

Inadequate Health Care Delivery in America May be Due to a Lack of Organized Education of Medical Teams with Respect to Global Business and Administrative Insights

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ABSTRACT

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Opinion

When looked at from a global stand point, the United States is often depicted as a beacon of hope for the new and emerging needs of humanity. For many, this promise of a better future also implies the availability of leading edge health care resources and a chance to be “at the center” of a more civilized and ideal society. Although these statements may seem assumptive at first glance, there is much truth in them according to many immigrant families who have built new lives for themselves in the States. However, when looked at from a global health stand point, one begins to wonder how the image of America would change if the dynamics of the U.S. health care system were subject to criticism in laymen terms. How would people feel if they were routinely presented with facts such as the U.S. health care system being ranked 37th [1] in the world? These questions lead to an even bigger question of what defines the idea of a functionally ideal health care system. Defining such infrastructure would require addressing fundamental principles such as “what is health?”, “what is boundary spanning?”, and “how does boundary spanning play a role in creating health?” Before considering the image of existing health care systems, it is important to address and attempt defining the concept of health. The need to intricately contemplate this concept was first seen (on a global scale) when the World Health Organization was created by the United Nations

in 1948. This organization’s existence emphasized the need to understand and integrate the newly emerging concerns of modern medicine and thus formulate a more balanced and inclusive set of ideals by which the world could focus their health care efforts. However, although WHO provided an idealistic goal for the world to follow, many countries failed to meet these goals [2]. These new problems of the inability to meet idealized standards leads to an increasing need to re-define the concept of health and formulate new plans which are not only practical but also inclusive.

Regardless of the existence of organizations and collaborative efforts to put a label on the concept of health, I feel it is more important to address the underlying principles which give rise to and subsequently sustain good health. A primitive view of health can be anything that involves the improvement of physical ability and biology of an individual. For example, Seedhouse’s definition of health being “conditions that enable a person to work to achieve his or her biological and chosen potential” [3] embodies such a model. These types of concepts would lean upon the importance of nutrition and exercise as the pillars of maintaining a healthy lifestyle. However, by limiting health to physical representations of wellbeing, one unknowingly rules out the various other aspects which add to and contribute to the daily maintenance of leading

a healthy life [1]. In other words, it is very easy to fall into the assumption that the body is like a machine and has a fundamental “program” by which it maintains overall functionality. Aspects such as mental health, societal factors, family environment, and community [3] are often left out of black and white definitions of health. This can be a significant detriment to health care efforts because such factors not only contribute to health, but should also be considered as equal pillars on which good health rests. A more accurate and well-rounded definition of health is the culmination of various concepts and theories which have evolved over the years. For example, Mourey and Williams explain that “there is more to health than health care. Where we live, work, learn, and play can affect our health more than what happens in the physician’s office [4].”

These concepts include all aspects which may contribute to an individual’s well-being and take into account the dynamic nature of what it means to be and feel “healthy.” Dr Kurt Stange’s definition of health is an accurate representation of these various concepts (i.e. those of Seedhouse, Fine and Peters, Berry, Egnew and Scott) and incorporates the need to “think outside the box” when considering initiatives to improve the health care system: “health is the ability to develop meaningful relationships and pursue a transcendent purpose in a finite life [5].” With the increasing complexity of modern health care needs comes the idea of boundary spanning. Given the dynamic nature of health, it is very important for there to be methods by which different aspects of the health care system can interact and connect so that ideas and efforts are concerted rather than “fragmented [1].” Boundary spanning can be defined as “reaching across borders, margins, or sections to “build relationships, interconnections and interdependencies” in order to manage complex problems [6].” If looked at from the view of the individual, boundary spanning could be a tool by which one can build connections and relationships which lead to increased understanding amongst people involved in various areas of health care. For example, when I think of a boundary spanner the image of a very “open-minded” and curious individual comes to mind. Someone who is not scared to communicate their efforts, concerns and ideas to individuals with different backgrounds and thus attempt to increase knowledge and awareness of issues and concerns they find important. Paul Williams characterizes boundary spanners by “their ability to engage with others and deploy effective relational and interpersonal competencies. This is motivated by a need to acquire an understanding of people and organizations outside their own circles – to acknowledge and value difference in terms of culture, mind-set, profession, role and ‘gaze’ [7].”

From a broader perspective, boundary spanning could be looked at as an active practice by which individuals and organizations attempt to mesh and interconnect different aspects of health care in hopes to raise awareness. As stated earlier, these efforts could be fueled by the desire to “broaden the horizons” of

health care initiatives and create mutual understanding between different sectors in an attempt to formulate a functional plan of action which will optimally benefit all individuals in the health care system. Although providing definitions of ideas such as health and boundary spanning is important to gaining a full understanding of how to approach health care reform, it is important to also consider their interaction and how both ideas come together. This leaves the question “how does boundary spanning play a role in creating health?” Boundary spanning can contribute to health of individuals in many ways. Some direct methods are those seen by the interaction between patients and doctors. Other examples may include efforts between doctors and health care advocates, interactions of primary care physicians with psychologists and therapists in an attempt to create a balance between biological health and mental health, etc. In other words, any time the lines are being meshed and interconnected (in terms of health care efforts), boundary spanning is occurring. I strongly believe that the more collaboration that takes place, the better it will be for not only patients and doctors, but also other individuals involved in the overall health care system. For example, when a patient tells his/her primary care physician how they are feeling in response to an illness they are experiencing, he/she is opening up the potential for collaborative efforts to take place between the doctor, patient, and any future mental health professional.

If the doctor makes a collaborative effort to form relationships with mental health professionals so that he/she can provide a direct referral, steps are being taken to mesh the boundaries and providing quality health care is being put in front of personal interests. These kinds of efforts can easily be classified as boundary spanning and can directly impact the health of an individual. An excellent example of “boundary spanning between primary care and public health.” [7] This example shows how simple collaborative efforts can lead to an increased awareness of health care problems which are often overlooked. By bridging the gap between doctors and public health advocates, we can bring health care to underprivileged populations and thus expand the health care umbrella to include all demographics and populations rather than just a select few [8-10]. The concepts of health and boundary spanning are rapidly evolving as the world’s idea of adequate health care is expanding to include individuals and populations of all backgrounds. Collaborative efforts between physicians, advocates, and other boundary spanners are important to serve and maintain the new dynamic which is emerging. By clearly defining concepts such as health and boundary spanning and understanding their interactions, health care reform can be altered and formulated to address basic and complex needs which contribute to an overall state of health and wellbeing. Although the concept of boundary spanning is fairly new, organizational efforts such as those of PHAB in the Cleveland, Ohio area are working towards providing a new era of health care reform. By raising awareness and providing

platforms for other individuals to pursue boundary spanning work, organizations such as PHAB provide great tools for creating a new world health care reform.

Furthermore, with the recent pandemic the health care system has taken multiple steps backwards in terms of efficiency and productivity on fronts not associated with emergency care for those inflicted with COVID-19. The recent results released the CDC validate the lack of healthcare support for patients outside of this health crisis. Interestingly enough, the issues at hand still fall within the parameters discussed in this commentary and may be addressed if approached from the proper training and education of healthcare workers to tend to the needs of all patients equally and appropriately. We have quite a way to go to bring equality and efficiency back to our overall system at large but change may not be as far as once imagined.

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