

Experience Of Establishing A Society-Based Health Care System: Few Considerations May Lead To So Many Advantages

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Abstract

The vast and fast post-modernistic innovations and changes throughout the final decades of the 20th century had been presumed as a major motif in leading to propagation of the ideas of society-based health care system policy, and its more efficiency and advantages. In this paper we have focused on some less noticed considerations in the society-based health care system towards more efficient and creative overwhelmingly planned system. One may easily recognize the inefficiency of a uni-sectional health care system, which works uncooperatively with other civil organizations, because of its inability to establish a thorough and comprehensive link within the integral modern society infrastructures.

In this paper, a kind of a multidisciplinary policy making by using the potentials of every individual society member has been considered, especially concerning the following parameters:

- a. local leadership frame work while preserving the global aims
- b. considering deeply established cultural specification
- c. making use of the opportunities to enhance the individual and group skills in a network approach
- d. emphasizing over the sustained formal and informal education through strengthening the invisible but elaborated interrelationships
- e. emphasizing over the feedbacks and research value in the system sustained improvement

Some experiences in this regards may provide the clue to the more efficient supra-organizational ideas as the practical and feasible effective and elaborated health care system in the modern era.

INTRODUCTION

For many years the industrial and technological improvements and also the highly specialized functional duties of the civil components, especially the health care organizations in the societies, have led to a kind of interactive network formation in which the elements have assumed as the nearly separated nodes with some type of inter-relationship that may not cover completely the slight ignored gaps in between.

This form of inter-organizational relationship makes the scholars and practitioners aroused to seek for an alternative way of organizational network which allows them collaborate more closely and effectively, especially in the field of society health. [2]

While our societies need more health care services in an efficient and comprehensive way to make the better tomorrow for our growing children, our working youth and also for our geriatrics, it would be obvious that the isolated acting islands of the society organizations may never works properly in the way of pre-determined goals. At least its necessity in the formal educational programs of the schools with their enormous extensive potentials has been shown and authors emphasized repeatedly on the impact of education and health on a better life style and also educational and health care providing sections more close interactions at the beginning of the 21st century. [12, 17]

Nowadays, there are many evidences of a great impact between the human and his environment, which have influenced the life deeply and significantly, sometimes

leading to diminish the level of a man's health status, at the infra-structural level of the clinic through to the international level both physically and socially. [2, 3, 11, 18]

In this regard, one might conclude the more the knowledge of the citizens, the higher the level of health in the society, with specific concerns on the critical role of inter-sectional collaboration and coordination in a highly civilized society, including Schools, Health care system and hospitals, social welfare organizations, research centers and even the military system with its hidden potentials.

Therefore, the importance of some kind of inter-sectional cooperation in the elemental level and a kind of supra-organizational collaboration at the social management level should be elucidated.

TOWARDS A BROADER VIEWPOINT

Sustaining a more successful and planning a comprehensive health care program over times in today's ever-changing world, gradually has become the most domestic and international concerning critical issue, specially through the past few decades. We need a broader conceptual framework which should be developed to cover the various aspects of a sustained comprehensive social health care plan. For many years some authors have pointed to the right specifications of such a plan and even addressed some of its prerequisites. [5, 16]

Historically, in the formation of an integrated classical health service system, there are many different elements located in their exact places as a puzzle fragments to make an efficient health care system, including the physical, human and financial resources.

The evolution of the newly introduced technologies like the biotechnological phenomena in the field of medicine and other inter-related sciences, make such a deep change in the context of society health and its implications and maintenance so the authorities should make a basic reform not only in the definitions but also in the nature and application processes of the health care systems both globally and locally. [1]

On the other hand, many authors trace the capabilities and efficiency of the health care system in some critical factors like culture and lifestyle of the aim population and also society beliefs, and some others link the success of any practice to well-defined scientific feedback plan. [7, 13]

Nobody could ignore the critical role of expert human resources, extremely developed equipments and physical instruments and also the financial aspects of this system, but more importantly the presence of a supra-structural framework, perceived to be the higher most but insensible and even invisible part of the system to maintain its overall stability, integrity and sustainability would be necessary. This would be an essential part which also regulating the inter-relation of the system with the other society sections and leading to establishment of the effective and comprehensive society-based health care system, both in the normal conditions and also in disasters.

It seems necessary to consider more implicative parameters in defining an effective health care system in a well defined process from the commencing point to the end of service provide. We need a deeper approach to train the health care providers technically and ethically as the pioneers of this system, simultaneously associated with a thorough and relatively comprehensive plan appropriate to the society needs and cultural and regional specifications. [8, 10, 14]

All these elements lead us to seek for a more developed and efficient system, concerning the above mentioned specifications which may lead us to somewhat different but completely flexible and freely moving dynamic health care organization.

PROPOSED SUPRA-ORGANIZATIONAL CHARACTERISTICS

Health care systems and the their network integrity and ideality have been characterized basically by some kind of specifications which are solely defined on the basis of formal and well known health structures such as hospitals with a much less concern on the critical role of non formal, semi-organized and community based infrastructures and their highly eventual potentials.

A well-established and ideal working health care system should first analyze the hidden and/or unnoticed layers of the social inter-organizational potentials and their interactions and then keep in direct interactions with them to implement their apparent functions or draw up their hidden potentials in the most coordinated manner to promote the overall efficiency of social health care services.

So what would be the most influential parameters in provoking the aims in an ideal network and turning it into a sustainable powerful and efficient system? Some authorities

cited these major parameters as the design and implementation, intra-organizational factors and also supra-structural interactive factors. [9]

Some of the most important ones in-between appeared as:

Many authorities have noticed the efficiency of the above-mentioned considerations directly or indirectly through vast investigations and emphasizes on the importance of a comprehensive and integral process during the practice. [4,6,9, 15]

DISCUSSION

So the process of implementing such a dynamic and flexible health care system will be induced in a five stage process as follows:

Every society has its specific characteristics and cultural goals, administrative capabilities and its own financial resources which rule over the atmosphere of the society and make some limitations in front of health care programmers and providers, therefore, Innovation of any new approach to the health care global aims should be considered according to these rules and limitations.

There are many natural differences among the eastern and western social characteristics and even within the eastern or western sub-populations in religious and non-religious behavior individually and this parameter should be a concern of introducing a new method or program to the target groups.

On the other hand one may consider that it would be of much more beneficial aspect to make a well established background and induce the guaranteed conditions to appear the sensitizing the individuals . This will facilitate the process of establishing the network and make it ease introducing the new concepts and accepting them by the society members and practicing elements.

The next step in this process, implementing the pre-planned system, would be a critical stage in developing it. The new concepts may be unfamiliar to individuals and also sometimes would be faced with resistance in different levels of administration. The system should be patient in confronting the problems and reform the aberrancies through a well-established and classified conducted referral path within the system.

The major and one important point in this regard would be a

feedback to maintain the overall integrity and quality of practicing. With this feedback there may be assurance of its integral and efficient work.

There are some great samples of such a well-established system through the health care working practices in the world. In many countries such a flexible and dynamic system with its specific characteristics has been practiced. One may consider some of the most successful and widespread samples of such a hidden community based health care organization in some countries which are examples of successful implementation of this system in a small or relatively large scale of implementation.

In recent years Iran has experienced a well-conducted country distributed program of polio vaccination with the cooperation of some other social organizations and NGOs which was a very exciting experience for health care staff and their partners. The experience has been reported as a successful one, but a very important point, sustainable skill enhancing and maintenance, has been missed in it.

The most important concerns in-between are continuous skill enhancement and maintaining the hidden potentials of the participant staff in the borders of realization. We proposed here to plan a three step flexible program in these situations which covers the concerns not only at the commencement of the program but also in the middle of it and at the end and even predict a prolonged skill enhancement process to keep the picked up abilities of the participants and also improve it in a steadily and properly manner.

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References

1. Alaszewski, A. (2003) Risk, Trust and Health, *Health, Risk and Society*, Vol. 5 No. 3
2. Biel, M. (2002) Inter-organizational Collaboration among Health and Social Services Providers: A Symposium, Editor, El Monte, CA
3. Bozena, K. et al. (2004) An Analysis of occupational Dysphonia Diagnosed in the North-East of Poland, *International Journal of Occupational Medicine and Environmental Health*, Vol. 17, No. 2, pp 273-278
4. Burdine, J.N. , et al (2003) The Political and Policy Implications of a Rating System of Community Capacity to improve Population Health, *Fam Community Health*, Vol. 26, No. 4, pp 254-267
5. Coddington, D. et al. (1994) Integrated Health Care: Reorganizing the Physicians, Hospitals and Health Plan Relationship, Englewood, CO: Center for Research in Ambulatory Health Administration
6. Dowling, B., et al (2004) Conceptualizing successful Partnerships, *Health and Social Care in the Community*, Vol. 12, issue 4, pp 309-317
7. Duff, C. (2003) The importance of Culture and Context: rethinking risk and risk management in young drug using populations, *Health, Risk and Society*, Vol. 5 No. 3
8. Duncan, P. et al. (2003) Developing 'the good healthcare practitioner': clues from a study in medical education, *Learning in Health and Social Care*, Vol. 2 No. 4 pp. 181-190
9. Evashwick, C., Ory, M. (2003) Organizational Characteristics of Successful Innovative Health Care Programs Sustained Over Time, *Fam Community Health*, Vol. 26, No.3, pp 177-193
10. Field, J.E. and Peck, E. (2003) Public-private partnership in healthcare: the manager's perspective, *Health & Social Care in the Community*, Vol. 11 issue 6 pp 494-501
11. Grandjean, Ph. (2004) Implication of the Precautionary Principle for Public Health Practice and Research, *International Journal of Occupational Medicine and Environmental Health*, Vol. 17, No.1, pp 5-7
12. Johnson, J. & Deshpande, C. (2000) Health Education and Physical Education: Disciplines Preparing Students as Productive, Healthy Citizens for the Challenges of the 21st Century, *Journal of School Health*, Vol.70, No. 2
13. Kaner, E. Implementation of a model for service delivery and organization in mental healthcare: a qualitative exploration of service provider views, *Health and Social Care in the Community*, Vol. 11 No. 6 pp 519-527
14. Khaicha, K et al. (2004) Social Work, General Practice and Evidence-Based Policy in the Collaborative Care of Older People: Current Problems and Future Possibilities, *Health & Social Care in the Community*, Vol. 12 issue 2 pp134-142
15. Kreuter, M.W., McClure, S.M. (2004) The Role of Culture in Health Communication, *Annu. Rev. Public Health*, 25: 439-455
16. Schediac-Rizkallah, M., Bone, L. (1998) Planning for the Sustainability of Community-Based Health Programs: Conceptual Framework and Future Directions for Research, Practice and Policy, *Health Education Research*, Vol.13 No.1 pp. 87-108
17. Stelmach, W. et al. (2004) The Impact of Income, Education and Health on Lifestyle in a Large Urban Population of Poland (CINDI Programme), *International Journal of Occupational Medicine and Environmental Health*, Vol. 17, No. 3, pp 393-401
18. Webster, A.J. (2002) Risk and Innovative Health Technologies: Calculation, Interpretation and Regulation, *Health, Risk and Society*, Vol. 4, No.3

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