

HEALTH ORGANIZATIONAL DEVELOPMENT (HOD)

COURSE CONTENTS		Pages
HOD 01	Health Organization and Development	1
HOD 02	Management	7
HOD 03	Management of Time, equipment, drugs and medical waste	15
HOD 04	Supervision	27
HOD 05	Leadership	30
HOD 06	Motivation	34
HOD 07	Communication	38

HOD 01 –Health Organization and Development

Time Allotment – 3Hours

Objectives

Teaching methods

- Lecture Discussion
- Group work

1. Definition of Organization

An organization is the planned coordination of the activities of a number of people for the achievement of some common, explicit purpose or goal through division of labour and through hierarchy of authority and responsibility.

Authority is power or right to give orders and makes others obey.

Responsibility means a trust or charge for which one is responsible. It involves acceptance of the obligation for executing instruction which have been given by higher authority.

Total responsibility = Duties of post + sum total duties of the subordinate post.

2. Basic Ideas in the Context of Organization

- Coordination
- Common goal
- Division of labour
- Hierarchy of authority.

Fundamental concept is unity of command with line of authority and responsibility to others on the lower steps in the organization.

Good organization depend

- Partly on skills and personalities of the individual involved and
- Partly on the nature of functions to be performed.

Organization is the dynamic in nature which continuously grows and change according to the nature of work and goals.

3. Levels of Health Care Organization in Myanmar

- 1) Policy making Level - National Health Committee, Ministry of Health, Board (Technical committee)
- 2) Administrative Level - Department of Health (Central)
 - a. - State and Division (Intermediate)
 - b. - District/Township /Rural Health Center (Peripheral)
- 3) Functional Level - Hospital, Disease control units, Campaign, Urban Health Center, Maternal and Child Health Unit, Station Hospital, Staff services (Staff, Auxiliaries)

Health Administration at Central Level

- Authority rested on Ministry of Health.
- Policy decision's transformed to Ministry's activities.
- All the departments are divided according to their functions and responsibilities.
- The Ministry of Health has taken responsibilities of raising the health status of people through providing comprehensive health care.

4. Definition of a Team

- A team is a small group of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.

Definition of Health Team

Health team is a group of people who share a common health goal and common objectives, determined by community needs, to the achievement of which each member of the team contributes, in accordance with his or her competence and skill and in coordination with the functions of others.

Health team consists of all those working together

- The supporting staff - cleaners, drivers , clerks
- The technical staff – Medical assistants ,nurses, midwives, Public Health Supervisors

Team Building

Five personal values that characterize the most effective members of high-functioning teams in health care are;

- **Honesty:** Team members put a high value on effective communication within the team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continued improvement and for maintaining the mutual trust necessary for a high-functioning team.
- **Discipline:** Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. At the same time, team members are disciplined in seeking out and sharing new information to improve individual and team functioning, even when doing so may be uncomfortable. Such discipline allows teams to develop and stick to their standards and protocols even as they seek ways to improve.
- **Creativity:** Team members are excited by the possibility of tackling new or emerging problems creatively. They see even errors and unanticipated bad outcomes as potential opportunities to learn and improve.
- **Humility:** Team members recognize differences in training but do not believe that one type of training or perspective is uniformly superior to the training of others. They also recognize that they are human and will make mistakes. Hence, a key value of working in a team is that fellow team members can rely on each other to help recognize and avert failures, regardless of where they are in the hierarchy. Effective teamwork is a practical response to the recognition that each of us is imperfect.
- **Curiosity:** Team members are dedicated to reflecting upon the lessons learned in the course of their daily activities and using those insights for continuous improvement of their own work and the functioning of the team.

5. Purpose of Health Team

A health team must:

- understand and communicate with the community
- encourage community participation in identifying problems and seeking solution and
- work in the community, i.e. in health center, community meeting places, schools and patient's home

To establish good communication with the community a health team follows four steps;

- Listen, learn and understand
- Talk, discuss and decide
- encourage, organize and participate
- inform

6. Principles of Team Based Health Care

- **Shared goals:** The team members of a health team work to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.
- **Clear roles:** There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.
- **Mutual trust:** Team members earn each others' trust, creating strong norms of reciprocity and greater opportunities for shared achievement.
- **Effective communication:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.
- **Measurable processes and outcomes:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

Table 2 Organization set up of Township Health Department

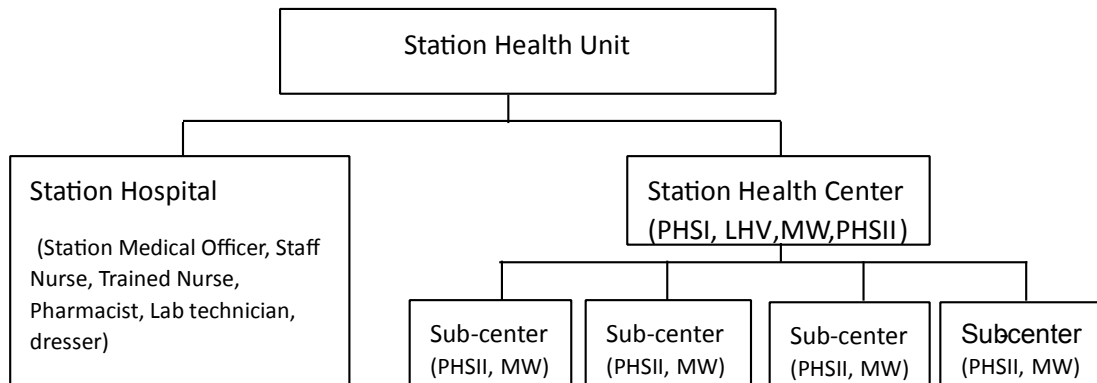
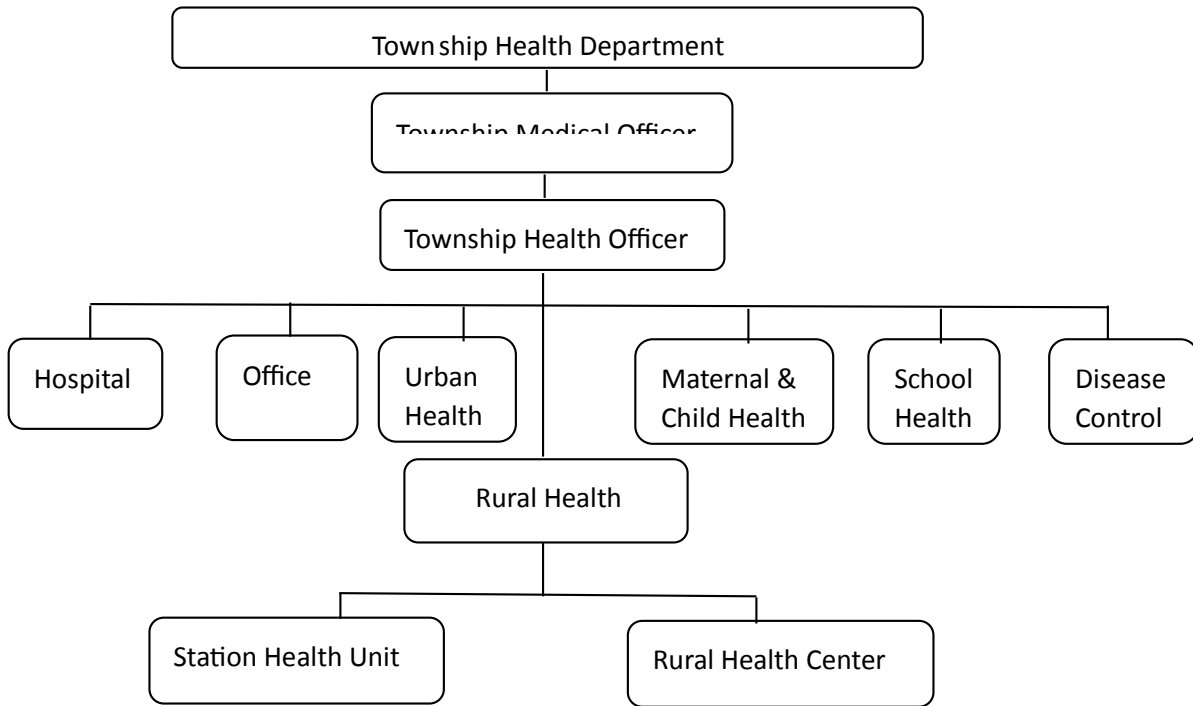
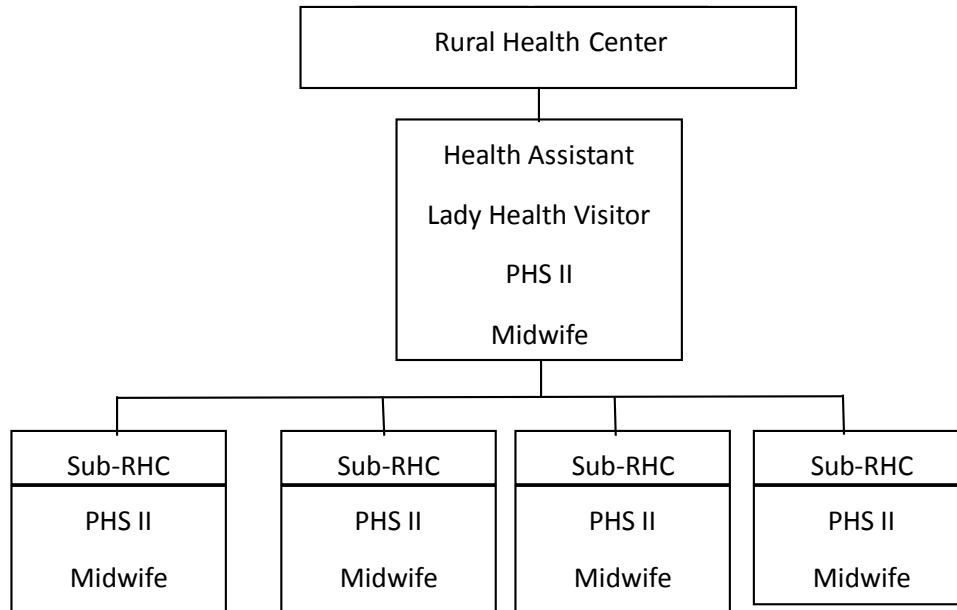


Table 4 Organization Set Up of Rural Health Center



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HOD 02 - Management

Time Allotment – 2 hours

Teaching Methods

- Lecture Discussion

1. Definition of Management

There are many definitions of management. Some of them are as follow:

- Management is getting things done through others.
- Management is to make efficient use of resources and to get people to work harmoniously together in order to achieve objectives.
- Management carried out with the aim of achieving clearly stated objectives usually in the least possible time and at the lowest cost.

2. Principles of Management

- Management is getting things done.
- Management by objectives
- Management by experiences
- Management is division of labour
- Management is convergence of work
- Management is delegation of authority
- Management by exception
- management is substitution of resources
- Management is efficient use of resources

- 1) Management is getting things done.
 - Commitment is achievement
 - Management is saying what one wants to be done and then getting it done.
- 2) Management by objectives
 - Objectives are set and management is done to achieve the objectives
 - Objectives consists of:
 - **What** is to be done
 - **How** much is to be done
 - **Where** is to be done
 - **When** it is to be completed

- The standard by which it will be possible to tell whether, or the extent to which, it has been achieved
- If you are not sure where you are going, you are liable to end up some places else. Therefore setting objectives is essential.

3) Management by experiences

- By finding out the reasons for differences between objectives and results
- Depending upon feedback from past experiences you make decision
- Seek obstacles and remove or modify them

4) Management is division of labour

- Management consists of assigning a balanced proportion of each kind of staff to the work to be done.
- When work is divided or distributed among members of a group, and the work is directed and coordinated, the group becomes a team.
- The team approach is the way in which management attempts to bring about balance among the different members of the team and the work they do.

5) Management is convergence of work

- This principle means the activities of various people who do the work come together in the achievement of objectives

For example

Service activity – immunization

Development activity – Personal training

Supportive activity – provision of vaccines

These activities must be in logical relation: time relation and spatial relation

6) Management is delegation of authority

- Authority may be simply defined as the decisions that member may make.
- Responsibility and authority cannot be separately considered in day to day management.
- Decision should be made when and where necessary by the most suitable person. To do this authority must be invested to that person. (According to organizational set up)
E.g. Lady Health Visitor supervises midwife and midwife reports to Lady Health Visitor.
- When the authority of a person is lent to another person (conditionally or not) so as to enable that person to take responsibility when the occasion arises.

E.g. Delegation of authority from Township Medical Officer to Township Health Officer

An axiom: Never do yourself what another can do for you as well as you would.

7) Management by exception

- It means selectivity in information and priority in decision
- Do not overload with routine, and petty decision to neglect important ones
- Make big (important) decision first.

8) Management is substitution of resources

- If there is same results, substitution of cheaper materials for expensive ones.
- For example, Auxiliaries for professionals – Health Assistant for doctors
- For example, generic name of drugs is used for propriety names

9) Management is efficient use of resources

3. Management Cycle (Functions of Management)

There are three main functions of management.

- 1) Planning
- 2) Implementation and
- 3) Evaluation

These functions are also called PIE (Planning, Implementation, Evaluation) cycle. However, there are some functions in management apart from PIE. Those functions are

- Leading
- Organizing
- Monitoring and
- Controlling

PLOC framework in management includes planning, leading, organizing and controlling. Each function will be described in this module.

Planning

Importance of Planning

Planning is important because of

- Competition between health administrator's interest and other's interest in national priorities
- Imbalance between resources and need/demand
- Resources are insufficient

Definitions of Planning

- Planning is a systematic process in which a series of steps are taken to identify problems and their reasons.
- Planning is a process of selection of the most appropriate solution from among possible alternatives
- Planning determines manpower, materials, facilities, organization and money

Implementation

Definition of Implementation

- Implementation is a set of activities that take place within a defined period, staff are to be recruited and trained, policy explained in detail, funds allocated, procedures specified, and control arrangement set up.
- Implementation function of management deal with day-to-day decision about the timely execution of activities; with organization, direction and supervision of manpower with mobilization and allocation, monitoring and control of physical and financial resources, and with the processing and control of the necessary information.

Implementation Activities

a. Starting up activities

- preparation of detailed work schedule
- establishment of work groups to design specific aspect of program
- ordering of supplies and equipment
- consideration of technical and administrative details
- vehicles, buildings; storage and transport

b. Operation activities

- Day to day direction and control of personal service support activities
- To see that fund reach workers, supplies reach those who use them
- Organization between organizational levels. among sectors with various departments of government and with community
- Resources management to ensure availability and proper distribution
- Integration of funding, manpower procurement and logistic.

c. Monitoring activities

- Feedback mechanism designed to gather information relevant to decision making
- Routine measurement on health and environment indices
- Recording and transmission of data
- Interpretation of data

- Check deviations. Do not fall outside allowable limits. If they do take corrective action

Evaluation

Definition of Evaluation

Evaluation is a systematic way of learning from experiences, and using the lessons learned to improve current activities and promote better planning by careful selection of alternatives for future action.

Focus and Provision of Evaluation

Evaluation focuses on the results or outcome of program activities and provides a basis for

- Determining the extent of attainment of objectives and attainments towards goal.
- Identifying strong and weak points of program operation
- Suggesting changes in program operation and objectives
- Determining availability of the program relative to existing community needs
- providing a basis for resource allocation decision
- identifying the possible side effect of program

Types of Evaluation

- Input evaluation
- output or outcome evaluation
- Process evaluation

Components of Evaluation

- **R** = Relevance
- **E** = Effectiveness
- **P** = Progress
- **E** = Efficiency
- **A** = Adequacy
- **T** = Time bound

4. Conflicts Management

Why conflicts occur?

Conflicts occur because we all have different interests, goals, perceptions, viewpoints, values and experiences

Why conflicts are important?

- Inevitable
- might escalate and lead to non-productive results □ Beneficially resolved and lead to quality final products.
- Force that can tear relationships apart and the force that binds them together, healthy (constructive) or unhealthy (destructive).

How do people respond to conflicts? Fight or Flight?

- Fight: take on anyone who comes our way
- Flight: get away from the conflict

Goal of Conflict Management

The goal of conflict resolution is **not to decide which person is right or wrong**; the goal is to **reach** a solution that everyone can live with. Looking first for needs, rather than solutions, is a powerful tool for generating win/win options.

8.5. Five Basic Styles of Conflict Management

1. Integrating
2. Avoiding
3. Dominating
4. Compromising
5. Obliging

Change management is the process, tools and techniques to manage the people side of **change** to achieve the required business outcome.

5.Change Management

Causes of Change in Organization

Causes of change in organizations are due to:

- **New products** are introduced
- **New materials** are discovered
- **New markets** and competitors regularly emerge
- **Technical revolutions** in transport and communications
- The analysis and transmission of information
- Development of economic alliance

Goal of Change Management

The **ultimate goal of change management** is to achieve the desired **change** with the maximum of positive benefits and efficiencies and a minimum of negative effects on all stakeholders.

Environmental Change

Any change in organization's environment can create difficulties.

- Forecasting Change
- Technological Change
- Other Sources of Environmental Change

Five steps in the process of implementing change:

- Precise definition of the operational changes that are needed.
- Definition of how the new working methods will affect particular people and groups
- Identification of attitudes and perspectives currently held by employees and how these support current working practices
- Statement of the attitudes and perspectives necessary to enable to adapt successfully to new environments and working methods
- Implementation of measures designed to change existing attitudes

9.5. Four strategic alternatives are available:

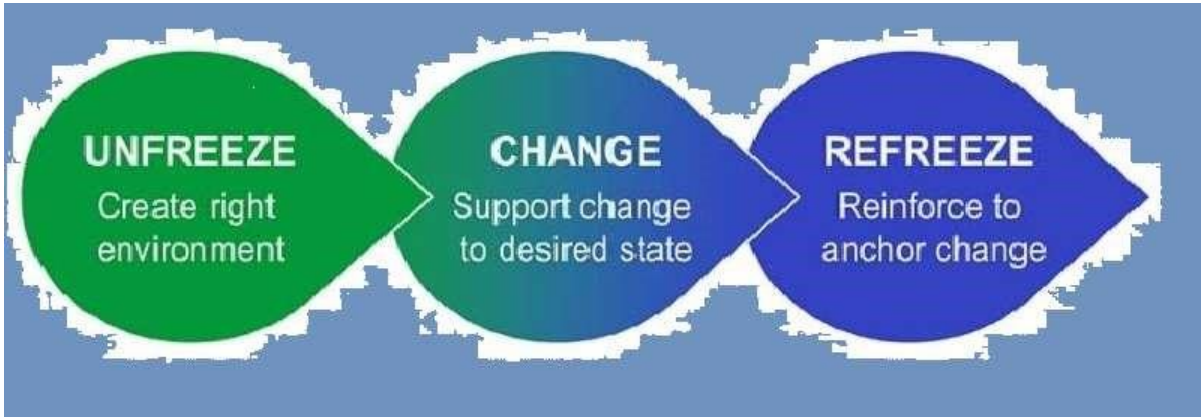
- Altering technologies
- Altering structure
- Altering task
- Altering the people

9.6. Resistance to Change

- Feeling of insecurity generated by an intended change
- Disruption of existing relations and patterns of behavior
- threats to individual status and financial reward
- the influence of group norms and values that oppose change
- doubts regarding the technical feasibility of proposed change
- the threat of having to retain and require new skills in order to cope with altered working methods
- feeling personal inadequacy in new technology e.g. fear of not being able to understand a recently installed computer system
- resentment over not having been consulted about a change
- The realization that skills and experiences required at great effort over many years are no longer of value to the organization

9.7. Overcoming Resistance to Change

There are three steps in overcoming resistance to change:



9.8. There are four possible approaches:

- Education and communication
- Participation and involvement
- Negotiation and agreement
- Manipulation

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- *World Health Organization (1992). "On Being Incharge". Second Edition, Geneva.*
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HOD03. Managing Time, Equipment, Drugs and Medical Wastage

Time Allow 3 hours

Teaching Methods

- Lecture and Discussion

1.Managing Time

1.1. Introduction

Time is non-renewable and greatest resource. Time cannot be increased as other resources. Using time effectively is a management skill. You can improve the use of the available time.

Everyone has the same amount of time.

24 Hours a day - Only 8-10 hours work

168 hours a week

8760 hours a year.

Some of the people achieve a lot during that time but some achieve a little. Time is perishable and does not return.

There are many ways of wasting time. Some of them are:

- Inappropriate work habit
- Not setting goals and priorities
- Afraid to take decision
- Doing things less important
- Allowing others to waste your time
- Doing work which ought to be done by others etc.

1.2. Daily Diary

Daily diary is essential to answer the questions such as

- How much time is spent with patients?
- How much on correspondence or paper work?
- How much on talking to other team members?
- How much on home visiting etc.

Daily diary should be kept up to date. Manager has to encourage the team members to keep a daily diary.

2.Managing Equipment

1.1. Introduction

Equipment are important in health care facilities as they are useful for diagnosis, investigation and treatment.

There are two main type of material equipment

1) Expendable (also called consumable or recurrent)

Expendable equipment is equipment that is used within a short time e.g. Cotton wool, paper, disposable syringes, glass slide etc.

2) Non-expendable (also called capital or non-recurrent)

Non-expendable equipment is equipment that lasts for several years and needs care and maintenance. E.g. Stethoscope, Blood Pressure apparatus, microscope, furniture, weighing scales, vehicles etc.

1.2.Four main procedures in the management of equipment

A. Ordering (obtaining equipment from store or shops)

B. Storing (recording , labeling and holding equipment in a stock or storeroom)

C. Issuing (giving out , recording the issues and the balance of remaining stock , and receiving a signed issue voucher)

D. Controlling /maintaining (controlling expendable equipment , maintaining and repairing non-expendable equipment)

1.3.The Value and the Use of Equipment Records

Good management takes care of equipment by

- instructing and motivating staff to feel responsible for the equipment they use
- ordering supplies when needed
- storing supplies safely
- controlling the use of supplies

3. Managing Drugs

3.1. Introduction

One of the important aspects of health service is the use of drugs.

Drugs are important because the management of the drug supply in the health unit is one of the most responsible functions of the health worker.

Drugs are powerful because drugs must be used with skill, knowledge, and accuracy, otherwise they are dangerous.

Drugs are expensive as wasting or misusing drugs may cause a shortage of supply, with the result that some patients cannot be treated properly.

3.2. Purpose of Drug Management

There are three main purposes.

- To use drug wisely

Drugs are part of the link between the patient and health services. Consequently, their availability or absence will contribute to the positive or negative impact on health.

- To avoid wasting the drugs

It can save money and improve access.

- To have enough for the patient's needs

3.3. Precautions in Drug Use

3.4. Educating the staff in the use of drugs

3.5. Educating the patient about drugs

3.6. Preparing a Standard Drug List

3.7. Essential Drug List Used in RHC & Sub Centres

1) Antibiotics

a. Penicillin V

e. Chloramphenicol

b. Cloxacillin

f. Co trimoxazole

c. Ampicillin/amoxicillin

g. Metronidazole

d. Tetracycline

- 2) Antipyretics
 - a. Paracetamol
 - b. Acetylsalicylic acid

- 3) Anti-tussive
 - a. Dextromethorphan

- 4) Drugs used in asthma
 - a. Salbutamol
 - b. Aminophylline

- 5) Drugs used in peptic ulcer
 - a. Aluminium hydroxide
 - d. Cimetidine/Ranitidine
 - b. Sodium bicarbonate
 - e. Atropine Sulphate
 - c. Magnesium Trisilicate

- 6) Anti-helminths drugs
 - a. Mebendazole
 - b. Levamazole

- 7) Laxatives
 - a. Senna
 - b. Magnesium sulphate

- 8) Anti-emetics
 - a. Promethazine

- 9) Drugs used in allergy
 - a. Chlopheniramine mealate
 - b. Adrenalin

- 10) Drugs used in skin disorder
 - a. Chlorhexidine gluconate
 - f. Calamine
 - b. Methylated spirit
 - g. Boric acid
 - c. Gention violet
 - h. Iodine
 - d. Benzoic acid with salicylate acid
 - i. Benzyl benzoate

e. Gamma Benzene Hexachloride

11) Anti-anaemic drugs

- a. Ferrous sulphate
- b. Folic acid

12) Oxytocic: Ergometrine

13) Replacement Solution

- a. Normal saline (0.9 % Na Cl in 500 ml)
- b. Dextrose saline (5% dextrose, 0.9 % Na Cl in 500 ml)
- c. Compound Sodium Lactate
- d. Oral rehydration salts

3.8. Stocking Drugs

Drugs are stored in a specially designed secure area or space of a building in order to:

- Avoid contamination or deterioration,
- Avoid disfiguration of labels,
- Maintain integrity of packaging and so guarantee quality and potency of drugs during shelf life,
- Prevent or reduce pilferage, theft or losses,
- Prevent infestation of pests and vermin.

The storage environment should possess the following:

- Adequate temperature,
- Sufficient lighting,
- Clean conditions,
- Humidity control,
- Cold storage facilities,
- Adequate shelving to ensure integrity of the stored drugs.

The following guidelines are for arranging drugs.

- Shelves should be made of steel or treated wood.
- Shelves should be strong and robust.
- Drugs are arranged in alphabetical order of generic names.
- Each dosage form of drug is arranged in separate and distinct areas.
- Sufficient empty space should demarcate one drug or dosage form from another.
- Most recently received drugs are placed behind old stock on the shelf except where new drugs have shorter expiration dates.
- Dangerous drugs should be kept in a locked cupboard with a special issuing register.

Stock card system

Instead of a stock ledger, stock card system can be used. The same procedure as ledger, balance is kept by adding items received and subtracting. Those issued in stock ledger each item has a separate page in the book and in stock card system each item is written on a separate card. The card relating to each particular item can be printed to the shelf next to the drug stock to which it refers for drugs.

Example: Stock card recording a weekly issue of penicillin

Item: Procaine Penicillin Injection					
Date	From or to	Received	Issued	Balance	Remark
8.11.2014	Central medical store	8000 vials		10 vials 8010 vials	Expiry
10.11.2014	OPD		500	7510	Jan's 2016
10.11.2014	Antenatal care		120	7390	

17.11.2014	OPD		800	6590	
20.11.2014	Mobile clinic		300	6290	

4. Medical Waste Management

1. Introduction

The waste produced from health care activities carries a higher potential for infection and injury than other type of waste. Safe and reliable method for its handling is essential. Inadequate and inappropriate handling of health care waste may cause serious public health consequences and a significant impact on the environment.

2. Definition of Medical waste

Medical waste is any waste generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological.

3. Biomedical Waste

Biomedical waste is defined as any solid, fluid or liquid waste, including its containers and any intermediate product, which is generated during the diagnosis, treatment and immunization of human beings or animals in research pertaining there to or in the production or testing of biological and the animal waste from slaughter houses or any other establishment.

4. Health Care Waste

Healthcare waste includes a large component of general waste and smaller proportion of hazardous waste. Exposure to hazardous waste can result in disease or injury.

5. Hospital Waste

Hospital waste refers to all waste, biological or non-biological that is discarded and is not intended for further use in a hospital. (All wastes come out from hospital)

Sources of hospital waste are:

- Office
- Cafeteria
- Billing
- Rest room
- Kitchen
- Guest room
- Residential areas
- Stores

6. Type of Health Care wastes

1) Clinical Waste

- Generated during routine patient care and surgery
- It is potentially dangerous due to presence of high risk of infectious agents to the general population.

2) Laboratory waste

- High risk category
- Should be labeled as a biohazard

3) Non- clinical Waste

- Includes wrapping paper, office paper, plastic etc
- Has not been in contact with patient body fluid.
- Bulky

4) Kitchen Waste

- includes leftover food and dirty water
- potential source of rats and vermins such as cockroaches
- indirect potential hazard.

5) Radioactive Waste

- Includes low level radioactive waste arising from medical diagnosis, medical research and disease treatment

7. Classification of Health Care Waste

Health care wastes can be classified into two types.

- 1) Non-hazardous waste - It is general waste which includes domestic-type waste, kitchen waste, packing materials, non-infectious animal bedding, waste water from laundries and other substances that do not pose a special handling problem or hazard to human health or the environment.
- 2) Hazardous waste – It is the waste which has a special handling problem and/or hazard to human health or the environment. The followings are hazardous wastes.

Waste category	Description and example
Infection waste	Waste suspected to contain pathogens e.g. laboratory cultures; waste from isolation wards; tissues(swabs), material, or equipment that have been in contact with infected patients; excreta
Pathological waste	Human tissues or fluid e.g. body parts; blood and other body fluids; fetuses
Sharps	Sharp waste e.g. needles; infusion sets; scalpels; knives; blades; broken glass; lancets; sutures; intravenous catheters; broken ampoules
Pharmaceutical waste	Waste containing pharmaceutical e.g. pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals (bottles, boxes)
Genotoxic waste	Waste containing substances with genotoxic properties e.g. waste containing cytostatic drugs (often used in cancer therapy); genotoxic chemicals
Chemical waste	

Wastes with high content of heavy metals	Waste containing chemical substances e.g. laboratory reagents; film developer; disinfectants that are expired or no longer needed; solvents
Pressurized containers	Batteries; broken thermometers; blood-pressure gauge; etc.
Radioactive Waste	Gas cylinders; gas cartridges. Aerosol cans
	Waste containing radioactive substances e.g. unused liquids from radiotherapy or laboratory research; contaminated glassware, packages, or absorbent paper; urine and excreta from patients treated or tested with unsealed radionuclides

8. Health Hazards of Health Care Waste

There are two effects of health facility wastes.

- (1) Occupational hazards (experienced by health care personnel and patients)
- (2) Impact on human health and environment

High concentration of micro-organisms is present in health facility waste. Commonly found pathogens are coliform organisms, fecal streptococci, *Candida albicans*, *pseudomonas* etc. Almost all solid waste of health facility could be vehicle for transmission of viruses.

Due to following characteristics, exposure to hazardous health care waste can result in disease or injury.

- It contains infection agents
- It contains toxic or hazardous chemicals or pharmaceuticals
- It is genotoxic and
- It is radioactive.

All individuals exposed to bio-medical waste are potentially at risk, including those who generate the waste or those who either handle such waste or are exposed to it as a consequence of careless management.

The main groups at risk are –

- (1) Health care professionals – doctors, health assistants, midwife, etc.
- (2) Patients in health institutions
- (3) Visitors to health institutions
- (1) Workers in support service laundries, waste handling and transporting
- (2) Workers in waste disposal facilities such as land fill or incineration.

1) Hazards from infection waste and sharps

Pathogens from infection wastes can enter into the human body through a puncture, abrasion or cut in the skin, through mucous membranes by inhalation or ingestion.

Example - HIV, Hepatitis B & C

2) Hazards from chemical and pharmaceutical waste

Many chemical and pharmaceutical wastes are toxic, genotoxic, corrosive, flammable, reactive, explosive, or shock sensitive. Hazards are due to acute or chronic exposure, injury and burns. e.g. Disinfections – large quantity cause burn.

3) Hazards from genotoxic waste

This hazard is due to toxicity of substance itself and the extent and duration of exposure. Exposure can occur during preparation or treatment with particular drugs or chemical. Hazards can get by inhalation, absorption through skin, ingestion of food accidentally contaminated with cytotoxic drugs, chemicals or waste.

4) Hazards from radioactive waste

It depends in type and duration of exposure. It can range from headache, vomiting and giddiness to serious problems. It can affect in genetic materials.

5) Public Sensitivity

It is due to visual of waste especially anatomical waste.

Disposable items

Disposables have been replacing reusables gradually as these items are convenient to use at any place and at any time. Disposables provide high degree of safety, comfort and satisfaction. The advantage of disposables is reduction of infections.



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Time allotment – 2 hours

Teaching Method - Lecture Discussion

1. Definition of supervision

Supervision is a way of ensuring staff competence, effectiveness and efficiency, through observation, discussion, support and guidance.

2. Purpose of supervision

- To motivate the members
- To evaluate progress of work
- To assess the achievement of objectives
- To correct if there is deficiency

3. Factors Influencing Supervision

- Work Place relate factor
- Personal factor
- Psychological factor
- Environmental factor

4. Tasks of Supervisor

- Observe the performance of health workers and voluntary health workers
- Discuss with them about achievement, difficulties, their needs to perform duties
- Support intellectual and technical skills
- Guide to achieve targets and work to be done

5. Different Styles of Supervisor

- Autocratic style
- Democratic or participative style
- Anarchic (Free-rein) style

6. Skills of Supervisor

- Leadership skill
- Technical skill
- Interpersonal skill
- Conceptual skill
- Coaching skill
- Computer skill
- Project Management skill
- Resource Management skill

7. Supportive Supervision

- Process of helping staff to improve their own work performance continuously.
- Carried out in a respectful and non-authoritarian way
- Encourages open, two-way communication
- Monitoring performance using data for decision-making and regular follow-up Helping to make things work, rather than checking to see what is wrong.

8. Development of Supervisory Schedule

Planning the schedule for supervisory visit includes:

- Deciding how often supervisory visits are needed
- Listing all programs
- Determining the need for supervision (checklist)
- Noting the aspects of health care where special assistance is required (checklist)

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HOD 05 Leadership

Time allow 3 hours

Teaching Method – Lecture Method

Definition of Leadership

- Leadership is the effort to influence the behavior of individuals or members of a group in order to accomplish organizational, individual or personal goals.
- The art or process of influencing people so that they will strive willingly and enthusiastically toward the achievement of group goal.
- Leadership is the process of persuasion or example by which an individual induces a group to pursue objectives held by the leader or shared by the leader and his or her followers

Characteristics of a Good Leader

- Learns continually
- Service-oriented
- Radiates positive energy
- Believes in other people
- Leads balanced lives
- Sees life as an adventure
- Is synergistic
- Exercises for self-renewal

Ten "I" of a good leader

- Intelligence
- Internal confidence
- Intestinal fortitude (courage and endurance)
- Interpersonal relations
- Inspiration
- Integrity
- Initiation
- Identification
- Implementation
- Influence

Positive Reinforcement and Negative Reinforcement

Reinforcement means increases probability the behavior will be repeated. Reinforcement is used to help increase the probability that a specific behavior will occur with the delivery of a stimulus/item immediately after a response/behavior is exhibited.

A. Positive reinforcement

Positive reinforcement is a very powerful and effective tool to help shape and change behavior. Positive reinforcement works by presenting a motivating item to the person after the desired behavior is exhibited, making the behavior more likely to happen in the future. It increases probability behavior will be repeated by administering a pleasurable stimulus.

Positive reinforcement is a reward for doing something well.

Examples of positive reinforcement

- **Receiving gold star from your kindergarten teacher when you spelled your name correctly**
- *The mother gives her son candy for cleaning up his toys.*
- *The little girl receives 10 bahts for every A she earns on her report card.*

B. Negative reinforcement

Negative reinforcement increases probability behavior will be repeated by removing an aversive stimulus. Negative reinforcement is a penalty for not doing something. Why do you go into work every day? If you're like most people, you show up because if you don't, you'll get fired.

(Note: negative reinforcement is NOT the same thing as "punishment." Punishment implies that you receive a penalty for doing something you're not supposed to do — whereas negative reinforcement implies not receiving a penalty for doing something.)

Examples of negative reinforcement

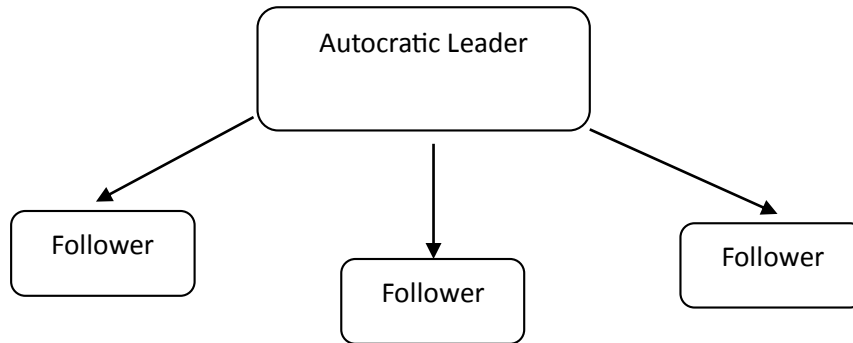
- if you misbehave and your mom spansks you, that's punishment: adding a bad stimulus when you did something bad.
- *Aung Aung hates when his mom nags him to do the dishes. He starts to do the dishes immediately after finishing a meal to avoid his mother's nagging.*
- *Min Min always complains of a headache when it is time to start doing his homework. His parents allow him to go to bed without doing his homework.*

Leadership Behavior and Styles

A. Leadership Based on the Use of Authority

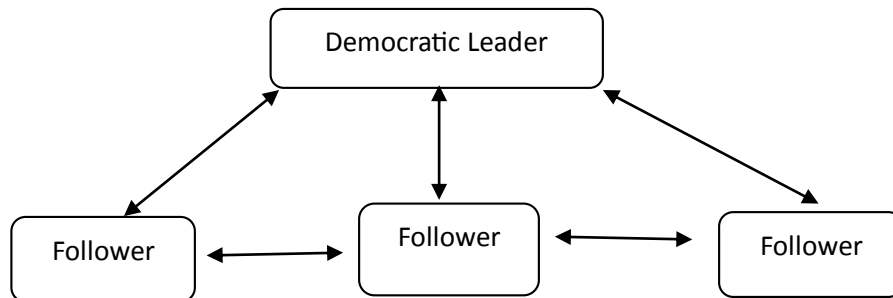
1) Autocratic style

The autocratic leaders command and respect compliance; are dogmatic and positive, and lead by the ability to withhold or give rewards and punishment although they listen considerably to their followers' opinions before making a decision, the decision is their own.



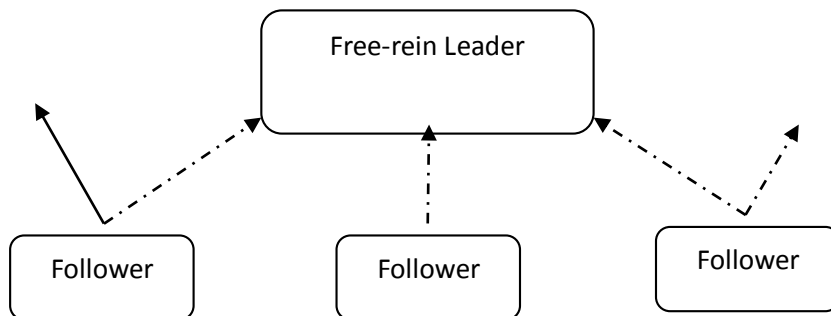
2) Democratic or Participative style

Democratic and participative leaders consult with subordinates to proposed actions and decisions and encourage participation from them. This type of leader ranges from who does not take action without subordinates' concurrence to the one who makes decisions but consults with subordinates before doing so.



3) Free-rein style

Free-rein leaders use their power very little. They give high degree of independence in their operations. Such leaders depend largely on subordinates to set their own goals and the means of achieving them and they see their role as one of aiding the operations of followers by furnishing them with information and acting primarily as a contact with a groups' external environment.



Differences Between Leader and Manager

	Manager	Leader
1	People who do things right	People who do right things
2	Are concerned with efficiency	Focus on effectiveness
3	Focus on how to do operations	Focus on basic purpose and vision
4	Transactional forms	Transformation and empowerment
5	Path walkers and problem solvers	Pathfinders and organization builders

References:

- Gardner, J.W. (1993). "On Leadership". The Free Press, New York, USA.
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HOD 06 Motivation

Time allow 3 hours

Teaching Method - Lecture Discussion

Introduction

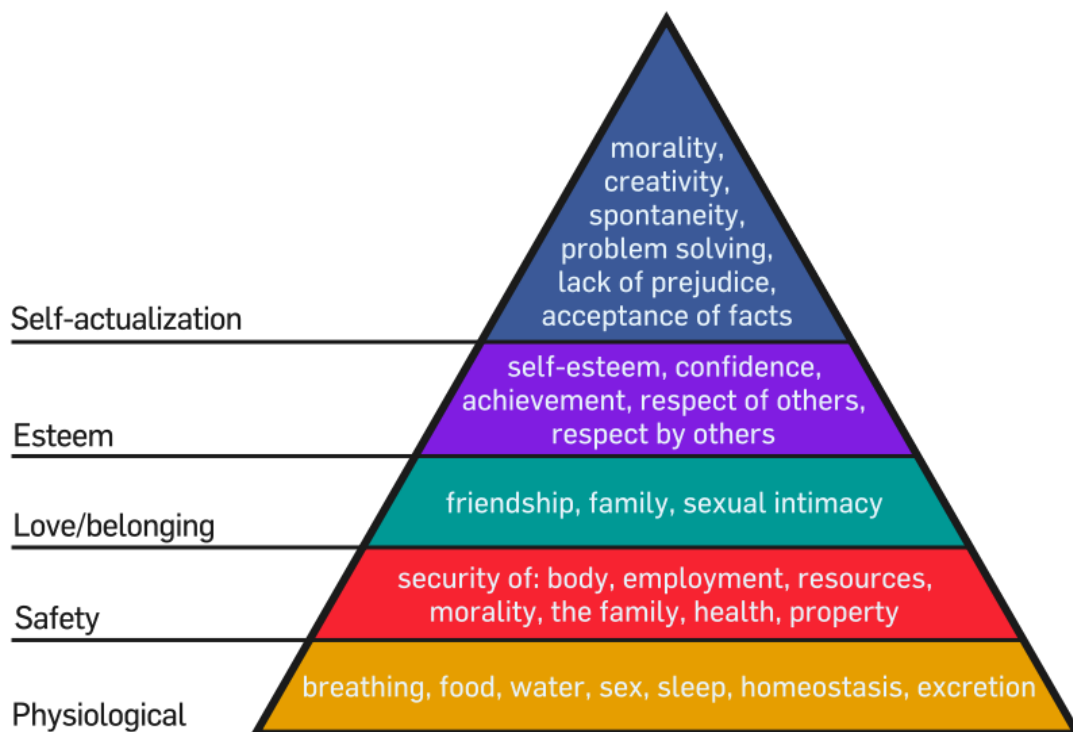
Motivation determines human behaviour. Motivation may be positive (the carrot) and negative (the stick). Without motivation, behavioural change cannot be expected to take place. Positive motivation is more effective than negative motivation. Motivation is not manipulation. A motivated person acts willingly and knowingly.

Definition of Motivation

- Motivation is a process by which the behaviour of an individual is influenced towards a desired outcome.
- Motivation is the inner impulse that induces a person to act in a certain way . It is a series of internal drives within a person at different levels.

Hierarchy of Needs Theory – Levels of Motivation

Motivation is a series of internal drives within a person at different levels. These levels can be simply characterized as below:



- Level 1 – Physiological or basic needs are for sustaining human life itself. It includes food, water, shelter, warmth, sleep etc.
- Level 2 – Safety need is to be free of physical dangers and of the fear of losing job, property, income, food, shelter etc.
- Level 3 – Social need recognizes that most people want to belong to a group. This would include love and belonging. E.g. work with colleagues who support you at work, team work, communication
- Level 4 – Esteem needs are about being given recognition for a job well done. They reflect the fact that many people seek the esteem and respect of others. This kind of needs produces satisfaction as power, prestige, status, and self-confidence.
- Level 5 – It is about how people think about themselves. This is often measured by the extent of success and/or challenge.

A team leader should understand what encourages people to apply their ability (motivators) and energy to work and what makes people dissatisfied at work (dis-satisfiers).

Motivators

There are Six main motivators in work:

- 1) **Achievement**
- 2) **Recognition**
- 3) **The work itself**
- 4) **Responsibility**
- 5) **Advancement**
- 6) **Self- improvement**

2.1. Dissatisfiers

There are six common causes of dissatisfaction. These dissatisfiers are:

- 1) **Insufficient administration**

People like to work for an administration that is both efficient and just. Waste of time and other resources irritates them and make them angry. It is the opposite of

recognition. Administrators who fail to pay salaries on time, to send transport when it has been arranged or to distribute supplies causes serious dissatisfaction and discourage the staff.

2) Incompetent supervision

Supervisors must be technically competent and thoroughly familiar with the details of the work. A supervisor who cannot help a midwife with a difficult diagnosis will lose the respect of midwife.

3) Poor personal relations

Supervisors who are dishonest and not fairly treated are disliked by staff. Staff likes to ask their opinion, to consult them and to tell something to them.

4) Poor leadership qualities

Leaders have two forms of qualities.

- Authority of their position
- Authority of their person

Without the personal authority that comes from integrity, fairness and though understanding of the work, the authority of the position of leader will not impress those who are led.

5) Low pay

People usually estimate their own value and that of the work they do by the salary they receive. Although poor salary has a negative effect, good salary may have only a short-term positive effect .Increases in salary can result in better output and quality of work for a short time.

6) Bad working conditions

Incompetent or negligent administration and leadership can cause dissatisfaction of the staff.

Some conditions like climate, geographic and economic are out of control of administrator. The good leader can inspire members of the health team by example and effort, to do their best in the difficult circumstances.

2.2. Motivation Techniques

The factors that are necessary to motivate employees are

- Equitable wage structure
- Employer welfare schemes
- Incentives, promotions
- Effective communication

- Sound interpersonal relations.
- Participative management
- Job rotation
- Career planning
- Effective supervision

Motivation of employee can be improved by

- Participatory management
- Career development opportunities
- Promotion avenues
- Equitable wage structures
- Good interpersonal relations
- Employer welfare schemes
- Group problem solving
- Better working conditions
- Job rotation
- Continuing education programs.

References:

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HOD07 Communication

Time Allotment – 3 Hours

Teaching Methods

- Lecture Discussion

1. Communication Concepts

Any professional competence requires:

- a. Cognitive skills (Knowledge)
- b. Technical skills
- c. Communication skills

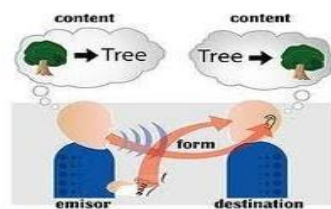
Successful team work depends upon good relationship among team members.

Although personal relationship among team members is difficult, it is important in health care deliveries because health care is team work. Difficulties are caused or made worse by poor communication.

Therefore, communication skill is vital for all health workers. Communication is essential in conducting meeting of health workers, giving health education, delivering health care and sending reports.

2. Definition of Communication

- Communication is a two way process of exchanging or shaping ideas, feeling and information.
- Communication is imparting, conveying or exchanging or sharing ideas, knowledge, feelings and information.



3. Uses of Communication

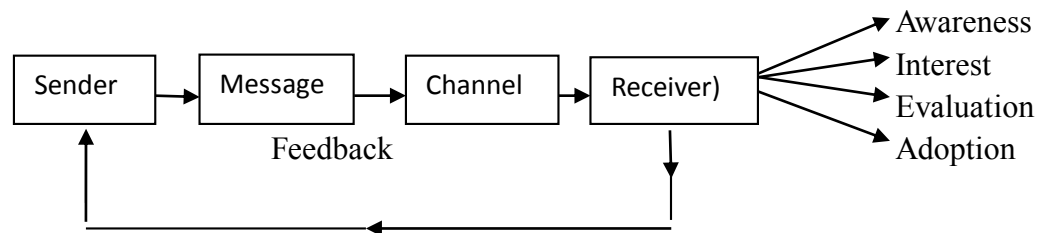
Communication is purposeful. It can be used to

- give, get or exchange information
- persuade and influence other people
- form and maintain relationship
- reach decision and solve problems

4. Communication Process

Communication which is the basis of human interaction is a complex process. This process has five main components which are:

- 1) Sender (Source)
- 2) receiver (audience)
- 3) message (content)
- 4) channel (medium)
- 5) feedback (effect)



1) Sender

The sender or communicator is originator of the message. To be effective communication, the sender must know

- his objectives which must be clearly defined
- the interests and needs of his audiences
- his message
- proper channel of communication
- his professional abilities and limitations

The social status of sender (authority), knowledge and prestige in the community will determine the impact of the message.

2) Receiver

The receiver is audience and audience may one single individual or group of people. Communication is meaningless if there is no audience.

3) Message

Message is the information for the audience to receive, understand, accept and act. Message may be words, pictures or signs. If the message is not adequate, communication may fail in many cases.

A good message has the following characteristics:

- in line with the objective(s)
- meaningful
- based on felt needs
- clear and understandable
- specific and accurate
- timely and adequate
- fitting the audience
- interesting
- culturally and socially appropriate

Transmitting the right message to the right people at the right time is crucial in effective communication.

4) Channel

Channel is the route of communication. Selection of the most appropriate channel is important for effective communication.

E.g. Give the message by face to face talking or by telephone etc.

5) Feedback

Feedback is the flow of information from the audience to the sender. It is the reaction of the audience to the message. If the message is not acceptable or not clear the audience may reject the message. The message or media will then need to be modified. Without feedback, the effectiveness of communication cannot be known.

5. Types of Communication

1) One-way communication

The flow of communication is from the sender to the audience only. There is little audience participation and no feedback. E.g. Lecture method in classroom

2) Two-way communication

Both the sender and receiver take part in two-way communication. The audience can raise questions, add their own information, and share their ideas and opinions. Therefore, communication is active.

3) Verbal communication

Verbal communication is communication by word of mouth. Direct verbal communication may be loaded with hidden meanings but it is persuasive.

4) Non-verbal communication

Non-verbal communication is also known as body language. It includes a whole range of bodily movements, postures, gestures, facial expressions etc. E.g. smile, raised eyebrows, frown, gazing etc.

5) Formal or informal communication

Formal communication follows lines of authority and non-formal communication is more convenient among workers. The informal channels may be more active if the formal channels do not cater to the information needs.

6) Visual communication

Visual communication is the communication through charts, graphs, pictograms, posters, maps etc.

7) Telecommunication and Internet

Telecommunication is the communication using electronic devices such as radio, televisions, telephone, telegraphs and fax etc. With the launching of satellite and internet, communication can take place all over the world very quickly.

6. Directions of Communication

1) Downward communication

Communication flows from top management to employees. It is characteristic for organizations with an authoritative style of management.

2) Upward Communication

Communication flows from employees to top management. The main task of this communication is to inform top management of the situation on the flow levels. It is the best way for top management to analyze the efficiency of downward communication and organizational communication in general.

3) Horizontal communication

Communication flows between employees and departments which are on the same organizational level. It enables coordination and integration of activities of departments engaged in relatively independent tasks.

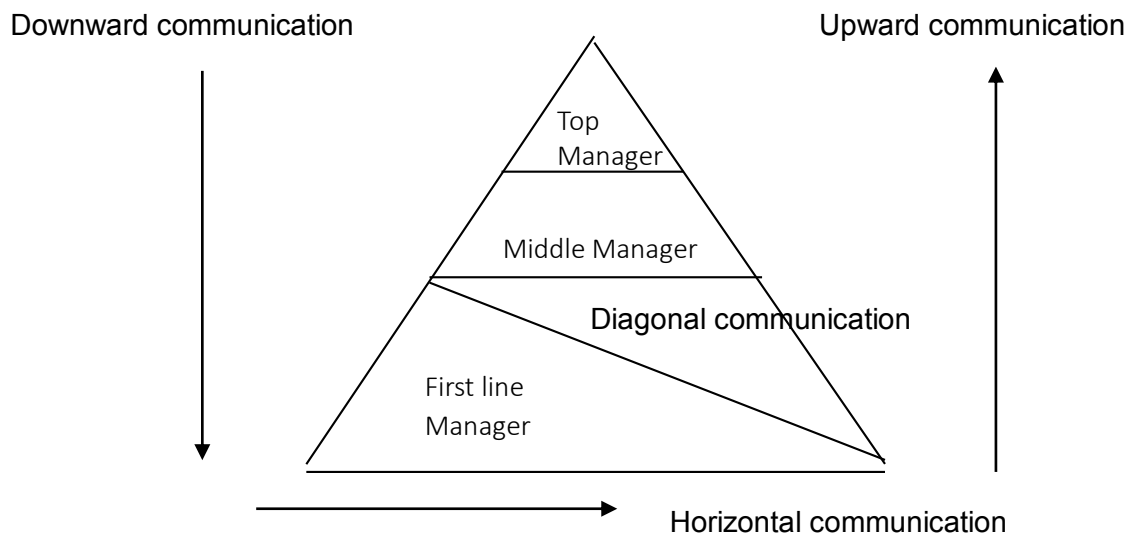
4) Diagonal communication

Communication flows between people, which are not on the same organizational level and are not in a direct relationship in the organizational hierarchy. This type of communication is used, e.g. as labor unions organize direct meetings between employees and top management, avoiding the first line and middle level managers.

7. Factors Influencing Communication

- 1) **Credibility:** If the source is rated high as trustworthiness, expertness, the higher the credibility of the source, the more immediate attitude change will be produced by that source.
- 2) **Know the audience:** Successful communication involves understanding who makes up the audience. You can only prepare for your communication if you know the audience- what they will like, how they will react, what they believe in etc.
- 3) **Empathy:** understanding about the internal states of other people (gut feeling). We can develop empathy by role taking. Empathy is a necessary ingredient in interpersonal communication.
- 4) **Feedback:** Kind of information response that comes back from the receiver to the sender. It increases the accuracy of information as the sender can check how the message is being received.
- 5) **Frame of reference:** made of values, attitude, beliefs, knowledge, practice and needs. It acts as a psychological filter. Breakdown in communication occurs because the frame of reference of the sender and the receiver are different.
- 6) **Role of sender:** set of behavior plus given position within a social system
- 7) **Selective perception:** People often perceive what they want to perceive or what they expect to perceive whether or not such perceptions are in accord with what other people might consider reality. So selective perception can distort communication stimulus.
- 8) **Stereotyping:** Attitudinal set up use apply to another person solely on the basis of the class and category. It can affect social perception.
- 9) **Homophily:** People tend to communicate most with people whom they share common demographic and sociological state.
- 10) **Personality:** If a person has a personality of attractiveness, it will increase the credibility in communication.
- 11) **Need:** want, necessity. If there is reward for the needs of receiver in the message, the communication will be effective.

Types of Organizational Communication



8. Barriers in Communication

The barriers of communication are as follow:

- 1) Physiological
 - difficulty in hearing
 - difficulty in expression
- 2) Psychological
 - emotional disturbances
 - neurosis
 - levels of intelligence
 - language or comprehension difficulties
- 3) Environmental
 - noise
 - invisibility
 - congestion
- 4) Cultural
 - illiteracy, education
 - level of knowledge and understanding
 - customs
 - beliefs
 - religion
 - attitudes

- economic and social class differences
- language variations
- cultural difficulties between foreigners and nationals
- cultural difficulties between urban and rural population etc

5) Others

- Factors in external environment: Education, sociological, legal, political and economic, for example, a repressive political environment will inhibit the free flow of communication.
- Geographic distance – face to face conversation is different from a telephonic conversation.
- Time must be considered in communication: A busy executive may not have sufficient time.
- Internal environment: Organizational structure, managerial and non-managerial process and technology

Without identification and removal of above barriers communication cannot be successful.

Barriers to Communication in organization can also be categorized as follow:

1) Agenda carrying

Each individual filters what is communicated by means of his/her own perception.

2) Selective hearing

- Persons tend to hear what want to hear, thereby filtering out unpleasant information. e.g. may hear praise and effectively screen out the criticism.

3) Phases in knowledgeability

- Degree of sophistication varies among listeners and their answers may vary.

4) The filter effect

5) Subgroup allegiance

- Subgroup (Nurse, HA, office staff) interpret in light of the goals and needs of them and usually not from the view point of the organization as a whole.
- It has been observed that;
 - People communicate more with members of their own subgroup than with any other person.
 - People prefer to communicate with someone of higher status than themselves.
 - People want to avoid hearing communication with those lower in status than themselves (nurses prefer to talk to doctors, not to aides, except when giving instruction to them)
 - People will communication with those who will help them because more self-directing.

- 6) Status distance
 - Low level employees have difficulty to communication upward.
- 7) Language barriers
 - Professional language (e.g. Medical terms)
 - Racial language.
- 8) Self-protection
 - Persons fail to communication anything that might reflect badly on them, their friends, or the organization.
- 9) Misunderstanding
 - Qualities/attitudes
 - Intention / goals
 - Skills
 - Beliefs and assumptions
 - Vested interest
- 10) Ineffective listening
- 11) Body language (Non-verbal communication)
 - Up to 85% of communication.
 - It includes postures, gesture, facial expression.
 - It can reinforce verbal communication.
- 12) Information overload
 - It may result in the staff's ability to distinguish among communication requiring their attention.
- 13) Others

All communication is multi-dimensional and its effect depends on

 - Feeling and attitude the parties toward each other.
 - Expectations
 - How well the subordinates' needs are being met by the organization.

E.g. If the nursing facility is supportive, the employee receiving administrative communication will be less defensive and ready to absorb communication.

9. Selected Principles for Communication

- All team members of health team should be free to express and explain their views and should be encouraged to do so.
- A message or communication, whether oral or written, should be expressed clearly and in language and terms that can be understood by all concerned.
- There are two elements of communication namely sending and receiving. Communication is not taken place if the sending message is not received.

Therefore, it is important to check that the receiver has received the intended message or not.

- Conflicts and disagreements should be managed to achieve constructive results.

People remember

- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 40% of what they hear and see

Communication function is the mean by which organized activity is unified, behavior is modified, change is affected, information is made productive, and goals are achieved.

10. Skill for Communication

Having an overall aim and using specific behaviors are essential in communication. The following types are necessary for good communication.

- Prescriptive: which seek to give direction and help make someone more self-directing
- Informative: which seek to increase a person's knowledge and encourage independent thinking.
- Confronting: to challenge restrictive attitudes or behavior and help a person to be more self-controlling.
- Cathartic: It facilitates release of tension or pent-up emotions and constructive management of emotional blockage.
- Catalytic: to accelerative a person's self-discovery process and build trust in his/her ability to take change of his/her own life.
- Supportive: which affirms a person's worth and value and encourages him/her to celebrate and take pleasure in himself/herself or other.

Each type consist of a variety of specifics skills, and each of which serves a lightly different purpose.

Communication skill can be practiced.

11. Guidelines for Improving Communication

Effective communication is the responsibility of all persons in the organization. The following can improve communication

- Clarify the purpose of the message and make a plan to achieve the intended end.
- The content of the message should fit the level of the knowledge of the recipients and the organization climate.

- Consider the needs of the receiver of the information (communicate something that is of values to them)
- Remember that tone makes the music (tone of voice, the choice of language, and the congruency between what is said and how it is said influence the reaction of the receives)

Communication also deals with the emotions that are important. Interpersonal relationship is vital for creating an environment in which people are motivated to work toward the goals of the organization. Control in communication is also important. Listening is the key to understanding. Time, empathy, and concentration on the communicator's message are prerequisite to understanding. Individual personality, traits, values, systems, altitude, and perceptions are important factors in organization communication.

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