

Editorial:**Institution building - organizational structure and function**

One of the important axioms in medical care in developing countries, medical care of the common man is immensely worthwhile; the maximum return in human welfare must be obtained from the limited money and skill available and the medical service must be organized to provide for steady growth in both the quantity and the quality of medical care. Patients should be treated as close to their home as possible in the smallest, cheapest, most humbly staffed and most simply equipped institution that is capable of looking after them adequately.¹

Organizational design or structural design is an important element in institution building. Though it has physical structure, it is the decision-making bodies and their efficient management which are of paramount importance. To quote John Grant, “the use made of medical knowledge and the efficiency of health protection depends chiefly upon social organization. The lower the economic levels are, the more does the use of medical knowledge depend upon organization”.²

An institution is defined as a group that functions to make delivery of services possible.³ It is an accepted in principle that the organizational design should respond to the Institutional objectives. Each organization has several levels of objectives. They may be classified as primary and secondary and immediate and long range objectives. The organizational design should be in consonance with the objectives and contribute to achieve them. The organizational design will be responsive to the objectives in an effective way only when attention is paid to the development of appropriate work culture. The one which promotes the participation and involvement of its own people in its major tasks is a commendable model.

The basic units of the institution need to be strong and resilient. The teaching departments, library and laboratories need to be strong and comparable to the best among contemporary standards. The structure should ensure proper distribution of power among the various roles. It has to take into consideration the role that a person holding a position has to perform. Roles should be clear and unambiguous in the institutional context.

By design, an institution ought to be responsive and adaptive in the context of social needs and social aspirations and pressures. Institution building presupposes internal development as well as its capacity to promote its impact on the society. The organization should become an organic part of the community it serves and play a pro-active role in projecting new and desirable values and become an agent of social change. Each institution has defined goals and has to be concerned with the growth of its own people. It should be concerned with its own growth, self-renewal and shoulder the responsibility of influencing a larger section of the society on universally accepted values and social norms.

Let us take a medical college as an institution of higher learning and examine the organizational design and the institutional goals and objectives served by that. The goal of a medical college is to

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train a student to become a 'basic doctor' to undertake responsibilities of a physician of first contact who is capable of looking after promotive, preventive, curative and rehabilitative aspects of medical care.

The organizational design to achieve this goal depends on the extent of autonomy or freedom allowed. Based on the historical trends, regulatory bodies like Medical Council of India (MCI) have already set certain norms for the component units. National Health Policy offers the framework for specifications of the product or 'basic doctor' in the context of health needs of the country in general and local communities in particular. The central and state governments, in exercise of their constitutional obligations, and as principal resource providers, impose some more restrictions to make the organizational design comparable among various medical colleges in the country.

The organization of medical college is unique in that the training of the doctor-to-be takes place in the college, attached teaching hospital/s and in the field practice area or rural health centre, primary health centre and urban health centre. These are two or more line organizations with interlinking of function. In each of them there are several medical and non-medical role positions. Personnel with requisite medical qualifications hold positions at different levels, namely, tutors, demonstrators, senior residents, lecturers, assistant professors, associate professors and professors with more or less overlapping functions. They belong to different medical specialty departments. Those belonging to some departments have only teaching and research as their main responsibility; some offer support services to patients attending hospital in addition to teaching and research and rest of them offer personal medical services to patients attending outpatient departments and also take care of indoor patients and emergency medical services. They are also involved in student teaching and research. The head of the department is the senior faculty member in the specialty concerned. He is so designated by the principal. He undertakes to plan, execute and monitor the working of his department in the domains of teaching, research and extension activities. He convenes and presides over the meetings of the department, organizes teaching and research work of the department and assigns to the teachers of the department such duties as may be required for proper functioning of the department. He coordinates the work of units of the department.

Principal/dean of the medical college is the administrative head to direct and coordinate all activities of the institution. The hospital services are directed and administered by the medical Superintendent of the hospital. Both the principal and the superintendent are assisted by their respective administrative staff. Superintendent has a team of non-medical and medical personnel to cater to medical services to patients. The entire team of nursing personnel and nursing orderlies work under him. Medical teachers of clinical and laboratory departments work in the hospital though they are under administrative control of the principal/dean. The organizational design has matrix form with elements of 'line' and 'staff' functions. Individual responsibility is stressed for faculty members though the units and departments function collectively. This organizational principle of unity of command is not to be found anywhere.

For academic functions, Academic Council is created at college level to monitor academic activities. It comprises of heads of all departments under the stewardship of principal/dean. Overall growth of the institution is entrusted to the wisdom of the college and hospital development societies which consist of civil servants, elected people's representatives, members from non-governmental organizations and heads of the components of the institution.

Though it is recommended that uni-function and un-role is ideal, this is not practicable in an institution where personnel don different roles. With knowledge and technology explosion job enlargement is taking place continually. With this, role confusion and diffusion of responsibility are to be expected. Unless conscientious efforts are made to clarify individual roles and expectations of the institution, 'social dysfunction' is to be expected. The need for redefinition of the roles and mutual adjustment to reduce the tensions within the health care system was foreseen long ago.⁴ The channels of communication, both horizontal and vertical need to be open and free flowing to avoid conflicts, duplicity and non-performance. Thus, we find that structural and functional linkages reflected in the organizational design are essential for achieving Institutional goals. There should be 360° monitoring and evaluation of the current arrangement and necessary timely changes are to be effected lest entropy should make the whole system suboptimal or totally dysfunctional.

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