Critical Review of Different Sociological Perspectives toward Conceptualization of Management of Health Services

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Abstract—Theories of sociology of health and illness defy the biomedical model of disease as many of them are 'concerned with the social origins and influence on disease' rather than pathological reasons only. There are five sociological perspectives of health and illness: Social Constructionism, Marxism, Feminism, Foucaulian analysis, and Functionalism. These different sociological perspectives were critically analyzed through this article as for better understanding of conceptualize management of Social Constructionism is a sociological perspective focus on the sociology of knowledge and reality. Marxism focuses on equity between social classes and emphasizes inequality in capitalist society. According to Marxism inequality of distribution healthcare services in capitalist society arise from the marginalization of some categories of the population who do not contribute to economic system. Feminist theory is to understand and explore the multiple and various reasons for inequalities between the genders. In the healthcare sector, feminists believe that healthcare organizations are hierarchical systems, where doctors (usually men) are at the top level while nurses (usually women) have a lower level of importance. Main areas that Foucault theory emphasizes are power, knowledge and discourse. Foucault believes that there is a relationship between power and knowledge. This relationship appears clearly in the health field, as medical professionals comprise a group of people who have special knowledge (medical knowledge) and they gain the power from this knowledge. Finally, functionalism is a sociological perspective that describes society as a system made up of 'interconnected and interrelated parts' and it highlights the relationships between different parts of society In conclusion, the five sociological perspectives provide holistic picture about conceptualization of healthcare systems.

Keywords— Social Constructionism, Marxism, Feminism, Foucaulian analysis, Functionalism

I. INTRODUCTION

Theories of sociology of health and illness defy the biomedical model of disease as many of them are 'concerned with the social origins and influence on disease' rather than pathological reasons only Since the healthcare system consists of professional groups like, for example, physicians, nurses, pharmacists, and other allied health staff working in a systematic organization, in addition, to other groups (patients and their families), the importance of sociology in healthcare services is obvious. Theories of sociology of health and illness defy the biomedical model of disease because they are 'concerned with the social origins of and influence on disease' rather than pathological reasons only.¹

World Health Organization (WHO) defines health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity'. WHO definition of health shows clearly the importance of social conditions that attribute to health status of people. The social model of health seen obviously when comparing health standards such as, differences of infant mortality rates, child mortality rates, and life expectancy between developed and developing countries e.g. average life expectancy in the least developing countries is about 52 years while average life expectancy in Australia

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is 78 years.³ Thus, social, political, economic and cultural factors have significant effects on health status among different groups and societies.

There are five sociological perspectives of health, illness and the management of healthcare services. These five sociological perspectives are Social Constructionism, Marxism, Feminism, Foucaulian analysis, and Functionalism. These different sociological perspectives were critically analyzed through this article as for better understanding of conceptualize management of health services.

II. SOCIOLOGICAL PERSPECTIVES AND MANAGEMENT OF HEALTH SERVICES

There are five sociological perspectives of health, illness and the management of healthcare services. These five sociological perspectives are Social Constructionism, Marxism, Feminism, Foucaulian analysis, and Functionalism.

2.1 Social Constructionism:

Social Constructionism is a sociological perspective focus on the sociology of knowledge and reality. This theory was first espoused in 1967 when Peter Berger and Thomas Luckmann wrote their text 'The Social Construction of Reality: A Treatise in the Sociology of Knowledge'. Social constructionists believe that understanding of ourselves and the whole world are social artifacts.

This theory suggests that reality and knowledge are outcomes of our thinking and our conceptualization of events and their relationship in society. There is more than one way to interpret and/or analyze social realities. Burr argues that features of social Constructionism are anti-essentialism, anti-realism, historical and cultural specificity of knowledge, language as a pre-condition for thought, language as a form of social action, focus on interaction and social practices and a focus on process. Knowledge is derived from different perspectives according to our different ways of looking at the world. So, knowledge is a result of our 'direct perceptions of reality'.

According to Social Constructionism medical knowledge is a product of social processes, as interpreted by the society in which it exists. Therefore, medical practices and medical knowledge are not static and they vary from country to country. Nettleton (1995) argues that medical knowledge is objective, but the application of that knowledge and practices are subjective. Subjectivity of knowledge, as constructionist theory shows; increase the possibility of medical errors and threats to patient safety status in healthcare organizations.

2.2 Marxism

Marxism is considered a political, sociological and economical philosophy. Karl Marx and Friedrich Engels are the god-fathers of Marxism. Marxism focuses on equity between social classes and emphasizes inequality in capitalist society. Marxism starts its concepts in Agriculture filed and then extends to industry sector where conflicts start between owners and labors. There are three main aspects in Marxism, which are the dialectical and materialist concept of history, the critique of capitalism and advocacy of proletarian revolution. Marxists believe that people are vulnerable because they are not controlling their income.

Proletarianisation is a Marxism concept which means the process of an employer or self-employed person becoming an employee or labors. The growing of capital results in increasing the working class, and that leads to possession or overpowering wealth in a small group of society. Marxism concentrates

on revolution in a capitalist society because people in lower working classes 'proletariat' are desperate and they only have their capacity to work (or not work). Marxists believe that radical change and conflict between social classes can result in the development of a new and better set of societal systems. According to the Canadian Encyclopedia, Marxism has four elements: a method for understanding how societies evolve and change; an analysis of how the capitalist economy works; debate about how capitalism can be challenged and defeated; and reflection on the nature of a socialist or communist future. These four parts are interrelated.

Marxism plays a vital role in healthcare disciplines. Marxists claim that capitalism moves healthcare professions to privatization of healthcare services and establishes the drive to increase profit and power for a certain social class. This economic tendency makes the medical field a profit oriented organization. Therefore, Marxism focuses on political and economic determinations of medical care in capitalist societies. ¹⁴ In Marxist discourse, health and illness is a social phenomena and not a biological issue. ¹⁵

Marxism had contributed to healthcare field. Medicine is viewed as 'bourgeois' which aims to maintain dominance of certain groups in society. ¹⁶ Marxists argue that health care systems are designed to satisfy the interests of the bourgeoisie rather than improve health conditions of the whole population. ⁴ According to Marxism inequality of distribution healthcare services in capitalist society arise from the marginalization of some categories of the population who do not contribute to economic system. This exclusion may include women, people with a disability, elderly people and every person who doesn't contribute to the economy, regardless of the health status and needs of the person.

2.3 Feminism

Feminist theories started in the Nineteenth Century, when people began to demand women's rights and claim equality between genders. Feminism as a philosophy reshaped in the Twentieth Century to be a political, social and economical perspective that changes male dominance. ¹⁷. Feminist theory attempts to understand and explore the multiple and various reasons for inequalities between the sexes. Feminists in the 1960s used the legal system in United States to fight sex discrimination, especially in jobs. ¹⁸ Feminist movements initiated in the United States and then extended to Britain; later, spreading to other countries and in 1975 the United Nations organized the first conference on women in Mexico City. ¹⁹

Feminism has developed in three waves. ²⁰ The first wave started in the Nineteenth Century and extended until the early Twentieth Century, and it emphasized in de jure and women's suffrage which means women right to vote. The second wave started in the 1960s through the 1970s until the early 1980s. The second wave of Feminism focused on other issues of equality like political, social, academic, and vocational issues, with a view to these areas. The third wave started in the 1990s and it has highlighted the issues that not achieved in the second wave. The third wave had 'post-structuralist' explanations of gender issues and challenge the second wave's paradigm. ²⁰

There are different forms of Feminism. The main forms are liberal feminism, radical feminism, Marxist feminism, socialist feminism and post–structural feminism. ²¹. In the healthcare sector, feminists believe that healthcare organizations are hierarchical systems, where doctors (usually men) are at the top level while nurses (usually women) have a lower level of importance. Thus, healthcare institutions categorize jobs by gender, with male doctors and female nurses. ²²

The female workforce plays a major role in different industries. In the United States and Australia more than 50 percent of all women are in the work force. ²³ In the healthcare sector, women account for more

than 75 percent of health staff in many countries. As figure 1 below shows, women are delivering most of the healthcare services around the world. ²⁴

However, there is a poor representation of women in managerial and decision making positions in healthcare sector, which can affect the quality of healthcare services and threaten patient safety status

Sex distribution of the health workforce, selected countries, labour force survey data United States of America United Kingdom Switzerland Spain Russian Federation Netherlands Hungary Denmark Canada Au stri a 25 50 % female Source: Gupta et al., 2003

Figure 1
Female percentage in health workforce in different countries

Source: adopted from WHO, health workforce statistics

To sum up, the feminist movement, in the three waves, has attempted to establish equality in male dominated societies. Women's roles in society cannot be neglected. The majority of healthcare professionals are women; however, the healthcare sector is like other sectors in that males dominate managerial and prestigious positions – for example, men tend to become doctors, not nurses. Therefore, it is very important to give women a greater share of power in healthcare sector, because of the importance of women contribution in healthcare services.

2.4 Foucaulian Analysis

Foucaulian analysis is a sociological theory established by French philosopher and sociologist Michel Foucault (1926-1984). The main contribution by Foucault in field of illness, disease and medical profession come from his two books 'Madness and Civilization' and 'The Birth of the Clinic: An Archaeology of Medical Perception'. ²⁵ Foucault focused in his studies on social institutions; particularly on psychiatry, medicine and human sciences. The main areas that Foucault theory emphasizes are power, knowledge and discourse.

Foucault introduced the concept of 'medical gaze' in his book 'The Birth of the Clinic' in 1963. The term 'medical gaze' means 'the detached and value-free approach taken by medical specialists in viewing and treating a sick patient'. ²⁶ Foucault suggested that the way medical professionals look at their patients influences the treatment process. Medical gaze reflects both social-cultural stereotypes and gender, and can shape the general situation, and diagnoses of patients. Greenhalgh, in her book 'Under Medical Gaze: Facts and Fictions of Chronic Pain' in 2001, mentioned that 'medical gaze acts as a

powerful illustration of medicine's power to create and inflict suffering, to define disease and the self, and to manage relationships and lives'. ²⁷

One of the main concepts in Foucault theory is discourse. Discourse is defined as 'a group of statements that refer to the meaning of language, images, and stories that paint a mental picture and produce a particular version of events for an individual or a group'. ²⁸. An individual's ability to interpret is various according to their culture and history background. Foucault argues that the discourse of scientific medicine dominates and excludes other discourses, like for example, those underpinning nursing and alternative therapies. ⁴ Therefore, language and knowledge play a vital role in Foucaulian analysis.

The other important concept in Foucault's analysis is power. Foucault argues that power presents at every level of the social body and is utilized by several institutions, starting from the family to more complex organizations like, for example, education, army and health organizations. Foucault believes that there is a relationship between power and knowledge. This relationship appears clearly in the health field, as medical professionals comprise a group of people who have special knowledge (medical knowledge) and they gain the power from this knowledge.

In conclusion, Foucault's perspectives have had significant impact on perceptions of health and illness. Foucaulian theory see medicine as part of overall social, political and economic trends that rely on surveillance or the gaze of individual and society as a tool of control. ²⁹ Foucault developed the concept of discourse, and focused on relationships between knowledge and power. Foucauldian thought changed medical sociology to what is known today the sociology of health and illness.

2.5 Functionalism

Functionalism is a sociological perspective that describes society as a system made up of 'interconnected and interrelated parts'. Talcott Parsons (1902 –1979) the American sociologist is considered the god –father of functionalist theory. Parsons was influenced by different social theorists, likes for example, T.H. Marshall (British economist), Vilfredo Pareto (Italian sociologist-economist), Emile Durkheim (French sociologist), Max Weber (German sociologist) and Sigmund Freud (Austrian Psychologist). Functionalisms focuses on the society rather than individuals, and considers society as a social system. It argues that there are certain needs of a social system, called 'functional prerequisites', and these needs are important for the social system to maintain and survive. ¹⁵

Functionalism highlights the relationships between different parts of society. That means that every "part" (individual or group) has a role, and this role impacts upon the roles of other parts, and the society as a whole. It is logical; therefore, that change in one area (part) will lead to change elsewhere. Relationships between "parts" are determined by values and norms of members of the society known as 'value consensus'. ¹⁵ Despite the existence of value consensus in a society, conflict can occur because of different interests among societal members which could cause disturbance. However, this disturbance can correct as the society develops if these different interests are minor and therefore are outweighed by the common interests of the whole society. ¹⁵ Functionalists believe that all different groups of society benefit if their system runs smoothly.

Parsons, like Marx, see capitalism as a 'social system'.³⁰ However, Parsons believes that capitalism is fair and individuals gain according to their contributions and efforts in society. Parsons focuses on the potential for individuals to gain advantage from the system. Therefore, Parsons emphasizes 'voluntarism' which is defined as 'the capacity for people to act on the basis of their own decisions and choices, and not on requirements enforced by the brute working of an economic system that thrived on inequalities of wealth and power'. ³⁰

III. CONCLUSION

It is apparent that the five sociological perspectives outlined above have implications for understanding health systems. For example, from a functionalist perspective the healthcare system consists of different parts and each part in this system has its own importance role which can affect the other parts, and then, to all health system. The five sociological perspectives provide holistic picture about conceptualization of healthcare systems.

CONFLICT

None declared till date.

REFERENCES

- [1] Bilton T, Bonnett K, Jones P, Skinner D, Stanworth M, Webster A. Health, illness and medicine. 3rd ed. Houndmills: Macmillan; 1996. 409 46 p.
- [2] Brundtland G. Men Aging And Health: Achieving health across the life span. Geneva World Health Organization, 1999.
- [3] Germov J, editor. Imaging Health Problems as Social Issues 2nd ed. Victoria: Oxford University Press; 2002
- [4] Cheek J, Shoebridge J, Willis E, Zadoroznyj M. Society and Health: Social theory for health workers. Melbourne: Longman; 1996.
- [5] Boyd GE. Pastoral conversation: A social construction view Pastoral Psychology. 1996;44(4):215-26.
- [6] Outhwaite W. The future of society. Malden: Blackwell Publishing; 2006.
- [7] Burr V. An Introduction to Social Constructionism. London: Routledge.; 1995.
- [8] Nettleton S. The social construction of medical knowledge. The Sociology of Health and Illness. Cambridge: Polity Press; 1995. p. 14-3.
- [9] Elster J. An Introduction to Karl Marx. London: Press Syndicate of the University of Cambridge; 1986.
- [10] Norrie AW. Marxism and the critique of criminal justice Crime, Law and Social Change. 1982;6(1):59-73.
- [11] Marxism. Marxism. 2007 [15 April 2010]; Available from: http://www.debate.org/debates/Marxism/1/.
- [12] Marxism. MARXISM. 1995 [15 April 2010]; Available from: http://www-formal.stanford.edu/jmc/progress/marxism.html.
- [13] Gonick C. Marxism. The Canadian Encyclopedia 2010.
- [14] Waitzkin H. A Marxist View of Medical Care. Annals of Internal Medicine. 1978;89(2):264-78
- [15] Haralambos M, Holborn M. Sociology: Themes and Perspectives. London: Unwin Hyman Ltd; 1990.
- [16] Machan T. Marxism: A Bourgeois Critique. International Journal of Social Economics. 1988;15(11/12):2-131
- [17] Connelly P, Murray Li T, MacDonald M, Parpart JL. Chapitre 3. Feminism and Development: Theoretical Perspectives. n.d. [16 April 2010]; Available from: http://www.idrc.ca/en/ev-27444-201-1-DO_TOPIC.html.
- [18] Okin SM, Mansbridge J, editors. FEMINISM. Hants, England: Edward Elgar Publishing Limited; 1994.
- [19] Global Issues. Women. United Nation; n.d. [16 April 2010]; Available from: http://www.un.org/en/globalissues/women/.
- [20] Mandell N. Feminist issues: race, class and sexuality 2004. Available from: http://books.google.com.au/books?id=AlxrTlDS9fEC&dq=3+waves+in+Feminism.
- [21] Rockler-Gladen N. Types of Feminism. 2008 [16 April 2010]; Available from: http://feminism.suite101.com/article.cfm/types_of_feminism
- [22] Hunt J. Feminism and nursing. n.d. [16 April 2010]; Available from: http://www.ciap.health.nsw.gov.au/hospolic/stvincents/stvin98/a5.html.
- [23] Hooks B. Feminism is for Everybody: passionate politics. Cambridge: South End Press; 2000
- [24] WHO. Spotlight on statistics A fact file on health workforce statistics. Geneva: World Health Organization, February 2008
- [25] Philosophy research base. 20th century philosophy: Michel Foucault. erraticimpact.com; 2000 [18 April 2010]; Available from: http://www.erraticimpact.com/~20thcentury/html/foucault.htm.
- [26] Encyclo. Look up: Medical gaze. Online Encyclopedia; 2010
- [27] Greenhalgh S. Under the Medical Gaze: Facts and Fictions of Chronic Pain. California: University of California; 2001. Available from: http://www.ucpress.edu/books/pages/8963.php.
- [28] Lynch J. Foucault on Targets. Journal of Health Organization and Management. 2004;18(2):128-35.
- [29] Khan A. Conceptualising the management of Health Services. In: England UoN, editor. Armidale: University of New England; 2009
- [30] Layder D. Understanding Social Theory. London: SAGE Publications; 1994