

APPLICATION OF COMMUNICATION SYSTEM IN INTEGRATED HEALTHCARE - DISSIMINATION OF HEALTH INFORMATION

1. Prof.Dr.K. Ravichandran- Head Department of Entrepreneurship Studies (MBA Hospital Administration), School of Business Management, Madurai Kamaraj University, Madurai.
2. Dr.B. Uma Shankari- Faculty, Department of Entrepreneurship Studies (MBA Hospital Administration), School of Business Management, Madurai Kamaraj University, Madurai

Abstract:

Integrated healthcare delivery system is one in which all the health providing sectors whose services influence patient care. They work together in a coordinate fashion, sharing relevant medical information, their aims and goals and responsible for patient outcome and resource utilization. Earlier approach to healthcare was highly fragmented. This kind of fragmentation was identified as a great barrier to the healthcare system by the World Health Organization and it started emphasizing Integrated Healthcare Delivery System. Communicating information relating to both promotive as well as preventive aspects is an important component of healthcare in rural and urban areas.

Aim of the study:

The aim of the paper is to describe the two contrasting models of communication adopted in rural and urban areas to disseminate health information so that health care system makes a proper choice and refine each step of its communication while reaching the target groups.

Findings:

The study has made an investigation into the way health providers integrate communication into their practice. Persuasion is seen as the common factor in both urban and rural areas. But the application of the techniques is different. The very objective of marketing the health information and thereby promoting health status of the community could be achieved by proper application of a model.

Key Words: Integrated Healthcare Delivery System, Health Information, Persuasion, Communication, Health Providers

Introduction:

Co-ordination between various segments of healthcare system has become an essential part of health delivery system. The earlier approach to healthcare was highly fragmented and each segment, starting from the clinics, physician, treatment, paramedical and diagnostic units, patients and their knowledge of diseases. This kind of fragmentation was identified as a great barrier to the healthcare system by the World Health Organization and it started emphasizing Integrated Healthcare Delivery System.

Communicating information relating to both promotive as well as preventive aspects is an important component of healthcare. Reaching the people with this information in their own way needs lots of simplification and modification to suit their cultural background and knowledge level. The aim of health communication itself is to enhance health awareness and bring behavioral changes. The World Health Organization recognizes that all health problems are global but the solution must be local. Therefore, the use of either modern or traditional communication system and the media according to the nature of target population becomes an essential part of disseminating knowledge to the population.

Integrated healthcare delivery system is one in which all the health providing sectors whose services influence patient care. They work together in a coordinate fashion, sharing relevant medical information, their aims and goals and responsible for patient outcome and resource utilization.

World Health Organization's Definition of Integrated Health Care:

The WHO defines Integrated Health Care as the non- segregated organization and management of health services so that people get the care they need, when they need it in ways that are user -friendly, to achieve the desired results and provide value for money.

CONSIDERATION OF LOCAL NEEDS:

The World Health Organization has declared that all health problems are global but the solution must be local. In this respect the health care delivery system should combine the traditional health care system with modern techniques. It is very important to recognize the following points before designing any communication to them. These are a) to recognize alternative healing practices, b) to use traditional communication system, and c) to apply modern technology in such a way that they get familiar with it and adopt it.

The context in which healthcare is delivered, its governance, infrastructure, leadership, financing, and communication are identified as important elements of Integrated healthcare.

There are three types of integrated healthcare. They are Functional, Physician and Clinical. The Functional Model refers to the multiple relationships that exist in the healthcare system. It explains the need for coordination across various units and departments including ancillary departments as well as IT department. It wants to ensure strong connection between clinical and non-clinical departments for better delivery of healthcare. Under this model, the dissemination of health information to the public becomes an integral part of it.

NEED TO EMPHASISE HEALTH:

Good health is prerequisite for good society. Every human being aspires for attaining good health. Although 'health' is accepted as a fundamental human right, many times we observe poverty and poor health as part of the life of the people living under below poverty level. International organizations like WHO and National Governments introduce many programmes to improve the health status of people. But the slogan like 'Health for all by 2000 AD' have not achieved their goals for many reasons. The health care delivery system is still not accessible and unaffordable to the major section of the population. These factors lie in the side of the government policies. The consumer as the target group has some direct limitations that have to be considered and tackled in the practical day-to-day situation. One such important matter is the knowledge about the health and diseases that, to a large extent, helps in the prevention of diseases and promotion of health. Hence the idea of information, communication and technology, (ICT) used to communicate the information has become an important part of programmes that are administered to elevate the knowledge level of people on health.

WHAT IS HEALTH COMMUNICATION:

A health communication refers to a message relating to health care sent to a target group through a media from a source. Here, the target group is the rural and under privileged section of the population. The media refers to posters, pamphlets, television, FM radio, group discussion or even interpersonal exchange. Health information refers to specialized information relating to any specific epidemic that needs to be attended at a specific period of time when there is an outbreak of an epidemic. As far as health information is concerned the sources are normally the governments that introduce the programmes or it could also be non-governmental organizations that work for the cause of rural health.

AIMS OF HEALTH COMMUNICATION:

The health information is structured to reach the target group with certain aims. The aims of health communication are to a) enhance health awareness among people, b) prevent disease and infection, c)

coverage of wide population, d) could reach the masses in short duration through media, e) create a positive approach to health, f) seek available alternative local systems and g) bring behavioral changes. The health message could be designed on preventive, preventive, curative and also rehabilitative. The preventive communications normally place emphasis on improving knowledge on health among the public. Its main aim is to ultimately modify the attitude of the people which in course of time will result in behavioral changes. For instance, behavioral changes in personal hygiene and sanitation could prevent some communicable diseases like diarrhea. Therefore, it is required to ensure certain factors before reaching the target groups. The administrators should decide in advance the answers to the following questions.

1. Who communicates?
2. Who are the target groups?
3. Which mass media to be used?
4. What is to be communicated?

In urban areas, the strategies adopted should be different nature than the rural areas. Variation are found mainly in the educational level which is higher in the urban, good accessibility to healthcare centers, better transport facilities and availability of choice of hospitals. In cities people approach the healthcare centers more quickly than the rural people. Under such contrasting scenario, the dissemination of health information and persuasion to adopt promotive activities, the models too differ.

AIM OF THE STUDY:

The aim of the paper is to describe the two contrasting models of communication adopted in rural and urban areas to disseminate health information so that health care system makes a proper choice and refine each step of its communication while reaching the target groups.

GAP BETWEEN THE RURAL AND URBAN PEOPLE

Preparing the content of the information and reaching the target groups with clear planning will yield good results, because there are lots of variations between different sections of the population in terms of their health status. Due to the increased infusion of mass media into the social system, that segment of the population with higher social and economic statuses acquires knowledge and information at faster rate than the lower status segments. Poor people have less access to services as well as valuable information on health. As the socially backward groups have less access to services and valuable information about health, there is a need to make a strategic combination of media and interpersonal communication on health. There is a need to persuade them for change of beliefs by oral, face to face and personal contact.

The rural people in India have many problems in their social and economic life. Life is a total hardship for them as the irrigation system fails frequently. Since they are dependent on daily wage, they are in a pathetic condition to neglect their health. They skip visits to Primary Health Centre's in case of their sickness as a result of which their health condition deteriorates. They prefer to consult the local unqualified traditional healers for medicines. Their nutritional level is also very poor. Any information provided to them through the Government schemes do not reach them. And also, even if it reaches them, they do not understand the full meaning of it since their educational level is low or nil. Under this condition, it is essential to reach them with health information in a proper way that is useful to them.

HEALTH COMMUNICATION MODELS ADOPTED IN CITIES:

In cities the hospitals make a systematic planning regarding the message to be communicated and the model based on the nature of the target group. The practitioners realize the importance of qualitative approach in providing information. Here, health promotion is more like a social marketing. They make a clear identification of the target group, media to be used and proper presentation of the health information. There are many well developed models and theories pertaining to health

communication. These recently developed models are widely accepted and adopted by hospitals. The models are developed on the basis of a) Belief about disease etiology b) Preferred modality of treatment c) Locus of decision/responsibility d) Communication and social relations and e) Accessibility of information and services. Three important theories of health communication widely used are:

1. Theory of Planned Behaviour

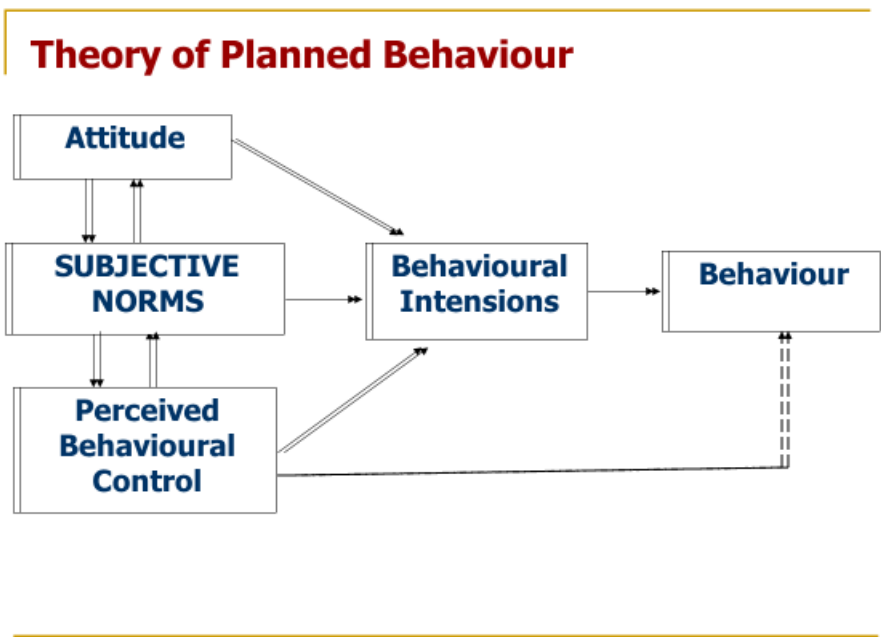


Figure1:theory of planned behaviour

2. Health belief Model

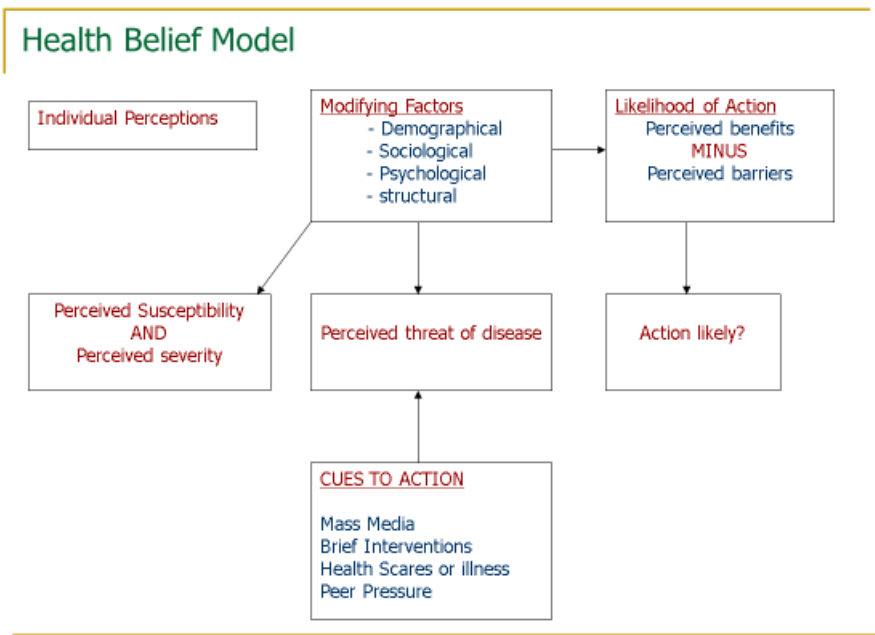
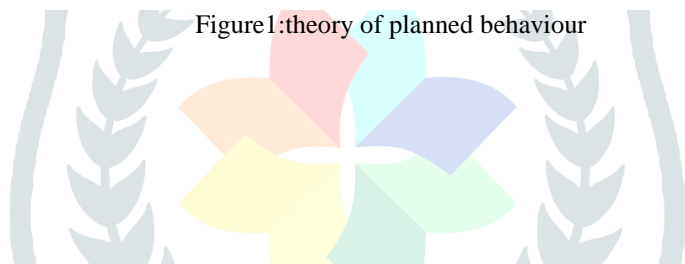


Figure2:health belief model

3. Social Marketing Model

The first two models are based on the Social Marketing model because the latent intention of the other two theories is to market the idea of good health. Social marketing applied to health is systematic application of marketing concepts and techniques to achieve specific behaviour goals relevant to improving health and reducing health inequalities. The Social Marketing Model is based on intervention that will include 6 stages namely Analysis of the situation, Planning of a program, Development of plan elements, Implementation, Assessment of effectiveness and the Feedback.

This paper has selected health belief model and explains how health information is passed on to the target group meticulously at every step. In Planned Behavior Model, the health message, the target group, the media or the mode of transmission, the presentation of the fact in the message and the expected result are well defined in advance. Repeated propaganda of the message brings out the expected result. For example, the propaganda made for prevention of AIDS and the result. Another area of wide propaganda is on cessation of smoking. Health belief Model is applied by the hospitals now adays on women's health. Information on reproductive health, child birth, pregnancy and need for screening are seen everywhere in cities in the form of banners and in newspapers constantly. The hospitals use catchy, emotionally loaded and culturally sensitive wording to influence women.

HEALTH COMMUNICATION IN RURAL AREAS – NEED FOR TWO STEP FLOW OF COMMUNICATION

There may be various ways to reach rural people to supply health information to them. But the most effective way is Two Step Flow of communication. The message normally flows from the source to the target group directly through a media. But in the case of two - step flow of communication, there is an intermediary stage between the sources and the target. There may be some influential person who will receive the information himself and in turn interprets the health information in an easily understandable way to the people. They are called the opinion leaders. In the case of health care system, the Village Health Nurse (VHN) act as opinion leaders and disseminate information to the rural people

Two Step Flow Theory

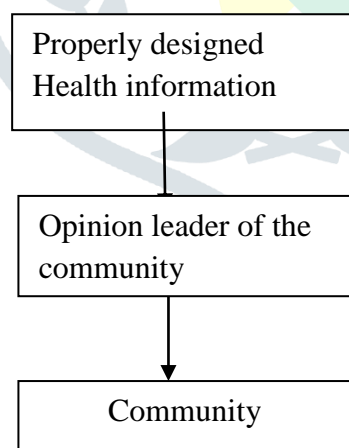
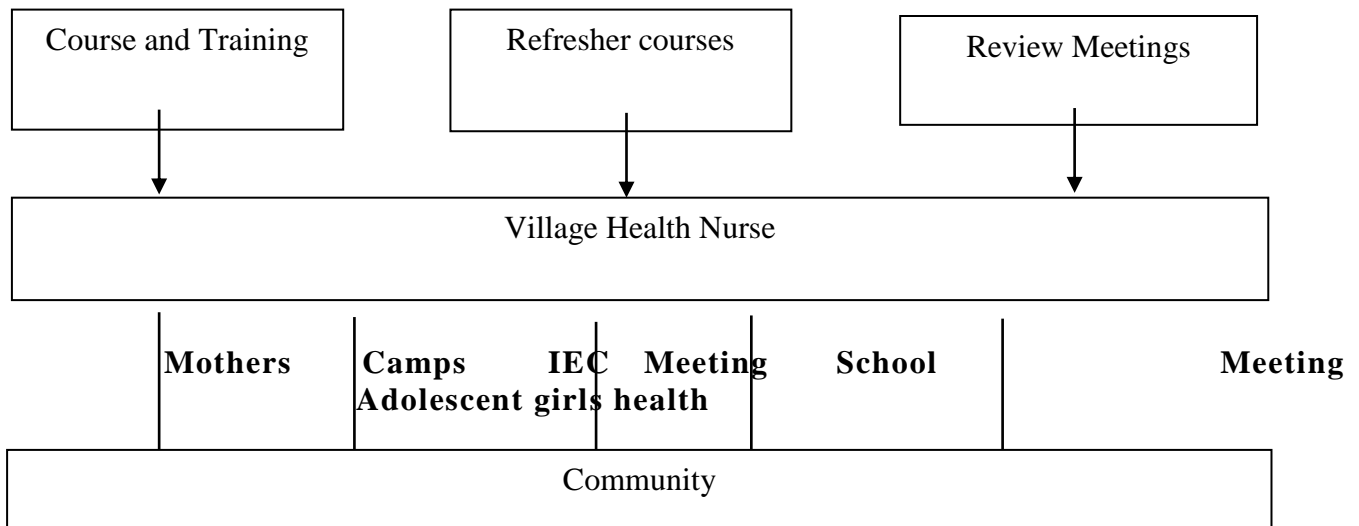


Figure3:Two step flow theory

Flow of Information in the Study:

IEC- Information Education and Communication

Figure4:flow of information in the study

VILLAGE HEALTH NURSES AS OPINION LEADERS

The mode of disseminating the information by the Village Health Nurse (VHN) is group meeting, orientation, audio and video cassettes. Although posters, books and pamphlets are supplied to the VHNs, it is proved that any method that combines interpersonal relationship face to face contact with the people is effective. Other than the VHNs, there are more significant people in the village who serve as opinion leaders. They are the Panchayat President, Child Nutrition Worker, Teachers, self Help Group members and NGOs. These people influence the already existing ideas and beliefs of the people. They are acceptable to the rural people since they are local and share the same cultural practices as they do it. The attitude of the people relating to the disease or good health practices is modified in the right way.

IMPORTANCE OF INTERPERSONAL COMMUNICATION

The need to combine the scientific facts with interpersonal explanation has been proved in the propaganda of Family Planning methods to the village females. In the treatment of tuberculosis also, the Direct Observation Treatment - Short course (DOTs) has also made it evident that mere supply of drugs can yield a good result. Only a DOTs provider could persuade the patients to follow the procedural treatment. Another good example is the outbreak of Dengue and Chikungunya as epidemic in the last few years. During the control of these epidemics the mass media was used to disseminate the information on prevention and cure. But the role of health workers, NGOs and doctors indirectly influencing the people cannot be underestimated. Their work should be appreciation. Moreover, the government itself combined the traditional medical systems in the cure of the diseases. Ayurvedic prescriptions like Nilavembu, Papaya and Panamarkudi oil were useful in treating the patients in a big way. This is an effective combination of media and traditional system.

Information through media may flow fast and in abundance but in the case of rural India, it has to be combined with the cultural expectations of the people and be combined with interpersonal relationship such kind of strategic planning will enhance the utility of health information to the rural people.

Conclusion:

The intension of this paper is to explain the mode of communication applied in disseminating health information to the public in an appropriate way so that specific knowledge is used by them for prevention or promotion of health. The study has made an investigation into the way health providers integrate communication into their practice. The information they plan to send downwards percolates among the general masses and becomes effective whenever needed. In the case of urban areas banners, posters, mass media, like newspaper, television and radio are the media through which the health information is propagated. Although doctors are expected to follow the ethics of not to advertise their profession, it is being done under the guise of prevention of diseases by disseminating health knowledge. It is mainly a strategy adopted by them for social marketing of health, that has truly proved useful in promoting health status. Being at the higher status respect to education, economic and social standards the urban people are accessible not only to the information but also to the healthcare institutions.

On the other hand, we find a contrast in the rural people. Their lower education level and inability to purchase healthy food, in accessibility to healthcare institutions place them in the lower stratum of healthcare too. Their life depending on day to day wages does not enable them to care for health. They are forced to use the traditional healers because it is cheaper and familiar to them. Under such conditions, passing the health message to them is not sufficient. There is a need to persuade them. This persuasion must not be a formal presentation in the form of posters. There is a grave need to meet them personally and provide them awareness regarding the disease, that normally influence them. The government makes all efforts to train the health workers who are the intervening factors in the flow of health communication. Health workers act as main opinion leader along with VAO and other significant people like school teachers. Persuasion is seen as the common factor in both urban and rural areas. But the application of the techniques is different. The very objective of marketing the health information and thereby promoting health status of the community could be achieved by proper application of a model.

Bibliography:

1. Anne-Marie Barry and Chris Yuill (2002). Understanding Health- A Sociological Introduction, New Delhi: Sage Publications
2. Cesar A. Chelala,(1 September 1993)Local Health Systems: An Ongoing Strategy (Communicating for Health Series) Publisher: Pan Amer Health Org -
3. Kevin White (2002) An Introduction to the Sociology of Health and Illness. New Delhi: Sage Publications.
4. Narayana Reddy.V, Vijaya Kumar.S, Nalini.B(2005) Women in Development Challenges and Achievement. Serials Pblcation.
5. Nova Corcoran (2007) Communicating Health- Strategies for Health Promotion, New Delhi: Sage Publications.
6. Seif Sekalala, Brandon C. Niezgod, 30 April 2018.Global Perspectives on Health Communication in the Age of Social Media (Advances in Healthcare Information Systems and Administration) Publisher: IGI Global
7. Snehendu B.Kar and Rina Alcalay (2001). Health Communication – Multi cultural Perspective. New Delhi: Sage Publications.
8. William C.Cockerham (1998), Medical Sociology (7th Edition). New Jersey Prentice Hall.
Website:
 1. <https://www.racgp.org.au>>march
 2. <https://www.omicsonline.org>
Article:
 1. Indian Journal of Millennium Development Studies, Vol, January-December, 2010.Strategies for Health Promotion and their Influence on Social Justice.Serials Publication, New Delhi.