Social, Economic and Psychological Factors Involved in Health

Introduction

Health is multifactoral. The factors which influence health lies both within the individual and externally in the society in which he/she lives. It is a truism to say that what man is and to what disease he may fall victim depends on a combination of two sets of factors—his genetic factor and the environment factors to which he is exposed.

These factors interact and the result of these interactions may be health of individuals and whole communities may be considered to be the result of many interaction. Some of the important variables are indicated in the diagram below:

The present chapter attempts to explore these determinants and also the role of social worker at various levels.

Social, Economical and Psychological Factors Involved in Health Care Services

According to WHO, “Health is state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Providing conditions for achieving normal health for all is the duty of the state and society. In fact it is the deepest urge of humanity to be healthy. Health is
one of the essentials of life without which nothing can be achieved. The sick and hungry child can’t learn and the sick and hungry adult can’t produce. Health is a means of social development and vice versa. The success of any health care delivery system to meet health needs of a society is depending upon the extent of people’s participation or utilization of services by the people. Various factors social, economic and psychological have important significance in Health Care Service. On the basis of some of the studies by sociologists, anthropologists, social workers and medical scientists it has been advocated that health and diseases are not merely biological phenomena. The socio-cultural and economic environment, faith in supernatural powers and other related belief style, nature of medical profession and services and their utilization also affect the health and disease profile of a community. It indicates that the consideration of such factors is indispensable to planning, organizing, implementing and monitoring the medical and health care programmes in any community for far reaching results.

Social Factors

There are several social factors which determine the health and disease profile in a community. The social factors are various like religion, caste, education, occupation, family, life-style, income and living conditions. The health status of a social group cannot really be maintained and safeguarded unless the importance and interrelationship of these factors with health and disease is understood. The study of religion and caste in a community is relevant to ensure people’s participation in comprehensive community health care programmes. Various infections and respiratory diseases occur more in particular religious and caste groups because of their lifestyles. It is due to certain rituals and religious observances which people practise out of belief and
faith in their cult. This factor renders particular religious groups unable to prevent illness. For example, when small-pox was widespread, Hindus used to refuse for small-pox vaccination due to the fear of Mata Maiya (Bari Mata) a goddess which was considered to cause this epidemic; Muslims for example are reluctant to accept family planning for obvious religious reasons. Similarly there are certain occupations which are still caste specific. The unhygienic conditions related with these occupations are responsible for appended diseases more prevalent in these castes.

Education is supposed to generate understanding which facilitates utilization of health and social welfare facilities and accomplishes people’s accessibility and participation in such programmes. Education again prepares individual to make proper choices of therapeutic alternatives, appropriate medical technologies, physicians and institution. The lifestyle components such as proper path, proper rest, exercises, smoking, alcoholism etc. also affect health accordingly.

**Economic Factors**

Economic conditions have long been known to influence human health. For the majority of the world’s people, health status is determined primarily by their level of economic development, e.g. per capita GNP, education, nutrition, employment, housing, the political system of the country etc. The per capita GNP is the most widely accepted measure of general economic performance. No doubt that in many developing countries, it is the economic progress that has been the major factor in reducing morbidity, increasing life expectancy and improving the quality of life. The economic status determine the purchasing power, standard of living, quality of life, family size and the pattern of disease and deviant behaviour in the community. It is also an important factor in seeking health care. Ironically, affluence may also be a contributory cause of illness as exemplified by the
high rates of coronary heart disease, diabetes and obesity in the upper socio-economic groups. Family income is the prime determinant of social status and there are certain diseases which mostly occur in lower socio-economic class. The diseases which occur most in lower income group according to Park (1983) are chronic bronchitis, tuberculosis, gastroenteritis, leprosy, cervical cancer etc. The upper classes essentially have lower morbidity and mortality in relation to the diseases indicated.

**Psychological Factors**

Various psychological factors play an important role in one’s health. The living conditions, hectic lifestyle, lack of rest and sleep, lack of recreation and entertainment leads to mental stress, anxiety and depression thus it leads to mental illness. Sometimes person start smoking and consuming alcohol in order to reduce their mental stress and develop addiction which affect the dependants of the earning member. Besides due to negligence and lack of faith in staffs of hospitals, people do not go there for treatment. Hospital staff, including doctors have no sympathetic attitude towards patients and the patients try to avoid going to hospital. Medical social worker understands the feeling, pain and condition of the patient and can motivate the patients towards their treatment.

**Concept of Patient as a Person and Rights of the Patient**

**Introduction**

“Patient” is a word by which doctors and medical field differentiate between healthy and sick person. A normal person acts normally in social atmosphere but when he contacts a disease, he begins to behave abnormally and gets influenced by his disease. He gets affected mentally because of negative attitude
of others toward him. Proceeding in this manner, "a patient is also a person according to humanity. Health is man’s normal condition. It is result of living in accordance with the natural laws pertaining to the body, mind and environment. These laws are related to fresh air and sunlight, balanced diet, regular exercise, rest, relaxation and sleep. Cleanliness—internal and external, right attitudes, good-habits and good patterns of living. In the absence of any one of the above conditions a person feels unhappy and condemns or pities himself. In the lack of means he becomes maladjusted and he is not able to get along well with others. The patient suffering from such type of chronic diseases like AIDS, T.B., Leprosy and psychiatrically, person feels always null himself not only physically but mentally as well; consequently, he looses his recognition, and self assertion, which is more important for a social being. Such type of demoralization deviates him from normal social activities and this is the problem where the services of a social worker is required. because, patient is a bona fide citizen or member of a society or of state. So he has following fundamental human rights.

1) Standard of living adequate for the health and well-being of himself and his family.

2) The preamble to the fundamental rights of every human being to enjoy the highest attainable standard of health.

3) Inherent in the right to health or medical care.

4) Some countries have used the term “Right to health protection” which is assured by a comprehensive system of social insurance that provides material security in cases of illness or accident.
5) Free medical education.

6) Medicaments and other necessary materials.

7) The right to be cared for by society in old age and invalidity.

In the increasing number of societies, health is no longer accepted as a charity, but demanded as a right for all, however, resources are limited. The government cannot provide all the needed health services. Under these circumstances the aspirations of the people should be satisfied by giving them equal right to avail health care services.

The concept of “right to health” has generated so many questions viz., right to medical care, right to responsibility for health, right to healthy environment, right to food, the right not to procreate (family planning, sterilization, legal abortion). Rights of the diseased persons (determinations of death at autopsies, organ removal) and the right to die (suicide, hunger strike, discontinuation of life support measures), etc. Many of these issues have been the subject of debate.

**Restoration of Impaired Capacities of the Patient**

Negative behaviour of his family members’ relatives and hardship is harmful to patient, and compel the patient to feel inferior and gradually maladjusted. Restoration of impaired capacity of the patient is required harmonious behaviour and he may be provided all that is needed to restore his self-respect, to provide equal opportunity, to participate in every activity in family, as well as in society. The wardship must be effective to provide all the opportunities belonging honorable placement in society. The financial establishment is also an important factor to restore his previous personality. He should not feel ignored by family.
Diagnosis and Therapeutic Activities

Medical social worker is skilled to study the patient’s problem and then, diagnose for recommending appropriate treatment. The primary function of a medical social worker is to secure the maximum effectiveness of medical care for the patient. The problems for which the patient needs the help of a medical social worker include:

- Economic problems like inability to pay for the medicines and prosthetic aids, transport to attend the clinic or hospital or to return home after discharge, temporary financial assistance to support the family when bread-winner is ill etc.

- Problems of shelter when the patient after discharge has no place to go to or the relations do not accept him because of some handicap or the other, arrangements for his stay when hospitalization is not possible so that he can continue the treatment.

- Problems of irregularity in treatment e.g. refusal to accept the suggested treatment, inability to follow the instructions of doctors, and problems in adjusting to the hospital.

- Problems in rehabilitation, like difficulties in retaining the job or unemployment due to illness or desertion by the family members;

- Problems in social relationships due to illness, like strained relations with parents or spouse or employers.

The second major function is to share his understanding of the patient’s personality, family and social relationship and his economic and living conditions with the doctors and other colleagues like nurses, physical and occupational therapists etc.
An act in the name of “Indian Mental Health Act” was passed by Parliament of India in 1987 where it was suggested that a mentally ill person would be called psychiatrically ill person here after.

**Rights of Patient**

Any Indian who is suffering from any disease, has following rights:

- Patient has the right that he can take treatment from any government hospital or primary health centre free of charge.
- Patient has the right to take medicine from hospital (Govt.) free of charge.
- Any patient who is admitted in hospital, has right to meet his relatives time to time.
- Patient has the right to have breakfast and lunch free of cost or on subsidized rate.
- There is a provision of concession in particular hospital fees for the patients living below poverty line.
- There must be an emergency treatment arrangement for the vitally and seriously ill person.
- Recreational facilities for patients must be provided in the hospital campus that may be indoor and outdoor according to the needs of the patient.
- The patient has right to live in a neat and clean atmosphere and he must not be deprived of it.
- There is a provision of health insurance scheme for the prevention of health of the individuals.
- The state government affords the cost of treatment for economically poor patient.
Role of Social Worker in Health Care System

A) Direct Services to Client

1) Social evaluation of individual patient in terms of their ability to participate in treatment process.

2) Interpretation of nature of illness to the patient and his family on an individual or group bases.

3) Visits of patient’s home, school, work-place for assessment of the psycho-social situation to help the patient and his/her family to cope with the illness and further spread of illness and for rehabilitation.

4) Counselling and helping the patient and family to deal with the psycho-social problems arising out of illness and influencing perpetuation of problems; prognosis, treatment processes and rehabilitation.

5) Environment modification to work with employers, school, and neighbourhood.

6) Organising therapeutic educational and recreational activities for group of patient and follow-up programmes of clients.

7) Referring patients and their families to other social welfare agencies if and when necessary.

B) Teamwork

1) Interpreting the role of social worker to other team member.

2) Interpreting the psycho-social needs of patient to the team members.

3) Participation in diagnosis and planning the treatment.
4) Consultation to and from other members of the team.

5) Work with various members of team to extend better patient care.

The above can be done by individual contacts, group discussions rounds and joint conferences.

**Community Health**

- Involve the community in carrying out a community survey, collect data through records, publication, contacts outside the community, use communication media to identify and interpret needs.

- Prepare the people through health education to initiate and stress various preventive and promoting programmes.

- Development services for the various special group i.e. handicapped, aged etc.

- Create an awareness of root causes of illness in the community, mobilize people, discuss and suggest ways and means of techniques and problems and take action outside and within the community.

- Develop training programmes for volunteers in community for implementation of projects, develop direct leadership in the community for administration or projects and coordinate the various programmes.

- Encourage the use of medicine approved by the treatment team.

- Create contacts with other community people facing similar type of problems to enlist their support.
• Provide consultation services through periodical meetings with the community.

• Work through contacts with the individual and family and various groups, with the available health resources in the community.

**Administrative Task**

• Participating in decision making regarding discharge, placement and transfer of patients.

• Programme planning implementation and evaluation of activities related to own unit.

• As representative of social service department participation in planning and administration of hospital’s programmes including hospital’s committees.

• Maintaining diaries for adequate organisation and ongoing evaluation of workload maintaining register, correspondence, files and case records.

• Preparing monthly and annual reports of social work activities and participating in the preparation of annual report of the social work department.

• Interpreting the role of institution to other agencies and the community at large.

• Utilizing various media like T.V., Radio, Newspaper, journals for public relation with the larger community.

• Fund raising for various activities of social work department.

**Role in Teaching, Supervision, Staff Development and Research**

• Participation in teaching programme of social work student, medical students, physiotherapy and occupational therapy, nursing and others.
Training and guide to:

- Social work students, for their field work.
- NSS students.
- Profession and volunteers.
- Make the liaison between the hospitals and social work institution to make the curriculum and field work more relevant to the need of the people and make the hospital understand the relevance of the institution.
- Participation in seminar, conferences, case presentation and other staff development programmes inside and outside the hospitals conducting social surveys and research with other social workers and team workers.

**Study, Diagnosis, Treatment, Discharge, Follow-up and Rehabilitation**

**Introduction**

The diagnosis, treatment, discharge, follow-up and rehabilitation are very important steps of health preservation. These steps are interrelated to each other. First, three steps i.e. study, diagnosis and treatment are known as process and these are also interrelated among themselves.

The patient is a responsible person or participant at every steps in the solution of his problem. When any person follows these steps, he achieves a satisfactory goal.

**Study**

In this process of study medical social worker studies clients personality, socio-economic condition, problem, factors affecting his problem and environmental
conditions etc. And also studies the feelings, emotions and other psychosocial problems of the patient.

The fact-gathering process receives its impetus and direction from two sources—the client's desire to tell about his difficulties and the worker's desire to understand how they came about and what capacities exist for dealing with them.

**Diagnosis**

“The attempt to arrive at an exact a definition as possible of the social situation and personality of given patient.”

According to Mary Richmond, psychosocial diagnosis is based on the collection of data which are studied and analysed the diagnosis process and these are also to identify the patient’s personality structure and problem solving matter of his client. After study, medical social worker decides the problem and treatment plan. So after study and before treatment is the diagnosis i.e. diagnosis is the middle step. Perlman said that accurate diagnosis depends upon adequate study. If the study is good, the diagnosis process will be successful.

**Treatment**

Treatment process is the last important process. This process is those type of phase when social worker, and patient both are interacted together. In medical social work process treatment means psychosocial treatment and not physical treatment and the relationship of worker and patient is professional and medical social worker also tries that his patient adjusted very well in society.

Treatment is an important process and in this process medical social worker help to modify the psychosocial problem of the patient.
Medical social worker helps the patient and help his patient feel independent and also show his capability and power.

Medical social worker also helps his patient to be self dependent and adjust with his environment and social relationship.

**Discharge**

When any patient feels better and does not need hospital care and also wants to get discharged, medical social worker can suggest the doctor accordingly.

**Follow-up**

Medical social worker does not end with the discharge of his patient. He should do appropriate follow-up. This is specially needed in diseases like tuberculosis where there is a danger of relapse. The social worker should observe his patient whether the patient is adhering to the instructions given to him by the medical team. He should also see whether the patient is able to adjust to the new situation or not. The attitudes of the family members and colleagues also can be observed and changes suggested if need be.

**Rehabilitation**

Rehabilitation has been defined as “the combined and coordinated use of medical, social, educational and vocational measures for training and retraining the individual to the highest possible level of functional ability.” It includes all measures aimed at reducing the impact of disabling and handicap to achieve social integration.

Rehabilitation medicine has emerged in recent years as a medical speciality. It involves disciplines such as physical medicine or physiotherapy, occupational therapy, speech therapy, psychology, education, social work, vocational guidance and placement services.
The following areas of concern in rehabilitation have been identified:

a) Medical rehabilitation – restoration of function.

b) Vocational rehabilitation – restoration of the capacity to earn a livelihood.

c) Social rehabilitation – restoration of family and social relationships.

d) Psychological rehabilitation – restoration of personal dignity and confidence.

The patient must be restored and retrained not only “to live and work with in the limits of his disability but to the hilt of his capacity.” As such medical rehabilitation should start very early in the process of medical treatment.

Thus every step is very important to remove patient problem and also very helpful to patients. Without these steps patient does not feel better and with these steps patient achieves his goal.

**Working with the Open Community, Health Care Team, Hospital Staff and Various levels**

A century ago, medical treatment was thought to be the only alternative of bodily or mental disarrangement. But this assumption has undergone a radical change after the scientific progress and the growth of social sciences. Now, the disease of a patient involves two principal aspects namely:

i) Preventive and diagnostic

ii) Physiological and psycho-social.

As a result of this recognition, the need of social workers has increased in the field of health and
medical care. These medical social workers provide their services at 3 levels—

i) Individual,

ii) Group,

iii) Community.

On the individual level, they provide their services through social casework method while on group level, they provide services through social group work in which emphasis is laid on interaction among members and participation in group activities or therapies but individual casework is also done alongside.

At the community level, the social worker approaches a community as a “Community Health Worker” (CHW). CHWs are men and women chosen by the community, and trained to deal with the health problems of individuals and the community and to work in close relationship with the health services. Earlier, it was the belief that provision of sophisticated hospitals and of highly trained staff is the most efficient way of improving health. But now, the emphasis is being placed on health rather than disease and on health care rather than medical care. Public health is being given the same attention as to individual case. The CHWs work to:

a) extend health services to the places where the people live and work,

b) support communities in identifying their own health needs; and help people to solve their own health problems.

When a CHW, works in community, he comes across two types of communities—closed and open. A closed community is one which resists any kind of changes and the open community is one which readily accepts
and adopts changes and new ways of life for the benefit of the community. So for CHWs, it is easier to work with such community.

While working with a community in carrying out community survey, CHWs collect data through records, publications and also make contacts outside community, and use the communication media to identify and interpret needs. They prepare people through health education to initiate and lay stress on various preventive and promotional programmes. They develop services for special groups, handicaps, aged people, their one of the very important task is to create an awareness of root causes of illness in the community, mobilise people, discuss and suggest ways and techniques and take action outside and within the community. They develop training programs for volunteers in community for implementation of projects and develop direct leadership in the community. They encourage the use of medicine approved by the medical team. CHWs help in creating contacts with other communities facing similar problems to utilize their support. Periodic meetings are held with the community to provide consultation services. They work through contacts with the individuals and families and various groups with the health resources in the community.

Several community health workers may work as a team in the same village with their Supervisor. Their duties will cover both health care and community development, but what they do is restricted to what they have learned in training. Certain health tasks may be tackled best by a male CHW and others by a female CHW, depending on the wishes of the community, its customs and its resources.

A medical social worker, while working with the health care team has to maintain his own position and show his/her true worth. They interpret their work to the other members of the team like the
doctor, psychiatrist, psychologist etc. He interprets to them the psychosocial needs of the patient. Also, he contacts the family and acquaintances of the patient and finds out the economic and social background of the patient and discuss with other members of the team. He also participates in diagnosis and planning for treatment, rehabilitation and intervening programmes. He consults to and from other members of the team and work with them to extend better and best possible care to the patient. Worker also individually contacts the patient and makes home visits till they are completely healthy in all sense: physical, mental as well as social.

Medical Social Worker has certain roles to play with the hospital staff and responsibilities towards the public. They participate in decision making regarding discharge, placement or transfer of patient. They plan out the programmes, implement them and also evaluate the activities related to their own units or department. Besides, they participate in planning and administration of hospital as a representative of hospital social service department. They maintain diaries for adequate organisation and evaluation of areas workload maintaining registers, correspondence, file or case records. They have to prepare monthly and annual reports of social work activities and participate in the annual report of the social work department. They utilize the various media like TV, radio, newspapers, journals for public relation with the larger community.

The social workers do not work in isolation in medical field. They are a part of the health system and should be regularly supervised. He should know when and how to seek guidance and to refer patients who are seriously ill to a doctor for treatment. In spite of the fact, that in present scenario, the role of medical social worker is very beneficial for the team, community and the society at large. Their
appropriate recognition and true worth is still awaited in our country. At present the government is running many community development programs whose success depends largely on the efficiency and skill of social workers. But even then social work is still not as developed in our country as its scope actually is and according to the needs of the society.

**Roles of Social Worker**

A medical social worker can use technical knowledge in preventing the various diseases. He can play following roles in the medical setting—

1) As an enabler.

2) As a guide.

3) As a counsellor.

4) As a mediator.

5) As an advocate.

A medical social worker uses various methods like- social casework, social group work, community organization and Social Action in promotion of Health.

**Conclusion**

In this chapter we stated the determinants of health and various psychological, economic and social factors involved in health and how do these factors affect the health. In this chapter we also tried to find out the patient as a person proceeding that patient is also a person. We also have studied the rights of a patient and the facilities in our society.

We identified the various task of the medical social worker that are rendering direct services to the client, working with the team, the administrative
task in the hospital, promotion of community health and teaching, supervision of the various students in the hospital.

In addition, we also tried to find out goals to be achieved by the Medical Social Worker i.e. study of the problem of patient, diagnosis, treatment, referral, discharge, rehabilitation and follow-up. We also had a brief look how a health worker works in the open community, how he help in prevention of disease by using the various methods i.e. educating the people, arousing the interest, developing the habits and hygiene.

References


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