result and it is made available to concerned doctors.

- Sample Result Entry
- Test Report Entry
- Specimen Association Details
- Antibiotic Details
- Result Range for Test
- Investigation Request
- Bulk Sample Request
- Sample Details
- Investigation and Treatment History

4.8 Radiology

Radiology module caters to services such as X-ray, Scanning, Ultra sound etc. Scheduling of Radiology resources is possible. The system stores all the result details of various tests and makes a Report based on the Test Results. Investigations can be done only after the billing is done.

These Tests are carried out both for Inpatient and Outpatient. The system stores all the details (like patient number, Test Report like X-Ray, Scanning details) and for each scan the system generates a unique number for the image.

4.9 IPD Pharmacy

This module facilitates dispensing of pharmaceutical items to in-patients. It communicates with ward and billing modules

This module aids the pharmacists of In-Patient-Pharmacy in dispensing prescriptions sent by the Ward etc. The nurse places an order to the pharmacy based on the doctor's prescription for patients. The prescription appears in the pharmacy module.

4.10 OPD Pharmacy

This module facilitates dispensing of pharmaceutical items to out-patients, external patients and staff.

Out Patient Pharmacy module addresses the maintenance of inventory for drugs and other pharmacy items of an Out Patient pharmacy. The major functions of OP pharmacy are supply specification, receiving, inventory control, dispensing of medicines according to prescriptions of physicians, and billing.

Unit 5 □ PERSPECTIVE OF IT IN HOSPITAL INFORMATION SYSTEM

Structure

5.1 Introduction

5.2 Information Technology

5.2.1 Health Information Technology

5.3 Paper-Based Medical Records and its problems

5.4 Need for Technology in Healthcare

5.4.1 Types of Healthcare Technology

5.4.1.1 Electronic Health Record

5.4.1.2 Active RFID Platform

5.4.1.3 Computerized Provider Order Entry (CPOE)

5.5 Technological Iatrogenesis

5.6 Advantages of using Information Technology

5.1 Introduction

The main objective of this chapter is to explain the role of Information Technologies (IT) in managing the Hospital Information System (HIS). As an area of medical informatics, the aim of an HIS is to achieve the best possible support of patient care and administration by electronic data processing. The information that is readily accessible, timely, complete, accurate, legible, and relevant is critical to health care providers for efficient patient care. In order to provide quality care cost containment, and ensure adequate access, the need for comprehensive information is much greater than today. The demand for information has increased due to unprecedented advances in information technology.

5.2 Information Technology

The term describes the combination of computer technology (hardware and software) with data and tele-communication technology (data, image, and voice networks)

Information technology (IT) is the acquisition, processing, storage and dissemination of vocal, pictorial, textual and numerical information by a microelectronics-based combination of computing and telecommunications.

Hospital is an institution suitably located, constructed, organized, managed and personnel led to supply scientifically, economically efficiently and un-hindered, all or any recognized part of the complex requirements for the prevention, diagnosis and treatment of physical, mental and the medical aspect of social illness; with functioning facilities for training new workers in the many special professional, technical and economic fields essential to the discharge of its proper functions and with adequate contacts with physicians, other hospitals, medical schools and all accredited health agencies engaged in the better health program.

Information System is an arrangement of information (data), processes, people, and information technology that interacts to collect, process, store, and provide a output the information needed to support organization.

5.2.1 Health information technology

HIT provides the umbrella framework to describe the comprehensive management of health information across computerized systems and its secure exchange between consumers, providers, government and quality entities, and insurers. Health information technology (HIT) is in general increasingly viewed as the most promising tool for improving the overall quality, safety and efficiency of the health delivery system (Chaudhry et al., 2006). Broad and consistent utilization of HIT will :

- Improve health care quality or effectiveness;
- Increase health care productivity or efficiency;
- Prevent medical errors and increase health care accuracy and procedural correctness;
- Reduce health care costs;
- Increase administrative efficiencies and healthcare work processes;

- Decrease paperwork and unproductive or idle work time;
- Extend real-time communications of health informatics among health care professionals
- Expand access to affordable care.

5.3 Paper-Based Medical Records and its problems

Primarily paper-based medical record system, in which information is often incomplete, illegible, or unavailable with minimal record security.

- Lack of high quality healthcare information
- Poor quality documentation
- Patient safety affected by lack of interpretation and incomplete information
- Insufficient inter-operability

Public safety a major component of public health is diminished by the inability to collect information in a coordinated, timely manner at the provider level in response to epidemics and the threat of terrorism. Continuity of patient care is adversely affected by the lack of shareable information among patient care providers.

Clinical research and outcomes analysis is adversely affected by a lack of uniform information capture that is needed to facilitate the derivation of data from routine patient care documentation.

5.4 Need for Technology in Healthcare

According to a study by RAND Health, the U.S. healthcare system could save more than \$81 billion annually, reduce adverse healthcare events, and improve the quality of care – if, health information technology (HIT) is widely adopted. The most immediate barrier to widespread adoption of technology is cost despite the patient benefit from better health, and payer benefit from lower costs.

5.4.1 Types of Healthcare Technology

Handwritten reports or notes, manual order entry, non-standard abbreviations and poor legibility lead to substantial errors and injuries, according to the IOM (2000) report.

The follow-up IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, advised rapid adoption of electronic patient records, electronic medication ordering, with computer- and internet-based information systems to support clinical decisions.

5.4.1.1 Electronic Health Record (EHR) :

The Electronic health record (EHR), previously known as the Electronic medical record (EMR), reduces several types of errors, including those related to prescription drugs, to emergent and preventive care, and to tests and procedures.

Important features of modern EHR include automated drug-drug/drug-food interaction checks and allergy checks, standard drug dosages and patient education information. Drug Information at the point-of-care and drug dispensing points help in reducing errors.

Also, these systems provide recurring alerts to remind clinicians of intervals for preventive care and to track referrals and test results. Clinical guidelines for disease management have a demonstrated benefit when accessible within the electronic record during the process of treating the patient.

5.4.1.2 Active RFID platform :

These systems' basic security measures are based on sound identifying electronic tags, in order that the patient details provided in different situations are always reliable. These systems offer three differently qualified options:

- Identification upon request of health care personnel, using scanners (similar to readers for passive RFID tags or scanners for barcode labels) to identify patient semi-automatically upon presentation of patient with tag to staff
- Automatic identification upon entry of patient. An automatic identification check is carried out on each person with tags (primarily patients) entering the area to determine the presented patient in contrast to other patient earlier entered into reach of the used reader.

There are increasing numbers of hospitals that have an RFID system to identify patients, for instance: Hospital La Fe in Valencia(Spain); Wayne Memorial Hospital (USA); Royal Alexandria Hospital (UK).

5.4.1.3 Computerized Provider Order Entry (CPOE) :

Prescribing errors are the largest identified source of preventable errors in hospitals (IOM, 2000; 2007). The IOM (2006) estimates that each hospitalized patient, on average, is exposed to one medication error each day. Computerized provider order entry (CPOE), formerly called computer physician order entry, can reduce medication errors by 80% overall but more importantly decrease harm to patients by 55%.

5.5 Technological Iatrogenesis

Technology induced errors are significant and increasingly more evident in care delivery systems. As such, the term technological iatrogenesis describes this new category of adverse events that are an emergent property resulting from technological innovation creating system and microsystem disturbances.

Healthcare systems are complex and adaptive, meaning there are many networks and connections working simultaneously to produce certain outcomes. When these systems are under the increased stresses caused by the diffusion of new technology, unfamiliar and new process errors often result. If not recognized, over time these new errors can collectively lead to catastrophic system failures. The term “e-iatrogenesis” can be used to describe the local error manifestation. The sources for these errors include:

- Prescriber and staff inexperience may lead to a false sense of security; that when technology suggests a course of action, errors are avoided.
- Shortcut or default selections can override non-standard medication regimens for elderly or underweight patients, resulting in toxic doses.
- CPOE and automated drug dispensing was identified as a cause of error by 84% of over 500 health care facilities participating in a surveillance system by the United States Pharmacopoeia.
- Irrelevant or frequent warnings can interrupt work flow.

Solutions include ongoing changes in design to cope with unique medical settings, supervising overrides from automatic systems, and training (and re-training) all users.

5.6 Advantages of using Health Information Technology

1. Information is available to patient and authorizes persons anytime and anywhere.
2. Information sharing for integrated health care.
3. Best practice in medicine.
4. Prompt in getting investigation results such as lab, radiology images, ECG images, etc.
5. Manual power is decreased and hence less prone to errors.
6. Eventually:
7. Improve cost control,
8. Increase the timeliness and accuracy of patient care and administration information,
9. Increase service capacity,
10. Reduce personnel costs and inventory levels, and
11. Improve the quality of patient care.

Unit 6 □ HOSPITAL INFORMATION SYSTEM

Structure

- 6.1 Introduction**
- 6.2 Functional classification of hospital information system**
 - 6.2.1 Transaction processing**
 - 6.2.2 Control functions**
 - 6.2.3 Operational planning**
 - 6.2.4 Strategic planning**
- 6.3 Different hospital functional area where HIS is essential**
- 6.4 Benefits of Hospital Information System**
 - 6.4.1 Computerized Patient records**
 - 6.4.2 Application Domain**
 - 6.4.3 Passive Storage**
 - 6.4.4. Signal Processing**
 - 6.4.5 Image Processing**
 - 6.4.6 Decision support system**
 - 6.4.7 Provider Order Entry System**
 - 6.4.8 Internet & Web-based Medical Communications**

6.1 Introduction

A hospital information system (HIS), variously also called clinical information system (CIS) is a comprehensive, integrated information system designed to manage the administrative, financial and clinical aspects of a hospital. This encompasses paper-based information processing as well as data processing machines.

It can be composed of one or a few software components with specialty-specific extensions as well as of a large variety of sub-systems in medical specialties (e.g. Laboratory Information System, Radiology Information System).

Hospitals need two types of information

- Patient related information and
- Management information for supporting decision making in carrying out administrative functions

6.2 Functional classification of hospital information system

The HIS can be designed to include functions as under:

- Medical functions
- Administrative functions
- Financial functions

These three functional areas can be subdivided into several levels:

- Transaction processing
- Control functions
- Operational planning
- Strategic planning

6.2.1 Transaction processing

A transaction is an activity such as making a purchase or a sale or manufacturing a product.

Example :

1. Order entry for drugs diet linen and so on
2. Treatment scheduling for special procedure. Example :
 - a. Physiotherapy
 - b. Operative procedures
 - c. Radiotherapy etc.
3. Census of patients
4. Patient billing
5. Inventory control

Most hospitals in India are using computers at this level of functioning only.

6.2.2 Control functions

Functions of control are to see that results conform to plan. Some examples are :

1. Medical care evaluations such as :
 - a. Average length of stay
 - b. Bed occupancy rate
 - c. Turn over interval
 - d. Gross death rate
 - e. Net death rate
 - f. Caesarean section rate
 - g. Post anesthesia death rate
 - h. Hospital infection rate
2. Occupancy and patient mix
 - a. This is if two types: ward wise or hospital wise
3. Patient mix :
 - a. As per specialty
 - b. As per diagnosis
 - c. As per acute of illness
 - d. As per catchments area
4. Cost control
5. Inventory control.

6.2.3 Operational planning

For day to day functions the HIS may include the following areas :

1. Staff education
2. Patient care planning
3. Discharge planning
4. Purchase plans
5. Budgeting

6.2.4 Strategic planning

How the hospital meets the challenges of the changing environment and moves towards its long term goal and how it wants to deploy its resources to achieve that goal is the subject matter of strategic planning. The computer can help by offering various alternative models for decision making. Examples :

1. Services to be offered in future
2. Levels and sophistication of patient care to be planned
3. Hospital image improvement plans
4. Hospital marketing plans

6.3 Different hospital functional area where HIS is essential

- Clinical services
- Registration
- Out patient department
- Clinical activities
- Special clinic
- Staff clinic
- Day care
- Minor OT
- Department specific OPD
- Inpatient department
- Ward management
- General and private ward allocation
- Nursing care management
- ICU activities
- OT activities

6.4 Benefits of Hospital Information System

6.4.1 Computerized Patient Records

Health care industry is based on intensive information and technology. Thus, the information should be accessible easily, timely, complete, accurate, reliable and relevant information in making important strategic or patient care decisions.

The end objective of medical informatics is the integration of data, knowledge, and tools necessary to apply that data and knowledge in the decision-making process associated with patient care.

6.4.2 Application Domain

The application layer includes Patient management, Medical care, Nursing, Medical support, Administrative, Ancillary services. The middleware layer should include: Authorization component, Patient component, Activity component, Resource component, and Healthcare record and Knowledge component. The persistent layer related to Images, Bio-signals, alphanumeric data, Web pages.

The software developed should include the clinical alert and reminding system.

6.4.3 Passive Storage

Electronic Medical Record (EMR): Up until this point the medical record has served as a passive storage device while the EMR as an active tool that can provide the clinician with decision-support capabilities and access to knowledge resources, reminders, and alerts.

6.4.4 Signal processing (EEG, EMG, ECG)

Computers are useful devices for processing electrical signals from various sources, such as ECG for detection of heart dysarrhythmias and EEG for analysis and detection of spike and sharp waves that can sometimes be missed by the neurologist.

6.4.5 Image Processing

Image processing (radiography, US, CT scanning, MRI/MRA, SPECT/PET scanning, cerebral angiography) and pattern recognition are important fields in medical informatics,

specifically in neuro-informatics. These programs can help doctors understand the readings as they develop the field experience to analyze the data themselves

6.4.6 Decision Support System

Decision support systems are real-time computerized algorithms that help physicians in their clinical practice. For example, when clinicians perform a task (e.g., order entry) using the EHR, they are warned if the task appears to be inappropriate on the basis of patient data. The system presents this warning automatically using consensus-based clinical decision support “rules” that are derived from medical knowledge (or financial data) and patient-specific information.

6.4.7 Provider Order Entry Systems

Computer-based provider order entry (CPOE) systems helps in improving the quality of patient care and reducing the costs. Studies have shown that CPOE system lead to better accuracy and completeness of medical orders, which in turn lead to reduced lengths of stay and costs and allow fast transmission of orders, legibility, and on-line tracking of the life cycle of an order.

6.4.8 Internet and Web-based Medical Communication

The Internet is a means to improve health and health care delivery, its full utilization is not clear. The advantages of the Internet as a source of health information include convenient access to a massive volume of information, ease of updating information, and the potential for interactive formats that promote understanding and retention of information. Health information on the Internet may make patients better informed, leading to better health outcomes, more appropriate use of health service resources, and a stronger physician- patient relationship. Physicians need to know the importance of this media and how to use it in a pragmatic and efficient way. They can have easy access to clinical guidelines, journal contents, and reference textbooks and even provide patients with educational materials.

Unit 7 □ CONCEPT OF TELEMEDICINE

Structure

- 7.1 Introduction**
- 7.2 Definition of telemedicine**
- 7.3 History of telemedicine**
- 7.4 Telemedicine concept**
- 7.5 Need for Telemedicine**
- 7.6 Indian scenario : need of telemedicine**
 - 7.6.1 Golden Hour**
- 7.7 Relevance of Telemedicine**
 - 7.7.1 Benefits to Patients**
 - 7.7.2 Benefits to Physicians**
 - 7.7.3 Hospital and Insurance Benefits**
- 7.8 Applications**
- 7.9 Types**
- 7.10 Classification of telemedicine**
- 7.11 Features of telemedicine**
- 7.12 Media of Connectivity**
- 7.13 Need of speed**
- 7.14 Transmitted data**
- 7.15 Mobile TM unit**
 - 7.15.1 Clinical Devices**
 - 7.15.2 System required at Base unit**
 - 7.15.3 Usage Scenario**

7.16 Telemedicine workflow (in store and forward system)

7.16.1 Components of Telemedicine

7.16.2 SWOT matrix for Telemedicine

7.17 Initiative of Asia Heart Foundation (AHF) in the field of Telemedicine

7.18 Logistics

7.1 Introduction

With internet fast becoming a way of life, web-enabled services are playing an increasing significant role in health care. With internet technology moving at an explosive rate, health care operations and services are becoming web enabled too.

7.2 Definition of telemedicine

The use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or healthcare provider and for the purpose of improving patient care. Telemedicine includes consultative, diagnostic, and treatment services.

In another definition telemedicine has been broadly defined as, the transfer of electronic medical data (i.e. high resolution images, sounds, live video, and patient records) from one location to another. This transfer of medical data may utilize a variety of telecommunications technology, including, but not limited to: ordinary telephone lines (POTS), ISDN, ATM, the Internet and satellites.

The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and for the continuing education of healthcare providers small in the interests of advancing the health of individuals and their communities” (WHO, 2002).

7.3 History of telemedicine

The idea of performing medical examinations and evaluations through the telecommunication network is not new. Shortly after the invention of the telephone, attempts were made to transmit heart and lung sounds to a trained expert who could assess the state of the organs. However, poor transmission systems made the attempts a failure.

1906 : ECG Transmission : Einthoven, the father of electrocardiography, first investigated on ECG transmission over telephone lines in 1906! He wrote an article “Le telecardiogramme” at the “Archives Internationales Physiologie” 4:132, 1906

1920s : Help for ships : Telemedicine dates back to the 1920s. During this time, radios were used to link physicians standing watch at shore stations to assist ships at sea that had medical emergencies.

1924 : The first exposition of Telecare : Perhaps it was the cover showed below of “Radio News” magazine from April 1924. The article even includes a spoof electronic circuit diagram which combined all the gadgets of the day into this latest marvel.

1955 : Telepsychiatry : The Nebraska Psychiatric Institute was one of the first facilities in the country to have closed-circuit television in 1955. In 1971 the Nebraska Medical Center was linked with the Omaha Veterans Administration Hospital and VA facilities in two other towns.

1967 : Massachusetts General Hospital : This station was established in 1967 to provide occupational health services to airport employees and to deliver emergency care and medical attention to travelers.

1970s : Satellite telemedicine : Via ATS-6 satellites. In these projects, paramedics in remote Alaskan and Canadian villages were linked with hospitals in distant towns or cities.

7.4 Telemedicine concept

In a telemedicine service

- Patient and doctor are located in different places
- Patients can be examined, treated and monitored
- Patient’s data (text, voice, images or even video) can be sent from a remote location and medical advice offered from a specialty centre.

7.5 Need for Telemedicine

As per World Health Organization : “Emergency Medical Care is designed to overcome the factors most commonly implicated in preventable mortality, such as delays in seeking care, access to health facility and provision of adequate care at the facility.”

7.6 Indian scenario : need of telemedicine

- India characterized by low penetration of healthcare services
- 90% of secondary & tertiary healthcare facilities in cities and towns away from rural India where 68% of population lives
- Primary health care facilities for rural population highly inadequate
- Despite several initiatives by Government & private sector the rural and remote areas continue to suffer from absence of quality healthcare
- Significant proportion of patients in remote locations could be successfully managed locally with advice/guidance from specialists/super-specialists in cities, without having to travel to the specialists.

7.6.1 Golden Hour

Minutes make all the difference in a cardiac emergency. The first 30 minutes are the most important and getting the best emergency care right then is essential.

The first 60 minutes called the Golden Hour; the first 30 minutes are even more crucial and critical in ensuring survival. The issue is not with respect to speed but the quality of care; the better the emergency care, the better the chances of the patient’s endurance.

Therefore rushing a patient to the nearest medical facility may not always be the best idea because while they will be able to provide primary care which could have been given at the site itself they may not be equipped with advanced critical care expertise. Therefore it is very important to be aware of the things that can be done immediately to the patient that will minimize the damage and render him/her stable enough to be transported to a good and efficient medical care facility.

In emergency medicine, the golden hour refers to a time period lasting from a few minutes to several hours following traumatic injury being sustained by a casualty, during

which there is the highest likelihood that prompt medical treatment will prevent death. It is well established that the victim's chances of survival are greatest if they receive care within a short period of time after a severe injury. Some have come to use the term to refer to the core principle of rapid intervention in trauma cases, rather than the narrow meaning of a critical one-hour time period.

Telemedicine ensures delivery of

- right medical advice
- at the right place
- at the right time

7.7 Relevance of Telemedicine

- Inadequate infrastructure in rural/district hospitals
- Large number of indoor/outdoor patients requiring referral for specialized care
- Low-availability of Health Experts in district/remote hospitals
- Dearth of adequate opportunities for training or continuing Medical Education for Doctors in Rural/Remote Health facilities.

7.7.1 Benefits to Patients :

- Access to specialized health care services to under-served rural, semi-urban and remote areas,
- Access to expertise of Medical Specialists to a larger population without physical referral,
- Reduced visits to specialty hospitals for long term follow-up care for the aged and terminally ill patients.

7.7.2 Benefits to Physicians :

- Improved diagnosis and better treatment management
- Access to computerized, comprehensive data (text, voice, images etc.) of patients – offline as well as real time

- Quick and timely follow-up of patients discharged after palliative care
- Continuing education or training through video conferencing periodically

7.7.3 Hospital and Insurance Benefits :

- Significant reduction in unnecessary visits & hospitalization for specialized care at tertiary hospitals,
- Earlier discharge of patients leading to shorter length of stay in hospitals,
- Increase in the scope of services without creating physical infrastructure in remote hospitals

7.8 Applications

- TM can be utilized in all Clinical applications - medical, surgical, diagnostic
- Emergency care
- Military medicine
- Disaster management
- Homecare,
- Rehabilitation
- Tele-education

7.9 Types

- Tele radiology
- Tele cardiology
- Tele pathology
- Tele ophthalmology
- Tele dermatology
- Tele surgery
- Tele.....anything

7.10 Classification of telemedicine

Store and forward : in this the data is sent first, the doctor at the distance see and interpreted, and then the interpretation sent to the patient.

Real time : in this the doctor and patient communicate at the same time.

7.11 Features of telemedicine

- Teleconsultation
- Tele diagnosis
- Tele treatment
- Tele monitoring
- Tele presence

7.12 Media of Connectivity

Terrestrial Connectivity

- PSTN (Public Switched Telephone **Network**)
- ISDN (Intergraded Services Digital Network)
- VSAT (Very Small Aperture Terminal)
- LAN / WAN (Local Area Network/ Wide Area Network)

Mobile Connectivity

- GSM (Global System of Mobile Communication)
- GPRS (General Packet Radio Services)
- 3G Cell phone with serial / USB Interface to connect Personal Computer
- CDMA (Code Division Multiple Access)

7.13 Need of speed

- Latency or delay factor
- One and half seconds (VSAT link)

7.14 Transmitted data

- Text
- Audio
- Still images
- Video images

7.15 Mobile TM unit

- Diagnostic/Clinical devices
- Communication media

7.15.1 Clinical Devices

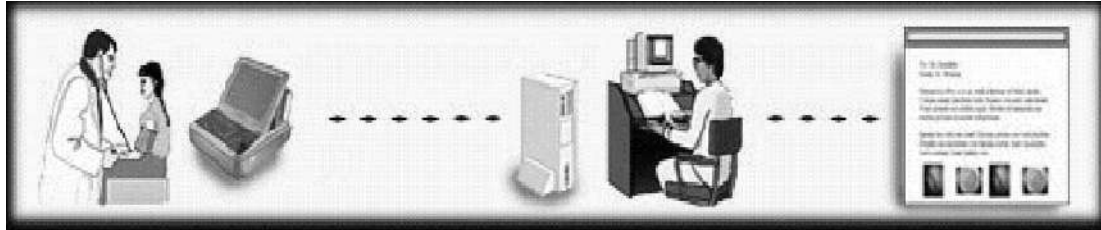
- Digital ECG
- Electronic Stethoscope
- High Resolution Camera
- Tele-pathology Microscope
- Trinocular Tube
- X-Ray Digitizer
- Digital Camera

7.15.2 System Required at Base Unit

The base unit consist of –

- ✓ Computer with telecommunication facility.
- ✓ Multimedia Software for displaying bio-signals and view Digital images.

7.15.3 Usage Scenario



The patient is examined and the data is embedded in an encrypted message and sent to the referring site's server

The specialist opines

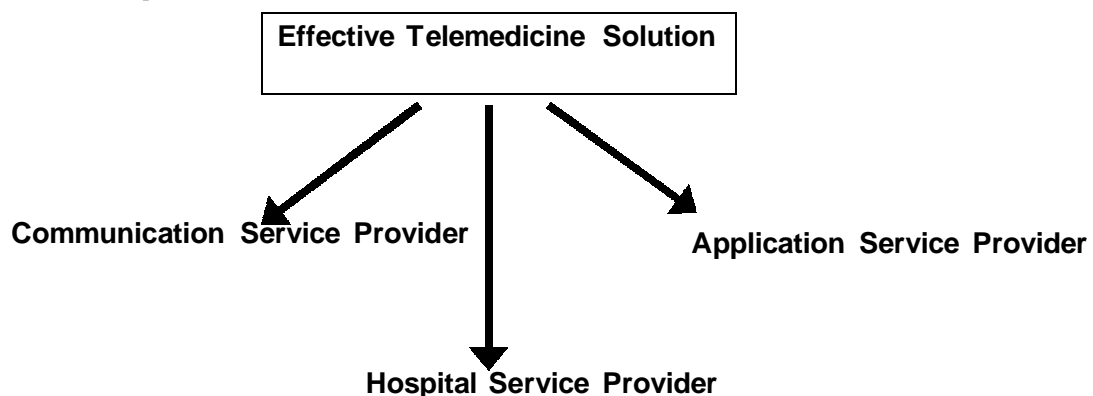
Diagnosis is sent back and if required video conferencing is used

7.16 Telemedicine workflow (in store and forward system)

- The patient is examined and the data is embedded in an encrypted message and sent to the referring site's server
- The specialist gives his opinion
- Diagnosis is sent back and if required video conferencing is used

7.16.1 Components

Components of Telemedicine



7.16.2 SWOT Matrix of Telemedicine

| | |
|---|--|
| <p>Strength</p> <ul style="list-style-type: none"> ● Distance becomes irrelevant ● Access to big pool of doctors ● Knowledge sharing ● Saves both time and money of patient. | <p>Weakness</p> <ul style="list-style-type: none"> ● Lack of awareness ● Cost of equipments ● Dedicated and shortage of Manpower ● Lack of computer savvy people ● Inclination towards traditional Doctor-Patient Model ● Legal Aspects of telemedicine not clear |
| <p>Opportunity</p> <ul style="list-style-type: none"> ● Shortage of doctors ● Large population ● Less hospital/beds in rural areas ● Education Tool | <p>Threats</p> <ul style="list-style-type: none"> ● Less bandwidth ● Low investing capacity ● Lack of health infrastructure ● Uneducated people. |

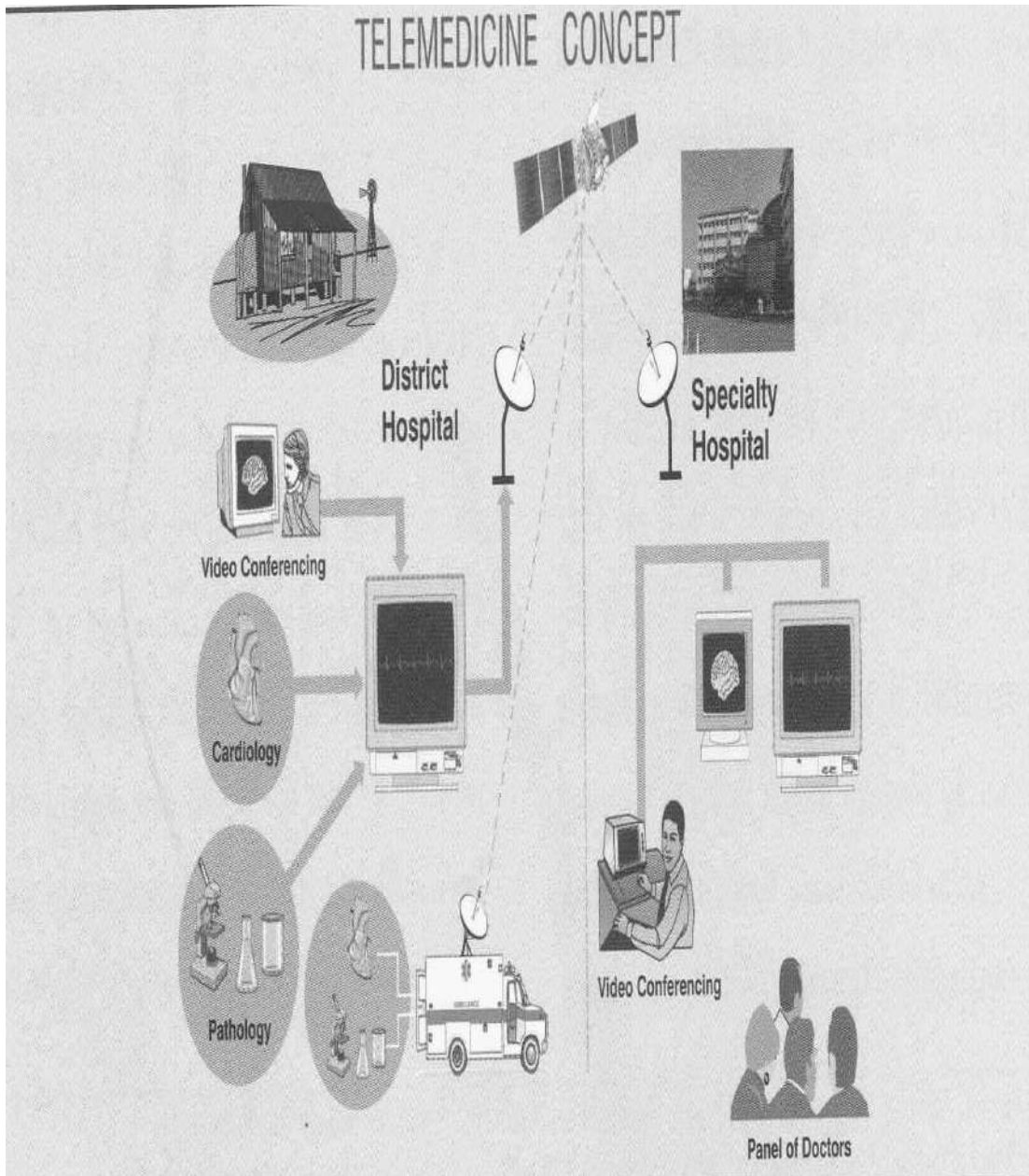
7.17 Initiative of Asia Heart Foundation (AHF) in the field of Telemedicine

- AHF is pioneering the telemedicine revolution in India
- Started its journey on 2001
- The team is led by visionary cardiac surgeon Dr. Devi Shetty, Chairman AHF. The Team consists of members who have conceptualized and implemented one of Asia's largest and most successful telemedicine project.

7.18 Logistics

- Connectivity: ISRO has given their consent to give V-sat Connectivity free of cost to all centre for the noble cause.
- Software & Hardware
- Video conferencing Camera

TELEMEDICINE CONCEPT



Model Question

Paper -VII

Time : 3 hours

Total Marks : 100

Section A

Answer any 2 questions

(2 × 20 marks = 40 marks)

1. Explain what is a computer and what are the different components of the Computer ? 4+16
2. Explain what are the various MS Office applications & their usage ? 20
3. What are the advantages of automation for any organization? Why Indian doctors are averse to it? What is the ideal role of the Hospital, the HIS vendor and the Government in the hospital computerization process? 4+4+4+4+4=20
4. Define Telemedicine ? Illustrate its relevance w.r.t. patients, physicians & hospitals? What are the different applications, types & classifications of telemedicine ? (2+3+3+3+3+3+3=20)

Section B

Answer any 3 questions

(3 × 12 marks = 36 marks)

1. Illustrate the functions/activities of the any 4 hospital work area module ? 3+3+3+3=12
2. What are the problems related to the paper-based medical records ? What are the core functions of EMR ? What is EHR ? What are the challenges related to its implementation? 2+4+1+5=12
3. Define Information Technology ? What are the benefits of information technology in healthcare? 2+10
4. Write full form of HIS? What are the different functions of HIS? Write the different benefits of HIS? 2+2+8
5. What is EMR? Enlist the additional functionalities of EMR for better adoption by physicians? What are the benefits from it for the physicians? 2+4+6
6. What is the concept of Telemedicine? Why Telemedicine is needed? Illustrate the history of Telemedicine. 2+2+8

Section C

Answer any 4 questions

(4 × 6 marks = 24 marks)

1. What do you mean by “Hardware”, “Software” & “Memory”? 6
2. Define OS? What does an OS do? (2+4) 6
3. What kind of information does the Help Desk module provides ? 6
4. What should be the function / activities of an ideal Inpatient service module ? 6
5. What are the benefits of Computer-based provider order entry (CPOE) ? 6
6. Define HIS? Enlist atleast eight different hospital functional areas where HIS is essential? 2+4 6
7. What do you mean by the “Golden hour”? 6
8. How relevant is the concept of “Telemedicine” in Indian healthcare scenario? 6

Paper-VIII

PUBLIC RELATIONS

Unit 1 □ HUMAN RESOURCE MANAGEMENT AND ITS IMPORTANCE IN HOSPITALS

Structure

1.1 Importance of Human Resource Management in Hospitals

1.1.1 Introduction

1.1.2 Nature of Human Resource Management

1.1.3 Assumption of human resource management

1.1.4 Fundamental principles of human resource management

1.1.5 Human resource utilization

1.1.6 Human resource development, human resource management and personnel management

1.1.7 Characteristics of human resource management

1.1.8 Whether human resource management is a science or an art

1.1.9 Functions of human resource management

1.1.10 Significance of human resource management

1.1.11 Importance of human resource management

1.2 Human Relations in Hospitals

1.2.1 Introduction

1.2.2 Ways and means of maintaining cordial human relations

1.2.3 Importance of human relations in hospitals

1. Importance of Human Resources

An organization—formal or informal, large or small, is composed of people—the human resources—who are different from one another. Human resources consist of the total knowledge, skills, creative abilities, talents and aptitudes of an organization’s work force. They are the sum total of the inherent

abilities, acquired knowledge and skills represented by the talents and aptitudes of the employees.

The quantity and quality of human resources are modified by such environmental factors as education, training and development.

The handling of physical, material and financial resources is very different from handling human beings as the latter are not intangible or passive—humans differ from each other in their mental and physical abilities, personality, interests, skills, emotional levels, intelligence, attitudes, energy, education, training, experience, behaviors etc. It is because of these differences, human beings are complex in their behavior and their psychological make-ups.

1.1 Importance of Human Resource Management in Hospitals—An Overview

1.1.1 Introduction

Over the years, the importance of human factor in the accomplishment of organizational objectives has increased considerably because of increasing competition and globalization of management. Now a days, the people at work are considered the most important factors of production in factories and of service in hospitals from the point of view of management. There is growing awareness on the part of the academicians and the professional managers to review management as a process concerned basically with the management of people because a tremendous overhaul is under way on the human resource management front. These days the thrust is on to create a workplace that motivates, retains, and gets the best out of people. Therefore, different organizations are adopting different strategies. Hewlett Packard India has introduced new concepts such as flexible time off-an employee can exchange his weekly off day- for any other day to meet his social commitment and or domestic chores.

The Houghes Software Systems has launched an ethics programme called ‘integrity’ to boost honesty along with productivity. All employees are encouraged to report any unethical practices they observe around them. They want everyone to challenge everything that is wrong in the organization. Stock options are being increasingly favoured both as a means of reward and to promote a sense of ownership that helps organizations in retaining their personnel. In General Electric Company, employees are rewarded through shares for

good performance. These shares are usually redeemable after three years and the employees gain as the of the shares increases. The approach seems good but the path to the perfect human resource management is still slippery. Most organizations encounter teething troubles because employees sometimes find the new ideas a bit too radical. Therefore, in the rapidly changing management scenario, Human Resource Management has an important role to play.

1.1.2 Nature of Human Resource Management

It is rather difficult to express the true nature of human resource management. Human resource management is concerned with the management of people at work. It reflects a new philosophy, a new approach and a new outlook. The human factor plays such an important role in the field of management that some people consider human resource management and management as one and the same thing. As Appley observes : “Management is the development of people and not the direction of things.”

1.1.3 Assumptions of Human Resource Management

Human resource management integrates and emphasizes on performance appraisal, career planning, training and development, organizational development, systems development, incentives, welfare measures, etc. The important assumptions of the human resource management are that the members of an organization are reservoirs of untapped resources, top management should take the initiative to tap those reservoirs, it should formulate plans and strategies and create a conducive climate for their implementation, should develop a culture in which emphasis is mostly placed on harmonious relationship amongst all members of the organization, the thrust should be on self-development of all its members and finally the members as well as the organization should be benefited when the organization undergoes development. Thus is essentially incorporates all those expectations which are not being fulfilled through the traditional personnel management.

Human resource management openly lays its claim on a fundamentally different relationship between the organization’s employment function and its strategic role. The assumption lying behind human resource management is that it is essentially a strategically driven activity which is not only a major contributor to that process but is a determining part of it. From this standpoint the contribution which the management of the relationship makes to the overall managerial process is as vital and informative as that of finance or marketing.

1.1.4 Fundamental Principles of Human Resource Management

Human resource management of an organization represents one of its largest investments. Therefore, it is of utmost importance to deal with its human resource sympathetically and tactfully. Peter Drucker in his book, *Practice of Management* (Heinemann, 1959), wrote. “An effective management must direct the vision and effort of all managers towards a common goal”. His concept of a visionary goal-directed leadership is fundamental to human resource management. While Douglas McGregor advocated management by integration and self-control, he believed that a management philosophy needed to be built up, based on attitudes and beliefs about people and the managerial role of achieving integration.

Thus human resource management is an approach to the management of people based on the following fundamental principles :

1. Human resource management is concerned with integration by getting all the members of the organization involved so that they may work together with a sense of common purpose.
2. Human resource policies of the organization should be fair to all. They should make a major contribution to the achievement of an organization’s objectives as well as provide conducive atmosphere of working to the employees so that their output is maximum.
3. Human resources are the most important assets and their tactful management is the key to success of an organization.
4. The culture and values of an organization exert enormous influence on the organization. Therefore, organizational values and culture should be accepted and acted upon by one and all in the organization.

If the aforesaid fundamental principles are followed in letter and spirit, human resource management will tap a reservoir of untapped resources, develop a culture in which utmost emphasis will be placed on harmonious superior-subordinate relationship, and will create an overall climate in which the organization and its human resources will be able to do their best for each other.

1.1.5 Human Resource Utilization

No organization can survive for long without proper utilization of its human resources. Therefore, it is essential to treat them with dignity as adults and partners. These fundamental human values can provide a base for closer ties between management and its personnel. Once both parties have a clear understanding of each other, industries can have maximum production and hospitals/hotels can provide best service.

The following steps should be taken to improve the use of human resources :

1. Improve recruitment, selection and induction programme
2. Increase manpower budget
3. Introduce incentive scheme
4. Start work measurement system
5. Introduce training programmes based on training needs
6. Lay emphasis on new technology
7. Stress on future planning.

Thus proper human resource utilization will not only be in the interest of the organization but of the nation as well.

1.1.6 Human Resource Development, Human Resource Management and Personnel Management

Human resource development is the main function of human resource management. Every organization has the responsibility to develop its human resources if it wants to remain operational and grow further. In the modern times, human resource development is the No.1 task for any organization. Its survival and growth depend on human resource development. Organizations have now realized that employees are human beings and if their talent is developed, they can be of immense help. This is the reason that the employees in scientifically and professionally managed organizations are being helped in a continuous and planned way so that they can acquire capabilities required to perform various functions associated with their present or future roles, develop their inner potentials for their own as well as organizational development processes, and also develop an organizational process and culture in which human relations are better, and more emphasis is laid on teamwork

which lead to the professional well-being, motivation and instill a sense of pride in the employees.

Human resource management is a process of bringing an organization and its employees together so that the goals of the employees as well as those of the organization are met. It is that part of management process which is concerned with the management of human resources in an organization. It tries to secure the best from employees by winning their confidence and whole-hearted cooperation. Human resource management therefore involves all managerial decisions, philosophy, policies and practices that directly influence human resource. It is a process consisting of acquisition, development, motivation and maintenance of human resources. It means that human resource management includes human resource planning, job analysis, job design, acquisition, training and development, compensation, benefits and rewards, safety and welfare, motivation, employee participation in management, organizational development, performance appraisal, job evaluation, human relations, employee counseling, and human resource information system.

Personnel management is concerned with the manpower planning, recruitment, selection, orientation, salary administration, performance appraisal, training, working conditions, safety, welfare, promotion, transfer, collective bargaining, disciplinary action and resignation/termination/retirement.

According to Flippo, “Personnel Management or Human Resource Management is the planning organizing, directing and controlling the procurement, development, compensation, integration and maintenance of people for the purpose of contributing to organizational, individual and social goals”.

Flippo has emphasizes that various managerial functions relating to procurement and maintenance of people in an organization come under personnel management. The term “human resource management” used synonymously with personnel management signifies the staffing function of management. However, some people distinguish between human resource management and personnel management by including personnel responsibilities in respect of operative positions (workers) under human resource management and those with regard to managerial positions under staffing. But this distinction is useless in practice. It is because human resource management is concerned with the management of human resource of an organization consisting of all individuals engaged in any of the organizational activities at any level. Some other distinguish between human resource management and personnel management by stating that human resource management deals with planning, recruitment , selection, orientation, training, performance appraisal, promotion, transfers

and separations while personnel management deals with manpower planning, recruitment, selection, orientation, training, salary administration, performance appraisal, working conditions, safety, welfare, health services, promotion, transfer, separation, communication, counseling, collective bargaining, disciplinary actions and personnel audit. Thus human resource management deals only with the bright side of the personnel activities and personnel management deals both with the bright as well as dark side of the personnel activities of an organization.

Therefore, human resource management is a narrower term, whereas personnel management is a wider term. The author does not want to add further to this controversy and is personally against it.

There is no denying the fact, however, that human resource management is characterized as being employee oriented with an emphasis on the maximization of individual skills and motivation through consultation with the workforce so as to produce high levels of commitment to organizational strategic goals. It is a resource to be used to its fullest capacity. It is an asset to be invested in. As far as human resource management is concerned, it is non-strategic, reactive and preventive.

Human resource management certainly stresses those expectations which are not being fulfilled through personnel management. Therefore, human resource management is depicted as having an agenda which addresses business-related issues and thereby contributes to the overall success of the organization in a proactive manner while personnel management is depicted as having an agenda set for it by the more mundane requirements of the day, in a more reactive manner. Thus some people view personnel management as curative and human resource management as preventive by nature.

In its essence, human resource management is a strategic approach to the acquisition, motivation, development of the organization's human resources. It is a specialized field that attempts to develop programmes, policies and activities to further the satisfaction of individual and organizational needs, goals and objectives. It is devoted to establishing proper organizational culture and introducing programmes which reflect and support the core values of the organization and ensure their success. Human resource management is the qualitative improvement of human beings who are considered the most valuable assets of an organization. It is, no doubt, an outgrowth of the older process and approach. But it is much more than its parent discipline, viz. personnel management. Its approach is multidisciplinary from the beginning to the end, is more comprehensive and deep rooted than training and development.

1.1.7 Characteristics of Human Resource Management

- (i) **Human oriented.** Human resource management, as the name suggests, is concerned with the management of human resource of an organization consisting of all individuals engaged in any of the organizational activities at any level. It deals with human relationship within an organization. It is the process of bringing people and organization together to achieve their goals.
- (ii) **Development oriented.** Human resource management lays stress on development of employee's potential, capacity, interest and their personality. It helps the employees to get maximum satisfaction out of their work.
- (iii) **Pervasive in nature.** Human resource management is very wide in its nature. It is concerned with the management of human resource of an organization consisting of all individuals engaged in any of the organization's activities at any level. Again, human resource management is pervasive in nature as people are the necessary ingredients in any organization. The human resource of an organization consists of all individuals at all levels. It has wide coverage. It is not confined to industry alone. It equally applies to all types of organizations- government, non-government, educational, social, religious, etc. Moreover, it is not confined to personnel functions alone but to all the functional areas, i.e. production, marketing, finance, etc. in factories, and nursing, medical, para-medical, housekeeping, maintenance, etc. in hospitals.
- (iv) **Continuous process.** Human resource management is a continuing and never ending process. It flows like a river continuously and is not stationary like a pool or pond. It cannot be switched on and off like an electric bulb. It is a constant function of an organization whether be it an industry or a hospital.
- (v) **Multi-disciplinary.** Human resource management deals with human beings which have feelings and emotions too. Therefore, it is imperative to apply the doctrines of economics, anthropology, sociology and psychology, etc. to deal with effectively.
- (vi) **Developing discipline.** Human resource management is a developing discipline and is of recent origin as compared to the other specialized functions of management, i.e. production, marketing, or finance. It made its humble beginning only in the latter part of the nineteenth century.

- (vii) **Management oriented.** The human resource department operates in an auxiliary or advisory capacity to other departments in the organization. It exists to assist and advice the line and operating managers to do their personnel work more effectively.

1.1.8 Whether Human Resource Management is a Science or an Art

Human resource management is both a science as well as an art. It is a science because it consists of well recognized body of knowledge, principles and techniques. It is an art because it deals with human beings, popularly called social animals who have feelings and emotions too. It requires knowledge, tact and presence of mind to effectively deal with human beings, i.e. the people at work.

1.1.9 Functions of Human Resource Management

Human resource management is a staff function. Human resource managers advice line managers throughout the organization. Further-more, personnel requirements of the organization may vary from time to time. The following functions of the human resource department try to keep the organization going smoothly and efficiently by supplying with the right type of personnel in the right position, when they are needed. However, it is the first and foremost duty of the human resource manager to see that square pegs are not fitted into round holes.

1. Policy Formulation
2. Staff Function
3. Line Function
 - (i) Procurement
 - (ii) Development
 - (iii) Compensation
 - (iv) Integration
 - (v) Maintenance
 - (vi) Records and Research and
 - (vii) Personnel Information System

4. Control
5. Managerial
 - (i) Planning
 - (ii) Organizing
 - (iii) Directing and
 - (iv) Controlling

Policy formulation. One of the important functions of the human resource management is to prepare new policies and revise the existing ones in the light of the experience gained in the area of human resource management. However, those organizations which do not formulate policies for human resource management may find that they are not meeting either their personnel requirements or their overall goals effectively. To be meaningful, human resource policy formulation must consider both the strategic plan and the external environment of the organization.

Staff function. Line manager comes across various problems in their day- to-day management which can be solved satisfactorily with the advice of the personnel or human resource department. These problems may relate to employee's grievances in connection with distribution of overtime work, promotion, transfer, disciplinary action, etc. advice given to them from time to time should be objective and legal, otherwise it will spoil human relations at work.

Line functions. Line functions consist of procurement, development, compensation, integration, and maintenance of the human resource of the organization to achieve the organizational goals. Candidates are usually selected through newspapers, professional journals, employment agencies, words of mouth and campus visit to colleges and universities.

Selection involves various techniques such as short-listing the application forms, interviews, tests, reference checks, etc. Orientation is designed to help the selected candidates fit smoothly into the organization. Newcomers are introduced to their colleagues, acquainted with their responsibilities and informed about the organization's culture, policies and their behavioral expectations.

Training aims to increase employee's ability to contribute to organizational effectiveness. It is designed to improve their skills in the present job and to prepare them for promotion. Performance appraisal is done to let an employee know about his performance. Low

performance may prompt corrective action such as additional training or demotion, and high performance may merit a reward such as raise in salary or promotion.

The appraisal is done by the employee's supervisor, but the human resource department is responsible to establish the policies that guide performance appraisals. Promotion and separation are other major aspects of human resource management.

Control function. 'Personnel' is not just a benevolent helper, like other staff groups, it is often assigned authority laden control roles that line managers may view as restrictive. Two important control roles which find place in management literature are auditing and stabilization. "Auditing refers to the monitoring by the human resource department of the performance of line and other staff departments to ensure that they conform to established personnel policy, procedures and practice in various personnel areas.

Stabilization involves seeking approval of the human resource department by the line managers before they take any action. For example, granting annual increment, solving union's grievances, taking disciplinary action against erring employees or rewarding the others, etc. the underlying objective is to ensure proper coordination between various departments vis-à-vis organizational objectives.

Management functions. Like other functional departments, human resource department also performs managerial functions like planning, organizing, directing and controlling in respect of human resource department. Through planning managers constantly shape and reshape their organizations. They decide in what direction they want their organization to go and accordingly, make the plans and decisions and decisions to get there.

By organizing, managers shape relationship with organizational structures and thereby lead employees into the organization's future. To achieve the organization's goal, it is necessary to make the organization's structures effective, otherwise the process of preparing people to work efficiently may collapse. A sensible strategic plan and sensible organizational structure result in the fulfillment of organizational goals. To translate these decisions into actions, managers encourage and support the people who carry out the plans and work within the structures.

The managerial effort to keep people focussed on the goals of an organization involves the process of directing. Finally, controlling helps the managers monitor the effectiveness of planning, organizing and directing and take corrective measures as needed. The process

of ensuring that actual activities conform to planned activities is called controlling. Management control is a systematic effort to achieve organization's objectives.

1.1.10 Significance of Human Resource Management

Importance of human factor, the only animate resource in the accomplishment of organizational goals, has been growing rapidly. As Drucker remarked, "the resources capable of enlargement can only be human resources. All other resource stand under the laws of mechanics. They can be better or worse utilized, but they can never have an output greater than the sum of the inputs. Man alone, of all the resources available to man can grow and develop".

Philosophy of management is also changing in tune with the growing importance of human factor. The modern philosophy of management seeks to take into account, the nature of man which confirms the McGregor's theory according to this theory man is potentially creative, trustworthy and cooperative. He also possesses potential for growth, achievement and constructive action with others. It is the job of the human resource management to nurture and tap the employee's productive drives.

1.1.11 Importance of Human Resource Management

The importance of human resource management can also be judged from the following points of view :

For the organization

- (i) Maintaining adequate manpower supply through recruitment, selection, placement, training and promotion policies.
- (ii) Developing right attitudes and required skills among employees through training, refresher courses, workshops and performance appraisals.
- (iii) Maintaining high morale of workers through incentive schemes, worker's Participation in management and proper grievance handling and redressal policies and procedures.
- (iv) Developing good industrial relations by treating the workers as human beings and thus reducing loss caused by unnecessary strikes and lockouts.

For the employees

- (i) Improving quality of work life through various welfare measures.
- (ii) Enhancing the dignity of labour through worker's participation in management and treating them as human beings.
- (iii) Raising workers morale by giving them opportunities for personal development and job satisfaction.

For the society

- (i) Maintaining good industrial relations and thus minimizing loss caused by frequent strikes and lockouts.
- (ii) Increasing productivity through worker's participation and motivation.
- (iii) Better utilization of human resource through proper recruitment, selection, placement and training.
- (iv) Maintaining adequate manpower supply through appropriate manpower planning and training policies and procedures.

1.1.12 Role of Human Resource Managers of Tomorrow

Bergey and Slover observe : The future manager will be more knowledgeable about people, organizations and the total environment. He will effectively integrate the techniques of information technology with the human resources available to him.

To meet future challenges, professionalism among the managers will be on the increase. With more formalized educational training in managerial techniques, these managers will require different types of skills : top managers will need more conceptual, analytical and decision-making abilities, first line supervisors will require technical skills and interpersonal leadership abilities and middle-level managers will need a blend of all the above. However, all levels will benefit from development and utilization of *interpersonal relations*.

Future managers should be perceptive towards themselves, their superiors, colleagues and subordinates, their organization, organizational goals, resources,

changes in the environment, need levels, value systems, changes in knowledge, attitude, behavior, technical requirements etc.

They should also be receptive to new ideas, operational techniques and innovations, with patience and tolerance, so that they may not only perceive the problems, but also diagnose cause of problems and find out suitable solutions.

Future managers should know how to lead group efforts, counsel with individuals, and be a good listener. He should be able to use “positive motivation” as well as “negative motivation” to situations and people for leading, as and when situation / problem demands. He and his staff should encourage “participative management”, to improve organizational effectiveness through collective participations through the rank and file of employees.

Unit 2 □ HUMAN RELATIONS

2.1 Modern management has been largely aware of the fact that “human factor” is the most important of all factors of production or services. As per Douglas McGregor, many managers would agree that the effectiveness of their organizations would be atleast doubled if they could discover how to tap the unrealized potential present in their human resources. Today’s management should have basic knowledge about human behavior and interrelationships of human beings. A knowledge of the people, their urges, their motivating factors and behavior is the first step in developing Human Relations. The human resources have to be handled with great care by the personnel manager, who should be expert in the art of what is usually called “Human Engineering “ or “ Human Relations”.

Defining Human Relations

In the broadest sense, ”Human Relations refer to the interaction of people in all walks of life”. In an organization, it is the interaction of people employed in an organization.

Huneryager and Heckmann defines Human Relations as a systematic, developing body of knowledge devoted to explaining the behavior of individuals In the working organization.

According to the Encyclopaedia of Personnel Management, the core of the philosophy of Human Relations is that the managers respond

- a. to clearly demonstrate interest by management in the work that they are doing and their own opinions thereof, and**
- b. to the informal social structure prevailing at the workplace.**

Derek French and Heather Saward have defined “Human Relations” thus :

It is an approach to the theory of management and of organizations, that emphasizes the individual worker’s need for satisfactory relationship with other members of his work group and his need to participate in decisions that affect his work.

In the opinion of Mac Farland, Human Relations is the study and practice of utilizing human resources through knowledge and through an understanding of the activities, attitudes, sentiments and interrelationships of people at work.

Davis observes : Human Relations is an area of management practice in the integration of people into work situation in a way that motivates them to work together productively, co-operatively, and with economic, psychological and social satisfaction.

Mee feels that Human Relations are the medium through which both employees and the companies mutually cooperate for the maximum satisfaction of the economic, social and psychological wants of the people.

An analysis of the above observations and definitions points that :

Human Relations is the art of getting along with people either as individuals or as a group. It is the study of the practical attempts to achieve the two separate goals of :

- a. greater productivity at work**
- b. greater human satisfaction with the organization.**

Main characteristics of Human Relations

- A. Human Relations are an integral process through which an individual's attitude and work are integrated with a view to effecting a willing cooperation from him in the achievements of the interests of an organization as a whole.**
- B. Members of the organization contribute to get individual and group satisfaction.**
- C. The satisfaction desired by an employee may be economic, social and psychological .**
- D. It is an integrated body of knowledge composed of several elements from different disciplines. It is an interdisciplinary field because the study of human behavior in a business setting requires an essential understanding of the separate contributions made by other disciplines and then integration of that information into a unified whole field of study.**

Human Relations are very important because “The purpose of Human Relations concept is not to enable you to discover techniques for winning friends

and influencing people through personality development, nor to enable you to manipulate people, but to assist you in working more effectively with other people in the organizations”.

Philosophy of Human Relations

John Mee observes :

- 1. Give the employee the facts; keep him in the “know” in advance**
- 2. Do not dominate the employee; allow to keep his self-respect**
- 3. Promote competitive spirit among employees, but avoid a fight**
- 4. Set an example for the employees : they like to respect their superiors. Train supervisors in human relations.**
- 5. Consider the employee’s sentiments and social situations**
- 6. Make the employee feel important Give him an opportunity not only for advancement but also for expression.**
- 7. Provide reasonable security and safe, healthful conditions for work**
- 8. Be firm : do not give concessions too easily; let the employee feel that he has earned them fairly**
- 9. Treat each employee as an individual :determine what makes him valuable**
- 10. Make decisions as fairly as possible after considering all available facts.**

A successful management is that which realizes that the people working in an organization are a valuable asset, which needs to be developed and utilized in the best interest of all.

Human Relations Assumptions

There are certain fundamental assumptions in the human relations approach

:

- a. A business organization is a social system. So, its activities are governed by social as well as psychological laws. The behavior of the people is influenced by their group as well as their individual drives. Hence, in an organization, both formal and informal types of social systems exist side by side.**
- b. Organizations need people just as people also need an organization, with some mutuality of interest.**

- c. **People should be treated differently from the other factors of production, as human beings are of a higher order. They should be treated with respect and dignity. Their aspirations should be respected and their abilities recognized.**
- d. **People feel satisfaction in work not only by getting money for it, but also prestige, status, independence, security, reward and respect.**
- e. **Employee participation is essential for higher production and greater human satisfaction.**
- f. **Communication is the basis of any organization. Any failure in communication system will impair organizational effectiveness in achievement of goals.**
- g. **executive skills in human relations practice can be developed. An executive/ a manager can be trained to be aware, sensitive and competent to cope with the human problems of an organization.**

Scope of Human Relations

The scope of human relations arises from the problems which have many causes. Halloran has stated these as :

1. **Every employee brings in a unique set of talents, ambitions and work experience to a job. These personal attributes change over time, based on his work experiences. Adjusting so many unique sets of personal qualities to a standardized technology can create problems.**
2. **The size, location, degree of automation in an organization define the type of work. These may cause difficulties in human relations.**
3. **Restructuring of job roles and responsibilities – radical changes in basic organizational structure can cause severe strains between work-force and managers and create intense problems in human relations.**
4. **Promotions and transfers require a general need for changed behavior patterns between the new supervisors and their former peers, which can certainly create immense problems in human relations.**
5. **Inexperienced workers take time to adjust to their new work – this can create problems not only with the normal flow of work and the output, but also cause problems in human relations.**

Therefore, different kinds of human relations approach are required to deal with these different sets of problems.

Objectives of Human Relations

A human relations programme attempts to improve employee morale and motivation through an improved three-way communication and employee-participation in the decision-making processes.

The term Human Relations encompasses two entirely different sets of objectives :

- A. The goals of the organization eg : productivity, growth, maximization of profit etc.
- B. The goals of the people who work for the organization eg. Job satisfaction, career advancement, recognition etc.

An understanding of human behaviour is essential to :

1. Assist the manager to develop a better realization of how his own attitudes and behavior play a part in everyday affairs
2. Assist him to develop a keener sensitivity towards the other people
3. Help him to develop an improved understanding of the problems of reconciling his own interests and capabilities with the need and goals of the organization of which he is a part.
4. Enable him to anticipate and prevent problems and to solve them better
5. Assist him to see things as they are, NOT as they should be

Improvement in Human Relations

- A. Create a congenial work atmosphere
- B. Arrange for better job facilities eg. Better tools, appliances and raw materials
- C. Provide opportunities for personal advancements through promotions and growth through development and training programmes.
- D. Recognize the worth of quality control, reduction in cost, attendance at work, safety, discipline and co-operation with the management in times of crises.
- E. Praise, appreciation and thanks should be liberal, to the deserving, when due.

- F. Delegate authority commensurate with responsibility and allow independence to employees.**
- G. Provide an opportunity to employees to realize their need for status, position, prestige, for directing or ordering others as to what is to be done. All these will satisfy their ego needs.**
- H. Give personal attention to the problems of your subordinate, whether work-related or personal, counsel and suggest solutions.**
- I. Establish, implement and utilize a proper machinery for the speedy removal of grievances, complaints and dissatisfaction of employees.**
- J. develop a well-planned communication system so that any changes in the organization is made known to the employees and their feedback received by the management.**
- K. get the work done by consultation, suggestion and participation of employees rather than through coercion, dictatorship and autocracy.**
- L. Encourage participation in decision-making processes, so as to improve employee morale, skills and abilities.**

Managers should adopt the following ten easy steps for improving and maintaining a good human relations climate their organizations :

- 1. They should know their personnel –an adequate understanding of the subordinates' behavior on and off job may help them to motivate them.**
- 2. They should help the people to want to perform their assigned tasks - this will be aided by positive leadership.**
- 3. They should praise them, whenever due, and in public.**
- 4. They should be sincerely interested in their subordinates.**
- 5. They should share responsibilities, as that helps the subordinates to take on more difficult situations with improved confidence.**
- 6. While formulating policies for employees, a positive approach should be adopted.**
- 7. They should set examples for their subordinates. People tend to follow, if led properly.**
- 8. Subordinates should be informed in details about the background of a work / task and what is expected, so that they can build upon information received from their superiors and contribute accordingly.**

9. **The managers should welcome complaints from the subordinates, as this will prevent serious eruptions later, if not vented or attended on time.**
10. **They should treat subordinates with dignity and respect, as this approach walks several extra miles to foster loyalty, reduce turnover and enables employees to feel important in their jobs.**

The short course in Human Relations

The six most important words :

“I admit I made a mistake”

The five most important words :

“You did a good job”

The four most important words :

“What is your opinion?”

The three most important words :

“ If you please”

The two most important words :

“ Thank you”

The one most important word :

“We”

The LEAST IMPORTANT word :

“I”

2.2 HUMAN RELATIONS IN HOSPITALS

2.2.1 Introduction

Along with keeping a good relation to provide the level of patient and public satisfaction, the hospital needs cooperation goodwill of other public institutions on which it depends to perform its task satisfactorily.

Hospitals provide medical care to the sick and needy. They are not in the business of manufacturing goods but for rendering service and are far more dependent than other organizations upon their employee's morale and commitment. Employees in such institutions are constantly facing the public. Institutions which provide medical care are generally criticized more for the attitudes of their personnel than for the quality of the care. Patients and visitors are more impressed and concerned with the attentiveness, empathy and responsiveness of the health-care personnel than with the architecture of the hospital building, sophisticated machines or ward facilities like television, refrigerator, telephone, newspaper, barber, music, etc.

A hospital cannot exist without dependency or good relation with patients and other public institutions as its basic motto is '*good patient care*'. This type of relation is called '*Hospital Public Relation*'

If a hospital has to achieve name, fame, morale and prestige for the institution in the eyes of the public, then it has to create and strengthen contacts that can contribute to the development of mutual understanding, respect and reciprocation between the hospital and its public. Therefore, public relation is one of the important component of the hospital and it is a challenge to the survival of the hospital in the community.

Human behaviour of two persons is not the same. It differs from person to person. The manager should try to understand- what cause this difference and how to cope with certain problems caused by their different behaviour. A manager with an understanding of human relations and human behaviour can still make use of their differing behaviour to the advantage of an organization.

Good human behaviour creates cordial human relationship and bad behaviour creates bitter relationship. For understanding his subordinates/peers/superiors and maintaining cordial relationship with them, a manager may have to acquire knowledge in such disciplines as psychology and sociology.

The managers must understand that the good of the individuals is also good for organization for maintaining good human relations.

2.2.2 Ways and Means of Maintaining Cordial Human Relations

When all functions of human resource management are performed effectively and efficiently, there will be definite improvement in human relations. The following are the ways and means to maintain and promote cordial human relations :

1. By promoting honesty among the individuals.
2. Openness clears misunderstanding and restores good relations. Therefore, one should be free and frank. At the same time, one should appreciate frankness of others.
3. By helping and respecting employees of other departments when they visit other's department.
4. By treating the subordinates with dignity and respect.
5. By winning those people who acknowledge his appreciation for their ideas.
6. By speaking about his own mistakes before criticizing others.
7. By providing himself to be a good leader, a manager can bring cohesion in the group and thereby contributes to the improvement of human relations.
8. Effective communication in away improves human relations.
9. By requesting the others instead of issuing direct or indirect order.

2.2.3 Importance of Human Relations in Hospitals

In his book *Hospital Organization and Management*, Mac Eacheren comments that hospitals were slow to follow the lead of industries which had long ago realized the necessity for good human relations and had set up human resource departments to perform human resource function. Human resource management has been a victim of administration. In conducting a survey of hospital board meetings, it was found that 40% of the time at these meetings was spend by the governing board members talking about money, 20% about building improvement and equipment, 15% about medical staff problems, 10% about patient services, 10% about public relations and 5% about miscellaneous subjects including human resource.

In modern health-care institutions, the personnel functions should be given due importance and the human resource manager should be considered an integral part of the administrative team so that he may arrange organizational conditions in such a way that people can achieve their goals. This is one of the most important and complex responsibilities of the human resource manager. This will go a long way in establishing cordial human relations which will reflect in patient care.

The primary aim of hospitals is to provide patient care of the highest quality. An often-overlooked truth is that efficient patient-care develops not from modern medical equipment

and drugs alone but from the workforce, a group of well-rewarded and motivated medical, paramedical, skilled and unskilled personnel. The assembly of these personnel, who are committed to institutional goals and their fulfillment, is not just a matter of chance. It is the result of sound professional administration and cordial human relations.

The role of human relations in health organizations is concerned with the integration of people into a work situation. It is also concerned with motivating personnel to work together cooperatively and productively. In understanding the behaviour of human beings, some knowledge of basic needs and human behaviour is necessary. It should therefore be the first duty of health-care administrators and human resource managers to see that most of the basic needs of their personnel are met so that their behaviour is of cooperation and not of aggression at their work-place.

The following is the list of Do's and Don'ts in the interest of good human relations :

1. Do not injure the pride and sense of dignity of your employees in any manner.
2. Set the target of their work in consultation with them and place your confidence and trust in them.
3. Allow your employees to represent any current grievance and pay due heed and give priority to such representations. As the saying goes, ' a stitch in time saves nine'.
4. Maintain contact with employees, either directly or through supervisors, and foster an environment of empathy and good human relations.
5. Make every effort to solve the problems- both official and personal- of your employees to their satisfaction.
6. ensure the training, better placement and promotional opportunity of each individual employee, if possible.
7. Welcome constructive suggestions from patients and visitors in general and from employees in particular.
8. Suppress tendencies towards luxurious working environment for senior officers but do not spare any effort in improving the working environment for lower categories of employees.
9. Fill higher posts by promoting your own personnel rather than recruiting people from outside. This will boost morale of your existing employees.
10. Reassure your employees regarding your responsibility for their future security.

11. It is a good idea to give to employees a small gift on the occasion of their festival- not a box of sweets which will be eaten and forgotten, but something durable for the house.
12. During the festival days, employees are suddenly faced with expenses which they often cannot meet out of their normal salary. It is a good idea to give your employees a loan at that time, which can be recovered in a few instalments.
13. When an employee gives a very good performance, supervisors and managers should not hesitate in giving recognition to his work. This act of the management will not only boost morale of that employee but of others also.
14. If the hospital can afford to, it should provide a proper canteen and subsidized meals to the employees.
15. Where the distance from the nearest railway or major bus-stop is considerable, hospital authorities should persuade local transport officials to provide transport facilities.

Additional skills for hospital PR

Hospital PR practitioner in the area of health care required special skill in order to work effectively in the field

- Understanding the patient confidentiality and privacy act
- Ability to communicate thoughts and ideas effectively and accurately
- Knowledge of in community and health care administration i.e. patient consent forms and their use
- Analytical and problem-solving ability
- Knowledge of profit hospital operate and how non-profit one are one are funded
- Knowing the hospital structure, department and support group
- Familiar with the community where the hospital is located
- Writing skill and ability to handle different type of media

Human behaviour cannot be fully understood and accurately predicted, and as such, all basic needs of the employees cannot possibly be fully met. Nevertheless, hospital authorities should make sincere efforts to ensure that all laws which are applicable to hospital are adhered to in letter and spirit and, if possible, should provide more than what is prescribed in the Statutes.

Human wants and problems are multitudinous and diverse. As Dr. Peter Drucker has wisely stated : “When you employ a man, you employ the whole man”. In other words, all problems whether official or personal which an employee is facing, have to be viewed by hospital authorities as their own problems. They must fully accept their responsibility for the education, training, and development of their employees and for providing solutions to their problems.

In hospitals, the lower rung of employees is usually not taken into confidence by the hospital authorities at any stage. They are absolutely ignored. The present day’s employees expect to be treated with dignity. Therefore, all the concerned hospital executives must stop working from above or pushing from behind. They should, instead, start leading from the front and must work together with all categories of employees and gain their genuine and whole-hearted contribution to achieve the hospital goals by providing them opportunities for participation even at the planning stage.

These Do’s and Don’ts of human relations in hospitals may appear rather simple and petty; yet they can act as powerful agents in building bridges of understanding between management and employees. The more affection and concern hospital authorities have for their employees, the more co-operative will be the employees’ attitude towards work. This will result in very cordial human relations.

Methods of Improving Public Relations in Hospitals

High quality of patient care will ensure simultaneously good public relations. Obviously, a patient will never accept public relations programme in lieu of indifferent hospital care. Thus, good patient care is a sine qua non. No amount of smiles, cheers and propaganda will compensate for bad administration and poor professional care in a hospital. A patient comes with certain definite expectations to the hospital.

The reception is normally the first contact point but often he may have made earlier contact with the hospital by getting into correspondence or by contacting over the telephone. All courtesies must be extended to him on these occasions to project a good image of the hospital.

A lot of valuable information can be and should be furnished to patients even prior to their admission. Certain details with regard to time and date and the person to whom he should contact with exact place will help in achieving favorable opinion about the hospital. Equally important is the fact that the person who is to receive the patient should be available on right time or else this will lead to just opposite effect, and the patient may

go back home disgruntled. Most of the hospitals have their own telephone exchanges. The experience of a telephone call may be the first impression of understandable importance.

Telephone operators should answer calls promptly and politely and promptly respond to the queries of the caller. This would avoid waste of time and frustration.

Environmental sanitation, cleanliness and physical comforts provided to patients create good impression. Well kept lawns, clean surroundings are reflection of good administration which helps in building initial confidence. Reception, Enquiry and Admission Office should be established as one single unit. The staff posted there should be specially selected and trained in human relations. They should be courteous, cheerful and above all efficient in their work. Persons working here should have full knowledge of the routine procedures of the hospital so that information to the patients or their relatives is furnished without any delay.

The Outpatient Department is the most sensitive place from the public relations point of view. Largest number of people visits this department.

According to the estimation of Mc Gibony (1969), for each bed in a hospital there are 500 visitors to a hospital in a year. This would explain the gravity of the situation. More frictions and misunderstandings arise in this department than anywhere else. Separate parking space for the staff and the public, adequate waiting space and seating arrangements and facilities of wheel chairs and trolleys should be made available. Public toilets, drinking water, cafeteria, and public telephones are essential in this department. Waiting time of the patients should be rendered to minimum. Maximum number of doctors should be available during the peak hours. Help of paramedical and non-medical staff is a must.

Voluntary agencies may be required to help the patients in finding out various areas of the hospital. This department should be organized in such a manner that there is free flow of traffic and cross traffic is avoided or minimized. In addition to the help from staff and volunteers, suitable guidance aids like supply of information brochure in local community centers and other sign postings will definitely help in creating a good impression. A responsible member of the staff should be available to explain the reasons of delay or listen to public grievances.

Measures should be taken to avoid queue jumping and influence of 'pull'. To avoid public resentment separate counters should be opened for the hospital, employees. The Accident and Emergency Department or 'Casualty' is another very sensitive area. People

coming here are charged with emotions, anxiety and sense of urgency. This department should be staffed and equipped for round-the-clock services. It should be supported by an efficient ambulance service.

Prompt medical relief and sympathetic behavior of the staff is very important in building good public relations. In one of the studies, it was observed that consumers were dissatisfied due to misunderstandings, rough behavior of lower cadre staff and poor information and guidance system in this department.

Most patients entering the hospital have many questions and concerns. Hospitals must strive to answer their questions. A hospital information booklet provides information that is helpful to patients and their relatives. Often, patients are admitted in an elective basis and they have time to plan their admissions. They can take advantage of these booklets in planning and preparing for their hospital stay. The booklet can be of various types and the information to be incorporated therein will depend upon many factors. The hospital administrator should decide, after careful study, as to which information should be provided through these booklets. There are certain other aspects which need careful consideration which are described in brief as under.

Name Labels and Uniform :

All functionaries should wear uniforms and name labels. This creates initial good impression on patients and reflects good administration. It also infuses among the employees a pride and sense of belonging to the institutions. These also help in identifying the staff by name and their status. These are particularly useful in OPD and ancillary departments.

Importance of Color :

Color effects many of our moods and emotions. Proper choice of color can transform depressing and monotonous atmosphere into pleasing and exciting one. It stimulates employee's productivity. Hospital is one area where color can be used with measured success not only in appearance but for the psychological uplifting which it brings to patients.

Delay in Admission :

Anxiety and distress is the result of delays in admission due to long waiting list. In allotting priorities for admission, hospitals consider the physical state of the patients but forget the social background and as a result, social emergencies have to wait. Adequate facilities in efficient use of present resources can resolve this problem to some extent.

Ward Reception :

Patients are generally vulnerable to anxiety and fear on arrival in the ward. The reception they get tends to leave a deep impression. Prompt reception improves the morale of the patients.

Privacy :

It is normally observed that majority of the patients are dissatisfied with the type of privacy provided in the ward. Provision of screens around each bed would afford greater privacy. To have the privacy and at the same time provide the advantage of companionship of other patients in the ward, would go a long way in creating a feeling of warmth and understanding.

Food :

Good food, well prepared and attractively served to patients, makes a very favourable impression. Presence of dietician or a nurse at the time of service, creates good impact on the patients.

Cleanliness :

Cleanliness is much a desired thing in a hospital. It not only enhances the image of the hospital but also helps in controlling hospital infection. Frequent cleaning and liberal use of detergents and deodorants eliminates the stink which is most dissatisfying.

Information about Illness :

The most important thing to a patient is to know as to what is wrong with him and how long will it take to recover. Information in this respect will always be associated with fear, anxiety and thus, will help in building patients' confidence. A doctor or a nurse should be available in the ward during visiting hours to furnish information regarding illness of the patients to their relatives.

Visitors :

Relatives and friends come rushing to the hospital the moment they learn about the illness of their near and dear one. This is to show their loyalty, affection and strength of ties. It also satisfies emotional needs of the patient. The relatives etc. are allowed to visit their patients for a short while. The visiting hours policy should be more liberal for the visitors to the serious patients and relatives coming from distant places. Too rigid visiting policy makes the public critical of the hospital.

Complaints and Suggestions :

The best way to deal with complaints is to do everything possible to avoid getting them by anticipating the problems. In spite of the best intentions of everyone and as it happens everywhere else, sometimes things go wrong.

Any complaint and suggestions should receive prompt attention and wherever possible remedial actions be taken. Equally important is that whatever action is taken, the same is communicated to the complainant.

Mortuary and Chaplain Facility :

The disposal of the dead is influenced by religion, social and cultural beliefs and practices. It is necessary to provide within the hospital or its premises a place to which a dead body can be moved quietly so that other patients do not get upset.

Disposal of dead has a great bearing on public relations of the hospital. This is a sensitive area for the relatives and friends. Even unintentional neglect or delay may carry unpleasant impression about the hospital. Utmost care is needed by all members of the staff to ensure that prompt and proper disposal of the dead is arranged.

Train Medical Personnel :

Some healthcare organizations are beginning to recognize the potential impact of leveraging social media channels to complement training efforts. Mayo Clinic Social Media Manager Lee Aase, for example, incorporated social media into a recent training presentation for local chapters of the American Heart Association. During the presentation, Aase leveraged Twitter to encourage participants to contribute to the discussion using the #AHAchat hashtag.

Weaving social media into healthcare training initiatives can provide multiple benefits, including :

- Giving trainees a forum to ask questions and quickly receive answers
- Providing presenters with immediate feedback from trainees (i.e., if trainees have mastered a concept or if more guidance is needed)
- Enabling organizations to complement healthcare marketing efforts by sharing slideshows, video or pictures from training sessions on social sites like YouTube or Flickr

Unit 3 □ BASE OF A GOOD IMAGE

Structure

- 3.1 Introduction**
- 3.2 Methods of promoting good Customer Relations**
 - 3.3.1 Operative Methods**
 - 3.3.2 Communicative Methods**
 - 3.3.3 Indicators for Measuring Customer Relations**
- 3.4 Additional important considerations**
 - 3.4.1 Communication to the press**
 - 3.4.2 Medical Information and Information Regarding Patients**
 - 3.4.3 Nursing Services**
 - 3.4.4 Role of women's voluntary organization**
 - 3.4.5 Conclusion**

3.1 Introduction

Due to a growing appreciation of human values coupled with improved socio-economic conditions, the community's expectations from hospitals have undergone a sea change. A hospital is a part of social system. Firstly, it has to deal with professionals like doctors, nurses, technicians and other paramedical personnel. Secondly, it has to deal with personnel that are a part of the management services like dietary, laundry, supplies, housekeeping, accounts, watch and ward and so on. Thirdly, it has to deal with the patients, their relatives, visitors and the community at large. Therefore, the hospital must do more than to satisfy its actual customers. Apart from those who are attending as outpatients or are admitted as inpatients, there are all the potential customers in its catchment area who at some future time will need to call on its services.

Public relations are not only a summation of individual relations, but much more. These relations have their origin in the acts and attitudes of every worker and staff member who collectively mould the image of the hospital in the community. Current and ex-patients are the best (or worst) advertisement for a hospital. People cannot resist telling their friends and neighbours about a hospital experience, and from this emerges a series of pictures of the hospital which together make up its local image.

Public relations can be defined as the image of a hospital by the users and their peer groups. The image may be positive or negative, and is a combination of :

- i. impressions of the users and public,
- ii. attitudes of the people working for the hospital,
- iii. attitudes of hospital administration.

The intrinsic needs of each of the above differ.

Patients want effective services and satisfaction and a sympathetic approach. Workers (staff) want job satisfaction and recognition by their peers and people. Hospital administration wants efficiency and maximum satisfaction of staff as well as patients.

Good publicity by itself is not only part of public relation although an essential part of it. An understanding of the consumer's needs and sympathetic services is the crux of public relations in a hospital.

The three things that project a positive image of hospital are :

- i. technically competent medical care,
- ii. a mutual trust between and hospital and its clientele, and
- iii. goodwill and understanding between patients and the hospital staff.

Nevertheless, the extent of good public relations which a hospital enjoys cannot be measured quantitatively. Yet, the extent can be elicited by asking users as to their general impressions of a particular hospital. The impression which the community harbours about a hospital may be pleasant (positive), indifferent, or unpleasant (negative). This impression is not just a question of chance alone. Creation of this impression has to be deliberately

planned and actuated by conscious effort. It is one of the functions of public relations to continuously promote understanding and appreciation of the hospital by the community, and to continuously monitor it.

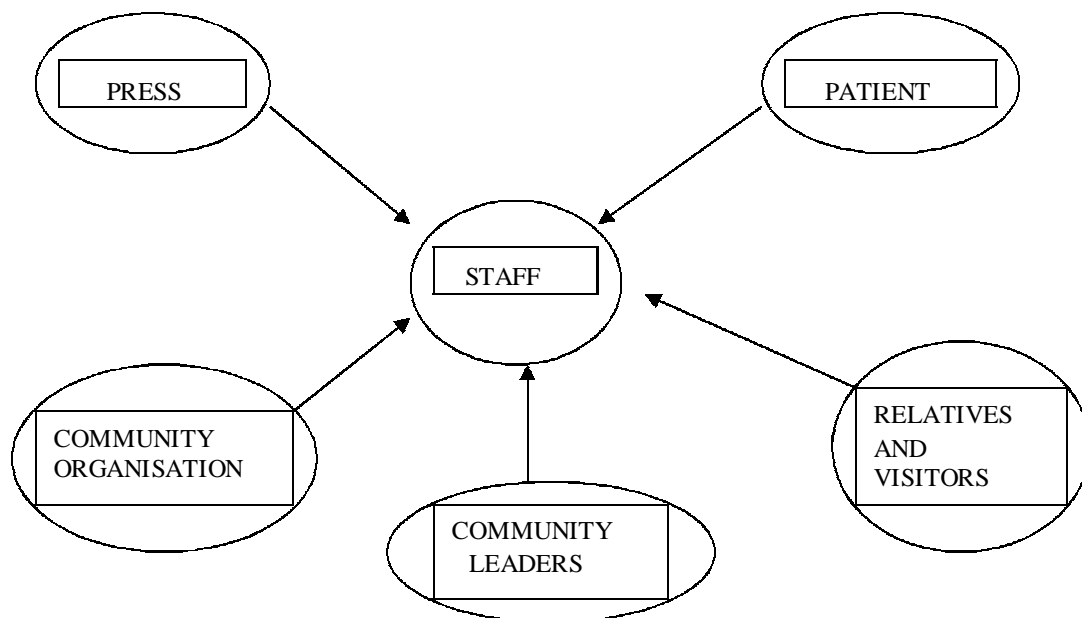
“The manner in which activities are carried out on the patient or in his or her territory is important. This includes recognizing the patient as an individual, providing explanations where indicated, not leaving the body exposed, working quickly to minimize bodily contact, and recognizing the physical and psychological discomfort that may arise from an invasion of privacy.”

There are many reasons for bad public relations and poor image of the hospital resulting in complaints. The main complaints from the patients and the community relate to the following.

Complaints relating to patients and community

1. Indifferent care Lack of “human touch”
2. Low quality care Assessed by patients from the quality of linen, diet, equipment, facilities, cleanliness, etc.
3. Lack of information About facilities and staff, but especially on the patient’s disease condition
4. Lack of guidance Sign, posting, boards, oral information
5. Lack of creature Chairs, benches, drinking water, toilets, etc. comforts
6. Delays at almost every step
7. Overcrowding
8. Long queues
9. Noise
10. Poor sanitation
11. Behaviour of staff

***THE IMAGE OF THE HOSPITAL STEMS FROM STAFF INTERACTION
WITH OTHERS***



The patient including his family and relatives is a bundle of expectations, anxieties, hopes and fears. While as hospitals tend to judge themselves on formal levels such as number of beds, specialists, equipment, size of budget and so on, the patient is not interested in such statistical aggregates. Once in a hospital, he or she seeks satisfaction for his or her very special and private psychological and emotional needs.

A patient has needs for privacy of person- at least when he or she is not critically ill. He or she needs also the options of sociability when he or she is fit to socialize within the hospital. He or she has the need to be informed in general about his or her illness and progress. He or she needs freedom from pain when it occurs. He or she needs at least to be informed about the planning of his or her care. He or she has the need to be assured that he or she will not be abandoned at a time of crisis. The patient also needs to have confidence that people caring for him or her not only are good in their job but also know his or her special requirements. And he or she needs to feel the presence of the reassuring nurse who cares about what happens to him or her.

Depending on its image, a hospital is variously considered as a crisis place, a curing place or a trauma place. As a place, Canter Considers the nature of the hospital as

resultant of the interaction of three major influences as under, and suggest that each of these should be constructively modified if we seek to humanize the hospital :

- i. the physical setting,
- ii. the activities which take place within, and
- iii. the conceptions held by users.

Even when the hospital is not dependent for its continued existence on the financial support of the community, it cannot properly fulfill its role unless it can win and maintain the confidence of the public which it is there to serve. Hospital administration must ensure that the hospital is serving the purpose for which it is created and is meeting the needs of those it serves. To meet this aim, all those concerned with the hospital have to make a conscious effort to project the correct image of the hospital. This effort on the part of a hospital is nothing else but the essence of public relations in practice.

Public is becoming more and more conscious of their rights and privileges and are expecting a higher standard of service. They cannot evaluate the professional quality of care, but they do evaluate food, linen and housekeeping services and behaviour of the staff. They are generally grateful to the attending physician, but they may not be so grateful to the hospital for the bed, board and other services. It is the public for whom the hospital exists. Therefore, public relations have to stem from the involvement of every single individual working for the hospital, as every action by every such person is an act towards public relations. There is a need to dispel from the minds of the physicians working in a hospital the notion that public relations are the task of the administrator alone. The image of the hospital reflects through the behaviour of every member of the staff.

A battery of health professionals have frequently to interrupt the patient's privacy and, so to say, trespass into his or her territory often without knocking or announcing. Members of the medical team often carry out activities without introduction. And then they depart without any explanation as to what they have done. In some hospitals, the patient seems to get a distinct impression of being the trespasser on the territory of the medical team than the other way round.

3.2 Methods of Promoting Good Customer Relations

Broadly, there are two methods of promoting good public relations in a hospital. They are the operative method and the communicative method.

3.3.1 Operative Methods

Operative methods are essentially connected with almost every aspect of the hospital's operations, including those that are carried out by such workmen as telephone operators, inquiry office personnel and admission office clerks to mention a few. All those coming in contact with patients, as well as those operating behind the screen share the same burden.

The three fundamental ingredients of a hospital's operation are : (i) cheerful and courteous behaviour, (ii) prompt and efficient treatment, and (iii) clean surroundings and well-kept appearance of workers. Some of the important aspects are enumerated below.

1. A high quality of patient care is the sine quo non of good public relations. No amount of smiles and propaganda can compensate for poor professional care.
2. Adequate physical facilities with a good functional layout. Adequate waiting areas, toilets, drinking water and refreshment facility in the outpatient department and such facilities which take care of the basic creature comforts of the patients and others.
3. To make others happy, one must be happy himself. Good morale of workers not only increases efficiency, but workers with high morale interact in a positive manner with one another and also with patients and the community. Frustrated doctors, nurses, technicians and paramedical personnel will bring the working of the hospital into disrepute. The least expensive way to improve public relations is to render the service with a smile and cheerful greeting.
4. By placing more emphasis on technology in dealing with the diagnosis and treatment, there must always be a continuous effort not to create other anxieties and concerns. As Florence Nightingale exhorted that the first concern of the hospital is to do patient no harm.
5. Operating efficiency with effective coordination among all clinical departments and other supportive services stems from good administration. Organizational structure, policies and procedures, authority and accountability should be clearly understood by each worker.
6. Sensitive areas
 - a. Many misunderstandings by patients and public originate in the OPD. Efforts should be made to reduce high waiting time of the patients in OPD.

- b. Lindell has felt that the nature of the admission process plays a major part in determining the humanity of the hospital. The procedure may be an administrative triumph, but if it reduce our patient to a barely significant case or number who is an imposition on the high technology medical shrine, the process is a failure.
 - c. Delay in receiving specimens at the laboratory counter and delay at the dispensary should be curtailed.
 - d. Casualty department must be organized to deal with any type of casualty, at the same time causing least confusion when a number of relations accompany the patient.
 - e. Importance of food served hot from the dietary department and of clean and well-pressed linen from the hospital laundry cannot be overemphasized.
7. Other activities The Hospital premises should be kept clean at all times and not only during the morning working hours. Hospital visitors should be dealt with courteously- their visit to a hospital inpatient is of great emotional value to the patient. A member of nursing or medical staff should be available in the ward during visiting hours to answer their queries. Availability of medico-social workers in a hospital is very beneficial in respects of patients having social problems more than medical problems. Voluntary services by people from the community help to provide emotional support to patients. Such services can run libraries for patients, write letters on behalf of disabled patients and help the nursing staff in carrying out unskilled nursing chores. Perhaps the greatest benefit is that they soon develop an insight into the limitations of the hospital and, by discussing the same with other members of the community, cause a mutual understanding and goodwill between the hospital and the community.

3.3.2 Communicative Methods

These methods employ means of communication in all possible forms to enable the hospital to convey its message to the public. Some of these are also intermixed with the intramural functions of the hospital and operative methods. The other deals with the media. The communicative methods may be used in the following ways.

1. Making available appropriate information to the patients, their relatives and visitors at enquiry and registration, and also on patients discharge regarding his or her

health status and follow-up. A discharge interview with the attending physician can serve this purpose well.

2. An open-house approach to the visitors without interfering in the routine medical Care functions. Large number of visitors to patient cannot be avoided in our peculiar socio-cultural ethos.
3. The queries of the relatives and visitors can be satisfied if a doctor or senior nurse conversant with the ward is made available in the ward during the visiting hours for this purpose.
4. Administrative rounds by hospital administrators at different levels. However, they should be as informal as possible.
5. A provision to listen to verbal complaints instead of insisting on written ones.
6. Written communication : prompt replies to questions.
7. Provision of a suggestion box at an appropriate place.
8. Visual communication- film shows, exhibitions, hospital brochure.
9. Hospital tours by groups such as school teachers and students, housewives and members of women's organizations, people's representatives, religious leaders.
10. Holding of an annual "Hospital Day" or open-house day where public can be shown every aspect of the hospital's operations including some of the highly technical functions.
11. Advisory committee- its role should be to suggest to hospital administration the methods to overcome their shortcomings, and interpret the functioning of the hospital to the community.
12. Talks and interviews on radio and television.

In his discussion on the humanization of the hospital, Lindell has advocated that firstly the misconceptions held by community towards the hospital should be dispelled by breaking down the "trauma", "crisis" and "high technology" association and by developing the health maintenance and community support images. Secondly, the physical setting should be modified to respect the "human" in the patient is understood and respected. On entering hospitals, people do not cease to be individuals with no personalities and, needs and do not cease to interact of their own and become merely bodies.

3.3.3 Indicators for Measuring Customer Relations

The following are the means through which the extent of public relations can be gauged.

- Patient satisfaction surveys
- General opinion poll
- Number of complaints received
- Extent of voluntary effort by community
- Turnover of medical staff
- Consistency in attendance by patients
- Donations
- Letters to editors in local papers.
- Inpatients leaving against medical advice (LAMA).

Public Relations Officer

Few hospital authorities have regarded public relations as a special function calling for the services of an expert. In smaller hospitals, the chief hospitals administrator or his deputy usually assumes this responsibility in dealing with the external agencies, delegating certain functions to others at appropriate levels. However, larger hospital will require a full-time public relations officer.

3.4 Additional Important Considerations

3.4.1 Communication to the press

A prudent administrator must get to know the local press. The local press can be the hospital's principle helper in this regard. A hostile press can do a lot of harm. If an editor understands the hospital's problems, he or she can help enormously. However sensational reporting cannot always be prevented. In such cases, it may be worthwhile to hold a press conference and be frank. When something has gone seriously wrong and consequences may be of legitimate public concern, to await questions and then provide patchy answers is to court disaster. Legitimate information must be volunteered as early as possible

Clearance of all material intended for release must be controlled by the chief of public relations who would consult the concerned departmental chief. The material should be put on a format and released in a manner calculated to benefit the hospital. Information

regarding the condition of hospital patients, especially VIP's and very serious patients, should be guarded and preferably governed by an approved code. Interviews of patients by the press of taking their photographs should only be permitted if the patient or his or her relatives consent and if it is in the hospital's interest.

3.4.2 Medical Information and Information Regarding Patients

Information concerning the medical staff for release for public consumption, except medical papers for professional publications, is required to be cleared by public relations. Needless to say, such information and medical facts should be within the ambit of medical ethics. No information regarding patients should be released without the consent of the patient (for which a consent form must be signed by the patient) and the consent should be "informed consent". All questions about the hospital, its operations and its patients which are likely to be publicly quoted or published must be cleared and replied only by the chief of public relations.

3.4.3 Nursing Services

Whatever may be the physical condition, the psychological needs or patients demand a strong sense of its recognition by nurses. The nursing staff must learn to assess with a refined judgment what are the patient's needs without, more often than not, the voluntary declaration of how he or she feels or wants. To this end, the nursing education programme should be able to prepare them adequately for performance of the patient activities related to their cultural bases. The hospital administrator on his part must determine the patient commitments peculiar to his hospital, communicate them effectively to all levels of supervision and through them to the nursing staff for creation of better team spirit. Problems identified through consumer critique can be manipulated by managerial efforts which involve nothing but thoughtfulness, concern for patient's needs are respect for human dignity than anything else.

3.4.4 Role of women's voluntary organization

There is considerable scope of women's voluntary organizations not only to improve public relations but also in easing some of the administrative burdens of the hospital. These organizations have been doing commendable work for many worthwhile causes, including

health care; there is no reason why their services should not be utilized on a bigger scale in hospitals.

In many western countries, millions of women give their dedicated time to voluntary hospital services. In USA, the service is formalized in the form of “Women’s Hospital Auxiliary”. The NHS of England has demonstrated the effectiveness of community involvement especially in long stay hospitals and utilizes the services of volunteers extensively. For the last 20 years, the NHS has shown its appreciation of volunteers by appointing voluntary service coordinators (320 VSCS in 1986) to get the best out of it, and to enhance the effectiveness of voluntary service contribution.

Voluntary effort by such organization can be utilized in hospital wards, in the OPD, at the reception and enquiry counter, in managing gift shop and in fund raising. However it is through their work generally establishing community contact and educating the community that their public relations value lies. The volunteers should be made conversant with the general functioning of the hospital in order to make effective community contact.

However, it should be made certain that such services do not attempt to exercise authority in the administration of the hospital and become a liability than an asset. Usually, they can be of unestimable value, provided working relationship between such organizations and hospital administration are laid down on mutual understanding.

3.4.5 Conclusion

In conclusion, it is necessary to strive to provide a high quality of service as well as to educate the public on the hospital’s problems or limitations. The hospital has to exist, function, survive and grow as a part of the social system, it cannot function in its own ivory tower. It is bound to be influenced by the external and internal environment as in turn it influences them. The warmth, concern, perception, sensitivity, and compassion are integral to the art and business of healing- it can never be replaced by technology. Nursing services has an extremely important role to play in this respect. The patients and the community have a legitimate right to expect a reasonably satisfactory standard of service, and the hospital has an obligation to meet it. Public relations programme cannot be a sporadic activity but has to be ongoing process.

Unit 4 □ CUSTOMER SATISFACTION

Structure

4.1 Customer Satisfaction

4.1.1 Introduction

4.1.2 Concept of Satisfaction

4.1.3 Why is patient satisfaction important?

4.1.4 Factors Influencing Patient Satisfaction

4.1.5 Suggestions for Improving Patient Satisfaction

4.2 Patient Dissatisfaction

4.2.1 Service Recovery

4.2.2 Action Plan for service recovery

4.1 Customer Satisfaction

4.1.1 Introduction

A patient is the main user of a hospital. He is a person in distress. He expects from the hospital

1. Comfort
2. Care, and
3. Cure.

His distress is more if

- he is not attended to, but left alone
- the attending personnel do not ask him what his trouble is
- the attending personnel do not listen to him when he is explaining his problem
- his troubles (complaints) are not taken seriously (patients are some times told that they are exaggerating their problems)
- he does not get quick relief
- he is not told what is being done about him

- he is not told what he can expect in terms of attention and cure
- there is an atmosphere of pain and distress around him, particularly in general wards
- there is an atmosphere of filth and neglect (unkempt surroundings, dirty linen, pests on the food and walls)
- the discomfort through illness is accentuated by mosquitoes, loud noises like diwali crackers, marriage and music, etc.

The primary function of a hospital is patient care. The patient is the ultimate consumer to the hospital. It is one of the yardsticks to measure the success of service that it produces. The effectiveness of the hospital relates to provision of good patient care as intended. The patient satisfaction is the real testimony to the efficiency of hospital administration⁹. As the hospital serves all the members of the society the expectations of the users differ from one individual to another individual because everyone carries a particular set of thoughts, feelings and needs. Hence determination of patients' real feelings is very difficult. It is the responsibility of the administrator. "Put yourself in your patient's shoes," this proverb explains how to proceed with a patient. Though it is difficult one can get it by using some tips such as listening to the patients, asking questions and seeking answers, by doing something extra for each patient and by admitting mistakes gracefully and so on.

4.1.2 Concept of Satisfaction

Satisfaction is an important element in the evaluation stage. It refers to the consumers' state of being adequately rewarded. Adequacy of satisfaction is a result of matching the actual past experience with the expected reward. Patients form certain expectations prior to the visit. Once patients come to the hospital and experience the facilities, they may then become either satisfied or dissatisfied. Satisfaction or dissatisfaction refers to emotional response to the evaluation of service, consumption, experience. It will have five key elements. They are :

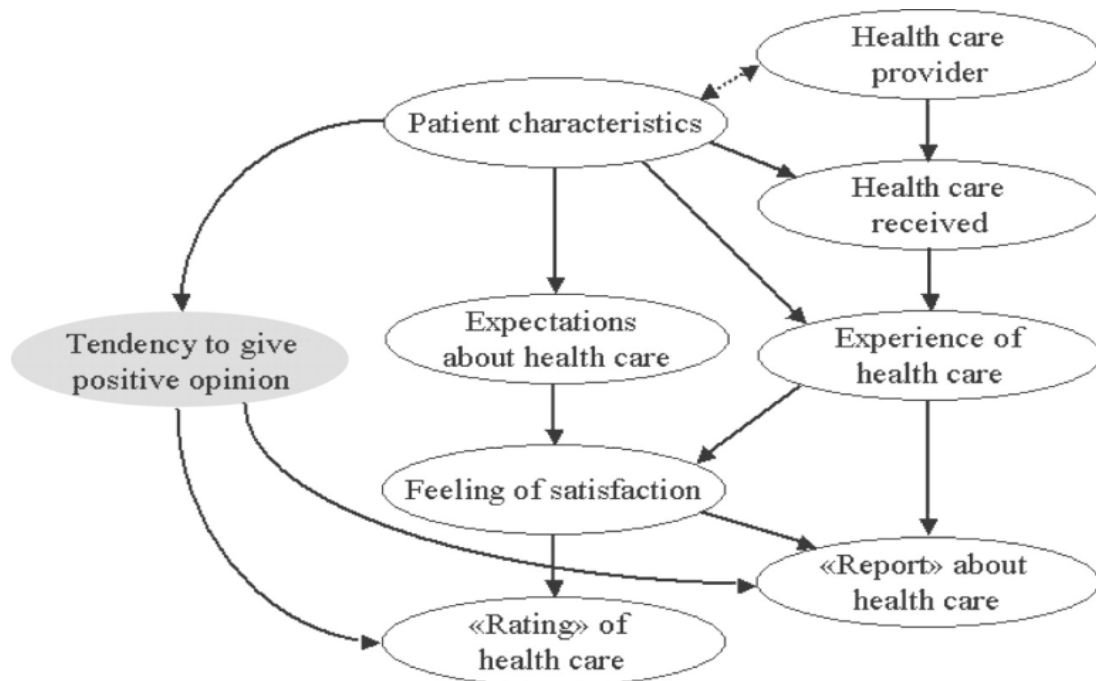
- 1. Expectations** : The seeds of patient satisfaction are sowed during the pre-purchase phase when consumers develop expectations or beliefs about what they expect to receive from the product. These expectations are carried forward and again activated at the time of reusing.
- 2. Performance** : During the usage of services the patients experience the actual product in use and perceive its performance on the dimensions that are important to us.

3. **Comparison** : It will be done after usage with pre-usage expectations.
4. **Confirmation/Disconfirmation** : Comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. **Discrepancy** : If the performance levels are not equal, discrepancy results.

4.1.3 Why is patient satisfaction important?

- Public accountability
- Quality improvement
 - *Macro-level* :
 - system performance management
 - benchmarking
 - competition/contestability through markets
 - *Micro-level* :
 - feedback to professionals and managers
 - acceptability of processes / social model of health

A theoretical model of patient views



Problems of expectations

- Assumed rationality of utility-maximising individuals (economics, marketing)
- Unformed, imprecise, manipulable
- Different meanings
 - Ideal – what we would like to happen, irrespective of reality
 - Normative – what we believe ought to happen
 - Predicted – what we really think will happen

What are the determinants?

Patient specific

- Expectations – lack of evidence
- Health status
 - poorer health, more negative
 - longer length of stay, more negative
 - repeat patients, more negative
- Socio-demography
 - Age – consistent positive relationship (adults) unclear amongst children (and parents of young)
 - Gender – inconclusive / mixed results
 - Education – more educated can be more critical
 - Ethnicity – inconclusive / mixed results
 - Socio-economic status – inconsistent effect
 - Married/co-habiting – more positive on human aspects, less positive on physical aspects

What are the determinants?

survey logistics

- Responding alone (without help), more positive
- Significant others – often more negative
- Immediate responders (1st mailing), more positive
 - later responders tend to be older, widowed and needing help to answer

One or several dimensions?

- Global satisfaction
 - Limited relationship to health care experience
 - May be a measure of quality of life, rather than quality of health care
- Specifics show multidimensional picture
 - Varies according to health service

4.1.4 Factors Influencing Patient Satisfaction

Every human being carries a particular set of thoughts, feelings and needs. The wishing list might be of value for those who want to know the real person within the patient. One must admit that there are a lot of things which could be altered. By getting to know the patients a little more to get their views on the care one ought to come closer to what the patients consider as a good care¹⁰.

It can be said that there are five determinants of patient satisfaction, they are

1. **Reliability** : the ability to perform promised service dependably and accurately.
2. **Responsiveness** : the willingness to help the patients and provide prompt service.
3. **Assurance** : The knowledge and courtesy of employees and their ability to convey trust and confidence.
4. **Empathy** : the provision of caring and individualized attention to patients.
5. **Tangibles** : the appearance of physical facilities, equipment, personal and communication materials.

Excellently managed healthcare organizations are having the following practices.

1. Top service hospitals are patient obsessed. They have a clear sense of their target customers and their needs.
2. The best service hospitals set high service quality standards. The standards must be set appropriately high, which leads to patient satisfaction.
3. Culture, subculture and social classes are important in determining the satisfaction levels. Culture is the fundamental determinant of an individual's wants and behaviour. It refers to a set of feelings of the patient or his relatives. Social class reflects sex, income, occupation, education, area of residence and recreational preferences, etc. which are important in determining the satisfaction levels.

4. The patient's behaviour is greatly influenced by social factors like reference groups, ideas, beliefs. Reference groups here refer to peers, relatives, neighbours and friends. The family members are the important persons in influencing the patient.
5. The person's satisfaction is influenced by the psychological factors such as perception, learning and attitudes.

Apart from the above, other factors that influences the patient satisfaction include availability of adequate staff, availability of physical facilities and equipment, design of the ward, cleanliness, environment, availability of clinical services, work load of the staff, behaviour of the doctors, nursing staff, paramedical staff, effectiveness of management functions, the leadership styles of administrators, communication channels, policies and procedures etc.

4.1.5 Suggestions for Improving Patient Satisfaction

The concept of hospital today is different from what it used to be in the past. Earlier importance was given to traditional custodian functions but today it is recognized as a social institution. As we are moving to service economy the customers are more critical and keen towards quality services and high standards. Here the importance is for relations along with physical facilities. Patients, the only reason for a hospital's existence, need services, which are reasonably accessible, and readily available at all times. In this changed environment patient becomes focal point. Hence, the hospitals must strive for maximum patient satisfaction and provide patient oriented service. Satisfaction gives confidence in the patient in facing the diseases. It is difficult to determine the real feelings of a patient. It is the responsibility of the hospital administrators to keep the patient and his attendants in satisfied state. From the above discussion, it may be concluded that out of three sample hospitals Deccan that runs along corporate lines is satisfying the needs of the patients considerably. As a superspeciality hospital, the authorities are succeeded in providing basic facilities to the needy patients. Though it stood first in the analysis, these hospitals are not away from the problems. The change in the doctors and other staff of these hospitals is not real. It is only half hearted. Doctors are unable to come out from their own psychological set up. Paramedical staff is becoming strong and envious of doctors and Institution and unable to come up to the expectations of the top administration. Another problem is cost of medical care. One should not ignore the Indian conditions. Here, more than 25% of the population is below the poverty line. These masses cannot afford to pay. But our corporate hospitals are becoming centers for rich. So there is every need to bring down the costs of the services and should be economical. Moreover, unethical advertisements, Heavy

advertisements are to be curbed with heavy hand. Doctors should not forget the Indian code of medical ethics, which will be given to each applicant at the time of their registration and asks the applicants to pledge to dedicate their lives to the service of humanity.

4.2 Patient Dissatisfaction

“An Error gracefully acknowledged is a victory won.”

Most patients are very forgiving if they are informed about the situation that may have resulted in poor service, or given them a bad impression about the organisation. They are even more forgiving if they get a personal apology. They may become lifetime converts and proponents of your hospital if a tangible expression of regret takes place.

4.2.1 Service Recovery

● The process of acknowledging and correcting errors is called service recovery. The steps in service recovery are called the Triple A Action Plan :

- Acknowledge
- Apologise
- Amend

The Triple a Action Plan

Acknowledging the Mistakes

APOLOGISE

- Saying “I am sorry” is a critical step in service recovery.
- An Apology conveys concern, which is one of the key characteristics patients seek from physicians and the staff members.
- If there’s even the slightest question as to whether something went wrong apologies anyway. You can’t go wrong and your patient will be impressed.

AMEND

- No matter how seemingly the error may be a demonstration shows grace and sincerity.
- Making amends can be a simple but heartfelt act.
- To captivate the patient do something unexpected or beyond what’s called for.

- Making amends should mean giving the offended party options.
- People like being given choices because it gives them a feeling of control.

Basic requirement of the ‘Amendment’ step are :

- Employees must convey sincere concern and interest upon learning of a problem.
- They must be empowered to solve problems and make amends.
- ‘Customer first’ and ‘do whatever it takes’ attitude is a must towards service recovery.

4.2.2 Action Plan for Service Recovery

STRIVE FOR PERFECTION BUT PLAN FOR RECOVERY

We care about what our customers think. We aren’t perfect, but we’ll work continually and consistently to get there.

- Accept that mistakes will occur, but don’t accept the mistakes.
- Institute a service recovery strategy
- Acknowledge the mistake
- Apologise ,even when you are not at fault.
- Amend. Take corrective action as a tangible indication of regret that it occurred.
- Be sympathetic in listening to complaints and sincere in conveying regret.
- Identify the source of the mistake to prevent recurrence.
- Provide methods for errors to be brought out, surveys suggestion boxes, personal follow-up, exit interviews.
- Create a “threat free” environment to encourage everyone-patients, carers, staffs and referral sources-to point out service errors.
- Correct and criticize the process, not the person.
- Empower employees to take corrective action immediately.

Unit 5 □ HEALTH INSURANCE

Structure

5.1 Introduction

5.2 Third Party Administrator & Pre Authorization

5.2.1 TPA infrastructure & service structure

5.2.2 Billing & Recovery

5.3 Corporate Billing

5.4 Medclaim

5.5 Life Insurance

5.1 Introduction

With the growing population and increase in modern life style diseases have become very common in day to day life. Till recently the Insurance policyholders had to pay the hospital for treatment and then send the bills to the insurance company for reimbursement. Henceforth the insured will not have to pay the network hospitals after undergoing treatment. He will have to sign the bills and we will pay the hospital for the treatment undertaken by the insured. Purpose of this department is mainly to build- up connection with various companies/ organizations with the motive to serve the patient & to provide a quality health care service.

In a hospital in Kolkata (WB), Rabindra Nath Tagore International Institute of Cardiac Sciences, a study was carried on to understand the actual methodology of claiming medical insurance money through TPA and various Corporate ties up of same esteemed institution.

5.2 Third Party Administrator & Pre Authorization

METHODOLOGY : The study in the project deals with giving a picture of the insurance sector, next the necessity and reason of growth of Third Party Administrator (TPA), studying the TPA sector. The project shows the problems faced by hospitals (Study done on Rabindranath Tagore International Institute of Cardiac Sciences. RTIICS)

entertaining the patients having cashless facility through TPA's throughout the procedure of admitting the patient to recovering the bill amount from the TPA.

To study the above, a survey was conducted to meet different TPA's understanding the problem faced by them and being also actively involved with RTIICS to study their problems. Surfing the Internet has helped to collect data for this assignment.

ACTIVITIES : The activities that are carried out in this department are mentioned as follows :

- 1) This department mainly tries to build up connection with various – (A) Public Organization, (B) Private Organization and providers necessary health care services. First a particular company is contacted and necessary details of the hospital is given (i.e. Empanelment Letter) and invited them for a visit to the hospital. In hospital they are explained of various state of art of facilities and the doctors availability on duty. After getting the desired satisfaction company sends his employees to the hospital.
- 2) It serves patients on the basis of mediclaim & necessary insurance paper which involve Third Party Administrator (TPA). It also looks after the referral patients who are being referred by the insurance company.
- 3) It also treats emergency, referred, corporate patients effectively & efficiently.
- 4) Public enterprise also gets same facilities which are being approved by the Central Govt. Health Scheme.

ADMISSION :

Planned Hospitalization-

Emergency Hospitalization : TPA Health card holder will contact for admission during emergency. The hospital should admit the patient as per the policy of the hospital. The hospital will fax the pre- authorization request to TPA completely filled within 3 hours of admission. TPA will revert within 6 hours of the receipt of the pre-authorisation request.

Pre authorization : In case of emergency hospitalization the hospital is required to obtain an authorization letter from TPA. A request for authorization (Pre – authorization) has to be filled and faxed to TPA. TPA will send an authorization to the hospital based on the policy terms and conditions of the insured . TPA will stand guarantee for hospitalization expenses incurred by the hospital on a TPA Healthcard holder only if an authorization is obtained. A mere possession of the TPA Healthcard does not guarantee that TPA will pay the hospital. A specimen copy of the pre-authorization is attached.

Additional copies can be obtained from the nearest TPA office. The hospital is required to send TPA a complete pre-authorization request form. TPA will revert within 6 hours.

AUTHORIZATION :

This is a very important document. TPA will send an authorization addressed to the hospital. This authorization may be faxed to the hospital or sent to the policyholder.

The Authorization letter will carry the following details :

- Name of the patient
- Age & sex
- TPA healthcare number
- Aliment/ disease/ injury for which hospitalization is being sort
- Recommending doctor's name if any
- Hospitalisation expenses up to which TPA will stand guarantee.

5.2.1 TPA Infrastructure & Service Structure

- All India set-up, with well equipped offices for client handling and decentralized.
- All India Network Hospitals for cash less service with negotiated rates and discounts.
- Web based software for online transaction. E Cards
- 24x7 call Center and Toll Free lines
- Trained manpower in client relations, medical assessment, systems & IT, finance, claims, etc.
- Strong IT set-up viz, data server, web server, VPN/ leased lines, back –u, firewalls etc.

CASHLESS SERVICE :

Planned Hospitalization : Insured approaches TPA network hospital with Doctor Prescription or meet consulting doctor.

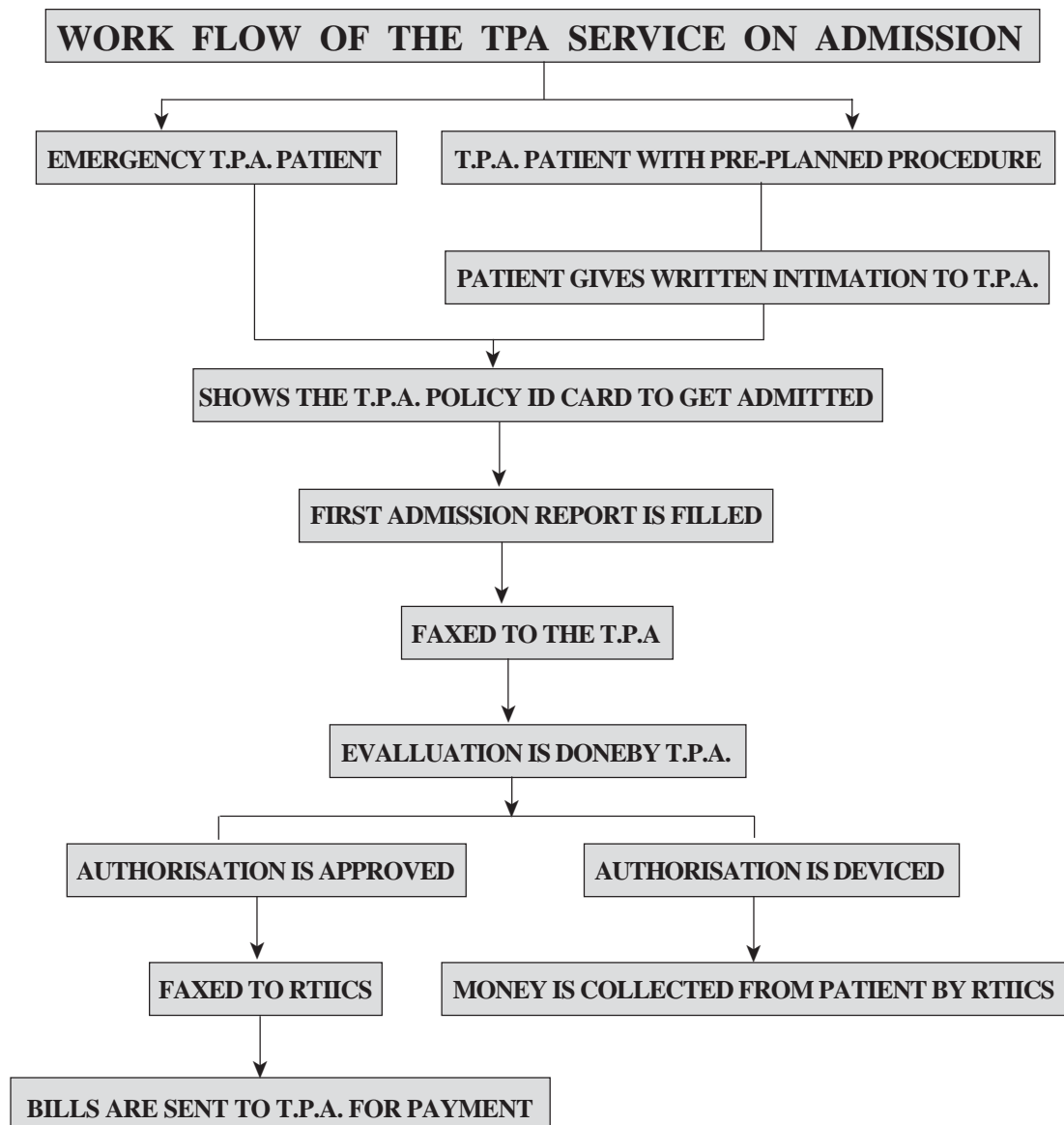
EMERGENCY HOSPITALIZATION :

- Insured rushes to nearest Network/ Non Network Hospital
- Inform TPA/ Insurer about the situation.

AT THE TIME OF ADMISSION :

- TPA ID- card is produced at hospital reception

- Hospital Fills-up pre-authorization form (Standardised documents)
- Part I deals with name, card no., corporate name etc
- Part II deals with declaration, previous policy/ claim details, signatures.
- Hospital will fill part II- details like presenting complaints, clinical finding, line of treatment, past ailment history, date of admission, approx duration of hospitalization, approx costs (with breakup), signature of treating doctor.



5.2.2 Billing and Recovery

Once the patient is get discharged a claim form is signed by the patient and along with the bill his original papers are sent to TPA for processing.

The Papers sent after admission for the particular patient are :

- i) Covering letter stating the details of patient and amount claimed.
- ii) A copy of authorization letter.
- iii) A copy of first admission report.
- iv) The original signed claim form.
- v) A break-up of the hospital bill in hospital letter head.
- vi) The original bill of the patient.
- vii) Vouchers of medicine, consumables, and investigations are shown in the break-up bill.
- viii) The original inpatient file of the patient which contains discharge summary, procedure report, report for which amount claimed such as blood report, x-ray plate and x-ray reports.
- ix) Any test done from outside the hospital during the hospital stay of the patient is also included separately in the bill and bills in connection and reports of the same are also attached.

Payment of the same are received at least after one month of claim as per the agreement.

DOCUMENTS HANDED OVER TO THE PATIENTS :

Xerox of Discharge summary, containing reports of laboratory and investigations, medicines prescribed , etc. is given to the patient for further requirement.

Unit 6 □ NEWS MEDIA RELATIONS

Structure

- 6.1 Introduction**
- 6.2 Initial steps in establishing and maintaining good media relations**
- 6.3 Basic guidelines for dealing with news media**
- 6.4 A Primer for the hospitals**
- 6.5 Releasing News to the Press**
- 6.6 Press Conference**
- 6.7 Responding to Media Criticism**

6.1 Introduction

Every hospital, regardless of its size and location, and whether or not it has a public relations department, should have a written media relations policy that establishes a protocol for working with news media and for releasing information. Among other things, the official policy should specifically state who speaks for the hospital – the chief executive officer or the public relations officer or any other – and in their absence as during after hours and holidays, who may be called to make a statement to the press. The higher ranked the spokesperson in the hierarchy the better. The policy should be made known to all staff so that everyone knows to whom reporters and their calls should be directed.

6.2 Initial steps in establishing and maintaining good media relations

- Develop a press kit of complete background materials of the hospital for use by the media.
- Develop a list of important media houses and reporters and establish a rapport with them.
- Provide to the press names, designations and telephone numbers of official spokesperson(s).

- Cultivate reporters who handle hospital news; encourage PR Officer to visit them periodically.
- Place positive and proactive stories about the hospital in the media as opposed to reactive ones over which the hospital has little control.
- Seize every opportunity to be positively in the news for the hospital.
- Make every effort for hospital CEO to be industry spokesman and be a close ally of the media by responding to their calls thereby putting the hospital in the news.
- Learn to say things in a newsworthy way which the media will readily quote.
- Develop a consummate disaster plan clearly delineating how to handle news media during a disaster. Give copies to media houses.

6.3 Basic guidelines for dealing with news media

Be honest. Do not make untruthful statements or plant stories in the media that are not true in order to make the hospital look good. One lie or misleading statement might destroy the media's confidence in the hospital and the credibility of its spokesperson.

Be accurate. Figures, statements, names, time, etc. given to the press should be absolutely correct and conform to the official policy. Do not bluff when you don't have the facts.

Be concise and professional. Space and time in newspapers and on the air are always at a premium and competition for them is fierce. Chances of stories, etc. being accepted are good when they are prepared professionally and in good journalistic style. Otherwise they will be pruned, rewritten or rejected outright.

Be appreciative. A thank-you note or telephone call to the editor who published the hospital's story is always appreciated. "Just called to say what an incredibly fine job you did on the story."

6.4 A Primer for the hospitals

- Understand that it never pays to be uncooperative with the press and that any decision to avoid answering questions may have deleterious effects on the hospital.

- Have respect for the journalist and understand his need. That need is to have a news story that his editor will judge to be worth using – a story that many readers will find interesting. Also respect the reporter’s time and the fact that he is working on deadlines. A reporter’s deadline is not yours.
- If your hospital wants to influence the outcome of an impending story, calls from reporters should be answered immediately. Failure to respond to their calls is tantamount to giving up an opportunity to influence the story. It may also make reporters say, “Officials of the hospital refused to comment.” This can bring discredit to the hospital.
- Do not ever say, “No comment.” “No comment” is generally regarded as a way of saying that the person has something to hide. It will invite negative press coverage and damage press relations.
- Be honest, open, and candid. When mistakes are made, do not be defensive. Don’t be afraid to say, “We erred. We regret it.”
- Do not bluff when you don’t have the facts. It is always acceptable to say, “I don’t have a ready answer, but I’ll check.”
- Do not question editor’s integrity. That will destroy good media relations and prompt the press to investigate the hospital in depth and detail.
- Remember that nothing is ever “off the record” when talking to reporters. Don’t ever say anything that you do not want to see printed or broadcast.
- When the hospital is involved in any controversy, cooperate fully to get the story uncovered as quickly as possible. Be immediately available to the press. Tell the truth and give as many facts as possible. This will cut down on rumours and speculations.
- Do not ignore the local news media. You have to live and work with them. If you refer to the national news media, you will have a difficult time mending relationship with the former.

6.5 Releasing News to the Press

In dealing with the press, an understanding of its working is beneficial. In press relations, editors and reporters set a high premium on accuracy and style. It is strongly

recommended that the public relations officers who usually deal with the press enroll themselves in an introductory course in journalism.

A basic journalism text, a good dictionary, a thesaurus and a press stylebook are the essential tools to any public relations writer.

The best way to ensure that names, figures, date, time and other information go into print and on the air correctly and the story is done in the most favourable fashion is to prepare and send a news release to the media. If the news has an element of timeliness requiring that it should be released at a particular time or day, it should be so mentioned. Otherwise in most cases it should state “For Immediate Release.”

Without going into details, suffice it to say that there is a standard format and a well established and acceptable way of preparing news releases which the hospital CEOs and public relations officers will do well to be familiar with.

6.6 Press Conference

Although a press / news conference is an efficient way of giving information to all the media at one time, it could turn out to be a tricky business too. Every news conference runs the risk of turning into a potentially volatile and dangerous forum. More often than not CEOs or hospital spokespersons get their fingers burnt in the process. One of the potential dangers – there are several others – is that questions stray from the topic of the conference to areas the person holding the press meet is not prepared to discuss, or topics that put him on the defensive. In such situations, the person may lose his cool, even walk out of the conference room. Moreover, a news conference should be conducted only if there is solid or hard news of widespread interest. Hospital news generally does not make an exciting topic for reporters as political news does, and reporters don’t come flocking unless news is one of great significance, not to mention that a breaking story elsewhere may preempt or completely wash out the hospital’s press conference.

For most hospital Managers handling a news conference means sweaty palms. It needs a lot of preparation, constant practice, intelligence, communication skill and knowledge of the subject inside out. A better option is an interview with a reporter on a one-on-one basis. It is more informal and is utilized to provide feature stories and exclusives. Interview needs preparation and practice too. One must be familiar with the ground rules, have a

positive attitude and remember that during the interview the searchlight is turned more on the interviewee and his answers rather than on the interviewer and his questions.

6.7 Responding to Media Criticism

Hospitals should be wary of rushing to respond to media criticism even when they are unjust, and more so when the criticism reflects the public mood or outcry. All the same, when there is an inaccurate print or broadcast coverage, hospitals must respond to set the records straight and draw the attention of the media and the public to inaccurate statements or false accusations. There is a danger if these inaccuracies are not corrected then and there. Most news organizations maintain subject clipping files for future reference. These files are retrieved and used again. When inaccurate statements reappear, they pick up credibility. Then it is too late to correct them.

Hospitals should consider if the unfavourable media coverage is serious enough to warrant a response and whether it has undermined its reputation or shaken public confidence in the hospital as a health care provider. It should also consider whether the response would have the desired effect or simply backfire. Finally, it should consider if it has effective weapons in its arsenal such as hard facts with which to successfully refute the story.

Unit 7 □ ETHICS AND LAWS

Structure

- 7.1 Introduction**
- 7.2 General acts/legislations applicable to hospitals**
- 7.3 Medical/professional acts applicable to hospitals**
- 7.4 Miscellaneous acts applicable to hospitals**
- 7.5 Law of torts**
- 7.6 The patient and the consumer protection act, 1986**
 - 7.6.1 Introduction**
 - 7.6.2 Objects and reason for the act**
 - 7.6.3 Consumer disputes redressal agencies**
 - 7.6.4 Powers of consumers disputes**

7.1 Introduction

The increasing number of medico legal cases has made it necessary for hospitals and medical administrators to become aware of the medico legal aspects to minimize civil and criminal litigation and ensure quality of medical care. In India, lawyers as yet have very little training and exposure in the complex issues involved in the medical care. Therefore, health care personnel must understand the basic medico legal issues involved in personal injury, negligence, malpractice medical frauds, professional in competency, ethical issues in human experimentation, defensive medicine, organ transplants, reproduction medicine, sex determination and genetic counseling. Then only they can do the right things, and protect themselves from frivolous litigations.

Government hospitals in the past were considered to represent the sovereign power, and under the dictum “sovereign can do no wrong” were considered immune from tort liability in respect of their employees who were considered to be engaged in official acts. The principle of sovereignty has now been abandoned everywhere except in India, where it is still on the statute book. However, it is noteworthy that the courts have now started talking more humanistic views in favour of plaintiffs in cases involving sovereign immunity.

There is an increasing awareness among the public about the duties and obligations of medical practitioners (as individuals) as well as of the hospitals where they work. Many recent cases such as electrocution of the patient on the operation table in a government hospital, operating in wrong eye in a government hospital, death in hospital due to denial of bed in ICU, irreparable damage to the knee joint as a result of surgical operations, etc. have refocused the attention of medical administrators to the problem.

In a point of view about what the public thinks about the hospitals, people feel that a doctor can get away with it because he or she has the protection of an institution. A patient has to suffer because he or she does not know his or her legal rights and is not aware of legal remedies. Nobody ever tells the patient his or her rights and guarantees against a doctor’s carelessness which may cause him or her physical injury for ever, or even death.

There are a large number of nursing homes which have changed their boards to hospitals. Many of them are unregistered. A large number of hospitals are being established by businessmen and political leaders. There is hardly any system of pricing, even for common ailments, the price depends upon the customer- how much the patient can pay or how much one can extract of him or her. In the process of generating additional revenue, large number of hospitals have purchased and installed modern technology for diagnosis and treatment, and the patients are pressurized for additional diagnostic tests and procedures.

The consumer cannot think rationally during an episode of sickness and, therefore, is subjected to these additional tests. A large proportion of the population is poor and illiterate, ignorant about their rights and responsibilities, and therefore, at the mercy of the doctors and hospitals.

The hospital administration has an obligation to have a clear understanding of its ethical and legal responsibilities. Hospital management is responsible for the policies, for maintaining a safe hospital, physical facilities and services. In addition, the hospital is also governed by regulations of the local government authorities in respect of building codes, safety

regulations and sanitation arrangements. Being an integral part of the social system, it has to be subject to all laws of the land.

The administration should take due care in establishing policies for selection and appointment of members of medical staff, because it is through the actions of the staff that most legal problems arise. There should also be an understanding of the management's civil and criminal liability. Responsibility for safety from explosive and inflammable anesthetic gases and chemicals, machinery, steam and even damages from falls on slippery floors is that of the administration.

7.2 General Acts/Legislations Applicable to Hospitals

Industrial Disputes Act, 1948

Hospitals were included under the term industry. The industrial dispute act is applicable where the number of employees is 50 or more and lays down the procedure to deal with disputes arising in an industrial establishment. A 1982 amendment to the act exempted hospitals and dispensaries, among others, from the purview of the act, but this provision was kept in abeyance by an amendment in 1984. The government has now a comprehensive legislation under its active consideration to deal with industrial disputes. The government has framed model standing orders under this act which are required to be followed by all institutions covered by the act.

Minimum Wages Act, 1948

Under this act minimum wages are fixed for different categories of workers.

Employees Provident Fund Act

The hospital as employer is required to recover the fund from its employees at prescribed rates, contribute an equal amount as employer's share and credit the fund regularly with the government. It is applicable to hospitals if the number of employees is more than 20, noncompliance is punishable by imprisonment.

Payment of bonus act, 1956

The act is applicable to hospitals with 40 or more employees. Charitable or not-for-profit hospitals are exempt from this act.

Payment of gratuity act, 1972

Gratuity is payable to employees @ 15 day's pay for every completed year of service at the time of his or her superannuation or death. This act is applicable where there are 10 or more workers and in respect of workers who have completed 5 years of service (or at least one year in case of death).

Payment of Wages Act, 1936

Statement of wages showing all details is required to be given to the employee, wages paid during the first seven days of the month, and only authorized deductions can be made from the wages.

Employees State Insurance Act, 1948

Employees State Insurance Act, 1948 is a measure of social and health insurance for which it provides monetary and medical benefits to industrial employees in case of sickness, maternity and employment related injury. The hospital as employer has to contribute 4 per cent of the total wage bill to the scheme.

If the hospital is providing complete and free treatment to the employees and their dependents, the provisions of ESI will not be applicable.

7.3 Medical/ Professional Acts Applicable to Hospitals

Indian Medical Council Act, 1933

Indian Medical Council Act, 1933 lays down the code of ethics for medical practitioners and regulates medical education. State Medical Councils established under the act have the same function in their respective states except that recognition of teaching hospitals is centrally governed by the IMC act.

Indian Nursing Council Act, 1947

Indian Nursing Council Act, 1947 act lays down the educational standards and requirements for registration of nurses.

The Pharmacy Act, 1948

The Pharmacy Act, 1948 deals with the establishment of pharmacies and drug stores and with the profession of pharmacist's. A hospital has to acquire a drug license if it sells drugs across the counter, where only registered pharmacist can be employed for dispensing of drugs.

Births and Deaths and Marriages Registration Act

Births and deaths and marriages registration act lays down the responsibilities of the hospital regarding informing births and deaths in hospitals. All births and deaths taking place in the hospital are to be registered under the act. They are to be notified immediately to the local municipal authority and the Registrar's office.

7.4 Miscellaneous Acts Applicable to Hospitals

Societies Registration Act, 1860

Societies Registration Act, 1860 governs the working and management of institutions established or owned by charitable trusts.

All hospitals in the voluntary sector or nongovernmental organizations (NGOs) in the field of medical care have to be registered under this act.

State Public Charitable Trust Acts

Some states have enacted their own public Charitable Trust Act which generally governs the detail working and management of hospitals established by public charitable trusts. In such states, the society must also be registered under the state act.

Acts in Relation to Establishment of Hospitals or Nursing Homes

There are local laws in each states governing the establishment and standards about the hospitals/ nursing homes. Such acts should be studied in advance. Maharashtra has its Bombay Nursing Home Registration Act of 1949.

Shops and Establishment Acts

Any establishment legally falling under this definition within the local municipal jurisdiction has to be registered under this act. The act may be known under different titles in different states. Maharashtra has its Shops and Establishment Act of 1948. if any hospital is governed under this act, then it is also governed by all other labour enactments.

7.5 Law of Torts

The word "tort" is derived from the Latin *tortus* which means twisted or crooked. Tort can be defined as "any wrong, injury or damage to the person for which a civil suit can be brought".

Various Examples of Major Torts as follows.

1. Act of wrongful commission (e.g. unnecessary operation)
2. Act of omission (e.g. autopsy without obtaining consent)
3. Negligence (e.g. swab or instrument in abdomen)
4. intentional interference(e.g. that which can lead to physical and/ or mental disturbance).
5. Invasion of the right of privacy
6. Breach of professional secrecy (e.g. making known to public that “the patient is sterile”)
7. Assault or battery (e.g. surgeon going beyond the limit of patient’s consent)
8. Miscellaneous torts
 - a. Nuisances (inconvenience or damage to individuals or public)
 - b. Misrepresentation (deceit)
 - c. Defamation (slander, libel)
 - d. Malicious persecution.

In India, the number of lawsuits against physicians for torts or civil wrongs resulting from various acts of commission or omission are almost nonexistent. Hardly 1 in 10,000 doctors would have been dragged into court by patients, as against 1.5 per cent in the United States.

7.6 The Patient and the Consumer Protection Act, 1986

7.6.1 Introduction

Till recently, if any dispute regarding negligence on the part of the doctors or hospitals was raised in a court of law, it was either filed under the Law of Torts to claim damages or under Sections 304A, 336, 337 and 338 of the Indian Penal Code to get the negligent punished. However, after the introduction of the Consumer Protection Act, 1986, a drastic change has taken place, and we find a number of complaints being filed by patients and their heirs in the District Forum, and State/National Commission created

under the Consumer Protection Act, 1986, against individual doctors and hospitals for negligence.

There can be a number of reasons for this change, but the main reasons are :

- (i) increasing knowledge of one's rights as a patient;
- (ii) doctors and hospitals are no more held in high esteem as they were held before;
- (iii) no cost is involved if a complaint is filed in the District Forum or State/National commission under the Consumer Protection Act, since a patient can make out of his case and argue it himself; and
- (iv) a complaint is decided within a short span of three to four months under the Consumer Protection Act while it usually takes years in the civil/criminal courts.

Thus the Act has opened up possibilities of easy, cheap and quick redressal of grievances. The lowest tribunal under the Act is the District Forum. Higher valuation matters have been given to the State Commission and the National Commission. The State Commission will hear and decide appeals against the orders of the District Forum. The National Commission in turn will hear and decide appeals against the orders of the State Commission. A Special Leave Petition raising questions of Law against the orders of the National Commission may be made to the Supreme Court.

7.6.2 Objects and Reasons for the Act

The Consumer Protection Act, 1986, seeks to provide better protection of the interests of consumers and, for that purpose, to make provision for the establishment of consumer councils and other authorities for the settlement of consumer disputes and for matters connected therewith, in order to provide speedy and cheap remedy to the consumers.

It seeks to promote and protect the rights of consumers such as :

1. the right to be protected against marketing of goods which are hazardous to life and property;
2. the right to be informed about the quality, quantity, potency, purity, standard and price of goods to protect the consumer against unfair trade practices;
3. the right to be assured, wherever possible, access to a variety of goods at competitive prices;
4. the right to be heard and to be assured that the consumer's interests will receive due consideration at appropriate forums;

5. the right to seek redressal against unfair trade practice or unscrupulous exploitation of consumers; and
6. the right to consumer education..

7.6.3 Consumer Disputes Redressal Agencies

There are three sets of redressal agencies : District Forums, the State Consumer Disputes Redressal Commission, and the National Consumer Disputes Redressal Commission.

1. The District Forum shall consist of one president and two members :
 - (a) A person who is or has been or is qualified to be a District Judge will be its President;
 - (b) A person of eminence in the field of education, trade or commerce;
 - (c) A lady social worker.

The District Forum shall have jurisdiction to entertain complaints where the value of the goods or services and the compensation, if any, claimed does not exceed Rs 20 lakhs.

2. The State Commission shall consist of one president and two members :
 - (a) a person who is or has been a judge of a High Court shall be its President;
 - (b) two other members who shall be persons of ability, integrity and standing and have adequate knowledge or experience of, or have shown capacity in dealing with, problems relating to economics, law, commerce, accountancy, industry, public affairs or administration, one of whom shall be a woman.

The state commission shall have the jurisdiction to entertain complaints of above Rs 20 lakhs but not exceeding Rs 1crore as well as appeals against the orders of any District Forum within the state.

3. The National Commission shall consist of one president and four members :
 - (a) a person who is or has been a judge of the Supreme Court shall be its president;
 - (b) four other members who shall be persons of ability, integrity and standing and have adequate knowledge or experience of, and have shown capacity in dealing with problems relating to economics, law, commerce, accountancy, industry, public affairs or administration, one of whom shall be a woman.

The National Commission shall have jurisdiction to attend to complaints where the value of the goods and services and compensation, if any, claimed exceeds Rs 1 crore as well as appeals against the orders of any State Commission.

7.6.4 Powers of Consumer Disputes Redressal Agencies

The agencies such as District Forum/State Commission/National Commission under the Act, though act as quasi-judicial bodies, yet enjoy wide powers of both civil and criminal courts to adjudicate the disputes in a proper legal manner. They have been vested with the same powers as are vested in a civil court of competent jurisdiction under the Code of Civil Procedure while trying a regular suit in :

- (i) summoning and enforcing the attendance of any opposite party of witness and examining the witness on oath;
- (ii) The discovery and production of any document or other material object producible as evidence;
- (iii) the reception of evidence on Affidavits;
- (iv) the requisitioning of an expert or report from any other relevant source; and
- (v) issuing a commission for examination of any witness and any other matter which may be prescribed?

Model Question Paper -VIII

Objective type questions

1. Fill in the blanks :
 - a) A patient has to sign _____ before he goes for any surgical procedure in the hospital.
 - b) _____ takes the responsibility for the full or part of the payment of the patient medical bills in the hospital if he is _____.
 - c) Maximum dissatisfaction among inpatient originates from _____ and _____.
 - d) The most important function of HRM is _____.
 - e) Two modes of Public communication are _____ and _____.
 - f) 'Apples' observes that "Management is the _____ of people and not the _____ of things.
 - g) The handling of physical, material and financial resources is very different from handling human beings as the latter are not intangible or passive
 - h) An organization – formal or informal, large or small, is composed of people.
 - i) Today's management should have basic knowledge about human behavior and interrelationships of human beings
 - j) Any complaint and suggestions should receive prompt attention and wherever possible remedial actions be taken

Short Questions

2. What are the indicators of measuring Public Relations?
3. Explain Hospital Ethics ?
4. What is the importance of Human Resource Management in an Organization?

5. What are Customer Relations and the major cause of their satisfaction and dissatisfaction?
6. What are the General Acts/legislations applicable to hospitals?
7. What is the Customer Protection Act?
8. What are the initial steps taken in establishing and maintaining good media relations. Highlight the basic guidelines to do the same.
9. ROLE OF HUMAN RESOURCE MANAGERS OF TOMORROW
10. JOHN MEE'S OBSERVATIONS OF THE PHILOSOPHY OF HUMAN RELATIONS
11. Scope of Human Relations
12. Additional skills for the hospital Public Relations Officer

Long questions

13. What do we understand by Human Resource Management .What are the essential assumption of HRM and highlight the HRM's utilization?
14. Why do we think that Public Relation springs from Human Relations? What is the base of good image and how can we promote good Public Relations in a hospital.
15. How Human Relations is the most important aspect of Hospital. What steps should we take to maintain cordial human relations? Highlight the importance of human relations in a hospital in detail?
16. Define Human Relations (Mention all the different definitions)
17. What are the main characteristics of Human Relations?
18. What are the fundamental assumptions in the human relations approach ?
19. Why is an understanding of human behaviour essential?
20. What are the steps to improve Human Relations in an organization?
21. Managers should adopt ten easy steps for improving and maintaining a good human relations climate their organizations : Enumerate them.
22. What are the methods of Improving Public Relations in Hospitals ?

Reference :

An article by G D Kunders on developing an abiding media relations programme.

Personnel Management & Industrial Relations by L N Tripathy

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PUBLIC RELATIONS IN HOSPITAL

By R. C. Anand* and A. Chakravarti**

Various sites and blogs on the Internet

Paper-IX
COMMUNICATION

Unit 1 □ MEANING AND CONCEPT OF COMMUNICATION

Structure

- 1.1 Introduction
- 1.2 Definition
 - 1.2.1 Concept
 - 1.2.2 Why is concept important ?
- 1.3 Importance of communication for professionals.
- 1.4 Types of communication
- 1.5 Dimensions of communication
- 1.6 Means of communication
- 1.7 Elements of communication
- 1.8 Determinants of communication

1.1 Introduction

If there is one field of human activity, which has been subject to most extensive research and study, and yet has eluded the much sought after insightful understanding, it is **communication**. It is the very basic phenomenon upon which rests the entire fabric of the society and all the human interactions within it. Whether inside formal organisation or without, people always interact in order to reach purposive ends and the enabling instrument in this is communication. It is pervasive in all human endeavours and activities.

In organisations, it is only through communication that all the important functions of information handling, instructing, directing, integrating and monitoring are carried out. In person-to-person relationships, mutual trust, understanding and co-operation can be achieved only with the help of meaningful communication. Interpersonal conflicts and misunderstandings arise where there is a lack of communication. Thus it can be seen how important communication is in organisations as well as in social situations.

In the healthcare industry, most of the tasks are characterised by speed and accuracy. From this can be understood the magnitude of information handling that would be required and the need for emphasis on communication.

In the study of communication we provide a deeper and insightful knowledge to extend into organisational areas such as structure, hierarchy, authority and management functions. Of necessity, the present study will have to be limited in scope. The objective of the papers on communication series is to create an understanding of the process of communication and how it is related to the structure of organisation, and to enable one to relate this knowledge to one's effective task performance.

Communication plays a vital roll in the administration of any type of organization, whether it be an industry, a hotel or a hospital. Inadequate communication between management and the employee causes misunderstanding, confusion and occasionally total chaos. On the other hand, proper communication can pave the way for better relations, greater job satisfaction on account of clarity of job requirements and organizational goals, better cooperation, fostering attitude necessary for motivation etc. Basic human needs like recognition, self actualization and sense of belonging are also satisfied due to effective communication. It is the duty of the management to improve communication between themselves and the employees.

A convergence of Internet, television, information technologies etc has created new operational Zones whose structure no one is yet sure of. In such an ambiguous scenario, only the fittest and the fastest can survive and thrive. Such organizations are constantly seeking transparency and open communication channels between its employees, suppliers, customers and competitors. In this competitive world free flow of communication is essential for any organization to survive.

1.2 Definition

What is Communication?

Communication has been defined in numerous ways. The one chosen for the purpose of the present study is : “Communication is a mutual exchange of facts, thoughts and perception, resulting in common understanding of all parties. This does not imply agreement.” An examination of this definition reveals the following ingredients as being important in communication : -

- (a) Communication is purpose oriented.
- (b) It is a two-way process.
- (c) Psychosocial aspects like thoughts, feelings, emotions and values are involved in communication.

Communication in hospital services does not mean mere exchange of messages. It embraces a great deal more. The values, prejudices, feelings and personality factors of all the participants concerned come into play. Used appropriately, communication can be the most effective instrument for the satisfaction of the patients and their relatives. Its absence or inappropriate use can lead to conflicts and problems

Communication is the process of passing messages from one mind to another. The use of the word 'mind' is intended to imply the importance of conveying facts, ideas, emotions, opinions and all other types of instructions in such a way that they can be understood by the person receiving them.

Some other Definitions :

- the activity of communicating; the activity of conveying information;
- something that is communicated by or to or between people or groups
- a connection allowing access between persons or places
- Communication allows people to exchange thoughts by one of several methods. There are auditory means, such as speaking or singing, and physical means, such as sign language, touch, or eye contact.

Peter Drucker identifies four fundamentals of communication, which show the nature of the process. These are briefly stated below : -

(a) Communication is Perception.

This implies that it is only the recipient who communicates, because if he doesn't perceive what is transmitted, no communication takes place. The effectiveness of communication is limited to the recipient's range of perception.

(b) Communication is Expectation.

People perceive only what they expect to. The unexpected is ignored or misunderstood.

(c) Communication Makes Demands.

Experiments have shown that words with unpleasant emotional charges or threats tend to be suppressed while those with pleasant associations are retained longer. In other words, communication makes a demand on the recipient in terms of his emotional preference or rejection. It also demands him to become somebody or do something.

(d) Communication and Information are Different.

Information is logic, formal and impersonal, while communication is perception. The less tied-up information is with human factors, the more valid and reliable it becomes. However, both of these are interdependent.

1.3 Concept

Communication is a learned skill. Most people are born with the physical ability to talk, but we must learn to speak well and communicate effectively. Speaking, listening, and our ability to understand verbal and nonverbal meanings are skills we develop in various ways. We learn basic communication skills by observing other people and modeling our behaviors based on what we see. We also are taught some communication skills directly through education, and by practicing those skills and having them evaluated. Communication as an academic discipline relates to all the ways we communicate, so it embraces a large body of study and knowledge. The communication discipline includes both verbal and nonverbal messages. The field of communication focuses on how people use messages to generate meanings within and across various contexts, cultures, channels, and media. The field promotes the effective and ethical practice of human communication.

1.3.1 Why is Communication Important?

Oral communication has long been our main method for communicating with one another. It is estimated that 75% of a person's day is spent communicating in some way. A majority of your communication time may be spent speaking and listening, while a minority of that time is spent reading and writing. These communication actions reflect skills which foster personal, academic, and professional success. A multitude of examples stem from these studies. The Wall Street Journal reported the findings of a survey of 480 companies that found that employers ranked communication abilities first among the desirable personal qualities of future employees. In a report on fastest growing careers, the U.S. Department of Labor states that communication skills will be in demand across occupations well into the next century. In a national survey of 1000 human resource managers, oral communication skills are identified as valuable for both obtaining employment and successful job performance. Executives with Fortune 500 companies indicate that college students need better communication skills, as well as the ability to work in teams

and with people from diverse backgrounds. Case studies of high-wage companies also state that essential skills for future workers include problem solving, working in groups, and the ability to communicate effectively. When 1000 faculty members from a cross section of disciplines were asked to identify basic competencies for every college graduate, skills in communicating topped the list. Even an economics professor states that, “. . . we are living in a communications revolution comparable to the invention of printing . In an age of increasing talk, it’s wiser talk we need most. Communication studies might well be central to colleges and universities in the 21st century.”

1.3 Importance of communication for Professionals

The importance of communication skills cannot be underestimated. Good communication skills are necessary in all walks of life. The lack of effective communication skills has a negative impact on the personal as well as professional life of a person.

Good communication skills are a prerequisite for health care providers. Ineffective communication, rather than incompetence, precludes the doctor from conveying to the patient that the former has the best interests of the patient in mind. For instance, a doctor may be knowledgeable and may have considerable expertise in his area of work. However, a patient may feel neglected or ignored if the doctor is not particularly good at communicating. The disillusioned patient may also consider getting a second opinion. A simple miscommunication, especially when a one is ill, makes one feel awful. A good health care provider, who is able to put patients at ease with a few comforting gestures and words, will definitely be an asset to any hospital.

Good communication skills are an invaluable asset to a front office staff since he/she is entrusted with the task of convincing the patients about the facilities being provided in a hospital. This is done by assessing the needs of the patients and suggesting what would meet their requirements.

While the importance of verbal communication cannot be underestimated, one cannot do away or ignore written communication. A simple billboard, carrying a well written message, manages to hold our attention at a crossing. Authors have been mesmerizing voracious readers by the power of their words. The enthralled reader flips through the pages, reading well into the night, without giving much thought to the mode of communication. The above examples would have clearly illustrated the importance of communication skills.

Communication does not refer only to articulating words. Using sign language and the sense of touch to express and feel are also important modes of communication. Ultimately, communication should be effective. As long as there is clarity in communication, the goal of communication will be accomplished.

Importance of Communication In The Workplace

Written on December 5, 2011 by Doreen McGunagle in Communications

Communication is defined as the exchange of thoughts, information, or opinions using media, such as signs, writing, or speech. You must possess the necessary skills to enable you to convey your thoughts through various modes of interaction. **Communication in the workplace** is very important to ensure no conflicts or misconceptions are formed between the employees.

Being successful at your office requires you to be able to communicate effectively as it influences the accomplishment of the organizational objectives. The onus of initiating efficient methods of interaction lies with the management to ensure there is no confusion among the employees. The senior management must provide details on the various channels that are used to transmit information.

Management must also provide means for the employees to relay their thoughts and ideas to their seniors. This is very important because lack of such channels can lead to negativity and spreading of misinformation and rumors. Moreover, this can create a barrier between the management and the employees that can harm the success of the business.

Some of the barriers that exist for effective channels of passing information include the lacking of trust and respect between individuals. Another obstacle in the way of effective communication is the lack of the necessary skills to deliver messages efficiently. An important barrier that restricts the flow of information is the lack of time as people are very busy completing their tasks.

To overcome the above-mentioned barriers requires diligent efforts and leadership qualities from the company top managers. They must identify the existing barriers and implement various methods that provide an open channel for passing information. With consistency and regular efforts, you will be able to overcome these barriers to enable efficient flow of information.

To improve your skills, you must focus on outcome thinking and not react to a situation. Before passing the information, you must plan and think of what you want to

communicate. Focus on the outcome and plan a strategy that ensures you meet your objective.

Secondly, you must consider the various modes that are available and choose the most appropriate method. You need to choose between a personal meeting, a telephonic conversation, or an email message. Depending on what you want to communicate and the desired outcome, choose the best suitable medium to effectively transmit the information.

While passing information to others, you must ensure the medium used to send the information does not appear disrespectful to the receivers. If the message appears rude, insulting, or demeaning, it will be rejected and create a distance between you and the receiver. This is especially common in workplace where seniors often disregard the respect for their subordinates while talking to them.

Communication in the workplace is very important to ensure the smooth functioning of the office. However, you must remember that all individuals are different and learn to identify these differences. Barriers between various levels of employees are common and management must make concentrated efforts to overcome these. You must be willing to modify the means of communicating in case you are not able to achieve the desired results.

1.4 Types of Communication

As said earlier, communication occurs in all social situations. It can also take place within a person. Communication is generally categorized into three types - organisational, inter-personal and intrapersonal communication.

Organisational Communication.

Everyone is familiar with this type of communication. It is a work-a-day experience. It encompasses generation or collection of data, collation and dissemination of information, decision making and implementation, and management of conflict.

Interpersonal Communication. Interpersonal communication is that takes place between two persons. It is characterised by active interaction. The quality of encounter and the relationship, that occurs between two people through such transaction determines extent to which growth and development are enabled, mutual trust, understanding and consideration grow out of positive transaction.

Intrapersonal Communication. Human beings are given to self-reflection and introspection. It is a kind of communication one holds with one's self. The psychologist CG Jung observed, "Self is a product of intrapersonal communication or the behaviour that results from the dialogue between conscious experience and unconscious values." The range and depth of a person's experience of the physical and abstract world around him, his self-awareness, and concept of self are determined by the quality of intrapersonal communication. Further, it is the ability to become aware of one's self that helps one understand others. Thus intrapersonal communication indirectly influences interpersonal communication.

1.5 Dimensions of Communication

To understand the nature of communication it is important to know its various dimensions. Communication has **FIVE** dimensions. They are as follows :

1. **Communication can be Intentional or Unintentional** : Words are used to express ideas and are intended to have a particular meaning. Sometimes these words communicate something other than what is intended –they have an unintentional meaning.
2. **Communication can be verbal or non verbal** : Communication between individuals is often more nonverbal, involving the body and other objects and actions, than verbal involving words alone. Even if we do not speak, the way we walk, stand, and sit communicates a message to the others. Other forms of nonverbal communications include letters memos, arrangement of office furniture and style and condition of clothing
3. **Communication can be Internal or External** : Internal or intrapersonal communication is the way we talk to ourselves. This involves talking that takes place within ourselves without speaking out the words aloud. But the words that are actually written and spoken are external communication. Nonverbal objects that are chosen to express something are also considered to be external communication.

4. **Communication can involve Humans, Machines or Animals** : Communication obviously involves humans. It also involves machines – for e.g. computers .Humans use computers to improve communication between them. We also need to learn how animals communicate, because the nonverbal behaviour of humans and animals is quite similar.
5. **Communication can take place between two people as well as within the group.** A conversation between two people is called interpersonal communication. Communication within groups is classified as either small communication or mass communication.

1.6 Means of Communication

There are many means one can choose from to initiate and continue communication. It could be verbal, non-verbal, vocal or non-vocal. The following matrix shows the various combinations and the resultant channels one can use for communicating.

| | | |
|-------------------|----------------------------|---|
| | Vocal | Non vocal |
| Verbal | Spoken Word | Written Word |
| <i>Non verbal</i> | Scream, Grunt, Inflection, | Gesture, Spatial Relationship, and Facial Expression |

The effectiveness of communication depends on, among other factors, the choice of means appropriate to the situation. Many experiments have been conducted to identify the right channel for each situation and some of these findings and recommendations will be discussed later.

1.7 Elements of Communication

NOISE

RECEIVER CHANNEL SOURCE ENCODING DECODING

FEEDBACK

The elements in the process of communication :-

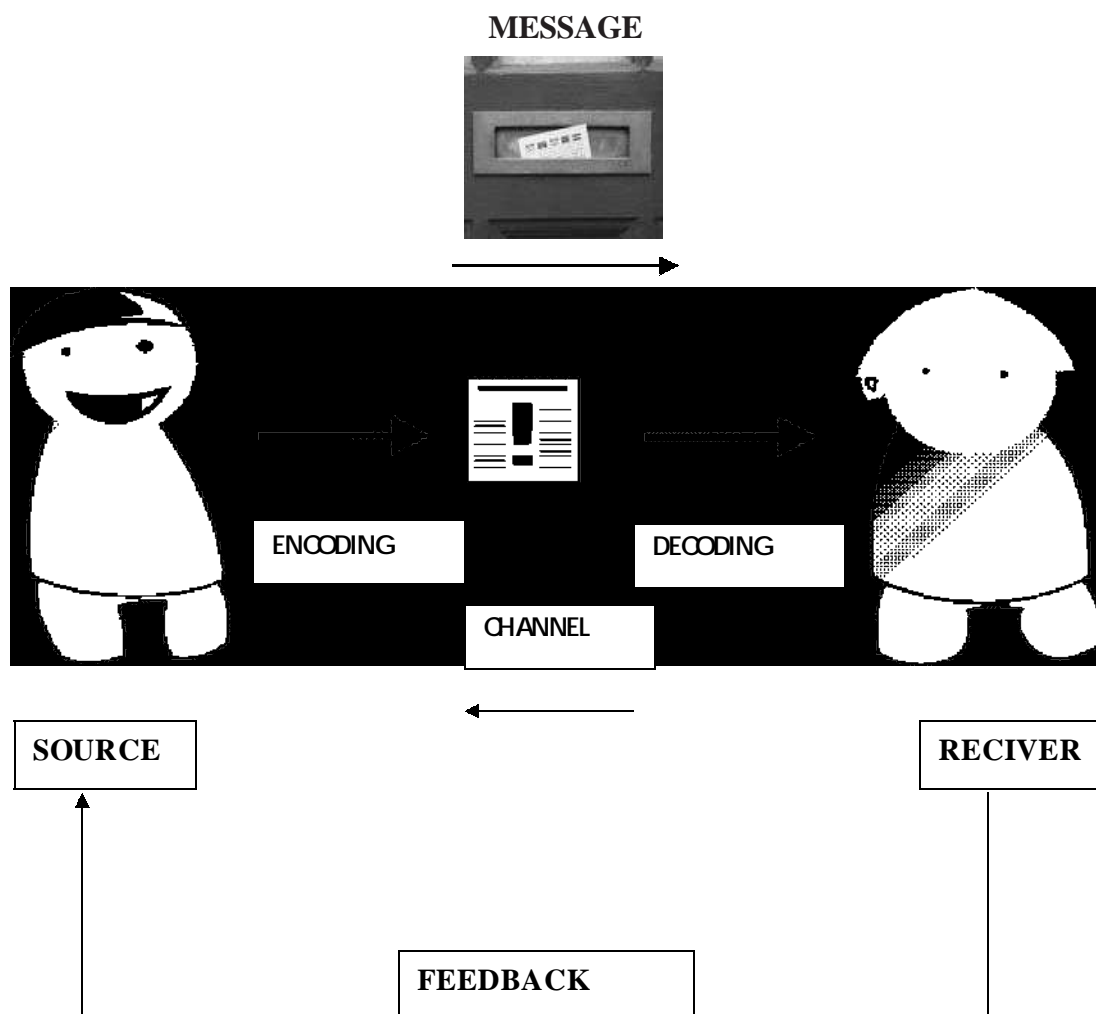
Source

In an organisation situation the source is normally a person with ideas, intentions, information, and a purpose for communicating. One of the prime responsibilities of the source is to ensure that the communication initiated is within the field of perception of the receiver.

Encoding

One of the prerequisites of communication is to establish a common base of understanding between sender and receiver. Encoding is a process, which partially achieves this. It translates the conceptions of the source into symbols and forms.

One of the simplified models of communication is shown below to illustrate



Message

It is the “hardware” or the physical product of the source encoder. The shape and form that a message assumes are determined by the channel that would be used and the speed intended.

Channel

Channel of communication is the mode that is used for conveying the message from the source to the receiver. A message could be verbal, written, face-to-face, telephonic, mass-media etc. The appropriateness of channel selection contributes to effectiveness of communication.

Decoder - Receiver

As pointed out earlier, real communication takes place only when the recipient takes cognizance of what is emitted. The most important of the elements in the process is decoding the incoming message in terms of the receiver’s past experience, expectations etc. Most problems in communication situations occur when there is incongruence between source - encoder and decode receiver.

Feedback. The source or sender ought to know the impact of his message on the recipient. Firstly, he has to be assured that it has been received full as intended, secondly, we should know that the message is understood and its contents have had the desired influence. This element, therefore, has to be in-built in the system of communication.

Noise. The process of communication is susceptible to distortion, breakdown, or interference along any of the elements. There are numerous organisational and human causes, which contribute to noise in communication situations. This is one of the subjects for discussion in the succeeding paper. However, suffice it to know at this stage that this element is a problem source, and awareness of its existence and the skill to mitigate its influence are essential to effective leadership.

1.8 Determinants of Communication

Verbal communication depends on language for transactions. However, even a shared language cannot fully establish the common basis for mutual understanding between participants in a transaction. This is because there are multiple determinants of meaning.

Semantics

Words are symbols, and they represent objects and abstractions because of their being continually associated with them in a particular culture. Meanings are, therefore, culturally determined. Over the years, the vocabulary increases and the meanings of some words change. Certain words mean many different things and carry different connotations. It is, therefore, possible that a word is differently interpreted by different people, engaged in the same communication system.

Frame of Reference

Each one perceives events and environmental stimuli in terms of his personal frame of reference, which is constituted of his background, attitudes, early experience and knowledge. Frame of reference plays an important part in the encoding and decoding processes.

Emotions

The encoding and decoding are also considerably influenced by the emotions of the sender and receiver respectively. The meanings people attach to words depend on them. They are also part of the thinking process, and, therefore, their influence on meaning will always be there in some degree or other.

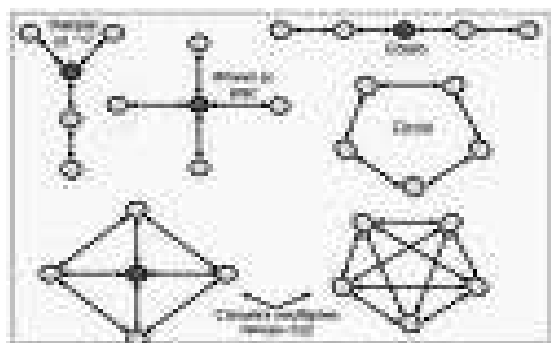
Situational Context

Words, phrases and sentences are to be perceived in the total context of a communication if the intended idea or meanings are to be conveyed. The meanings of words and sentences are contingent upon the preceding and following parts of the text of communication. Any part taken out of its content and received in isolation would convey a very different meaning from the original.

Communication Networks

There are different patterns or networks of communication, each of which has its own characteristics. The structure of the network influences speed and accuracy of message handling, and performance and motivation of the participants.

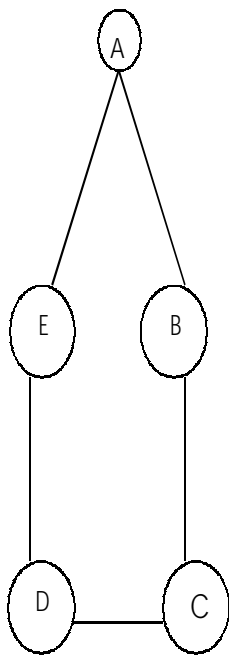
Some of the most common structures are shown below : -



Around 1950, Leavitt and his group carried out experiments to evaluate the effectiveness of the different networks. For each position in every network, indices of centrality and peripherality were worked out by them. Network functioning and participants' behaviour were then related to these indices to arrive at a conceptual framework. Some of the findings of researchers are given below :-

(a) **Patterning**

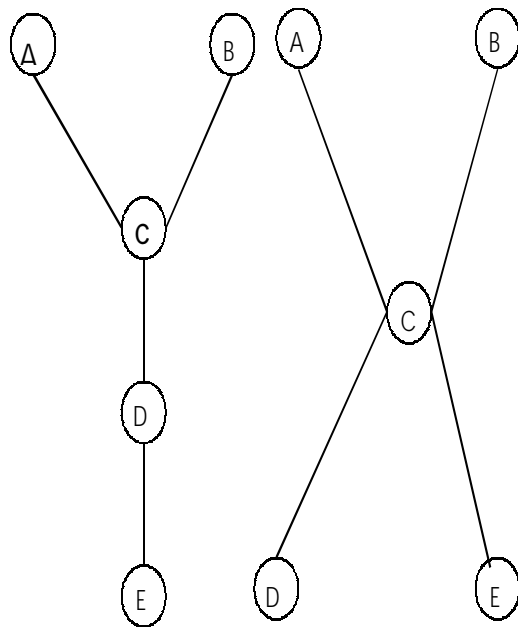
- (i) The "Wheel" was consistent in its operation – peripheral positions sending information to the central point (C), which worked out answers and decisions.
- (ii) "Y" operated so as to give the Central position (C) complete decision-making authority. Organisation in this took longer than wheel to evolve, but remained stable after evolving.
- (iii) In the "Chain," information was sent from both ends to the central position (C) Organisation took longer than other two to stabilise.
- (iv) The "Circle" had no consistent operational organisation.



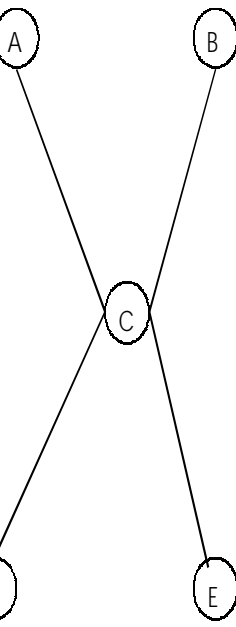
(iv) CIRCLE



(iii) CHAIN



(ii) "Y"



(i) WHEEL

- (b) Message handling was faster in wheel than in Circle.
- (c) Circle used more messages than others to solve problems.
- (d) Though more decision errors occurred in Circle than in any other, a greater proportion of them was corrected than in others.
- (e) Leaders emerged invariably in Wheel and 'Y' but less frequently in Chain and Circle. In the Wheel, position "C" was always considered the leader.
- (f) Only in the "wheel" people were able to recognise the organisation.
- (g) Enjoyment of participants of their jobs was in the order of - Circle, Chain, 'Y, 'Wheel;' Circle being the most enjoyable.
- (h) Circle members sent more information, messages and replies than members of any other pattern.
- (j) The persons holding the central position had greater probability of becoming leaders and also deriving job satisfaction.
- (k) The Circle displayed remarkable ability to adapt to sudden changes and confused situations which others, particularly the Wheel, did not possess

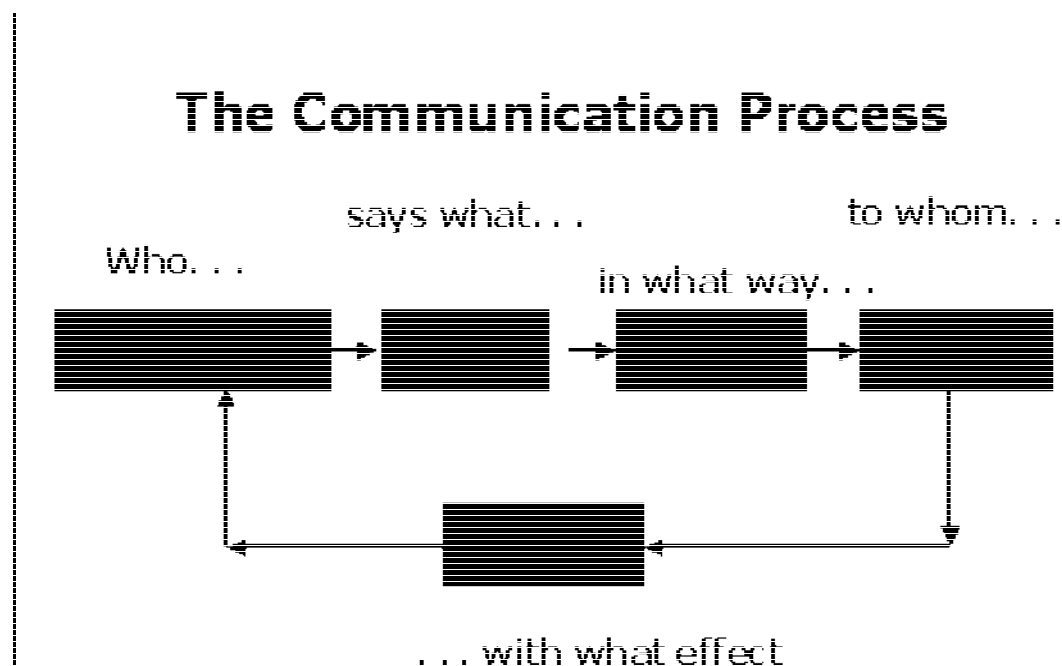
The study revealed that the network affected the behaviour of participants in a communication situation. The aspects of behaviour observed were accuracy, total activity, member satisfaction, emergence of leader and organisation. The position a person occupied in a pattern was found to influence satisfaction and leadership emergence.

Unit 2 □ PROCESS OF COMMUNICATION

Structure

- 2.1 What are the parts of the Communication Process?
- 2.2 The communication process
 - 2.2.1 Models of communication
 - 2.2.2 Steps of the communication process
 - 2.2.3 Verbal communication
 - 2.2.4 Nonverbal communication
 - 2.2.5 Medium of communication

2.1 What are the parts of the Communication Process?



Communication begins with a person who creates a message, based on his or her own perception of a situation. This person is a sender, who transmits the message using words, actions body language, tone of voice, and facial expression. The message goes to a

receiver, who has to interpret and evaluate the message ,including all the words and the signals .When the receiver sends the message back to the sender to let the sender know what he or she heard or saw that is called feedback. So, communication is basically the receiving of information that involves responding with meaning.

Much of the skill involved in good communication has to do with how clear the message is .The actual words that are used are known as the content of the message. Sometimes the words are clear and the message is easily understood. But at other times the words might mean different things to different people. The way in which the words are said may also change how they are interpreted.

We all know that they make up what we call the verbal communication .When we include body movements, facial expressions and tone of voice we are adding the nonverbal communication component that makes up nearly 90% of the message. An angry voice and crossed arms can change a friendly supportive message to a hostile and critical one. The way we choose to communicate is known as process. The process may clarify the message or confuse the receiver.

A communication model answers (1) who (2) says what (3) in what channel (4) to whom (5) with what effect. Two elements represent the major parties in a communication – sender and receiver. Two represent the major communication tools – message and media. Four represent major communication functions – encoding, decoding, response, and feedback. The last element is noise in the system.

The model underscores the key factors in effective communication. Senders must know what audiences they want to reach and what responses they want. They encode their messages in a way that takes into account how the target audience. Senders must develop feedback channels so that they can know the receiver’s response to the message.

For a message to be effective, the sender’s encoding process must mesh with the receiver’s decoding process. Messages are essentially signs that must be familiar to the receiver. The more the sender’s field of experience overlaps with that of the receiver, the more effective the message is likely to be. “The source can encode, and the destination can decode, only in terms of the experience each has had.” This puts a burden on communicators from one social stratum (such as advertising people) who want to communicate effectively with another stratum (such as factory workers).

The sender’s task is to get his or her message through to the receiver. There is considerable noise in the environment – people are bombarded by several hundred

commercial messages a day. The target audience may not receive the intended message for any of three reasons. The first is selective attention in that way they will not notice all of the stimuli. The second is selective distortion in that they will retain in permanent memory only a small fraction of the messages that reach them.

The communicator must design the message to win attention in spite of surrounding distractions. The likelihood that a potential receiver will attend to a message is given by

$$\text{Likelihood of attention} = \frac{\text{Perceived reward strength} - \text{Perceived punishment strength}}{\text{Perceived expenditure of effort}}$$

Selective attention explains why ads with bold headlines promising something such as “How to make a Million “along with an arresting illustration and little copy, have a high likelihood of grabbing attention. For very little effort, the receiver might gain a great reward.

As for selective distortion, receivers have set attitudes which lead to expectations about what they will hear or see. They will hear what fits into their belief system. As a result, receivers often add things to the message to the message to the message to the message to the message to the message to the message to the message to the message to the message to the message to the message that are not there (amplification) and do not notice other things that are there (leveling). The communicator’s task is to strive for message simplicity, clarity, interest and repetition to get the main points across to the audience.

As for selective recall, the communicator aims to get the message into the receiver’s long-term memory. Long term memory holds all the information one has ever processed. In entering the receiver’s long term memory, the message can modify the receiver’s belief and attitudes. But first the message has to enter the receiver’s short term memory which is limited-capacity store that processes information. Whether the message passes from the receiver’s short term memory to his or her long-term memory depends on the amount and type of message rehearsal by the receiver. Rehearsal is not simply message repetition; rather, the receiver elaborates on the meaning of the information in a way that brings related thoughts from the receiver’s long term memory into his or her sort term memory. If the receiver’s initial attitude is negative and the person rehearses counterarguments, the message is likely to e rejected but to stay in long term memory. Counter-arguing inhibits persuasion by making an opposing message available. Much of persuasion requires the receiver’s rehearsal of his or her own thoughts. Much of what is called persuasion is self-persuasion.

Communicators have been looking for audience traits that correlate with their degree of persuasibility. People of high education and/ or intelligence are thought to be less persuasible, but the evidence is inconclusive. Women have been found to be more persuasible than men, although this is mediated by a woman's acceptance of the prescribed female role.

Fiske and Hartley have outlined factors that moderate the effect of a communication :

1. The greater the monopoly of the communication source over the recipient, the greater the change or effect in favor of the source over the recipient.
2. Communication effects are greatest where the message is in line with the existing opinions, beliefs, and dispositions of the receiver.
3. Communication can produce the most effective shifts on unfamiliar, lightly felt, peripheral issues, which do not lie at the center of the recipient's value system.
4. communication is likely to be effective where the sources is believed to have expertise, high status, objectivity, or likeability, but particularly where the source has power and can be identified with.
5. the social context group, or reference group will mediate the communication and influence whether or not it is accepted.

2.2 The Communication Process

Communication is a process, which consists of events or phases that are linked together. Whether you are writing, speaking, listening or reading, all these phases are present in the communication process. The process of communication can be divided into five phases. They are :

1. The sender has an idea
2. The idea becomes a message
3. The message is transmitted
4. The receiver gets the message
5. The receiver responds and sends a feedback to the sender.

These five phases of the communication process link the sender to the receiver. Let us examine each of these five phases...

- 1. The Sender has an idea :** Mind constructs the important aspects of the experience into a meaningful thought, which is idea. However, mind deals with the invisible. So the idea, which is invisible, has to be expressed in some form or the other in order to communicate it to others.

Since you do not think in the same manner as others, and yet you want to express your ideas to them, your mind filters out the details to highlight only those aspects that are relevant. This process is known as abstraction. So in the filtering process you make assumptions and judgements or conclusion.

- 2. The idea Becomes a Message :** When we wish to express our ideas to others, then the idea has to take a form and become an expression. Expression is an idea put “in-form” to become information. This is also called “encoding” the message. Idea can be expressed in different ways, depending upon the following :

- a) Subject
- b) Purpose
- c) Audience
- d) Personal Style or Mood
- e) Cultural Background

- 3. The message is transmitted :** In this step of communication process there is a physical transmission of the message from the sender to the receiver. The message transmitted from the sender to the receiver should have a medium, because transmission cannot take place in a vacuum.

The essential element for this transmission is a medium/channel. Channel is a medium that enables the message to be transmitted from the sender to the receiver. The choice of the medium/channel depends on the message, audience, urgency and situation.

- 4. Reception of the message :** The first step in reception of message is “decoding” – i.e. converting the message into thought. The second step “understands” – i.e. communication is not complete unless it is understood. This involves interpretation of the message by the receiver. Third step in the reception of message is “response” to the message – i.e. action.

- 5. Feedback :** Receiver sends his/her response back to the sender. This enables the sender to determine whether the message has been received and produced the intended response.

6. Noise : This term refers to those factors that cause hindrance to the intended message. These are the barriers to communication process.

We can view communication process from different points of emphases. From each point of emphasis communication process takes on a different form. *Business Communication* by Helen R. Ewald & Rebecca E. Burnett, describes communication process from different points of emphases. They are as follows : imparting information, sharing information, or assumptions underlying while communicating information.

2.2.1 Models of communication

Communication process can be described either from the perspective of imparting, or sharing or assumptions. Each of these perspectives can be explained by the use of models. The communication process can take any of the following forms :

1. Transmission Model
2. Reciprocal Model
3. Model Highlighting Model

Transmission Model : when the emphasis is on imparting information, then the transmission model could understand the process of communication. This model enables us to understand the process of communication in terms of information being transmitted from a sender to receiver.



Through this model communication process is seen as a linear process – i.e. message moves in one direction along a line or channel, with information traveling from the source to the audience. This model assumes that, in the absence of disturbance the audience will interpret the message as the sender intends.

The Transmission Model of Communication

This very well-known model of communication was developed by Shannon and Weaver (1949), as the prototypical example of a transmissive model of communication : a model which reduces communication to a process of ‘transmitting information’. It is a simple linear model which is easily understood.

Claude Shannon and Warren Weaver's original model consisted of five elements :

1. An *information source*, which produces a message.
2. A *transmitter*, which encodes the message into signals
3. A *channel*, to which signals are adapted for transmission
4. A *receiver*, which 'decodes' (reconstructs) the message from the signal.
5. A *destination*, where the message arrives.

A sixth element, *noise* is a dysfunctional factor : any interference with the message travelling along the channel (such as 'static' on the telephone or radio) which may lead to the signal received being different from that sent.

Shannon and Weaver's transmission model is the best-known example of the 'informational' approach to communication. Although no serious communication theorist would still accept it, it has also been the most influential model of communication which has yet been developed, and it reflects a commonsense understanding of what communication is.

Lasswell's verbal version of this model : '*Who says what in which channel to whom with what effect ?*' was reflected in subsequent research in human communication which was closely allied to behaviouristic approaches.

The advantages of Shannon and Weaver's model are that it is in a simple, easily understood form; and that it is a general model that can be applied to most types of communication. The five main parts are self-explanatory; the only part that needs some description is the 'noise'. However, the model oversimplifies the process of communication and a number of important considerations have been excluded. In looking at the shortfalls of the transmission model I shall consider interpersonal communication, where source and destination are replaced by sender - message - receiver.

One of the problems with transmission models is that the source is the decision maker and that the destination is passive. The sender chooses a message to send, and the receiver simply receives that message rather than actively participates in the communication process. But communication is a two-way process, a complex system of signals passing back and forth between the participants. People talk to each other, there is never a 'one-sided' conversation, even if the other person is

silent their body language and facial expressions may speak volumes! Transmission models also suggest that communication is always intended, that the sender always sets out to send a message to the receiver, but communication can be unintentional. As I have pointed out we communicate by body language and by facial expression, often revealing far more about our thoughts than by what we say. We do not always say what we mean (we may give conflicting signals), or mean what we say - "I'll kill you" is seldom meant literally! The message may reach the wrong destination by our failure to send it through the 'proper channel', so that it is communicated to someone other than the intended recipient.

Transmission models are linear, suggesting that we simply receive a message as it is sent, but we interpret the messages we receive bringing our own understanding to them. We do not just absorb information, we analyse what we see and hear in order to make sense of it.

There is no exact meaning in any given message, what is meant by the sender may not be the same as what is understood by the receiver. We create meaning according to our personal experiences and our own understanding. So the same message may mean different things to different people. Often there are several ways to interpret a message, and we decide which is appropriate according to the situation at the time. For example, if the receiver is in a bad mood they are more likely to interpret what is communicated in a negative way, looking for meanings that could be construed as confrontational.

Another problem with the fact that the transmission model is linear is that it does not allow for feedback. We rely on the response to a message in order to monitor how successfully we are communicating, and to make necessary adjustments. If the signals that we get from our listener suggest that they have misinterpreted our message or have simply not heard it then we can alter the way in which we communicate in order to meet their needs. Our response to feedback also makes th For instance, a parent may impart excellent advice to their child but if the child would rather be out playing with their friends they are unlikely to pay attention to what is being said and the communication will not be successful. Words often fall on 'deaf' ears! However, if the child asks the parent for advice and the parent is happy to oblige then there is a shared purpose and the parent's message is likely to be successfully communicated.

Time is a factor in communication : people change in their attitude and in their relationship with each other even within a conversation. We often say that we have ‘brought someone round to our way of thinking’ as their attitude changes when we successfully get our message across to them. And people can sometimes adopt a superior air when it becomes apparent that they know more about a particular subject than the other person. And over a period of time there are definite changes within a relationship and purposes are redefined; for example, the way a child and parent communicate alters to reflect their changing needs as the child grows and develops. You would not talk to an adolescent in the same way as you would talk to a small child, nor would you get the same responses.

Another of the ways in which the basic transmission model fails to represent communication is that it does not allow for context. We need a contextual frame in which to make sense of things, whether it be social, historical, cultural, political or other. Communications can break down because of a lack of cultural understanding, that which is implicit within one culture may not be so in another. We make sense of what is said according to the context in which it is said, and we have shared cultural understandings which literally ‘go without saying’. Problems arise when we try to communicate with others from different cultures without allowing for the fact that they may not share our cultural understanding. Contextual frames also help us to communicate in an appropriate manner, for example it would not be considered socially acceptable to laugh and joke when told of someone’s death.

The relationship between people is also important, the way in which we communicate is influenced by the status of the person we are communicating with. For example, a worker is not likely to discuss the conditions of his workplace in the same manner with his boss as he is with his co-worker. And we are more likely to listen carefully (and absorb) something that is said by a person whom we consider to be ‘in authority’, or is an expert in a particular field. We also differentiate in the way we communicate with people of the same or opposite sex, when communicating with the opposite sex we tend to adopt a different approach (which varies according to purpose!) to the relaxed, comfortable manner that we assume when communicating with others of the same sex. We communicate differently with children than we do with other adults - we use simpler language

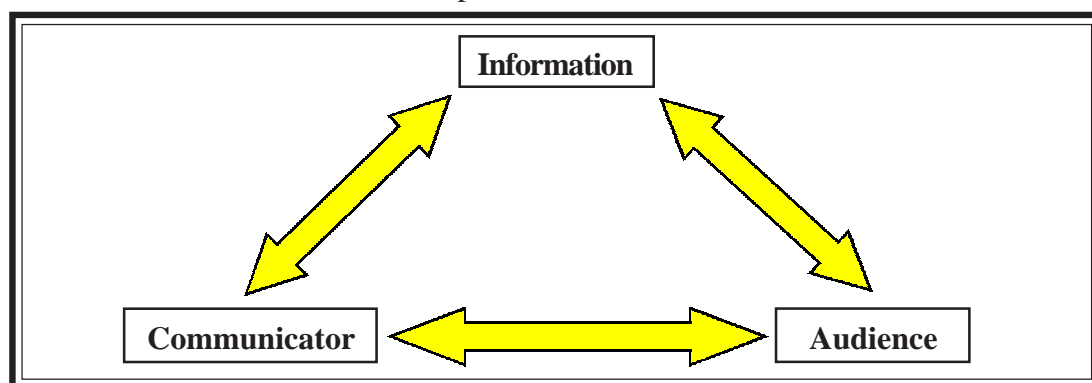
and adopt a position of power, so we are aware that an age gap makes a difference to the way we communicate with one another.

The transmission model does not consider the medium that is used. But the medium is not neutral : it plays an important role in communication. The medium that we choose tells the receiver something of our intention when sending the message, and there are many social conventions that tell us which medium is appropriate. For example, it would not be considered acceptable to fax a lover to tell them that the relationship was over - convention dictates that it should be done face-to-face. And people have definite preferences as to the medium used : many people prefer personal letters to be hand-written as this indicates that the sender has made a special effort to communicate in this way, and many people feel that when someone writes by hand they give something of themselves by the very act of forming the characters on the page. The same convention dictates that it is preferable to type/word process business letters, as it is considered to be more formal and obviously less personal than your own hand. Careful choice of the medium can dramatically enhance or negate the effect of the message. Some media are chosen for practical reasons, some are more suited to the purpose than others - for instance, when writing a report or essay it is more practical to use a word-processor rather than a pen as corrections are much easier (as is the life of the reader!), simply because of the technological differences between the two.

In conclusion, the transmission model is not an accurate reflection of the complex nature of communication. It fails to allow for the construction of meaning which is so vital to our success in communicating with one another. The model does not allow for the context of the communication, nor for the purpose; it does not consider the relationship between the parties, and it does not allow for the influence of the chosen medium. Communication is a complex, inter-active process which relies on the active participation of both sender and receiver, and cannot be accurately represented by a linear system.

Reciprocal Model : when the emphasis is on sharing information, then we use the reciprocal model of communication process. In this process of communication the information or the meaning evolves through the participation of each member of the audience. The flow of communication is simultaneous in all directions, and in this flow of

communication the composing of message takes place. Reciprocal model shows the interactive nature of communication process.



Meaning comes through interaction among the communicator, the information, and the audience within a specific occasion for communication.

The Transactional / Reciprocal Model of Communication Development

Communication development is viewed as a transactional process that involves a developmental interaction vis-a-vis the sender and the receiver. This perspective emphasizes the reciprocal, bidirectional influence of the communication environment, the responsiveness of communicative partners and the sender's own communicative competence

It assumes that people are connected through communication; they engage in transaction. Firstly, it recognizes that each of us is a sender-receiver, not merely a sender or a receiver. Secondly, it recognizes that communication affects all parties involved. So communication is fluid/simultaneous. This is how most conversation are like. The transactional model also contains ellipses that symbolize the communication environment (how you interpret the data that you are given). Where the ellipses meet is the most effect communication area because both communicators share the same meaning of the message.

a sender and a receiver are linked reciprocally. This second attitude of communication, referred to as the constitutive model or constructionist view, focuses on how an individual communicates as the determining factor of the way the message will be interpreted. Communication is viewed as a conduit; a passage in which information travels from one individual to another and this information becomes separate from the communication itself. A particular instance of communication is called a speech act. The sender's personal filters and the receiver's personal filters may vary depending upon different regional traditions, cultures, or gender; which may alter the intended meaning of message contents. In the presence of "communication noise" on the transmission channel (air, in this case), reception

and decoding of content may be faulty, and thus the speech act may not achieve the desired effect. One problem with this encode-transmit-receive-decode model is that the processes of encoding and decoding imply that the sender and receiver each possess something that functions as a codebook, and that these two code books are, at the very least, similar if not identical. Although something like code books is implied by the model, they are nowhere represented in the model, which creates many conceptual difficulties.

- For example – talking/listening to friends. While your friend is talking you are constantly giving them feedback on what you think through your facial expression verbal feedback without necessarily stopping your friend from talking.

Model Highlighting Assumptions : In this model of communicating information, we focus on the assumptions, which are commonly shared by the communicator and the audience. Assumptions refer to that which is taken for granted by the communicator and the audience, and that which can become the common ground in understanding the message.

2.2.2 Steps in communication

Communication is the process of passing information and understanding from one person to another. The communication process involves six basic elements :

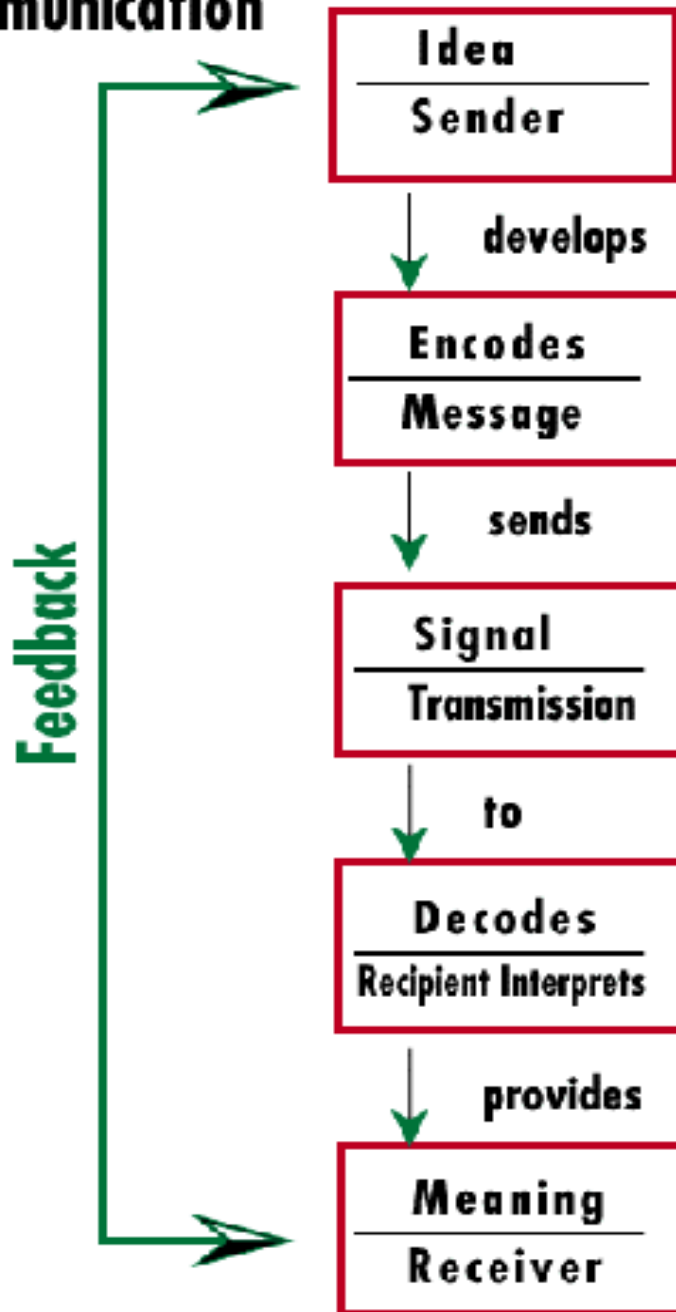
sender (encoder),
message,
channel,
receiver (decoder),
noise,
and feedback.

Supervisors can improve communication skills by becoming aware of these elements and how they contribute to successful communication. Communication can break down at any one of these elements.

Sender Encodes

The **sender** initiates the communication process. When the sender has decided on a meaning, he or she **encodes** a message, and selects a channel for transmitting the message to a receiver. To encode is to put a message into words or images. The **message** is the

The Communication Process



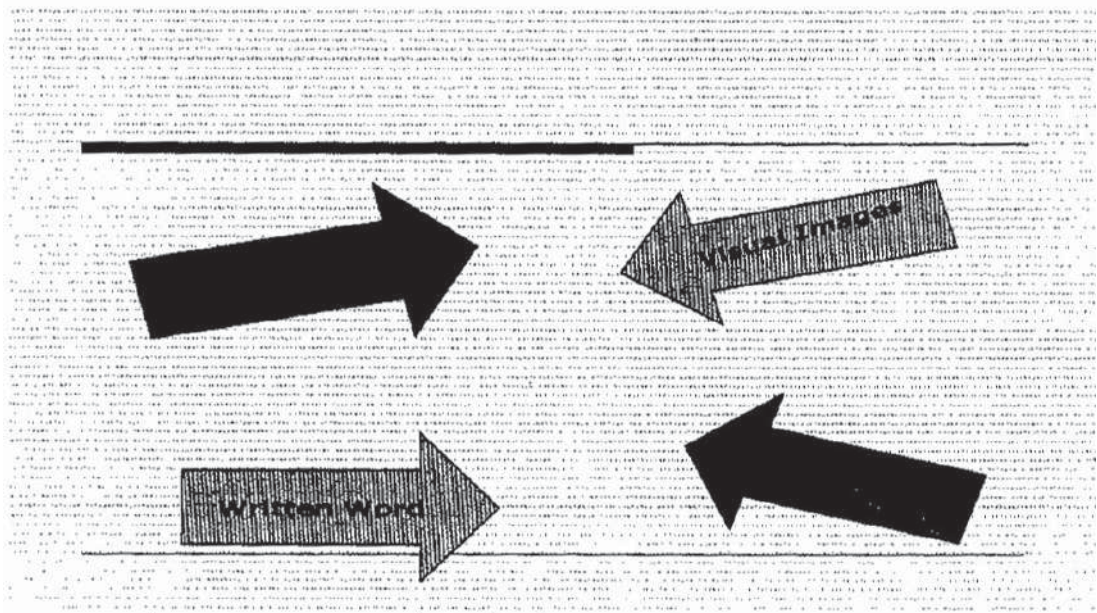
information that the sender wants to transmit. The medium is the means of communication, such as print, mass, electrical, and digital. As a sender, the supervisor should define the

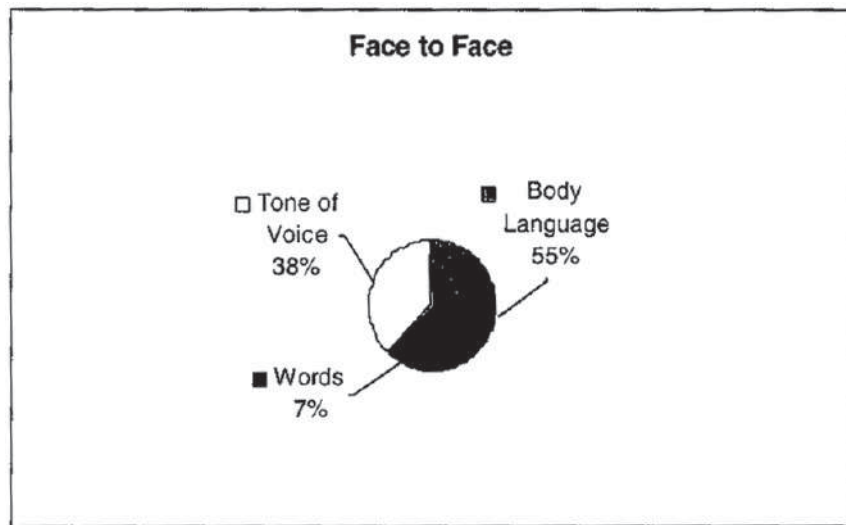
purpose of the message, construct each message with the receiver in mind, select the best medium, time each transmission thoughtfully, and seek feedback. Words can be verbal - written and spoken. Words are used to create pictures and stories (scenarios) are used to create involvement.

Written communication should be used when the situation is formal, official, or long term; or when the situation affects several people in related ways. Interoffice memos are used for recording informal inquiries or replies. Letters are formal in tone and addressed to an individual. They are used for official notices, formally recorded statements, and lengthy communications. Reports are more impersonal and more formal than a letter. They are used to convey information, analyses, and recommendations. Written communications to groups include bulletin-board notices, posters, exhibits, displays, and audio and visual aids.

Communication and the need to exchange information are no longer constrained by place and time. Email, voice mail, and Fax have facilitated communications and the sharing of sharing of knowledge. **Email** is the computer transmission and storage of written messages. Voice mail is the transmission and storage of digitized spoken messages. **Fax** is the transmission of documents.

What are the most common ways we communicate?





In a study of communication at the University of Pennsylvania in 1970 (Kinesics and Communication, R. Birdwhistle), the researchers determined that in communication, 7% of what we communicate is the result of the words that we say, or the content of our communication. 38% of our communication to others is a result of our verbal behaviour, which includes tone of voice, timbre, tempo, and volume. 55% of our communication to others is a result of our nonverbal communication, our body posture, breathing, skin colour and our movement. The match between our verbal and non-verbal communication indicates the level of congruency.

2.2.3 Verbal Communication

Verbal or spoken communication includes informal staff meetings, planned conferences, and mass meetings. Voice and delivery are important. Informal talks are suitable for day-to-day liaison, directions, exchange of information, progress reviews, and the maintenance of effective interpersonal relations. Planned appointments are appropriate for regular appraisal review and recurring joint work sessions. Planning for an appointment includes preparing, bringing adequate information, and limiting interruptions. Telephone calls are used for quick checkups and for imparting or receiving information.

Teams using information technology have access to information, share knowledge, and construct documents. Meetings take place electronically from multiple locations, saving the organization's resources in both the expenses of physically bringing people from different locations together, and the time lost by employees traveling. **Teleconferencing** is

simultaneous group verbal exchanges. Videoconferencing is group verbal and visual exchanges.

2.2.4 Nonverbal Communication

Nonverbal messages include images, actions and behaviors used to communicate. Images include photographs, film, charts, tables, graphs, and video. Nonverbal behaviors include actions, body language, and active listening. Actions and body language include eye contact, gestures, facial expressions, posture, and appearance. The effective communicator maintains eye contact for four to five seconds before looking away. Gestures should be natural and well timed. Grooming and dress should be appropriate for the situation. Listening requires good eye contact, alert body posture, and the frequent use of verbal encouragement.

The **channel** is the path a message follows from the sender to the receiver. Supervisors use *downward* channels to send messages to employees. Employees use *upward* channels to send messages to supervisors. *Horizontal* channels are used when communicating across departmental lines, with suppliers, or with customers. An informal channel is the grapevine. It exists outside the formal channels and is used by people to transmit casual, personal, and social interchanges at work. The **grapevine** consists of rumors, gossip, and truthful information. The supervisor should pay attention to the grapevine, but should not depend on it for accurate information.

Receiver Decodes

Information technology is revolutionizing the way organizational members communicate. Network systems, electronic links among an organization's computer hardware and software, enable members to communicate instantaneously, to retrieve and share information from anyplace, at anytime. The **receiver** is the person or group for whom the communication effort is intended. **Noise** is anything that interferes with the communication. Feedback ensures that mutual understanding has taken place in a communication. It is the transfer of information from the receiver back to the sender. The receiver **decodes** or makes out the meaning of the message. Thus, in the feedback loop, the receiver becomes the sender and the sender becomes the receiver.

2.2.5 Medium of communication

A medium of communication is, in short, the product of a set of complex interactions between its primary constituents : messages, people (acting as creators of messages,

consumers of messages, and in other roles), languages, and media. Three of these constituents are themselves complex systems and the subject of entire fields of study, including psychology, sociology, anthropology (all three of which study people), linguistics (language), media ecology (media), and communication (messages, language, and media). Even messages can be regarded as complex entities, but its complexities can be described entirely within the scope of languages, media, and the people who use them. This ecological model of communication is, in its most fundamental reading, a compact theory of messages and the systems that enable them. Messages are the central feature of the model and the most fundamental product of the interaction of people, language, and media. But there are other products of the model that build up from that base of messages, including (in a rough ordering to increased complexity) observation, learning, interpretation, socialization, attribution, perspectives, and relationships.

Unit 3 □ PURPOSE OF COMMUNICATION

Structure

3.1 Nature and scope of communication

3.2 Purpose of communication

3.2.1 Information

3.2.2 Motivation

3.2.3 Raising morale

3.2.4 Order and instruction

3.2.5 Education & training

3.1 Nature and scope of communication

Communication is the process of passing messages from one mind to another. The use of the word mind is intended to imply the importance of conveying facts, ideas, emotions opinions and all other types of instructions in such a way that they can be understood by the person receiving them. A significant point about communication is that it always involves two people a sender and a receiver. In addition whether the sender is an employee or a manager, he usually wants his receiver to accept his ideas and then to act upon it.

Results are achieved in an organization through the process of communication. If there is a proper system of communication in an organization, there will not be any misunderstanding and confusion. Communication is needed not only by the managerial staff for discharging their duties efficiently, but also by the lowest employees to listen to the instructions of their supervisors and to perform their duties sincerely. Proper communication is needed at every step and serves several purposes. It provides

1. Information and understanding necessary for group work
2. the attitude necessary for motivation, cooperation and job satisfaction
3. work satisfaction and
4. assistance in decision –making because taking decisions needs information

A good communication system results in better patient care and higher job satisfaction through better team work.

3.2 Purpose of Communication

The basic purpose of all human communication is to obtain an understanding response. Peter Drucker states “Objectives are needed in every area where performance and result directly and vitally affect the survival and prosperity of a business.” Hence, we shall consider some of the major objectives :

1. Information
2. Motivation
3. Raising Morale
4. Order and instruction
5. Education & training

3.2.1 Information :

The objective of business is to inform, which means to transfer knowledge to another person or group. Transfer of knowledge is the most fundamental objective of communication. Information can be given in writing, speaking or any other system of signals or signs. In order to expand or secure a place in a highly competitive market the businessman needs information for planning the future. Information for planning can be of five types :

1. Environmental Information
2. Internal Information
3. External Information
4. Competitive Information
5. New Development Information

3.2.2 Motivation

To motivate means, “to cause to act”. It has been defined as “that inner state that energizes, activates, or moves and which directs or channels behaviour towards certain goals.” In an organization when workers are motivated they work eagerly, willingly and often without supervision. Another objective of communication is to increase motivation among workers. Organizations use communication process to overcome motivation problem. Following aspects of the problem of motivation could be considered :

- i. Emotional climate
- ii. Setting goals or objectives
- iii. Organizational information
- iv. Participation in decision making
- v. Establishing human relations.

3.2.3 Raising Morale

In a organization the morale of the workers can seriously affect the success of the organization. One of the purpose of the communication is to keep the morale of the workers high so that they work with vigour and confidence as a team. Low morale is often the result of lack of confidence in the management on account of its poor communication skills. The usual characteristics of low morale are lack of discipline, no appreciation or reward for good work well done, bad relations between the supervisors and the workers and sometimes among the workers themselves.

It should be remembered that high or low morale is not a permanent feature of a company. The same organization could have a high morale among its workers one year and find that the workers have lost their morale the next year.

3.2.4 Order and Instruction

An order is an oral or written communication directing the starting, terminating or modifying of an activity. It is a form of communication by which management directs its subordinates and employees and seeks to achieve its objectives. Orders may be oral or written. Written orders are given when the nature of the work is very important or when the person being ordered is far away.

Instructions are oral or written orders on a recommended manner in which the work is to be done.

3.2.5 Education and training

Communication in business can be used to widen the ever- widening circle of knowledge. Process of education takes place in the business world is a part of its activity. Communication can achieve the objective of education at three levels of management, of employees and of general public.

- I. Education for succession
- II. Education for promotion
- III. Education during induction
- IV. Educating the public

Besides these purposes there are other purposes of business communication such as :

- I. Counseling
- II. Advice
- III. Persuasion
- IV. Altering behaviour
- V. Effecting change
- VI. Promoting the image of the organization
- VII. Increasing productivity
- VIII. Establishing better relations
- IX. Influencing potential customer

Unit 4 □ BARRIERS OF COMMUNICATION

Structure

- 4.1 Introduction**
- 4.2 Physical Barriers**
- 4.3 Personal Barriers**
- 4.4 Perceptual Barriers**
- 4.5 Incorrect filtering**
- 4.6 Emotional barrier**
 - 4.6.1 Differing emotional states**
- 4.7 Cultural barriers**
 - 4.7.1 Differing backgrounds**
- 4.8 Semantic barriers**
 - 4.8.1 Case study**
- 4.9 Poor listening**
- 4.10 Gender Barriers**
- 4.11 Interpersonal Barriers**
- 4.12 Overcoming Barriers**
- 4.13 Facilitating communication**
- 4.14 Summary**

4.1 Introduction

When you send a message, you intend to communicate meaning, but the message itself doesn't contain meaning. The meaning exists in your mind and in the mind of your receiver. To understand one another, you and your receiver must share similar meanings for words, gestures, tone of voice, and other symbols.

4.2 Physical barriers

Physical barriers are environmental factors which prevent or reduce the sending or receiving of communication. They include physical distance, distracting noise and similar interferences.

Physical barriers in the workplace include :

- marked out territories, empires and fiefdoms into which strangers are not allowed
- closed office doors, barrier screens, separate areas for people of different status
- Large working areas or working in one unit that is physically separate from others.

For example in a hospital which functions round the clock in three shifts, the senior officers may not see their subordinates for several days at a time.

Research shows that one of the most important factors in building cohesive teams is proximity. As long as people still have a personal space that they can call their own, nearness to others aids communication because it helps us get to know one another.

4.3 Personal

PERSONAL barriers arise from judgments, emotions and the social values of people. They cause a psychological distance between people. Psychological distance may entirely prevent communication, filter a part of it or cause misinterpretation.

For eg three doctors were discussing the serious condition of a patient. The sister incharge who was working in the duty room thought that they were talking about her incompetence. She rushed to the matron and requested her to transfer the patient to another floor because the doctors felt that she could not give sufficient nursing care to their patient.

4.4 Perceptual barriers

Differences in perception : The world constantly bombards us with information : sights, sounds, scents, and so on. Our minds organize this stream of sensation into a mental map that represents our perception or reality. In no case is the perception of a certain person

the same as the world itself, and no two maps are identical. As you view the world, your mind absorbs your experiences in a unique and personal way. Because your perceptions are unique, the ideas you want to express differ from other people's. Even when two people have experienced the same event, their mental images of that event will not be identical. As senders, we choose the details that seem important and focus our attention on the most relevant and general, a process known as selective perception. As receivers, we try to fit new details into our existing pattern. If a detail doesn't quite fit, we are inclined to distort the information rather than rearrange the pattern.

The following anecdote is a reminder of how our thoughts, assumptions and perceptions shape our own realities :

A traveller was walking down a road when he met a man from the next town. "Excuse me," he said. "I am hoping to stay in the next town tonight. Can you tell me what the townspeople are like?"

"Well," said the townsman, "how did you find the people in the last town you visited?"

"Oh, they were an irascible bunch. Kept to themselves. Took me for a fool. Overcharged me for what I got. Gave me very poor service."

"Well, then," said the townsman, "you'll find them pretty much the same here."

4.5 Incorrect filtering

Filtering is screening out before a message is passed on to someone else. In business, the filters between you and your receiver are many; secretaries, assistants, receptionists, answering machines, etc. Those same gatekeepers may also 'translate' your receiver's ideas and responses before passing them on to you. To overcome filtering barriers, try to establish more than one communication channel, eliminate as many intermediaries as possible, and decrease distortion by condensing message information to the bare essentials.

4.6 Emotional barriers

One of the chief barriers to open and free communications is the emotional barrier. It is comprised mainly of fear, mistrust and suspicion. The roots of our emotional mistrust of

others lie in our childhood and infancy when we were taught to be careful what we said to others.

4.6.1 Differing emotional states

Every message contains both a content meaning, which deals with the subject of the message, and a relationship meaning, which suggests the nature of the interaction between sender and receiver. Communication can break down when the receiver reacts negatively to either of these meanings. You may have to deal with people when they are upset or when you are. An upset person tends to ignore or distort what the other person is saying and is often unable to present feelings and ideas effectively. This is not to say that you should avoid all communication when you are emotionally involved, but you should be alert to the greater potential for misunderstanding that accompanies aroused emotions. To overcome emotional barriers, be aware of the feelings that arise in your self and in others as you communicate, and attempt to control them. Most important, be alert to the greater potential for misunderstanding that accompanies emotional messages.

“Mind your P’s and Q’s”; “Don’t speak until you’re spoken to”; “Children should be seen and not heard”. As a result many people hold back from communicating their thoughts and feelings to others.

They feel vulnerable. While some caution may be wise in certain relationships, excessive fear of what others might think of us can stunt our development as effective communicators and our ability to form meaningful relationships.

4.7 Cultural barriers

When we join a group and wish to remain in it, sooner or later we need to adopt the behaviour patterns of the group. These are the behaviours that the group accept as signs of belonging.

The group rewards such behaviour through acts of recognition, approval and inclusion. In groups which are happy to accept you and where you are happy to conform, there is a mutuality of interest and a high level of win-win contact.

Where, however, there are barriers to your membership of a group, a high level of game-playing replaces good communication.

4.7.1 Differing backgrounds

Differences in background can be one of the hardest communication barriers to overcome. Age, education, gender, social status, economic position, cultural background, temperament, health, beauty, popularity, religion, political belief, even a passing mood can all separate one person from another and make understanding difficult. To overcome the barriers associated with differing backgrounds, avoid projecting your own background or culture onto others. Clarify your own and understand the background of others, spheres of knowledge, personalities and perceptions and don't assume that certain behaviors mean the same thing to everyone.

If you would like to get custom-made advice about your communication problems, please feel free to email me at martinmim21@hotmail.com. All requests will be handled professionally and your communication problem will be handled in strict confidence.

4.8 Semantic Barriers

Semantic Barrier arises from the limitations of Language. Language may take any of three forms : words, pictures and actions .Words have several meanings and they become meaningless unless they are put in the proper **context**. **The basis problem in** communication is that the meaning which is actually understood by one person may not be what the other intended to imply.

When you choose the words for your message, you signal that you are a member of a particular culture or subculture and that you know the code. The nature of your code imposes its own barriers on your message. Barriers also exist because words can be interpreted in more than one way. Language is an arbitrary code that depends on shared definitions, but there's a limit to how completely any of us share the same meaning for a given word. To overcome language barriers, use the most specific and accurate words possible. Always try to use words your audience will understand. Increase the accuracy of your messages by using language that describes rather than evaluates and by presenting observable facts, events, and circumstances.

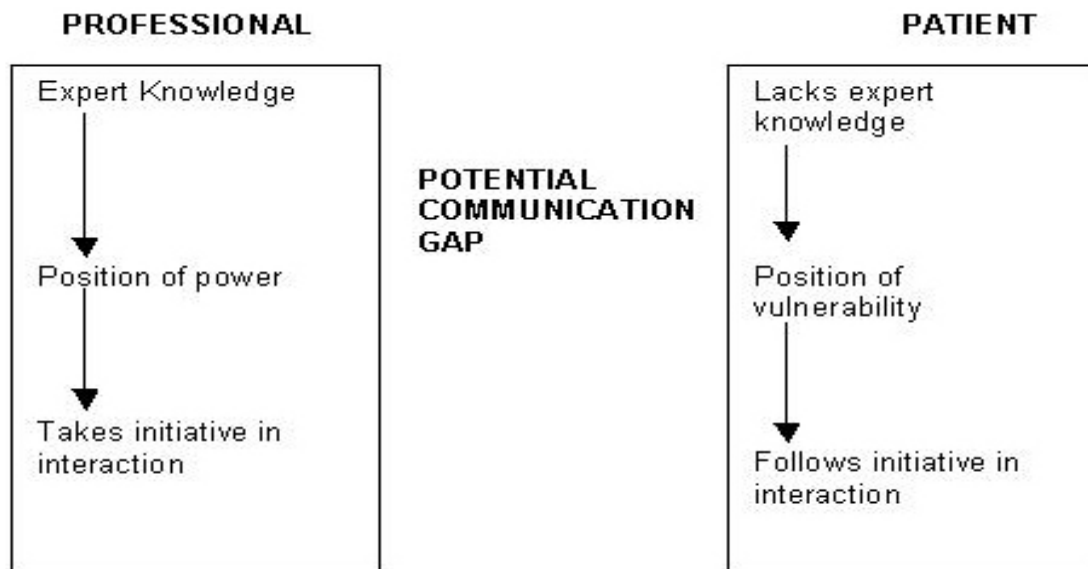
Language that describes what we want to say in our terms may present barriers to others who are not familiar with our expressions, buzz-words and jargon. When we couch our communication in such language, it is a way of excluding others.

4.8.1 Case Study

A ward sister noticed a banana peel lying on the floor of the ward. She instructed the housekeeping staff on duty to remove it immediately as it was a safety hazard. The housekeeping staff was busy mopping the floor where another patient had vomited, nodded her head to indicate that she would remove the banana peel. Just as the sweeper had finished mopping the floor, a patient slipped on that same banana peel. The ward sister was furious at this accident which could easily have been avoided. She decided to report about the housekeeping for disobeying her instructions. She was informed by the sweeper that she was going to pick up the peel just after completing the job in hand, i.e. mopping up the floor. By the word 'immediate' the ward sister meant at once while the Housekeeping staff thought that she could do the job after completing the one in hand. It is clear from this example that even simple words carry different meanings to different people. Employees have to be told what u want them to do. The speaker and the listener should understand the words in the same sense.

Pictures are visual aids and are sometimes more effective than words. Actions are the most effective of all. Some people have difficulty in expressing themselves clearly.

In a hospital this can be a case with staff of all grades (medical, nursing and ancillary) for whom English is not their first language. It is also a problem with the front line supervisor who are promoted to such posts because of their ability to do their work effectively but are quiet often lacking in formal or even informal education and as such find it very difficult to issue written instructions or write reports. The practical problem of communication is that of trying to ensure that these barriers are overcome when conveying information. Some method of feedback or check is necessary. As an organization grows larger and more complex the communication system also becomes impersonal and greater reliance has to be kept on such methods such as Circulars, letters and the use of notice boards, both of which are not very effective. Nevertheless they have to be used because busy departments heads and senior officers obviously find time to communicate with their staff face to face.



4.9 Poor listening

Perhaps the most common barrier to reception is simply a lack of attention on the receiver's part. We all let our minds wander now and then, regardless of how hard we try to concentrate. People are essentially likely to drift off when they are forced to listen to information that is difficult to understand or that has little direct bearing on their own lives. Too few of us simply do not listen well! To overcome barriers, paraphrase what you have understood, try to view the situation through the eyes of other speakers and resist jumping to conclusions. Clarify meaning by asking non-threatening questions, and listen without interrupting.

4.10 Gender barriers

There are distinct differences between the speech patterns in a man and those in a woman. A woman speaks between 22,000 and 25,000 words a day whereas a man speaks between 7,000 and 10,000. In childhood, girls speak earlier than boys and at the age of three, have a vocabulary twice that of boys.

The reason for this lies in the wiring of a man's and woman's brains. When a man talks, his speech is located in the left side of the brain but in no specific area. When a woman talks, the speech is located in both hemispheres and in two specific locations.

This means that a man talks in a linear, logical and compartmentalized way, features of left-brain thinking; whereas a woman talks more freely mixing logic and emotion, features of both sides of the brain. It also explains why women talk for much longer than men each day.

4.11 Interpersonal barriers

There are six levels at which people can distance themselves from one another :

1. **Withdrawal** is an absence of interpersonal contact. It is both refusal to be in touch and time alone.
2. **Rituals** are meaningless, repetitive routines devoid of real contact.
3. **Pastimes** fill up time with others in social but superficial activities.
4. **Working** activities are those tasks which follow the rules and procedures of contact but no more.
5. **Games** are subtle, manipulative interactions which are about winning and losing. They include “rackets” and “stamps”.
6. **Closeness** is the aim of interpersonal contact where there is a high level of honesty and acceptance of yourself and others.

Working on improving your communications is a broad-brush activity. You have to change your thoughts, your feelings, and your physical connections.

That way, you can break down the barriers that get in your way and start building relationships that really work.

4.12 Overcoming communication barriers

All personnel should be interested in overcoming barriers to effective work practices in an organisation.

The following list outlines points to consider in relation to overcoming communication barriers.

- **feedback** - enables communication to become a two way process with both the sender and the receiver trying to achieve mutual understanding

- **Consider the words used** - long complicated sentences and unfamiliar words confuse people. Communication should be clear, complete, concise, concrete, correct and courteous.
- **use repetition** - repeating messages several time using different examples can help others to understand the messages being sent
- **use empathy** - seeing a situation from another person's viewpoint and trying to understand others opinions concerns and attitudes makes better communicators
- **timing** - poor timing can result in messages not being received effectively
- **being positive rather than negative helps make communication more effective** - what is wanted not what isn't wanted
- **select the best location** - talk somewhere that will encourage open communication not a noisy shop floor or a busy office
- **listening** reduces communication
- **Check** written communication for spelling errors and ensure the sentences are clear, concise and not ambiguous.

Communication barriers

Some barrier examples

- ✓ **Optimism:** "It'll happen the way it'll happen!"
- ✓ **Impatience:** "We'll cross that bridge when we get there!"
- ✓ **Blindness:** "It'll never happen to us!"
- ✓ **Intransigence:** "We've always done it this way!"
- ✓ **Over-confidence** "We'll fix it later!"
- ✓ **Secrecy:** "We don't want any interference!"
- ✓ **Power-play:** "We know best!"
- ✓ **Mixed message:** "Do it because it's our policy!"
- ✓ **Indirect message:** "You should have known better!"
- ✓ **Disparagement:** "It'll never work, the boss won't like it, it'll cost a fortune, so let's be realistic!"

4.13 Facilitating Communication

In addition to removal of specific barriers to communication, the following general guidelines may also facilitate communication.

1. Have a positive attitude about communication. Defensiveness interferes with communication.
2. Work at improving communication skills. It takes knowledge and work. The communication model and discussion of barriers to communication provide the necessary knowledge. This increased awareness of the potential for improving communication is the first step to better communication.
3. Include communication as a skill to be evaluated along with all the other skills in each person's job description. Help other people improve their communication skills by helping them understand their communication problems.
4. Make communication goal oriented. Relational goals come first and pave the way for other goals. When the sender and receiver have a good relationship, they are much more likely to accomplish their communication goals.
5. Approach communication as a creative process rather than simply part of the chore of working with people. Experiment with communication alternatives. What works with one person may not work well with another person. Vary channels, listening techniques, and feedback techniques.
6. Accept the reality of miscommunication. The best communicators fail to have perfect communication. They accept miscommunication and work to minimize its negative impacts.

4.14 Summary

Communication is at the heart of many interpersonal problems faced by farm employers. Understanding the communication process and then working at improvement provides managers a recipe for becoming more effective communicators. Knowing the common barriers to communication is the first step to minimizing their impact. Managers can reflect on how they are doing and make use of the ideas presented in this paper. When taking stock of how well you are doing as a manager, first ask yourself and others how well you are doing as a communicator.

Unit 5 □ EFFECTIVE COMMUNICATION PROCESS

Structure

- 5.1 Introduction**
- 5.2 Basic Principles of effective communication**
- 5.3 Essentials of effective communication**
- 5.4 Approaches to effective communication**
- 5.5 Identifying target audience**
 - 5.5.1 Image analysis**
 - 5.5.2 Illustration**
- 5.6 Models of communication**
 - 5.6.1 Pride Model**
 - 5.6.2 Ten commandments of effective communication**
- 5.7 Effective communication skills**

5.1 Introduction

Planning is an all pervasive and fundamental function of Management. It involves choosing the proper course of action and different alternatives. Similarly communication is also a vital aspect of the managerial process. The superior subordinate relationship cannot survive without effective and meaningful communication. Therefore the planning for effective communication is essential to produce the desired results.

- Know your objectives. What is that you intend to accomplish by this communication? The sharper the focus the better the result.
- Identify your audience. It is necessary to know whom you are communicating with in order to select the proper language and the proper media.
- Determine your medium. The method of communication will often determine the success of the communication. A decision should be made on how best to communicate the message.

- Tailor the communication to fit the relationship between the sender and the receiver. The key to this element of effective communication is the relationship climate.
- Establish mutual interest .Empathy, the ability to see the other person’s point of view, is a priceless ingredient of effective communication.
- Watch your timing. This is critical to the effectiveness of the communication It is important to decide who should receive the communication first.
- Measure results. Has the desired response occurred?

5.2 Basic Principles of Effective Communication

Here are some suggestions for improving our communication with others.

1. Communication is a process involving interaction between at least two people. Merely giving information is not communication unless the opportunity for a response is given.
2. The sender has a responsibility to make the message as clear as possible .You can verify what has been received by asking “Would you share with me how you interpreted what I just said?”
3. Whenever possible use the simplest, most precise words you can .Your words must be understood by the listener.
4. Encourage the receiver of your message to provide feedback in order to verify the message has been interpreted in the way it was intended. The receiver might say “So what are you saying is” Or “Let me make sure I understand you.....”
5. Remember that nonverbal behavior communicates messages even when words are not used. Try to match your nonverbal behaviours to the feeling or tone of the message you send to others.
6. Your reputation and credibility will make it easier for you to communicate during difficult situations. When you are trust worthy; reliable and competent people will listen more carefully and be more likely to interpret your messages in a positive way.

7. Since communication is an interactive process it is much more successful within the context of a sound relationship. To create and maintain that positive relationship with others, you need to acknowledge the needs, feelings and contributions of others. This helps create a climate more open to communication.
8. Whenever possible communicate directly with the person you want to receive your message. This allows the immediate feedback and verification and can reduce the chances of misunderstanding.
9. Concentrate on the communication happening in the present .Avoid the temptation to daydream or plan ahead what you might say or do next.
10. Be aware of your personal values and biases and try to keep them from interfering with your ability to communicate.
11. When you are caring for a patient in his or her home, be especially respectful of the personal nature of the surroundings.

5.3 Essentials of effective communication

Management is concerned with defining the objectives of an organization and ensuring that its resources are used in the most efficient manner in order to achieve these objectives. This is possible only if due attention is paid to effective communication.

Management is concerned with defining the objectives of an organization and ensuring that its resources are used in the most efficient manner in order to achieve these objectives. This is possible only if due attention is paid to effective communication. One must be clear about what one wished to communicate as well as the objective of that communication.

Here are some steps for creating an effective communication plan :-

- Do a needs-assessment –Divide the employees into smaller groups, depending on the size and complexity of your organization. Ask questions to determine their needs.
- Start with general questions : Ask them how they would rate communication effectiveness in the organization. Are they getting information about developments of the organization from time to time.
- Organise the data into categories : One way is to ask employees how satisfied they are with the way they are receiving messages concerning the whole organization and individual information relating to their performance and responsibilities.

- Opinion about current communication system : Ask what employees like and do not like about current communication system and how they would prefer to receive information in the future i.e. Notice Board, E-mail, face to face meeting in the departments etc.
- Analyse the responses of the audiences : What are the similarities and differences of their opinions? Are there any obstacles to consider?
- Design the communication plan : Begin by listing the objectives of the communication plan. Then develop a simple matrix for each type of communication with the following components :
 - a. Communication vehicles that include conferences news letters etc
 - b. Objective of vehicle viz. to communicate organization's vision consistently
 - c. Responsible persons namely those who will take the responsibility to get the work done.
 - d. Frequency : Although each organization's communication plan will vary according to its need and circumstances, yet they have many things in common such as communication channels, face to face meetings, and regular communication about development in the organization, etc.

5.4 Approaches to effective communication

Many approaches have been developed to make business communication effective. Here are some of the approaches :

Important C's in Communication :

Correct : Correct facts, right time of delivering message, and suitable style.

Clear : Clarity of thought and expression.

Candid : Communication should be without bias; objective assessment of facts.

Complete : Full details should be give, without leaving room for doubts.

Concise : Communication should contain just necessary but sufficient information.

Consistent : Communication should be consistent with organizational objectives.

Coherent : Communication should be well organized and logically arranged.

Courteous : Communication should be delivered in polite language.

Credible : Whatever is said or written should be believable.

Chronological : There should be a sequence of time and priority in the message.

Considerate : Consideration should be given to the receiver rather than the sender.

Compassing : Communication should encompass all organizational needs.

The communicator must (1) identify the target audience, (2) determine the communication objectives, (3) design the message, (4) select the communication channels, (5) allocate the total promotion budget, (6) decide on the promotion mix, (7) measure the promotion's results, and (8) manage and coordinate the total marketing communication process.

5.5 Identifying the Target Audience

A communicator must start with a clear target audience in mind. The audience could be potential buyers of the company's products current users, deciders or influencers. The audience could be individuals groups Particular publics, or the general public. The target audience will critically influence the communicator's decisions on what to say, how to say it when to say it, where to say it, and to whom to say it.

5.5.1 Image Analysis

A major part of audience analysis is to assess the audience's current image of the company, its products, and its competitors. People's attitudes and actions toward an object are highly conditioned by their beliefs about the object. *Image is the set of beliefs, ideas, and impressions that a person holds of an object.*

The first step is to measure the target audience's knowledge of the object, using the following familiarity scale :

| | | | | |
|----------|----------|------------|-------------|-----------|
| NEVER | HEARD OF | KNOW A | KNOW A | KNOW |
| HEARD OF | ONLY | LITTLE BIT | FAIR AMOUNT | VERY WELL |

If most respondents circle only the first two categories, then the company's challenge is to build greater awareness.

Respondents who are familiar with the product can be asked how they feel toward it, using the following favorability scale :

| | | | | |
|------------------|----------------------|--------------------|----------------|-------------|
| VERY UNFAVORABLE | SOMEWHAT UNFAVORABLE | SOMEWHAT FAVORABLE | VERY FAVORABLE | INDIFFERENT |
|------------------|----------------------|--------------------|----------------|-------------|

If most respondents check the first two categories, then the organization must overcome a negative image problem.

The two scales can be combined to develop insight into the nature of the communication challenge.

5.5.2 Illustration

To illustrate, suppose area residents are asked about their familiarity with and attitudes toward four local hospitals, A, B, C, and D. Their responses are averaged and shown in the figure. Hospital A has the most positive image : most people know it and like it. Hospital B is less familiar to most people, but those who know it like it. Hospital C is viewed negatively by those who know it, but fortunately for the hospital, not too many people know it. Hospital D is seen as a poor hospital, and everyone knows it!

Clearly, each hospital faces a different communication task. Hospital A must work at maintaining its good reputation and high community awareness. Hospital B can gain the attention of more people, since those who know it consider it a good hospital. Hospital C must find out why people dislike it and must take steps to improve its performance while keeping a low profile. Hospital D should lower its profile (avoid news), improve its quality, and then seek public attention again.

| | | | | | |
|-------------|--|-------------------------|---|-----|---------------------|
| | | Favorable Attitude | | | |
| | | A | B | | |
| familiarity | | D | C | Low | High familiarity |
| | | Unfavorable attitude | | | |

Communication establishes relationships and makes organizing possible. Every message has a purpose or objective. The sender intends — whether consciously or unconsciously — to accomplish something by communicating. In organizational contexts, messages typically have a definite objective : to motivate, to inform, to teach, to persuade, to entertain, or to inspire. This definite purpose is, in fact, one of the principal differences

between casual conversation and managerial communication. Effective communication in the organization centers on well-defined objectives that support the organization's goals and mission. Supervisors strive to achieve understanding among parties to their communications.

Organizational communication establishes a pattern of formal communication channels to carry information vertically and horizontally. To ensure efficient and effective accomplishment of objectives, information is exchanged. Information is passed *upward* from employees to supervisors and *laterally* to adjacent departments. Instructions relating to the performance of the department and policies for conducting business are conveyed *downward* from supervisors to employees. The organization carries information from within the department back up to top management. Management furnishes information about how things are going, notifies the supervisor of what the problems are, and provides requests for clarification and help. Supervisors, in turn, keep their employees informed and render assistance. Supervisors continually facilitate the process of gaining necessary clarification and problem solving; both up and down the organization. Also, supervisors communicate with sources *outside* the organization, such as vendors and customers.

5.6 Models of Communication

5.6.1 "PRIDE" Model :

George T. Vardaman & Patricia B. Vardaman have developed this model. The word PRIDE stands as an acronym for **P**urpose, **R**eceiver, **I**mpact, **D**esign, **E**xecution. All these factors are necessary for effective communication.

Purpose : It refers to the purpose that the sender is trying to achieve – i.e. target of communication. This means to identify the exact purpose of communication.

Receiver : The sender should know the psychology and competence of the receiver in order to communicate the message.

Impact : Communication should be such that it has the necessary affect upon the receiver so as to achieve the purpose of the communication.

Design : This refers to the planning of the communication. It should be organized and developed so that it can achieve the desired impact upon the receiver.

Execution : The final stage of communication is implementation of the planned message. Communication will fail if it is not properly carried out. The proper use of PRIDE can help in developing method useful throughout the life once this method is learnt and its sequence become habitual.

Ten Commandments of effective Communication :

- a) Seek to clarify your ideas before communicating.
- b) Examine the true purpose of each communication.
- c) Consider the total physical and human setting whenever you communicate.
- d) Consult with others, where appropriate, in planning communication.
- e) Be mindful of the overtones as well as of basic content of your message.
- f) Take opportunity, when it arises, to convey something of help or value to the receiver.
- g) Follow up your communication.
- h) Communicate for tomorrow as well as for today.
- i) Be sure your actions support your communication.
- j) Seek not only to be understood, but also to understand.

5.7 Effective Communication Skills : The Art of Communication

This goal is not very difficult to achieve, all that is required is to be geared up with the correct skills, style and ammunition. Here are some tips that will help you in making positive impressions with others and enhance your success :

Be Confident

The first important skill is to be confident and to have the skill of being able to gel in any environment, company and occasion.

Practice good listening Skills

The next important feature is to be a good listener. You can never be able to communicate and converse with someone if you don't listen to what that person says. You will get a chance to put in your views but before that be patient and listen to what the other person has to say.

Think before you speak

Always think before you speak. Take time to put your thoughts together rather than blurt something out that you will have to repent saying.

Be Updated

Be aware of the world around you and keep your current events updated so as to be able to participate in intellectual conversations and this way you will be able to communicate with more people.

Don't Pretend

Don't pretend that you know everything and nod your head to everything that the other person is saying. There is no harm or shame in acknowledging that you are not aware of that topic and in fact you can get to learn something new.

Stay away from Gossip

Stay away from gossiping and also indulge in intelligent and healthy conversation.

Always avoid sensitive topics, especially when you don't know the people very well around you, like religion, politics and personal life. You don't want to get caught up in arguments and fights.

When someone starts talking about his or her problems be a good listener but don't offer advice. If someone does ask for your advice, sharing a similar experience you've had but don't sit into the advisory chair.

Unit 6 □ INTERPERSONAL COMMUNICATION

Structure

- 6.1 Directions of communication**
- 6.2 Functions of Interpersonal communication**
- 6.3 Factors that Determine the Efficiency of Communication**
- 6.4 Styles of Interpersonal Communication**

6.1 Directions of Communication

Communication can be in the following directions

a) Downward communication

This means that dissemination of information from the superiors to their subordinates. In downward communication authority flows downwards. This requires orders to be carried out by the subordinates. Different organizations adopt different methods to convey downward communication. Some of them use circulars, notice boards, posters house magazines etc.

b) Upward Communication

This is the passing on of information from the employee levels to the administration such communication is very important efficient and successful management. This conveys attitudes and feelings of the employees towards the management. Well established procedures through which employees may carry their complaints to someone who will listen are a primary step in establishing good upward communication. A supervisor wants to know what has happened or what is happening to evaluate the effectiveness with which his orders have been carried out. Thus a healthy organization needs effective upward communication as much as it needs effective downward communication.

c) Horizontal communication

This means the flow of communication amongst personnel at the same level in an organization. This brings about task co-ordination amongst peers and furnishes

socio-emotional support to the individuals who face similar problems. Thus horizontal communication is also essential for the efficient functioning of the organization.

d) Grapevine

Grapevine is an informal channel of business communication. It is called so because it stretches throughout the organization in all directions irrespective of the authority levels. Man as we know is a social animal. Despite existence of formal channels in an organization, the informal channels tend to develop when he interacts with other people in organization. It exists more at lower levels of organization. Grapevine generally develops due to various reasons. One of them is that when an organization is facing recession, the employees sense uncertainty. Also, at times employees do not have self-confidence due to which they form unions. Sometimes the managers show preferential treatment and favour some employees giving a segregated feeling to other employees. Thus, when employees sense a need to exchange their views, they go for grapevine network as they cannot use the formal channel of communication in that case. Generally during breaks in cafeteria, the subordinates talk about their superior's attitude and behaviour and exchange views with their peers. They discuss rumours about promotion and transfer of other employees. Thus, grapevine spreads like fire and it is not easy to trace the cause of such communication at times.

Examples of Grapevine Network of Communication

1. Suppose the profit amount of a company is known. Rumour is spread that this much profit is there and on that basis bonus is declared.
2. CEO may be in relation to the Production Manager. They may have friendly relations with each other.

Pros and Cons of Grapevine Communication

Advantages of Grapevine Communication

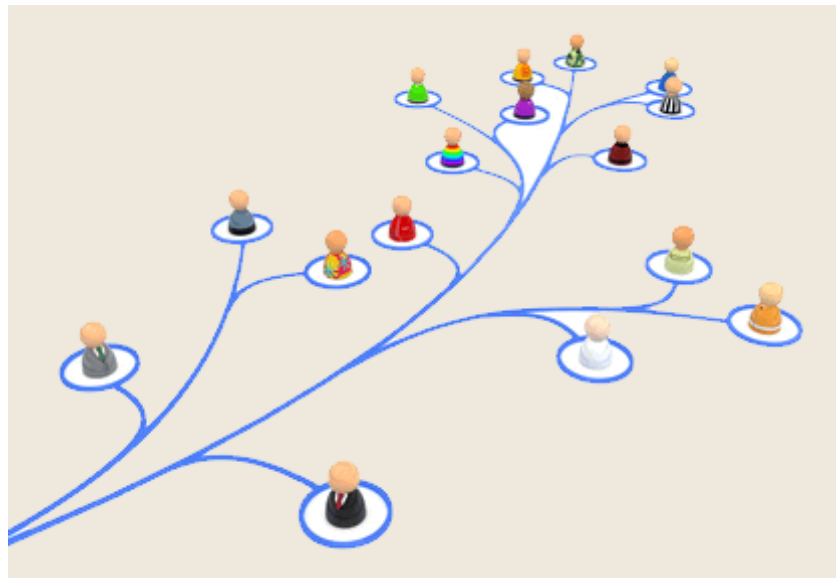
1. Grapevine channels carry information rapidly. As soon as an employee gets to know some confidential information, he becomes inquisitive and passes the details then to his closest friend who in turn passes it to other. Thus, it spreads hastily.
2. The managers get to know the reactions of their subordinates on their policies. Thus, the feedback obtained is quick compared to formal channel of communication.

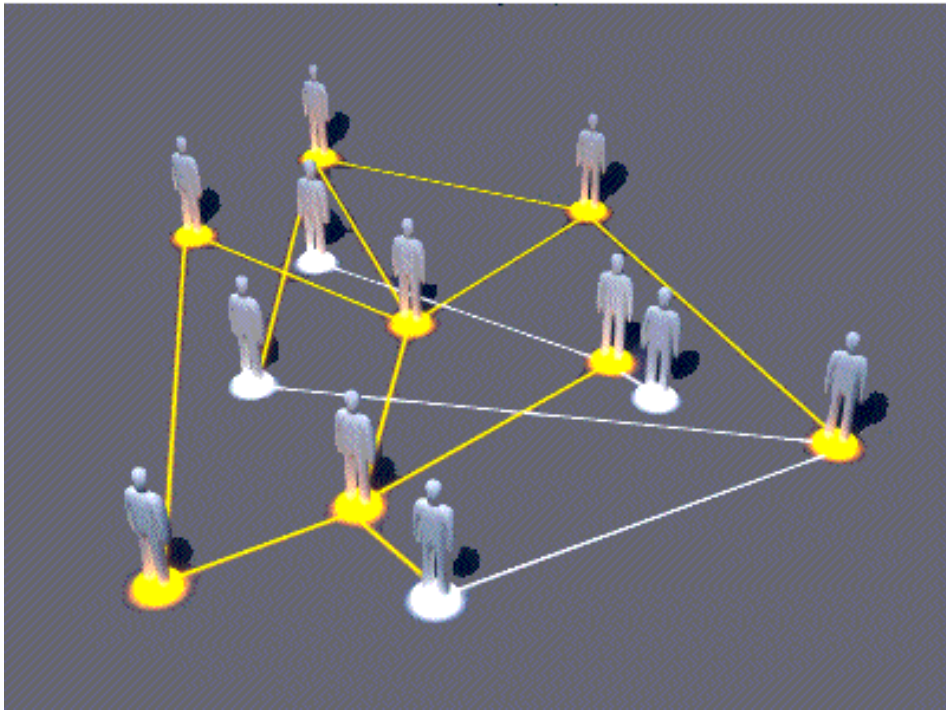
3. The grapevine creates a sense of unity among the employees who share and discuss their views with each other. Thus, grapevine helps in developing group cohesiveness.
4. The grapevine serves as an emotional supportive value.
5. The grapevine is a supplement in those cases where formal communication does not work.

Disadvantages of Grapevine Communication

1. The grapevine carries partial information at times as it is more based on rumours. Thus, it does not clearly depicts the complete state of affairs.
2. The grapevine is not trustworthy always as it does not follows official path of communication and is spread more by gossips and unconfirmed report.
3. The productivity of employees may be hampered as they spend more time talking rather than working.
4. The grapevine leads to making hostility against the executives.
5. The grapevine may hamper the goodwill of the organization as it may carry false negative information about the high level people of the organization.

A smart manager should take care of all the disadvantages of the grapevine and try to minimize them. At the same time, he should make best possible use of advantages of grapevine.





Grapevine communication may be formal or informal. Formal communication consists of officially recognized methods such as departmental meetings, conferences, news bulletins etc. Informal communication consists of a complex network of informal man to man personal contacts which take place on the job. Any formal communication about official matters constitutes the grapevine. Informal communication about official matter constitutes the grapevine. Informal communication is not only fast and spontaneous but also enjoys a high degree of credibility amongst employees.

6.2 Functions of Interpersonal Communication

To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others. ~ Anthony Robbins

Interpersonal communication is the process that helps us express our feelings, ideas, and thoughts and share them with the people around us. Efficient interpersonal communication is a very good quality that helps people in every aspect of life be it personal or professional. Interpersonal communication is the process where a person expresses his thoughts, converts the thoughts into a well designed message and sends the message across a communication channel (oral, visual, written, etc) and the receiver receives the message and responds to the message and sends his reply back via the communication channel. Interpersonal communication can be a formal dialogue between two people at a workplace, or even an informal tête-à-tête between two friends. Communication can occur with or without words and through a number of communication media. Here are the various channels of communication that can be used in interpersonal communication :

1. Oral Communication (Speaking face-to-face or on the phone)
2. Written Communication (Writing emails, letters, instant messaging and sms)
3. Visual Communication (Body Language or sign language)

6.3 Factors that Determine the Efficiency of Communication

1. **Clarity of Message** : The way in which the sender presents a message plays an instrumental role in the success or failure of the communication process. A

message should be formulated taking into account the receiver's frame of mind and simple message formulation that conveys the correct meaning.

2. **Communication Channel** : Choose the right communication channel according to the situation and the receiver. For example think whether in a particular situation having a face-to-face conversation would be a better option instead of speaking on the phone, or writing an email.
3. **Rapport between Sender and Receiver** : If the sender and the receiver share a common background and have faced similar experiences, it increases the mutual understanding level and hence enhances the outcome of the communication process. The development of rapport will depend on the educational background, social background, family upbringing and the kind of experiences the person has come across.

6.4 Styles of Interpersonal Communication

There are various styles of interpersonal communication, which are as follows :

Controlling Style of Interpersonal Communication : The controlling style is actually a style of interpersonal communication wherein the sender leaves little or no room for the receiver to provide feedback or reply. People who are generally senior in workplace hierarchy use it to communicate with their subordinates and although this style might prove to be an efficient form of communication during crisis situations, it can intimidate the receiver or the audience and can actually create a communication gap.

Egalitarian Style of Interpersonal Communication : The Egalitarian style of interpersonal communication is much more efficient than the controlling style since it facilitates healthy two-way communication wherein information is shared mutually. This style of communication encourages the participants to express their ideas and hence creates a co-operative and healthy atmosphere.

Structuring Style of Interpersonal Communication : The structuring style of interpersonal communication is generally used to communicate specific goals and bring co-ordination to an organization. To avoid making this a one-way conversation it is always better to modify this style and keep it more open to responses from the audience.

Dynamic Style of Interpersonal Communication : This is style of interpersonal communication is a high-energy approach which involves use of motivating words and

phrases to encourage the person to get inspired and achieve a certain goal. However this style cannot function when the receiver does not have enough knowledge about the required action desired out of him/her.

Relinquishing Style of Interpersonal Communication : The relinquishing style of interpersonal communication is highly open for ideas to the extent that it can transfer the responsibility of the communication to the receiver. This style of communication works well when the sender and the receiver are equally interested in carrying the conversation ahead.

Withdrawal Style of Interpersonal Communication : It is ironical to call this process a style of interpersonal communication since the withdrawal style is basically the failure or lack of communication. This is a style of interpersonal communication in which the person shows complete disinterest to participate in the communication process or carry it forward.

MANAGEMENT COMMUNICATION

Good communication is essential in a manager's job since it can affect the results of an employee's work. A manager needs to know the best way to communicate with each employee so he can ensure that those who work under his supervision would be able to do the best in their respective jobs. For example, he has to learn when to give very specific instructions as opposed to relaying general directions since there are some employees who are able to work better if they are given detailed instructions while there are others who can work with minimal supervision. So, a manager needs to brush up on his communication skills if he would like to be effective in his position. Effective Communication is significant for managers in the organizations so as to perform the basic functions of management, i.e., Planning, Organizing, Leading and Controlling. Communication helps managers to perform their jobs and responsibilities. Communication serves as a foundation for planning. All the essential information must be communicated to the managers who in-turn must communicate the plans so as to implement them. Organizing also requires effective communication with others about their job task. Similarly leaders as managers must communicate effectively with their subordinates so as to achieve the team goals. Controlling is not possible without written and oral communication. Managers devote a great part of their time in communication. They generally devote approximately 6 hours per day in communicating. They spend great time on face to face or telephonic communication with their superiors, subordinates, colleagues, customers or suppliers. Managers also use Written Communication in form of letters, reports or memos wherever oral communication is not feasible.

Thus, we can say that “**effective communication is a building block of successful organizations**”. In other words, communication acts as organizational blood.

The importance of communication in an organization can be summarized as follows

1. Communication **promotes motivation** by informing and clarifying the employees about the task to be done, the manner they are performing the task, and how to improve their performance if it is not up to the mark.
2. Communication is a **source of information** to the organizational members for decision-making process as it helps identifying and assessing alternative course of actions.
3. Communication also plays a crucial role in **altering individual’s attitudes**, i.e., a well informed individual will have better attitude than a less-informed individual. Organizational magazines, journals, meetings and various other forms of oral and written communication help in moulding employee’s attitudes.
4. Communication also **helps in socializing**. In today’s life the only presence of another individual fosters communication. It is also said that one cannot survive without communication.
5. As discussed earlier, communication also assists in **controlling process**. It helps controlling organizational member’s behaviour in various ways. There are various levels of hierarchy and certain principles and guidelines that employees must follow in an organization. They must comply with organizational policies, perform their job role efficiently and communicate any work problem and grievance to their superiors. Thus, communication helps in controlling function of management.

An effective and efficient communication system requires managerial proficiency in delivering and receiving messages. A manager must discover various barriers to communication, analyze the reasons for their occurrence and take preventive steps to avoid those barriers. Inadequate information to managers often affects the broad area of performance. Thus, the primary responsibility of a manager is to develop and maintain an effective communication system in the organization.

For an effective management communication, the following universally accepted ways should be tried :

1. The management should think clearly before communicating. It must give proper attention to the attitudes of the receiving audience.

2. The purpose of communication must be clearly known as to what is to be achieved and how. Several objectives should be achieved with one single communication.
3. The audience must be thoroughly known, as also the timing and the media of communication.
4. The language used, the tone of the voice, expression and emotion should be given proper attention as all these affect the success of communication.
5. The management should be prepared to help the receiving audience and make the information clear to it.
6. Comments, suggestions, feedback should be encouraged.
7. Communication should be based not only on the present requirements but also on the future needs.
8. The management should cultivate the habit of “listening”.

For the communication process to function properly, reciprocal confidence and trust on the parts of the members of the organization are absolutely essential.

Unit 7 □ ORGANISATIONAL COMMUNICATIONS

Structure

7.1 Introduction

7.2 Formal communication

7.3 Informal communication

7.4 Oral / Silent / written communication

7.4.1 Merits & Demerits of oral communication

7.4.2 Merits & Demerits of written communication

7.4.3 Advantages of written communication

7.4.4 Advantages of oral communication

7.1 Introduction

The patterns of communication network resemble certain organisation structures. For instance the Wheel can represent a hierarchical system, four departments reporting to one common superior; the Chain represents chain of command. Organisations are complex networks, involved in information handling and decision making. This necessitates upward, downward, lateral and diagonal communication facilities. The pattern of communication emerging in an organisation may not exactly coincide with the intended system of hierarchy. This has led some to conclude that the existent structure in an organisation is that which results from the communication network that eventually takes shape. Analysis of organisational communication includes study of inter-group and intra-group interactions, involving social and cultural factors. In order to be effective, a leader should be able to identify the communication needs of his organisation and structure the network appropriately.

Communication is one of the most important instruments in organisation. The quality of formal and personal communication is one of the decisive factors in organisational effectiveness. In situations where intensive human interaction is a requirement, greater

emphasis on good communication becomes inescapable. Competence in communication is a prerequisite for good leadership. Communication does not happen randomly in organisations. It has to be deliberately built into the system and developed through effort by the leadership. Communication is a discipline by itself, based on systematic, scientific knowledge. This knowledge is growing, facilitating deeper insight into the subject. Leadership effectiveness cannot be achieved without a conscious effort to understand communication.

Basically, the two most important media of communication in an organization are formal and informal communications.

7.2 Formal Communication

Formal Communication is those that are “official”, that are a part of the recognized communication system which is involved in the operation of the organization. These communications may be oral or written. A formal communication can be from a superior to a subordinate, from a subordinate to a superior, intra-administrative, or external.

Communications between superiors and their subordinates represents downward communications flows. These are administrative communications, which provide instructions, information, and clarification. When subordinates initiate communications to their superiors, the flow is upward, and the message may include participation in decision making, expressions of dissatisfaction, or opinions, and these may provide evaluation of individual and unit performance. *Intra-administrative communications* pass across the organizational levels. They are frequent between line and staff units.

Formal communications take place externally to the organization i.e., with outside groups, such as suppliers, clients, unions, government agencies, and community groups.

A formal communication may be mandatory, indicative or explanatory. A mandatory communication implies an order or command to be followed and goes by various euphemistic names such as instructions, briefing, etc. This kind of communication is mostly vertical and usually one-way from top downward.

The *indicative* or *explanatory communication* may exist between any level and may be vertical as well as horizontal.

7.3 Informal communication

Informal communications grow out of the social interactions among people who work together. These are not bound by any chart on the wall but are bound by conventions, customs and culture. Such communication provide useful information for events to come, in the form of grapevine. Davis observes, “Grapevine cannot be abolished, rubbed out, hidden under a basket, chopped down, tied up, or stopped. If we suppress it at one place, it will crop up in another. . . . In a sense, the grapevine is man’s birthright because, whenever men congregate into groups, the grapevine is sure to develop. It may use smoke signal, jungle tom-toms, taps on the prison wall, ordinary conversation, or some other method, but it will always be there. No manager can “fire” it because he did not hire it. It is simply there.”

7.4 Oral or Silent and Written Communication

An oral communication generally takes place when the audience is largely illiterate and there are problems of language difficulty. Such communication is direct between the supervisor and the worker, and is often known as face-to-face (or one-to-one) communication. It takes the form of talks, a public address , verbal discussions, telephonic talk, telecommunications (or on the intercom system) and other artificial media, such as audio-visual aids (slides, movies, tape records, films, broadcasts, loud speakers, whistles, bells or call bells) speeches and orders, holding of meetings and conferences, lectures, social get-togethers, training sessions, public address systems, museums, exhibitions, counseling, etc.

7.4.1 Merits & Demerits of Oral communication

Oral communications enjoys certain **merits**.

- (i) It is the least time-consuming, is more direct, simple and the least expensive.
- (ii) It is more communicative and effective and aids in avoiding delays, red-tape and formalities.
- (iii) It generates a friendly and co-operative spirit.

- (iv) It provides a immediate feedback, as questions can be put and answers obtained about the information transmitted.
- (v) Since every information cannot be put into writing, most of it is conveyed by means of oral instructions, mutual discussions and telephonic conversations.

However, oral communication has certain **demerits**. These are :

- (i) Lengthy, distant and important information cannot be effectively conveyed verbally.
- (ii) Verbal talks may often be distorted if there is some cause of indifference between the receiver and the sender.
- (iii) It is inadequate where permanency and uniformity of form are required.
- (iv) Due to various communication gaps, as a result of status and other physical or personal barriers communication is incomplete
- (v) Spontaneous responses may not be carefully thought.
- (vi) The spoke words can be more easily misunderstood than the written word.
- (vii) It presupposes expertise in the art of effective speaking.

A written communication is always put into writing ad generally used when the audience is at a distance or when a permanency of record is required or when its preservation is essential in case it is needed as a evidence in cases of dispute. It is generally in the for of instructions, orders rules and regulations, policies. Procedures, posters memos, reports, information bulletins; in the form of items in magazines, newspapers circulars, house journals; or in the form of pictorial messages, hand-outs; or it is written down in employee's hand books, training and job manuals; or when a grievance procedure is laid down or when a performance appraisal is effected; or it may be put upon notice boards, display stands; or it may be in the form of suggestion schemes and personal letters written to employees.

7.4.2 Merits & Demerits of written communication

The **merits** of written communication are;

- (i) It serves as evidence of what has occurred r what has stated;
- (ii) It provides a permanent record for future use.
- (iii) It reduces the chances for misinterpretation, misrepresentation and distortion of information.

- (iv) It is reliable when transmitting lengthy information on financial, production or other important data.
- (v) It provides an opportunity to the subordinates to put up their grievances in writing and get them supported by facts.

However, a written communication also suffers from certain **disadvantages** these are :

- (i) It is generally an expensive and a time-consuming process.
- (ii) Even though such communication has been transmitted, it is not certain whether the receiver has understood it.
- (iii) Written material not only gets out of date but may also leak out before time.
- (iv) It sometimes leads to excessive formality and rigidity in personal relations.

Habbe gives the comparative advantage of written versus oral communications. These are :

7.4.3 Advantages of a written communication

- Authority
- Accuracy
- Permanence
- Coverage (can be of adequate length and can be duplicated and distributed to all individuals who should receive it.)
- Miscellaneous (retention rate from reading is high; written communication are economical)

7.4.4 Advantages of Oral Communication

- Personal
- Two-way(ideas can be exchanged, questions asked)
- Flexible (can be adapted to receive, can be presented in the right tone of voice, with a smile, with gestures)
- Effective
- Miscellaneous (easy, simple, fast, places responsibility for communication where it belongs – on immediate supervisor)

In a good organization, the management uses both the media – the verbal and the written – of communication. To be effective, these media have to be clear, purposeful, concise, complete, and express mutual confidence at appropriate levels. A proper communication has to play a important role in a large organization, and there has to be a proper balance between the oral and written forms of communication.

It need hardly be said that the choice of any one method depends upon the purpose to be accomplished and the likelihood of its success. Quite often, it is better to use more than one method to convey the same information so that one can reinforce the other.

Unit 8 □ MEDIA OF COMMUNICATION

Structure

- 8.1 Introduction**
- 8.2 Employee Handbooks**
- 8.3 House magazines & Newspapers**
- 8.4 Financial reports to employees**
- 8.5 Published statements covering personal policies**
- 8.6 Information racks or display stands**
- 8.7 Bulletin Boards**
- 8.8 Audio Visual aids**
- 8.9 Museums & Exhibitions**
- 8.10 Posters**
- 8.11 Notice Boards**

8.1 Introduction

In its relations with the outside world, an organization might use these forms of written communication : advertising materials; training and instruction materials; employee recruiting programmes, brochures and new releases. Under oral communication may be used sales contacts, verbal presentations to individuals and group participation in conferences and speeches.

8.2 Employee Handbooks

These are intended to help in the induction of newcomers and to provide all the employees with a clear-cut understanding not only of the general policies of the management but also of the nature of the business, its sources of supplies, its customers, its products and the range of benefits and services available to its employees; and indicates the major problems involved in its successful operations. Many organizations publish illustrated handbooks, giving cartoons, charts and photographs.

These handbooks should contain the following information :

- (a) Space for employee's name, token number, department, address and age.
- (b) Rules governing disciplines, discharge and retirement.
- (c) The history and structure of the organization.
- (d) Information about the products of the firm.
- (e) Extracts from Standing Orders.
- (f) Information about recreational and medical facilities, and other amenities (such as canteens, lunch rooms, night and adult schools, work magazine, welfare office, crèches, children's education, transport facilities, and fire protection measures.
- (g) facilities for training and banking.
- (h) Collective bargaining ad trade unions.
- (i) Employment prospects, advancement and promotion.
- (j) Leave rules, hours of work, wage regulations and working conditions.
- (k) Benefit and insurance schemes.

Handbooks create an interest in the employee, and he begins to feel that the firm takes interest in him. He, therefore, tries to learn about the progress of the company ad its development and growth.

8.3 House Magazines and newspapers

Some organizations maintain one or more employee magazines or journals. These are meant to keep employees well informed of the developments in the business and to acquaint them with the personalities and the activities of the organization “ the house magazine is a platform on which the top management can unite in informal and direct terms with its employees; if used intelligently it can create team spirit and mutual understanding. It can explain the policies of the management in easily understood terms remind the workers from time to time of the advantages of the various welfare schemes that operate to their benefits; shows them how they fit into the firm; and make them take pride in the same institution which is solely their own.”

The house magazine is generally of one to four pages, and is mimeographed or printed. It is edited by one or more members of the employment relations staff. Sometimes rank and file employees may be included on the editorial board. In India, some firms freely distribute these magazines to their employees. The distribution of magazines through the members of the editorial board gives an air of informality to them and makes for a close contact between the members of the board and the other workers.

House magazines contain news and personal and social items. There may be references to parties, marriages, births, retirements, honours, awards etc. pictures illustrate the plant, while product news familiarize employees with the variety of an organization's products, the new developments in them, information about their special virtues, and evidence of their acceptance by the public. Feature stories most frequently describe promotions, retirements, home-making activities, sports, suggestions and safety measures.

However, less attention is paid to editorials, discussion of current developments in the industrial field, new or proposed legislation, waste, thrift, safety, health, leisure time, recreational facilities and controversial policy matters.

8.4 Employee's Papers

A well brought out and skillfully edited employee's paper provides an excellent opportunity for communication with employees. It may have a few pages exclusively devoted to the employees in which their voice, in the form of letters, is given special attention.

These papers usually feature the employees and not the top executives. There is room in the company paper for safety news, suggestions, transfers and promotions of general interest, sports and recreation, description of processes that help an employee to understand how his job fits in to the total plant operation, important items covering increased or decreased production, plant expansion, new plants, annual reports to employees and economic discussions of interest to them.

Sometimes companies publish their employee papers as a paid advertisement in some local newspaper. This is possible in small organizations and communities.

8.5 Financial Reports to Employees

Such reports describe the essential facts concerning the conduct of business, its expenses and profits, its income and distribution of that income. These reports serve as a useful guide for the employee, indicate the financial standing of the organization and create understanding between the management and its employees.

The usual reports that are issued to the shareholders, annually or quarterly, do not serve any useful purpose for the employees; for most of them are illiterate and cannot fully understand the meaning of the accounting language, of costs, profits, wages and investment. Therefore, financial reports are generally issued in non-technical language to meet the specific requirements of the employees.

The reports are communicated through several media, of which special pamphlets and employee magazines are the most commonly used.

8.6 Published Statements Covering Personnel Policies

These statements provide an excellent means of getting across to the employee company's policies covering employer-employee relations. This is particularly so when a supervisor points out the specific items in the handbooks and asks employees questions bearing on their content. These booklets are written in a simple language and contain only those items which relate to established personnel policies.

Sometimes, all the personnel policies are mentioned in one booklet. At other times, separately printed or cyclostyled booklets are issued, dealing with the various subjects – with provident fund, pension plans, production bonus, profit-sharing, co-operative society or standing orders.

8.7 Information Racks or Display Stands

These are usually placed in places most frequented by the employees. On these racks are placed pamphlets and booklets on a "help yourself" or "cafeteria" basis. The most frequently used places for these racks are the front lobby, the shop, plant or factory gate and cafeterias. Racks may carry such words as "Have you read these?" or "Take one for yourself."

Booklets and home pamphlets deal with a wide range of topics – personnel hobbies, cooking, sewing and knitting, hunting and sports, Red Cross activities, home economics, reaction, education, accident prevention, how to meet and influence friends, budgeting, gardening, tariffs and taxation etc.

8.7 Bulletin Boards

Usually big organizations keep a bulletin board in attractive colours, types and formats for 50 to 100 employees. These bulletin boards contain a wide range of material – some one's choice of cartoons from newspapers and magazines, pin-up photographs, clipping on births, deaths and retirements, marriages and divorces and other events in the lives of present or former employees, safety posters, pictures of visitors to the plant, schedules of athletic and recreational events, calendars, calls for special meetings, for sale or "wanted" cards, cafeteria and canteen menus and many other items of common interest.

8.8 Audio-Visual Aids

Sound films, movies, slides, tape or wire recorders may be played back to the workers. The advantage of such a method is that the workers hear the very words spoken by various persons through this medium, and this leaves no room for any misunderstanding. Movies have obvious advantages in describing a company's range of operations and products, in illustrating how and why financial and other decisions are made, or in explaining work rules and reasons for regulations. Sound slide presentations have equally effective uses.

An internal broadcasting system provides a convenient medium for instant communication. Though it is usually a one-way street, it can be used to bridge the gap in mass production industries. This device has been used for reducing the rate of absenteeism, tardiness, breakages and waste.

8.9 Museums and Exhibitions

These may be used for displaying good workmanship, quality control ideas and good designs. They may contain old photographs of the concern or factory, old designs, and

good quality products. The main objective of these is to create an interest among the workers in their own work.

8.9 Posters

This method of publicity is not only most often used but is also the most criticized. Posters act on the subconscious mind; their effect is not direct but indirect. They may depict various items, such as those relating to health and safety, hygiene, bonus, some improvement in the mill, etc. these often take the form of pictorial diagrams and charts, photographs and cuttings from newspapers. To maintain interest, it is necessary that, as soon the poster becomes old or is torn, it should be replaced by another.

8.10 Notice Boards

Notices are often pasted on the factory walls or gates or laced in glass or gauze-covered notice boards, and these are hung at appropriate places in the premises of an organization, near canteens or factory gates. These notices usually depict the following information :

- (a) Statutory notices, viz., hours of work, dates of the payment of wages, lists of persons exempted under the Factories Act.
- (b) Standing Orders
- (c) Notices of the various institutions in the establishment such as the sports club, a co- operative and/ or a dramatic society.
- (d) Notices and circulars issued by the management for administrative purposes.

Suggestion System :

The suggestion system is designed to enlist the co-operation of subordinates in effective improvements and in eliminating waste.

Suggestions may be invited on a form that provides for the signatures of the employees.

Rewards are offered for suggestions which result in greater productive efficiency.

These encourage positive proposals for a change or an improvement in the existing processes.

Also, they provide a means to enable employees to ventilate their dissatisfaction with the existing facilities and particulars. Individual employees can approach the management with specific problems and submit their ideas for formulation.

By encouraging suggestions and implementing them, the organization can bring about maximum productivity at the lowest cost through promoting and maintaining good human relations among its work-force.

In some organizations, suggestion boxes are located at convenient places throughout the organization.

Communication is a basic tool for motivation and an increase in employee morale. Many conflicts arising out of misunderstandings of motives and points of view can be resolved to a great extent by a good communication skill on the part of the management.

Unit 9 □ COUNSELLING

Structure

9.1 Introduction

9.2 Benefits of counseling in the workplace

9.3 Attributes of a good counselor

9.1 Introduction

Counseling is a process involving two parties, it is generally about helping people help themselves. It may involve just a few sessions or perhaps a lot longer, depending on the reasons for the counselling and the particular person (or people) involved. Some of the reasons for counselling could be grief/loss, sudden and unexpected loss or trauma, stress, depression, anxiety, the list goes on.

Counseling is when a counsellor agrees to see a client in a confidential place to examine and explore any problems they be having within their life such as dissatisfaction with life or a loss of sense of direction or purpose. The client must always be willing and accepting of the process of counselling as no one can be forced to go and be effectively counseled. The counsellor will listen carefully and patiently which will enable him/her to more easily identify any problems or difficulties from the clients' point of view and can help them to see things more clearly and from a different point of view. Acceptance, respect and being non-judgmental of the client are essential for the counsellor. After time mutual trust between the client and counsellor should develop.

Counseling is not giving advice or teaching someone how to do something correctly the way a mentor such as a teacher or tutor does. Nor is it persuading a client to take a particular course of action as maybe an advice worker like a youth worker would do. Counselling differs from social work as in the latter sometimes there would be a degree of intervention and possibly non willingness on the clients' part.

Counselling incorporates a wide variety of areas that apply to many different environments and situations. Understanding human behaviour and enabling (or improving) communication are essential in interacting positively with others. This view has been

increasingly accepted by businesses and organisations, especially in terms of its contribution in improving productivity.

Types of Counseling

It has long been recognized that it can be extremely difficult to maintain your psychological well being in today's high-stress world on your own. Because people need help, there are different types of counseling professionals who can help everyday individuals who are struggling in a variety of areas.

What is counselling?

Contrary to what many people think, the role of a counsellor is not to give advice. Instead, they will help you question the way you look at things, the way you behave or react to situations or people and they can also help you to develop new strategies for dealing with your situation. They do this by getting to know you, developing an understanding of your circumstances, listening to what you have to say and by offering support and insight.

When can counselling help?

While it can be really helpful to talk to someone you know and trust, you may feel more comfortable confiding in someone who's removed from your personal situation and is therefore more objective. Also, having a set time and space to talk may help you to work through the issues concerning you.

Counselling is definitely worth considering when :

you are feeling overwhelmed or depressed you need someone to listen to you and help you work out what's most important an issue or situation is seriously affecting your day-to-day life you can't make important decisions and are not sure what to do next.

What are some of the issues counsellors can help with?

Counsellors can talk you through a whole range of issues or problems. Here are just some of the areas of modern life they are used to dealing with :

relationship or family issues major life changes coping with separation and new relationships domestic violence or sexual abuse coming to terms with abuse in your childhood depression or anxiety stress anger loss and grief parenting and step-parenting gambling financial difficulties

Here are some of the major types of counseling that are available and who might benefit from them.

1. Mental Health Counseling

There are many reasons why an individual may need mental health counseling. He or she may have a chemical imbalance that is making it difficult to function, which can be aided through drugs but may also require some form of talk therapy. He or she may have deep-seated family issues which are pervading adult life. There may be unresolved trauma that is plaguing an individual. In nearly any case where a psychological issue is making daily functioning a problem, mental health counseling can help.

What Is Mental Health Counseling?

If you are suffering from some form of mental illness, you may benefit from mental health counseling. It's important to note that a mental illness does not need to mean crippling psychosis. Severe depression, anxiety or attention deficits are all legitimate problems that can be treated with the help of a mental health counselor.

Mental health counseling is the treatment of a mental illness by a trained mental health care professional. This professional can take the form of a clinical psychologist, psychiatrist, or social worker. The counseling itself can take on a variety of forms as well, from psychoanalytic approaches to behavioral approaches. In many cases, talk therapy will be combined with some form of medication to treat the particular mental illness that an individual may be suffering from.

Who Can Benefit from Mental Health Counseling?

Anyone who is dealing with some form of psychological difficulty that is interfering with everyday functioning may benefit from mental health counseling. This includes people with severe depression, with crippling anxiety, with attention deficits or with eating disorders, as well as those who struggle with addictions, trauma, or phobias. The more severe the problem, the more experience and training you will want in the professional you seek.

How Does Mental Health Counseling Work?

Mental health counseling can come in a variety of settings, including with a group, one-on-one, or occasionally with a partner offering support and information to the therapist. The counselor will generally start with an intake interview where the patient will detail what brought him or her in for counseling, what symptoms he or she has been experiencing and what he or she hopes to achieve as a counseling goal. The counselor may also recommend that the patient take a variety of tests which may give a clearer picture of the patient's specific pathology. Once the problems have been established, the

counselor will recommend a course of treatment, which will often be a number of sessions of talk therapy, perhaps accompanied by medication designed to correct a chemical imbalance in the brain.

In the case of deep seated traumas or certain mood disorders, a lengthy course of psychotherapy may be indicated. In these cases, the patient's childhood and ways of relating to others throughout his or her life are explored, with an eye towards how negative defense mechanisms may have developed. With phobias, anxieties or addictions, many mental health counselors have found great success with behavioral approaches. In these cases, a shorter term of counseling is required, in which patients are taught relaxation techniques and then taught to pair those techniques with the experiences that they fear or find difficult to handle.

Although for many years there was a stigma on the mentally ill or seeking treatment for mental illness, the reality is that mental health issues are very legitimate medical concerns, and should not go without treatment. Mental health counseling can be highly effective for many people, and can often allow them to go on to lead happier, more productive lives.

2. Grief Counseling

Loss is extremely difficult for almost everyone, especially the loss of a parent, spouse or child. Unfortunately, in an increasingly more isolated society, many people grow up without the coping mechanisms to grieve effectively. A grief counselor can help an individual work through this difficult time.

What Is Grief Counseling?

If you have recently experienced the loss of a loved one, especially if such a loss was unexpected, you may be referred to grief counseling. The idea of grief counseling may be intimidating to some, especially those who have never participated in any kind of therapy before. However, if a loss feels completely overwhelming, counseling may present an ideal option for helping a person overcome loss and eventually resume normal functioning.

Many cultures have built in traditions and systems for managing misery. These systems allow an individual to mourn a loss, integrate the loss into his or her life, accept the loss, and move forward. Those who did not grow up in such a culture, or for whom the cultural system is not effective, may be caught up in a cycle of grief. Grief counseling can help an individual break that cycle and move on with his or her life.

Grief counseling can take a number of different forms. There can be one-on-one counseling, where the individual works only with the counselor. There can be group grief counseling, where a counselor works with a number of people in varying stages of unhappiness, allowing these grieving individuals to share their experiences and offer support to one another. There can also be family grief counseling, where the rest of the family works together to grieve over a lost member. There can also be a combination of these different approaches to grief counseling.

Who Can Benefit from Grief Counseling?

Even those who are undergoing a healthy period of grief may find that period eased by effective grief counseling. However, the most benefit may come for those who have continued to have trouble functioning beyond a normal, healthy proscribed period of grief. As with most counseling, the counselor's goal will be to provide a healthy framework for coping with and moving through the grief.

How Does Grief Counseling Work?

The grief counselor may begin working with the patient before the loss, as when a loved one is in the final stages of a terminal illness, immediately after the loss, or even some time after the loss, when it is clear that the time for completion of a healthy grieving process has passed. Grief counseling typically has two goals : Helping the patient complete a healthy grief cycle and helping the patient deal with other pathologies, such as crippling anxiety or depression, which may have been triggered by the event which caused the grieving.

It's important to note that the completion of a successful, healthy grieving process does not mean that the object of the grief is forgotten, or that sadness is not felt when the loss is remembered. It simply means that the person has accepted the loss and that life will continue without the beloved person. In fact, after successful grief counseling, it may even be possible to remember the lost loved one more robustly and fondly, as the memories are not still tied up in that overwhelming grief.

3. Family Counseling

Family units have different group pathologies than individuals which require different types of counseling. A family counselor is trained in the types of negative family dynamics that can occur and how it can affect each individual family member. This counselor can then teach family members how to work, live and love together in a more positive way.

What Is Family Counseling?

It's often the behavior of a single family member that brings a group into family counseling, but it is usually the case that many problems with the dynamics become unearthed in the process of dealing with the problems of the "identified patient." In fact, it is frequently the case that the identified patient is the healthiest member of the family unit, and it is that very fact that causes him or her to stand out, leading the rest of the family to seek help for that individual.

Family counseling is a type of counseling that involves the entire family, rather than an individual or a couple. It is usually the nuclear family, with a husband, a wife, and any children, rather than an extended family, but many different models can be seen in such counseling. The goal in family counseling is usually to help family members communicate better and teach them how to better resolve conflicts that arise within the family unit.

Who Can Benefit?

Nearly every family has some sort of dysfunction, and therefore nearly every family can benefit from family counseling. Even if there really is only one member who has a serious pathology, all members can benefit from counseling to learn how to best support this individual. However it is much more common that most or all family members have some issues they need to work out or faulty coping mechanisms they need to correct, and only discover these things because of the desire to treat a single member. Non-traditional families, such as single parent families, families with adopted or foster children, blended families or families involving same sex couples, can all benefit from family counseling.

How Does Family Counseling Work?

The family counselor pays careful attention to how the members interact. This means observing as much of the content of the interactions as the styles of interaction and conflict resolution. Family counselors are also careful to observe which members interact with which others. In some cases, a single individual is the focus of all the conflict. In others, one or two family members may stay away from the fray while others engage in conflict resolution.

Once the family counselor has observed all of this, he or she will usually want to explore how each family member feels about their interactions, but also about the interactions that they observed and were not a direct part of. Once this phase is complete, the counselor will help each family member learn effective communication and conflict resolution skills. Along with this goes the understanding of how each member has learned

to react the way they do, and how they can help themselves and their fellow family members break out of negative cycles that lead to more conflict. Many families are surprised by how much they are helped by family counseling, and can go on to be more supportive of one another and happier together after the counseling experience.

4. Relationship Counseling

Marriage is not the only type of relationship that may require healing. Boyfriends and girlfriends, brothers and sisters, even business partners may need help developing coping methods that will enable them to interact effectively. Relationship counselors can provide this assistance.

What Is Relationship Counseling?

Marriage counseling is a type of relationship counseling, but it's far from the only type. There is pre-marital counseling, for couples who want to take that next step but find something is holding them back. There is couples counseling for couples who know they are not ready to get married, but still want to be together and maintain a healthy union. Relationships that can benefit from counseling do not even have to be romantic. Business partners, siblings and even best friends may benefit from relationship counseling.

Relationship counseling occurs when two people find that the behavior patterns of interacting that have been effective throughout the relationship, or that they believed had been effective, are no longer working, or they finally realize that they have never really worked. The counselor works to find out what those negative behavior patterns are, how they arose, and how they can be corrected.

Who Can Benefit?

Can you benefit from relationship counseling? If you are struggling to get along with someone who you used to be quite close to, relationship counseling may be for you. In today's world, with all the choices available to us and all the stresses that affect our lives, maintaining healthy relationships can be a challenge, but we are fortunate in that there are trained counselors out there who can help.

How Does Relationship Counseling Work?

People often find themselves in relationships that are pathological, that is, that are in some way unhealthy. It may be unhealthy for the person to be in the relationship at all, or it may simply be that the dynamics of the relationship are unhealthy. The relationship counselor is an objective observer that helps the couple decide if it is healthy for them to

be in a relationship at all, and if it is, how they can correct behavior patterns that have made it so that this potentially healthy relationship is no longer working.

The counselor will often carry out this work by encouraging each member of the relationship to talk about the underlying feelings regarding their actions, and by asking the other member to listen to and validate those feelings before sharing their own. The more effectively the couple can do this, the better they will become at recognizing the types of behavior that draws them into a cycle of conflict, and the more able they will become to short-circuit those negative behavior cycles and replace them with positive ones.

It may take a considerable amount of time for relationship counseling to be fully effective. Those who come to seek professional counseling for their issues should remember that they are trying to unlearn behavior patterns and coping mechanisms that they spent lifetimes learning, and breaking those patterns is no easy task. However, once the counseling reaches its conclusion, the couple will ideally have learned to be more supportive, caring, and have a generally happier, healthier and more satisfying relationship, whether it is romantic or otherwise.

5. Group Counseling

In group counseling, a single therapist works with multiple patients in order to help them resolve troubling issues. Group counseling can be effective for people who are not comfortable in a one-on-one setting, who have social anxiety issues, or who do not find it financially feasible to pursue individual counseling.

What Is Group Counseling?

Among the various different types of counseling that a person may pursue is group counseling. Group counseling is fairly popular for a number of reasons. It is often cheaper than individual counseling, which is appealing to some, but it also provides an entry into the world of counseling that may be more comfortable to certain people than a one-on-one counseling situation might be. If you think that you or someone you know might benefit from a group counseling situation, it may be a good idea to learn a little more about what goes on in counseling.

Group counseling is a type of mental health counseling that is done with several people at once, rather than an individual. The meeting is led by a trained counselor who may be a medical doctor, psychologist or social worker. This counselor will usually take the somewhat more passive role of facilitator to the larger group, giving them a safe place in

which to voice any of their fears and concerns and letting them draw support from the group as they do so.

Who Can Benefit from Group Counseling?

Anyone with a psychological issue who is comfortable in the group setting and who does not feel that they would benefit as much from one-on-one counseling can participate in group counseling. Because the interaction of different peoples' psyches is so complex, a group usually focuses on one specific issue. That is to say, there may be various groups for depression, bereavement, social anxiety, phobias, and so on. By focusing on one specific issue, the group allows each member to feel heard and understood, since they are surrounded by people who are struggling with shared experiences and concerns.

How Does Group Counseling Work?

In the group setting, each individual is encouraged to share his or her thoughts and feelings, both in general and around the subject of the group, when they are ready. Traditionally, one member of the group is allowed to give his or her narrative uninterrupted, with other members sharing their own thoughts and feelings and giving support once that member is finished. The group counselor's usual role is to keep this dynamic intact and encourage healthy, positive communication between group members. If a particular member has been unwilling to speak after many sessions, the counselor may work with this individual to help him or her feel more supportive and more comfortable joining the discussion.

Ideally, as the group goes on, members will begin to feel more confident and more supportive. There will be more mutual self-disclosure of experiences, and through being able to talk about their struggles with their particular difficulties, healing can occur. Some individuals who began because they were not comfortable examining their feelings in individual therapy may at this point choose to try one-on-one counseling, while others may feel they have drawn enough strength from the group to cope with their difficulties and move forward with their lives.

6. Substance Abuse Counseling

People who are in the grips of an alcohol or drug addiction need a special type of counseling. Substance abuse counseling uses professionals who are trained in understanding the workings and pathology of addiction and helping patients learn how to manage their addictions.

7. Teen Counseling

Teenagers are in a different stage of development than their parents, and hence need a different style of counseling. Teen counseling helps teens deal with issues such as understanding their sexuality, dealing with the temptations of drugs and alcohol and relating to their parents.

8. Individual Counseling

Individual counseling is a direct, active and personal approach that focuses on increasing your individual self-awareness, understanding, and adjustment. Individual counseling can help you identify the most effective ways for you personally to achieve your desired goals for this stage in life, as well as provide you with the tools to cope with difficult circumstances that may arise along the way.

9.2 Benefits of counseling in the workplace

There are many benefits of applying counselling-based communication skills and tools in the workplace. These include :

1. Enabling a better understanding of why employees behave as they do. This allows identification of those factors that both motivate and inhibit employee behaviour and interaction.
2. Allowing the development and implementation of strategies that align employee work behaviours with organisational goals including effective motivational strategies, cross-training programs, a greater emphasis on teambuilding, and developing trusting and predictable relationships with employees.
3. Improving communication and essential feedback mechanisms that allow employees to communicate with Managers.
4. Earlier identification and addressing of behaviours that are not conducive to workplace productivity and performance such as stress, poor work priority and organisation, and job dissatisfaction.
5. Increase in employee loyalty and job satisfaction as staffs perceive they are working within a caring and supportive environment.
6. Higher employee commitment to organisational goals and job performance with less focus upon wages and pay increases.

7. Improved productivity from higher levels of employee job satisfaction, self-esteem and motivation.
8. Earlier identification and resolution of employee grievances.
9. Reduced levels of workplace conflict, downtime, industrial disputes and workplace stress.
10. Increased staff retention and workplace communication.

9.3 Attributes of a Good Counsellor

The good qualities for a counsellor would be empathy, understanding, the ability to be objective, patience, openness to the ideas and opinions of others, good coping and emotional skills, and the ability to be able to ‘meet’ the other person at the stage they are at and go from there.

Judgment

A good counselor is someone who can learn not to make judgments on behalf of the person being helped. Although counsellors have their own values, these should not be imposed on the client – and the counsellor must retain the ability to listen to and accept the views of clients with other standards.

Patience and Acceptance

A counselor rarely needs to use his or her self control in dealing with people, even those people who are not likeable.

Experience

Learning to grow into a more complete person from the experience of life’s hard knocks can be a valuable quality in a counselor.

Education

Formal degrees in psychology do not necessarily make good counsellors, but common sense approach is not sufficient. Good counsellors are willing and able to learn about themselves and other people too.

Social Skills

It is not enough to be considered to be a good listener. Counselors learn through training how to perceive all aspects of verbal and non-verbal communication, and deliberately improve their listening skills by using appropriate techniques during counselling.

Genuineness and Warmth

Effective counselors have a genuine interest in other people. This is often referred to as respect or unconditional positive regard for the person being helped. People who do not need others in their lives may find this sort of warmth to unknown people as being problematic.

Discretion

Counselors must show complete discretion, never revealing what others say or do within the counseling context. Confidentiality is paramount in counseling relationships

Practice

Counseling requires a lot of training, followed by much practice. A current job that will allow the possibility of a helping role could be very useful.

Unit 10 □ COMMUNICATION IN HEALTHCARE

Structure

10.1 Introduction

10.2 Importance of communication in Healthcare

10.3 Trust

10.4 Effective Patient - Doctor Communications

10.5 Patient communication - Feedback

10.1 Introduction

It is becoming important that all hospitals and healthcare professionals become proactive and institute patient enteric approach in the management of their hospitals. One of the major requirements for adopting this approach is emphasis on communication.

10.2 Importance of communication in Healthcare

The basic core of good communication skills such as :

- listening with the intent to understand
- maintaining good eye contact
- creating rapport
- speaking clearly
- using body language appropriately

In order to encourage communication in healthcare we need to :

- Talk to patients, carers and colleagues effectively and clearly conveying and receiving the intended messages
- Enable patients and their carers to communicate effectively
- Listen effectively especially when time is pressured
- Identify potential communication difficulties and work through solutions

- Understand how to use and receive non verbal messages given by body language
- Utilise spoken, written and electronic methods of communication
- Know when the information received needs to be passed on to another person/ professional for action
- Recognise the need for further development to acquire specialist skills in communication

Effective communication is a cornerstone of giving good patient care. The principles of good communications must translate into practice in each healthcare professionals working life. Good communication is very important for the Healthcare professional to be able to relate to the patients and their families.

The following points may be helpful in building trust and rapport with the patient and ensuring that the patient shares information fully with you.

- do not be in too much of a hurry to get on with the work.
- Sit/stand facing the patient, smile and be welcoming
- ask the patient to explain why they have come to the hospital
- do not jump to conclusions even if they seem obvious
- wait until the patient has stopped speaking before you do so
- maintain good eye contact
- ensure your body language is appropriate

A patient may feel under-valued, embarrassed, upset or annoyed if they feel that they have not received the attention and consideration that they believe they should.

10.3 Trust

Trust, which is at the heart of a clinical consultation, needs to be established right from the start. It is reasonable to assume that when an individual seeks advice about a healthcare problem they want to be able to trust their clinical advisor and be prepared to share with them information about themselves that is likely to be intimate and personal.

The consultants and other related Healthcare staff should have good communication skills and can, with the help of the patient, elicit relevant information to help lead to a correct diagnosis. However, it is equally important to recognise that communicating well

with patients helps to develop trust, which will facilitate the consultation and improve the clinician-patient relationship.

The areas covered in this section are :

- first impressions
- establishing trust between the clinician and the patient
- verbal and non-verbal communication
- taking a history
- listening skills
- body language
- adopting an appropriate voice
- checking and clarifying

In order to develop good relationships, avoid misunderstanding and possibly enhance clinical care for a particular patient, you may wish to consider the following :

- try to learn about the patient's customs, cultures, eating habits and taboos – both in terms of the practice of a particular culture and the way the individual might observe these
- be sensitive to areas such as mental health which could leave a stigma on a family and affect.
- be prepared to involve a relative who expects to make the decisions concerning his patient's examination and/or treatment
- be aware that some cultures do not allow a patient to be examined or treated by a clinician of the opposite sex
- be aware that some religions have strict regulations on post-mortems, burials, cremations and organ donations and ask questions before proposing such arrangements

As the Harvard study showed, 55% of the message in face-to-face communication is carried by non-verbal communication.

Although we may be able to tell if someone is confused, irritated or disappointed simply by observing their body language, we may not realise that, for example, our own nonchalant flicking of a ball point pen is signaling boredom or irritation.

So be aware of your own body language and :

- try to adopt a friendly, open position when standing or sitting
- try not to invade personal body space nor keep too great a distance (approximately one meter apart is about right),
- relax your shoulders, neck and facial muscles
- try not to fold or cross your arms over your body as it may make you look defensive
- lean forward slightly to demonstrate listening
- nod your head and smile to encourage the patient to continue
- do not hold your back and shoulders too straight as you may look rather aggressive
- do not slouch as it may make you look bored and uninterested
- avoiding playing with pens, papers, spectacles, etc. as you may look bored, irritated or distracted

Our natural inclination is to listen to only part of what is being said, filter out what we consider to be irrelevant, evaluate our response and then choose an appropriate moment to say our piece. In order to break this cycle you should :

- **listen to what the patient is saying** – the words being used and how they relate to the patient’s body language and tone of voice
- **concentrate on the facts** and consider the consequences of knowing/not knowing this information
- **summarise what is being said in your head** but don’t allow yourself to wonder about what you *think* is being said
- **make appropriate understanding and encouraging facial expressions** and acknowledging noises such as ‘mmm’ to show you are listening.
- **make appropriate empathic and encouraging remarks** such as ‘*this must be difficult for you*’, ‘*please go on*’, ‘*this sounds interesting*’, ‘*I see*’ and ‘*I understand*’

The voice is a powerful communication tool. It expresses the intellectual, emotional and creative content of our minds but may betray our words and actions.

You have only to hear a patient fighting back tears as she says ‘*I’m all right*’ to know that she is anything but all right.

As a healthcare executive you have to be aware of both your patients' vocal signals and your own. Recognising anger, frustration, pain, disappointment and confusion in the voice of another is surprisingly easy. Our emotional intelligence is quick to pick up these signals, but we may not always wish to acknowledge them – particularly if we are feeling low or under stress ourselves. However, being aware of the vocal signals your own voice portrays is surprisingly difficult, which is why we may be accused of talking in '*that tone of voice*'.

Try not to '*bark*' at patients through closed doors. If possible, stand up, open the door and greet them with a friendly smile and a welcoming gesture. Obviously, it would be unforgivable to have a big smile on your face when delivering bad or serious news, but smiling as you greet someone automatically changes the tone of the voice. People can '*hear a smile*' in a voice even if they cannot see the speaker. So remember to smile as you talk on the telephone too.

A common complaint patients have of doctors, in particular, is a tendency to speak in a patronising voice. Again, this is rarely intentional and usually results from having to explain complex procedures. Although you will need to use words which are not technical to explain what you mean, you should assume that the person you are talking to is as educated and as intelligent as yourself. Like smiling, just having this thought in your head automatically changes the tone of voice that you use.

An important element in establishing trust and rapport with a patient is to make them feel that you value their opinion. In order to do this you need to indicate that you have heard and acknowledged their concerns and their views.

In talking with patients and carers it is important to take time to :

- establish a rapport so that patients can relax and talk openly
- modify your voice and body language appropriately
- listen actively so that patients feel encouraged to continue
- ask open questions to help understand symptoms and concerns
- indicate that you value the patient's opinion and acknowledge their concerns
- pick up on verbal and non-verbal cues
- paraphrase and give your understanding of what the patient has said to check understanding on both sides

Evidence has shown that taking this **patient-centered** approach not only improves the Hospital-patient relationship, it also increases compliance with treatment and results in fewer follow-up visits and fewer referrals.

10.4 Effective Patient - Doctor Communications

There are more challenges than ever in today's healthcare environment. Limited appointment time, the ability of patients to do their own research which then needs to be discussed with practitioners, and the numbers of patients who are undiagnosed or misdiagnosed; these challenges and others make effective communications between patients and their practitioners more important than ever.

Good communications really boils down to two things : **respect for each other, and the ability to manage expectations.**

The following will help you understand how to be a good communicator yourself, and what to expect from a practitioner who is a good communicator.

A patient who is a good communicator :

- **Will be mindful of the doctor's limited time.** While some references tell us a patient has an average of only 8-10 minutes per appointment with his doctor, other references say the average is 16-20 minutes. The discrepancy may be due to the kind of visit, whether the doctor is primary care or a specialist, or even health insurance coverage. Regardless of the difference, it makes most sense for us patients to prepare ahead for the probability that the visit will be shorter than we expect.
- **Will be concise in his communication,** preparing carefully for meetings with his practitioner. A well-organized patient prepares questions ahead of appointments, and sticks to the facts. With so little appointment time, you'll want to be sure your doctor has all the important information about your problems, and has time to answer all your questions.
- **Will ask the meaning of words and concepts he doesn't understand.** Doctors are trained to use a lexicon of med-speak that baffles us patients. General medical terms are used by all doctors or many specialties. Other words and concepts are specific to body systems, conditions, diseases or treatments. In all cases, you'll walk away much more satisfied from your visit, having learned what

you need to know, if you stop your doctor and ask for a definition or description when he uses a concept or term you don't understand.

- **If interrupted, will ask the doctor to stop and listen respectfully.** Some studies say it takes only 23 seconds before a doctor interrupts his patient. Dr. Jerome Groopman, author of *How Doctors Think*, states that doctors interrupt their patients within 18 seconds of the start of their conversation. If your doctor interrupts you, politely ask him to listen to your entire list of symptoms, or to let you ask your entire question. Sometimes a simple gesture such as gently holding up your hand will alert your doctor to stop and listen to you.
- **Will ask his doctor what to expect next.** No matter what point you are in your transition through the system : before, during or after diagnosis or treatment, asking your doctor what happens next will help you understand what is going on immediately, and what your outcomes might be. For example, if your doctor says he is sending you for a medical test, you might ask what he expects the results will be, or what the possible outcomes might be, and what they would mean. If he can manage your expectations, you will have more confidence about the process and its outcomes.
- **Will know which questions to ask the doctor, and which to save for others.** Your doctor is the person who should answer any of your medical questions. But other questions, such as directions to a testing center, or the time of your next appointment, or where you should park your car, can be asked of others on the doctor's staff. That conserves your short appointment time for the important, medical aspects of your care.

A doctor or practitioner who is a good communicator :

- **Has respect for her patient.** Good doctors understand that a sick or injured patient is highly vulnerable. Being respectful goes a long way toward helping that patient explain symptoms, take responsibility for decision-making, and complying with instructions.
- **Has the ability to share information in terms her patients can understand** . It's OK to use med-speak and complicated terms, but they should be accompanied by an explanation at the same time.
- **Doesn't interrupt or stereotype her patients.** It's easy for all of us to interrupt when we know time is short or we are in a hurry, but a practitioner who is a good

communicator knows that if it can't be done right to begin with, it will need to be done over. Listening carefully and respectfully will go a long way toward better outcomes for the patient.

- **Has the ability to effectively manage patients' expectations.** By helping her patient understand what the next steps will be, and what the possible outcomes and their ramifications might be, the doctor can go a long way toward helping that patient understand his problem.

10.5 Patient Communication – Feedback

The only means of knowing where we stand in our Customer Care is **FEEDBACK**. The following points should be taken into consideration for improving on Customer care :

- **Make it easy for people to complain** : There should be **free flow feedback system**, which is very accessible to everyone. Ask for complaints
- The feedback forms should be **simple, short and specific**.
- The feedback should be taken with a very **positive attitude** with the thought that it is our **only means of improvement** and also letting us know where we stand.
- Feedback has to be a **continuous process**.
- Pretend to be a customer.
- Replace defective products or repeat the service immediately.

Model Questions

Paper - IX

Objective Type Questions

True & False

1. The flow of communication is simultaneous in all directions in the Transmission model.
2. The essential element for this transmission is a medium/channel
3. Business communication has limited opportunities for feedback s and hence difficult to correct misunderstandings.
4. When the message is not acceptable then it may give rise to negative feelings and the communications cannot breakdown and receive proper response.
5. Each time the receiver of the message is different, the approach of communicating the message must also change.
6. When more than one message is sent on the same subject there is a good possibility of contradictions.
7. Feedback is useful and the sender may have control over the communication situation.
8. Transmission of a message may be blocked by too many transmission links.
9. Visual impairment does not hinder the reception of message
10. Difference between sender and receiver are bridged by sharing other person's perspective.

Short Questions

1. Discuss the importance of communication.
2. With the help of a diagram explain the process of communication.
3. Discuss the **PRIDE** model of communication.
4. Grapevine Communication
5. Horizontal Communication.

6. What are the five chain of events in the process of communication?
7. Discuss mental health counseling, how it works and who can benefit from it?
8. Discuss Grief Counseling, how it works and who can benefit from it?
9. Discuss Family Counseling, how it works and who can benefit from it?
10. Discuss Relationship Counseling, how it works and who can benefit from it?
11. Discuss Group Counseling, how it works and who can benefit from it?
12. What are the dimensions of communication?
13. Enumerate the advantages of the reciprocal model of communication.
14. Discuss – Suggestion System
15. What is the purpose of education and training in business communication?

Long Questions

1. Enlist the Ten Commandments of Effective Communication?
2. Explain the Important C's in communication.
3. Explain the three models of communication process .
4. Explain the purpose of communication.
5. Describe Inter personal communication.
6. What is communication? Why is communication important?
7. What are the barriers to communication in an organization? Suggest measures to overcome the barriers.
8. What are the types of counseling? Explain the attributes of a good counselor.
9. Explain the various directions of communication with example.
What is meant by communication barriers? How do they occur?
10. What are the cross cultural barriers to communications.
11. Discuss in details : The transmission model of communication.
12. Discuss – Grapevine Communication
13. Discuss – Conditions for effective communication with reference to the important C's in communication.
14. Discuss the importance of communication in management

15. Discuss in details :

A. Merits and demerits of written communication

B. Discuss the styles of interpersonal communication

ASSIGNMENTS

Topics for assignment are general which would require the students to study current situations, thereby giving practical solutions.

Assignment Topic- 1

Nature and process of communication

Assignment Topic- 2

Verbal and non verbal communications

Assignment Topic- 3

Steps in writing a Report and Proposals

Assignment Topic- 4

Effective Presentation Skills

Assignment Topic-5

Effective Listening skills

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5. Marketing Management by Philip Kotler – 9th Edition
6. Personnel Management by C B Mamoria
7. Various sites and blogs on the Internet