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The role of applied medical sociology in public policies making and analysis

Abstract

From the perspective of sociologists involved in various project activities in the field of health, the affirmation of medical sociology in BiH society is undoubtedly necessary. It is not only about strengthening its theoretical and educational components, it is also about its development as an applied discipline, which has the capacity to solve complex social issues in the field of health, and to be recognized as such by health professionals. The potential of qualitative methodology is underutilized in research studies and public policy analysis. The paper seeks to point out the contribution of applied medical sociology to the creation of public health policies and to the affirmation of a qualitative approach to conducting research in this field.

Key words: *Medical sociology, theoretical sociology, applied sociology, qualitative approach, public policy, public health, biomedical model, social model of health*

Introduction

The term medical sociology is widely accepted and recognized, and is generally used, although some scholars in the field consider it too narrow and therefore not clear enough. Therefore, in many texts and scientific papers, instead of the term "medical sociology", the terms sociology of health, health and care sociology, sociology of health and illness, sociology of health and

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medicine or sociology of health and healing are used.[2] The authors mainly opt for such terms because medicine is only one area where sociological research into health and health care is conducted. Focus of interest within medical sociology is social epidemiology[3], studies of development and organizational dynamics in healthcare [4], followed by research into individuals' attitudes toward illness[5], study of social policy, social movements, political and economic factors in the context of their role in public health in a particular country and in international context. The Sociology of health is explored as a multidimensional concept, incorporating physical, social, psychological, emotional and even spiritual aspects of subjective experience. From the perspective of the sociology of health, the term medical sociology encompasses a limited field of activity, implying that its subject is focused on institutional structures, including the study of professions, certain functions, organizations, power relations and interactions among different structures. Sociology of health is not limited to models that explain health only in the context of the health care system.

The theoretical development in medical sociology was undoubtedly most influenced by Talcott Parsons' work, *The Social System (1951)*. Parsons recognizes disease as a major threat to the stability of social productivity and introduces the concept of *sick role* to describe the social regulation of disease and explain the mechanism by which individuals regain their productivity. Parsons's work has generated a great deal of interest from sociologists for its analysis of disease and health care from the perspective of their broader social implications, and for its focus on the structure and functioning of social roles.[6]

Furthermore, in the 1950s and 1960s, sociologists began to explore the link between socioeconomic factors and the health of individuals. The finding that there was a higher mortality rate among the population of lower socioeconomic status confirmed the correlation between the determinants of health and the conditions in which individuals live.[7] It is evident that a growing number of sociological theorists, especially in the USA, are focusing on

[2] Jonathan Gabe, Michael Bury, Mary Elston, *Key Concepts in Medical Sociology*, London: Sage Publications, 2004.

[3] It studies socioeconomic, demographic and behavioural factors of disease onset and mortality

[4] Analysis of healthcare profession and healthcare organization, including research into relationships within healthcare institutions, especially doctor-patient relationship.

[5] It includes cultural meanings and normative expectations, and individuals' reactions to interpretation, negotiation, meaning, and social construction of the experience of illness.

[6] Talkot Parsons, *The Social System*. London: Taylor & Francis e-Library, 1951.

[7] Earl L. Koos, *The Health of Regionville*. New York: Columbia University Press. 1954.; August B. Hollingshead, & Frederich. C. Redlich, *Social class and mental illness: Community study*. Hoboken, New York, US: John Wiley & Sons Inc. 1958.

health and healthcare. They approach this topic not only because the focus of their research is primarily health care or medicine, but because they are interested in establishing a stable social order.

The basic assumption of this paper is that medical sociology in Bosnia and Herzegovina is not recognized as a discipline that can contribute to improving public policies in the field of health. Writing of this paper is motivated by the analysis of research studies and public policies in the field of health, which, in Bosnia and Herzegovina tend to be conducted outside of health systems or within project activities funded by international organizations. This paper aims to indicate that applied research in the field of medical sociology can provide useful recommendations for the development of health policies at international, state, regional and local level. In order to systematically document, not only achievements in the field of biomedical innovations, but also the complexity of the life of individuals as health care subjects, which are very often marginalized in modern health care systems, it is necessary to strengthen the qualitative approach to research in this field.

After reviewing the development and establishment of the medical discipline as an academic dicipline, the paper seeks to point out the importance of distinguishing between theoretical and applied sociology. This distinction is crucial for understanding the role of medical sociology in analyzing and making public policies. A qualitative approach to research provides useful tools to understand complex social interactions, often dependent on health policy outcomes, which cannot be "captured" by quantitative research. Therefore, the biomedical model of health, which was solely based on "evidence based" medicine, utilizing a quantitative approach, proved insufficient to study the complexity of human health and disease because it does not take into account social and psychological factors.

The development of medical sociology as an academic discipline

Among the researchers who made the greatest contribution to this segment of medical sociology in the 1950s and 1960s were Robert Merton, Everett Hughes and Anselm Strauss. These theorists studied professional organizations and socialization during the 1950s, focusing primarily on physicians and the process of medical education.[8]

The development of medical sociology was mostly influenced by sociologists employed in medical schools, health care schools, public health ed-

[8] Robert K. Merton,.; Kendall, Patricia L.; Reader, George. G.;, *The student-physician. Introductory Studies in the Sociology of Medical Education*, Cambridge: Harvard University Press. 1957. Blanche, Geer; Everett C. Hughes; Anselm Strauss and Howard Saul Becker, *Boys in white: Student culture in medical school*. London: Transaction Publishers. 2007. (First Published: 1961).

ucational institutions, and health management programs. These individuals problematized the issues of promoting healthy lifestyles, perceptions of health and illness, access to health care, satisfaction with the health care system, and satisfaction with treatment. They contributed to health disciplines, pointing to the importance of the impact of culture and social interactions on the perceptions of illness and lifestyles behaviors.[9] Sociologists have also contributed to the development of social epidemiology, mapping social patterns of disease, and incorporating social factors to explain the causes of mortality and chronic diseases.[10]

In the 1980s, the medical sociologists' research focused on the power relations in health care and the dominance of the profession of medicine.[11] According to Freidson physicians have a dominant role in health care system over other professions, because they deserve credit for providing political support to health care institutions. In contrast to a structural-functional understanding of the role of the patient, Freidson argues that definitions of illness and patient behaviour are socially constructed through the negotiation process. These earliest sociological contributions to health research have laid the theoretical foundations for the further development of medical sociology and its association with its main subject of study. Some sociologists have opted to study hospitals and other healthcare institutions, while introducing the organizational sociology perspective in the research of functioning of health care.[12]

Owing to the interest of sociologists in conducting research in the field of health, medical sociology has become the most developed sociological discipline in the United States of America since its establishment within the American Sociological Association in 1959 up to date. Its development is conditioned not only on financial support for health research, but also on the involvement of sociologists in research in this field. Medical sociology has evolved in the USA thanks to the support of the Federal Government and influential private foundations. The main sources of funding in the 1970s were the National Institute of Mental Health [13], and later the National Centre

[9] Irving Kenneth Zola, "Culture and symptoms: An analysis of patients' presenting complaints". *American Sociological Review,* 31(5), pp. 615-630. 1966.; David Mechanic, "Sociological dimensions of illness behavior". *Social Science & Medicine,* 41(9), pp. 1207-1216. 1995.

[10] Lisa F. Berkman, & Syme, S. Leonard., "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-up Study of Alameda County Residents". *American Journal of Epidemiology*, 109(2), p. 186–204. 1979.

[11] Eliot Freidson, *Proffesion of Medicine: A Study of the Sociology of Applied Knowledge.* Chicago and London: The University of Chicago Press. 1988.

[12] Ann Barry Flood and Mary L. Fennell, "Through the lenses of organizational sociology: The role of organizational theory and research in conceptualizing and examining our health care system". *Journal of Health and Social Behavior*, pp. 154-169. 1995.

[13] National Institute of Mental Health, NIMH

for Health Services Research [14]. These institutions provided financial support for applied research, and therefore we can say that medical sociology in the USA developed primarily as an applied discipline. For this reason, medical sociology, in the early stages of its development, was characterized by the academic sociology as applied sociology research into which does not contribute to the development of sociological theory since it lacks its own theoretical framework. With the development of medical sociology and its increasing contribution to understanding the various social aspects of health, a strong connection was established with general sociological theory on the one hand, and with medicine and other health disciplines, on the other. Medical sociology has become an attractive area for specialist and postgraduate studies.

The emergence and development of sociology of medicine in Europe began in the 1950s, earliest in the United Kingdom and Germany, and somewhat later in Poland and France. The sociology of medicine has evolved much more slowly in Europe than in the USA. This is due to a number of factors, the most important of which are those pointed out by Lisbeth M. Claus[15]:

- The university structure did not favor the development of a professional academic career in this field
- Misperceptions of the sociology of medicine that linked this discipline to the student movement, critical analyses of health care, and political criticism of medicine.
- The strong influence of related, but rival disciplines (social medicine, public health, medical demographics ...) that had a stronger link with the medical profession than the sociology of medicine.
- Lack of students' interest in this subdiscipline resulted in decreased funding for research in this area.

The importance of social aspects of medical activity in the former Yugoslavia was particularly emphasized by A. Štampar and M. Jovanović - Batut in the 1920s. They emphasized the importance of socio-economic factors on disease and population health.[16] Dr.. Andrija Štampar was the first President of the World Health Organization after World War II; he participated in the adoption of basic principles on the health promotion of nations around the world. In 1979, the first textbook in the field entitled "Introduction to the Sociology of Medicine" appeared in the former Yugoslavia, written by Professor Boško Prokić. The Faculty of Medicine in Niš, as one of the fifteen faculties of medicine at that time, was the first to introduce the sociology of medicine as a subject.

[14] National Center for Health Services Research-NCHSR

[15] Lisbeth M. Claus, „The Growth of a Sociological Discipline: On the Development of Medical Sociology in Europe", Belgium: Karholieke Universitet Leuven. 1982.

[16] Jusuf Žiga, *Sociologija medicine*, Sarajevo: Bosanski kulturni centar. 2003.

At the Second Congress of the European Society of Medical Sociology held in Zagreb in the Andrija Štampar School of Public Health from 28-30 September 1988, medical sociology in the former Yugoslavia was characterized as predominantly academic, descriptive and receptive rather than analytical and research oriented and creative discipline. Of 25 to 30 full-time employed professionals in this field, 90% work at universities, mainly medical and related faculties.

Medical sociology at universities in Bosnia and Herzegovina is mainly taught at healthcare-related faculties. It was introduced for the first time as a school discipline at the Faculty of Medicine in Sarajevo in the early 1990s. For the past several years, this discipline has been studied within the framework of the subject "Medical Ethics and Sociology", but the teaching content has remained largely the same, with some changes related to ethical issues in the medical profession. This subject is taught under the same title at the University of Medicine in Banja Luka. This discipline is also taught at the Faculty of Health Studies in Sarajevo (nursing studies, physiotherapy studies, sanitary engineering, radiological techniques, medical laboratory techniques), Faculty of Dental Medicine in Sarajevo (Sociology of Dentistry), Faculty of Medicine in Zenica (Department of Internal Medicine, Department of Surgery, Department of Family Medicine and Management), Faculty of Health Studies in Bihać, Faculty of Health Studies in the Mostar University. In order to bring sociology and the medical sciences closer together, an interdisciplinary postgraduate course entitled "Health, Demographic Change and Human Resource Management" was launched, which was organized in partnership of the Faculty of Political Science with the Faculty of Medicine, University of Sarajevo.

Since 1988, there has been no major changes in scientific research in this field. Publications authored by sociologists of medicine from the countries of the former Yugoslavia are mainly textbooks and rarely do they have the character of research and analytical scientific papers. Nevertheless, the works of these authors have contributed to the development of discipline in these countries and have motivated young people to pursue this field of study. They contain a wealth of information on the emergence, development, major subject of the discipline as well as a number of areas and field that fall within the scope of this disicipline. In our country, the medical sociology is still at its early stage of development, since it is mainly presented as an academic discipline.

Theoretical and applied sociology

In 1906, the first President of the American Sociological Association, Lester Franklin Ward was the first one to note the distinction between "pure" and "applied" sociology in his book *Applied Sociology*.[17] Ward explains the difference between "pure" and "applied" sociology, pointing out that "pure sociology answers the questions *What, Why and How*, while applied sociology answers the question *Why*". Ward points out that pure sociology deals with facts, causes and principles, while applied sociology is focused on object, end or purpose.

Here, we will start from the view that pure sociology, that is, theoretical sociology and applied sociology differ primarily in their focus. While theoretical sociology is primarily focused *on the acquisition of knowledge through theory and research with a view to understanding broader social structures,* the applied sociology is focused on *the use of sociological knowledge aimed at solving practical social problems*.

Theory occupies a central position in applied sociology. The sociologist dealing with the applied sociology is a researcher who provides information that is useful for solving specific problems in different types of activities such as the public sector, business sector and other activities. The engagement of the applied sociologist involves the use of social science methodology to research the problems and offer appropriate options for solving them. A wide range of activities of applied sociologists include, among other things, problem identification, needs assessment, public policy analysis, program evaluation, etc.

Applied medical sociology is focused on solving social problems at the macro or micro levels e.g.: How to improve the doctor-patient relationship? How to improve the quality of health care? How to formulate public policy that meets the needs of citizens, etc.?

The results of numerous sociological surveys have contributed to the definition of health policies in society, particularly in the transitional society, since the quality of its development process is directly linked to the state of health and thus to general social outcomes.[18] While the sociological approach to the methodology of quantitative and qualitative data collection and different models of social behavior are used multidisciplinary in different dis-

[17] Lester F. Ward, *Applied Sociology. A Treatise on the Conscious Improvement of Society by Society*. New York, et al: Ginn & Co.1906.

[18] Mirko Štifanić, "Sociološki aspekti zdravlja i bolesti". Zagreb: *Društvena istraživanja*, No.1-2(51-52), pp. 191-211. 2001

ciplines, the developed sociological theory separates medical sociology from other scientific disciplines in the field of health and makes it unique.

Medical sociology provides an analytical framework for understanding the social context of health, disease, and the health care system. Furthermore, this discipline connects the social and behavioral sciences that share the same interest in studying the social context of health, disease, and the health care system. Central topics addressed within medical sociology relate to subjective experiences of health and illness, political, economic and environmental factors that affect health, and other social factors that influence the organization of the health care system and people's attitudes toward illness.

Medical sociology, with its basic sociological approach to research, contributes to the development of public policies and practices.[19] Within medical sociology, extensive conceptual and theoretical approaches have been developed to describe the experience of individuals interacting with the health-care system. Qualitative health research focuses on understanding individual illness experiences through descriptive and analytical qualitative methods through narratives and biographies[20], and collective experiences through analyzes of different social movements.[21]

From biomedical to social model of health

Overwhelmed by the inability to address all the challenges that threaten health care, healthcare professionals have become aware of the need for a multidisciplinary and multisectoral approach to addressing health problems and creating health policies. Thus, the introduction to publication "Certification and Accreditation Standards for Cantonal Public Health Institutes in the Context of New Public Health", published by the FBiH Agency for Quality and Accreditation in Healthcare notes: "The mission of the new public health is 'healthy people in a healthy community' and the vision is to promote physical and mental health and prevent illness, injury and disability. To achieve

[19] Aida Spahić, "Perspektive razvoja sociologije medicine". *Pregled:* časopis za društvena pitanja, Issue 2, pp. 39-49. 2015.

[20] Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago, IL: The University of Chicago Press. 1995. Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition.* New York: Basic Books. 1988. Catherine K. Riessman, "Strategic uses of narrative in the presentation of self and illness: A research note." *Social Science & Medicine,* 30(11), pp. 1195-1200. 1990.

[21] Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*. University of California Press. 1996. Brown, Phil. *Toxic Exposures: Contested Illnesses and the Environmental Health Movement.* New York: Columbia University Press. 2007.

this, we need a multidisciplinary and cross-sectoral approach, community partnerships and applied public health research. "The things that we lack are public health policies ("health in all policies"), community mobilization of resources and a healthier environment, stronger health promotion and prevention with a new philosophy - "from therapy to prevention, from disease to health". The policy of healthier life starts from the fact that most of the factors that affect health are outside the health sector, that health inequalities often stem from inequalities in society, and that healthier living can be achieved by strengthening individual and social responsibility for health. It is crucial that all sectors, led by ministers, view health as a fundamental human value, be aware of the impact of their policies on population health and view health as a profitable social investment.[22]

Although the biomedical model has made a significant contribution to the understanding of the disease and has led to the advancement of the treatment of certain diseases, it is evident that insisting on the biomedical model did not produce long-term results and that a social model based on health care is necessary. Critics of the biomedical model argue that this model underestimates the complexity of health and disease because it does not take into account social and psychological factors.[23] The idea of a specific etiology is only applicable in a limited number of infectious diseases. In the 1950s, René Dubos[24] notes that most diseases arise directly as a result of a set of different circumstances, not just one determining factor. Furthermore, Dubos indicated that not all people who had been exposed to a particular infection became ill, e.g. if they had been in contact with a person infected with the flu virus. The cause of the disease is much more complex than the biomedical model implies. The onset of the disease is influenced by many factors such as physical condition, diet and stress.

A biomedical model, based on the mind-body dualism and focused on repairing the "broken" parts of a machine called the human body, can lead to the observation of the patient as an object. Considering that the disease is viewed only in the physical context, as something that can be objectively considered, its treatment is a priority over all other considerations, and patients can become objects and be viewed as "diseased bodies" or "cases" rather than

[22] Zlatko Riđanović i Ahmed Novo, "Sertifikacijski i akreditacijski standardi za kantonalne zavode javnog zdravstva u kontekstu novog javnog zdravstva". AKAZ – Agencija za kvalitet i akreditaciju u zdravstvu u FBiH. 2016.

[23] Raymond L. Powles, "The application of immunotherapy to the treatment of cancer", Pharmacology & Therapeutics, Vol. 4, Issue 2, Pp. 281-306. 1979, [Google Scholar].

[24] Lucy Gilson & Nika Raphaely, "The terrain of health policy analysis in low and middle income countries: a review of the literature1994–2005". London. *Health Policy and Planning.* 23(5): 294–307.2007.

as individuals with certain needs. This form of criticism often supports the claims that doctors lack communication skills.

Emphasizing social sources of illness implies the need to strike a balance between individual and social approaches, given that, for the most part, healthcare funding is focused on medical interventions. The social model of health cannot replace the biomedical model, but they can coexist. It starts from the assumption that health is a social responsibility that is acquired by exploring the social determinants of individuals' health status and their behavior. While the biomedical model focuses on disease treatment and risk assessment among individuals, the social model focuses on societal factors such as air pollution, workplace stress, discrimination, etc. This model logically implies that improvement of community health requires that all those determining factors be taken into account, such as: poverty, job opportunities, occupational health and safety at work, cultural differences, etc. The social model of health emphasizes the equal value of disease prevention and treatment, and aims at finding appropriate measures to reduce inequality in access to health care. This includes community involvement and government intervention in the field of social protection through public policies such as providing safety at workplace and pollution control. The interventions advocated by the social model of health are very complex, since they require cross-sectoral collaboration, and the implications of these interventions are long-term.

A theoretical framework for public health policy analysis

Bearing in mind the complexity of a social model of health which implies intersectoral collaboration as an assumption for long-term results, analysis of public policy in health care has dual functions. It contributes to the process of public policy making and is a key element to public policy evaluation. This includes epidemiological analysis and identification of risk factors for specific diseases in order to identify the goals of health interventions; or cost-benefit analysis to determine which of several possible interventions will provide the best value for the resources invested. However, political and organizational approaches to public policy analysis are not only focused on the expected results of public policies, but they perceive policy as a decision-making process.

Health policy covers activities or the absence of activities that affect institutions, organizations, services and financing of the health care system. Public and private sector stakeholders are involved in the health policy development process. However, as health is influenced by many determinants

outside the health system, health policy analysts also consider the activities of organizations outside the health system that have an impact on health (for example, the food, tobacco, or pharmaceutical industries). Governments enact laws, rulebooks and procedures to strengthen the health system and improve health. The implementation of these documents in practice constitutes a health policy, although it sometimes deviates from what is prescribed by the regulations. [25] Therefore, policy should not be considered as the sum of formal regulations, but also as a set of informal and unwritten practices.[26]

Technical analysis of public policies in the field includes several stages, such as: setting priorities for action, defining problems and goals, identifying causes of problems and their interconnections, identifying possible interventions to address the root causes, considering options for intervention, implementing selected options, evaluation and feedback. However, analysts who take a political and organizational approach to public policy analysis do not assume that these stages are successive and that they occur in every decision-making process. They often describe the policy-making process as a chaotic process involving a series of successive decisions. Policy is not created only to change a particular situation; it is created under the pressure of changes that have already occurred. Given that politics is constantly evolving, it must be seen as a process.[27]

The focus of this approach to public policy analysis goes beyond the scope of policy analysis *per se* and the focus is shifted on: the behavior of stakeholders involved in health policy making; the manner of decision-making and the action taken or not taken; the impact of the content of the activities undertaken; the impact of the environment on the behavior of the stakeholders and the influence of the stakeholders on the environment.[28]

Some authors believe that health policy is synonym for policy that focuses solely on stakeholders who influence decision-making, the way they exert that influence and under what conditions.[29] However, health policy-making is influenced by many other factors (public and private sector players, international agencies, civil society organizations, interest groups, healthcare professionals, patients and citizens.) Globally, political players include many

[25] Michael Lipsky, *Street-level bureaucracy: dilemmas of the individual in public*. New York: Russell Sage Foundation. 1980.

[26] Kent Buse, Nicholas Mays & Walt, Gill., *Making Health Policy*. Maidenhead: Open University Press . 2005

[27] Thomas R. Dye, *Understanding Public Policy*. Prentice Hall. 1998.

[28] Gill Walt & Lucy Gilson. "Reforming the health sector in developing countries: The central role of policy analysis". Health Policy and Planning, No.23.pp. 9:352-70. 1994.

[29] Kent Buse, Nicholas Mays & Gill Walt,., Making Health Policy. Maidenhead: Open University Press. 2005].

multilateral and bilateral organizations involved in health-impacting activities, and global public-private initiatives and transnational civil society movements.

Policy analysis focuses on understanding the factors that influence the launching of policy initiatives and the formulation of public policies, their communication, implementation and evaluation, including the impact of researchers on policy making. This includes considering why individual practices differ and are even contradictory to formal policies and generate an implementation gap between planned public policy activities and their implementation in practice.

Finally, while public policy analysis is focused on understanding the past experience, it can also be used to plan and support future health policies to strengthen the health system. This type of public policy analysis is an important support for public advocacy activities. The new approach to health policy development, the so-called global health diplomacy[30], entails the involvement of numerous stakeholders, at the national and international levels, and even outside the national health system.

The role of qualitative research in all stages of the public policy cycle

Health policy analysis is a multidisciplinary approach that aims to explain the interaction between the various players involved in the public policy process. In order to successfully implement a policy, it is necessary to analyses the failures of earlier policies and successful practices in order to identify activities for the creation of new policies. Public policy analysis is key to implementing health system reforms. Software programs have been developed[31], as well as numerous manuals and guides for researchers and policy makers to analyze the practical dimensions of public health policies.[32] Approaches have also been developed to analyze options for establishing decentralization in the health sector.[33]

[30] Richard Smith & Kara Hanson, "What is a health system". In: R. Smith & K. Hanson. Health systems in low- and middle-income countries: an economic and policy perspective. Oxford: Oxford University Press. Chapter 1. 2011.

[31] Michael R. Reich & David M. Cooper, PolicyMaker: computer-assisted political analysis. Software, version 2.3.1.Brookline, MA: PoliMap, 1996. [Google Scholar].

[32] Zsuzsa Varvasovszky & Brugha, Ruairi. "A stakeholder Analysis". Health Policy and Planning, 15(3), pp. 338-345. 2000. [ResearchGate].

[33] Thomas Bossert,. "Analyzing the Decentralization of Health Systems in Developing Countries: Decision Space, Innovation and Performance". Social Science & Medicine , 47(10), pp. 1513-27. 1998.

Qualitative research can be used to identify the biggest challenges in planning public health programs and policies. A key question that must be answered through the use of a qualitative method is how the community circumstances that evidently generate specific problems can change. Valuable information can be obtained by consulting various stakeholders in the community, such as service providers and community members, on possible interventions that could be implemented to change the behavior of those at highest risk (such as HIV infection) and in what way can the risky behavior be controlled.

The advantage of qualitative research is reflected in the analysis of perceptions of health and experiences of illness, satisfaction with the services provided by health care institutions, availability of health care, discrimination in the field of health care, etc. Studies by medical sociologists on perceptions of health and their assessment of health interventions offer a clear perspective on the extent to which health is available to individuals. Qualitative research can provide a deeper understanding of the effects of a program or policy. They cannot quantitatively measure the impact of programs and policies or define their impacts, but they can provide valuable information about how policy implementation works, under what conditions it works best, in what environment it produces the best results, etc.

Qualitative research has been used in numerous health programs (preventive activities, nutrition, family planning, women's reproductive health, AIDS control, clinical medicine, and drug abuse). Qualitative health research is specifically focused on:

- exploring little known areas;
- identifying health perceptions and setting priorities;
- identifying relevant intervention strategies and target group selection;
- exploring the feasibility, acceptability and adequacy of potential new programs;
- preparation of appropriate information and educational activities and materials;
- identifying problems in existing interventions and proposing appropriate solutions;
- supplementing the quantitative data collected during the monitoring and evaluation studies to enable their interpretation;
- designing valid research instruments by researching the areas most appropriate for surveys and by identifying relevant questions and specific terminology.[34]

[34] Patricia M. Hudelson, Qualitative research for the health programmes, Gneva, World Health Organization 1994

Qualitative research can provide information on program content and policy development. They can be very helpful in understanding why and under what conditions can policies, programs and projects be successful or unsuccessful.

Qualitative research has a significant role in the policy evaluation process where little more than a simple quantification of users, costs, results and expected effects is needed. This is especially important in process-oriented interventions that aim to bring about some change through interaction between different stakeholders and not just through a single event. The value of qualitative research is reflected in the convergence between public policy processes and programs and decision-makers, and researchers conducting evaluative research serve as mediators between stakeholders and decision-makers. The results of their research represent the voice of the public that must be heard.

Policy evaluation is a time-consuming process. It takes at least ten years for an objective evaluation of the impact of a policy, which is an average time needed for a public policy cycle.[35] Numerous studies need to be conducted to identify the unwanted side effects of a particular policy. For example, research may be initiated by the controversial outcome of health care provided or by the inequality in access to health services, rather than by a political event. Long-term analysis of the background to the problem is necessary to reconstruct the policy implementation plan. This involves mapping the social and historical context that led to policymaking so that its ultimate outcome can be understood.

The papers presented in scientific journals in the field of medicine and public health in our country tend to deal with topics in the field of public health only through a quantitative approach. Qualitative methodology is used to a very limited extent, and its contribution to understanding the social processes affecting the health system should not be neglected. Researchers from the academic community and policy analysts in countries with a developed tradition of applied medical sociology have, for decades, studied the process of program and policy development and implementation through ethnographic methods, participatory observation, desk research, and interviews with public policy stakeholders.

Qualitative research in the field of medical sociology is not limited to observing social relationships in health care institutions; it involves studying the experiences of the individual and their interaction in different environments and in their daily activities. Owing to a strong tradition of inductive research in medical sociology, qualitative research has focused on the development of

[35] Paul Sabatier, (ed.) Theories of the Policy Process. 2nd ed. Boulder, CO: Westview Press. 2007.

concepts and theories using numerous qualitative methodological approaches such as grounded theory, phenomenology, etc. Some sociological concepts and theories have been integrated into health discourse with the aim of understanding individuals and their interactions in the field of health. Thanks to qualitative research in the field of medical sociology, the idea of medicalization has been accepted as relevant in numerous biomedical scientific approaches, reports, and practical activities in the field of health. Today, this term is often used to indicate the increasing presence of medical categories in the activities of daily living.

Challenges of public health policy analysis

Before pointing out the possible challenges to public health policy analysis that practitioners encounter, I deem it necessary to briefly reflect on the practice of conducting public policy analyses in our country. Namely, the analysis of any public policy in our country, especially in the field of health care, is limited by the lack of relevant information. Furthermore, we cannot even talk about public policy analyses when they are frequently a dead letter, while their implementation is lacking due to lack of funding. Specifically, in the field of health, there is no established system for collecting data on particular diseases, which is not only an obstacle to public policy making, but also affects the process of reporting to international organizations. The policy-making process is neither transparent nor clearly defined and in practice is often influenced and manipulated by governing structures. Public policy research should be motivated and funded by the need to address practical issues, such as the need to evaluate existing programs.

Applied medical sociologists conducting public policy analysis activities, even in societies that have long-standing public policy-making and analysis practices, face many challenges. Specifically, public policy implies a series of activities or lack thereof, which affect the institutions, organizations and financing of the health system.[36] The policy-making process must involve all stakeholders who can be directly or indirectly influenced by the adoption of this policy. From a practical point of view, it is very difficult to involve different players, individuals, groups and organizations in the process, because of their geographical distance. More often than not it is not possible to access relevant documentation, and participants' observation can also be problematic in practice. There is also a constant tension between the development and

[36] Kent Buse, Nicholas Mays & Gill Walt, Making Health Policy. Maidenhead: Open University Press . 2005.

implementation of long-term policies and the short-term financing of public policy research and demands from decision makers for rapid responses and solutions.

There are also many other conceptual challenges to conducting public policy analysis. It is very difficult to measure resource development and the impact of different stakeholders in the public policy process. The concept of power that is central to public policy analysis is also a challenge for medical sociologists conducting public policy analysis, given that there is no consensus on what power is, where it rests, and how it is exercised. Public policy researchers need to find a way to organize the analysis to represent and explain the complexity of the environment in which the research is conducted. Numerous analyzes of public health policies are relatively intuitive, *ad hoc*, and the assumptions on which their implementation is based are not well founded. [37]

One of the problems faced by public health policy researchers is related to how their research role is perceived in view of their institutional position, research legitimacy, and prior engagement in the community. This is crucial to the results of the research, especially if the research is conducted in an environment of high-level political elite.[38] The position of the researcher can influence the focus of the research and consequently the creation of the research agenda and research questions. Theorists have noted the relationship between researchers' positions and issues of power and resistance. Researchers cannot escape power relations even if they wanted to.

With respect to the position of the researcher, we distinguish "insiders" from "outsiders". "Insiders" have a dual role. They can be both researchers and participants (participants observation) of public policy processes. Mostly, these are local experts. Depending on the context and specificity of public health policy analyzes, the status of "insider" or "outsider" can largely be determined by class, gender, age, ethnic or professional background. In an effort to uncover complex dynamics in the public policy process, "insiders" may view things completely differently than "outsiders," which affects data collection and interpretation of research results. On the one hand, "insiders" are in a better position than "outsiders". Considering that they are enabled to participate in the public policy process, they have the opportunity to ask significant questions and are better placed to monitor non-verbal communication. They better understand the cultural background of the research problem leading to

[37] Lucy Gilson & Nika Raphaely, "The terrain of health policy analysis in low and middle income countries: a review of the literature 1994–2005". London. Health Policy and Planning. 23(5): 294–307. 2007.

[38] Jeremy Shiffman, "Generating political priority for maternal mortalityreduction in 5 developing countries". American Journal of Public Health, Vol. 97, p. 796–803. 2007.

significant insights and valuable research findings. Unlike "insiders" to whom bias is often attributed because of their involvement in the community, the advantage of "outsiders" is that they are not affiliated with any social group or sector, which allows them to focus on unknown areas and open taboo topics.[39]

Forming research teams with both insiders and outsiders, and bringing all team members together to actively discuss the results of data collection and analysis, is an excellent method of gaining a thorough understanding of public policy processes, however the implementation of such a model is not easy. The value of the team approach has been recognized by public policy analysts as a valuable contribution to the preparation and implementation of public policy analysis, however, we must bear in mind that public policy research is still under development, especially in our country, where public policy researchers who have the role of "Insiders" are very difficult to find, and "outsider" engagement requires a lot of time and financial resources. The position of the researcher has implications not only for access to the data but also for the accuracy of the results.

Research can occasionally rely on completely wrong categories and constructs. An example of the simplification of public policy implementation interventions can be seen in studies of support from the UN and other donors to reduce HIV prevalence in Africa. Specifically, a study on the decline in the prevalence of HIV infection in Uganda was designed to maintain a successful story of HIV control in Africa. It is highly likely that research that should respond to important political demands in a very short timeframe will result in a superficial analysis of public policy and lead to a partial understanding of the problem.[40]

Conclusion

Research in the field of medical sociology in our country is still primarily focused on theoretical considerations of lifestyles, health care organizations, doctor-patient relationships, aging populations, health inequalities, etc. In many publications in the field of medical sociology, the authors seek to provide relevant scientific contribution based on empirical or theoretical work.

[39] Sharan B. Merriam, Juanita Johnson-Bailey, Ming-Yeh Lee,Youngwha Kee, Gabo Ntseane &Mazanah Muhamad, "Power and positionality: negotiating insider/outsider status within and across cultures", International Journal of Lifelong Education , Vol. 20, p. 405–16. 2001.

[40] Justin Parkhurst, The crisis of AIDS and the politics of response: the Case of Uganda. International Relations, Volume 15, pp. 69-87. 2001. Justin Parkhurst, The Uganda Suscess story? Evidence and Claims of HIV-1 prevention. The Lancet, pp. 360-78. 2002.

As such, they generally turn to a closed auditorium, most often to their fellow sociologists, thereby risking their message being trapped within a narrow field of expertise. Although contribution of scientists to the development of theoretical concepts in the field of medical sociology is indisputable, such contributions are not sufficient to maximize the potential of medical sociology in explaining the experience of health and disease in our country.

The requirements of applied medical sociology aim at exceeding a narrow academic circle and reaching a wider audience in order to create a culture of health promotion. Medical sociology has established itself as a subspecialty of sociology that studies various fields within the medical profession. Research conducted in this area has shown that health care is not entirely within the domain of medicine. Despite the technological development and advances in modern medicine, it has not been able to meet all the challenges to ensure well-being and cure the disease.

Research conducted in the field of medical sociology has helped to shed light on the complexities of socioeconomic factors affecting health and disease and to better understand treatment approaches. Problems of iatrogenesis, side effects of drugs, addictions incur costs for the healthcare system. Certain therapeutic procedures focus on conditions that cannot be subsumed under disease or injury but are subject to surgical and pharmacological interventions. Such conditions are alcoholism, destructive behavior, insomnia, impotence, etc.

Applied research in the field of medical sociology can provide useful recommendations for the development of health policies at the international, national, regional and local levels. The focus of medical sociology has recently been on the health of vulnerable groups and cross-border healthcare. Planning of healthcare system reforms requires knowledge of medical sociology to understand unstructured socio-cultural practices and their role in cross-sectoral integrations. Furthermore, medical sociology enables the analysis of different power structures that influence the organization of health systems.

Applied research in medical sociology today has the potential to provide information that will be useful not only for the health sector but beyond. However, this potential can only be exploited provided that medical sociologists collaborate with sociologists from other sociological subdisciplines and other scientists and experts from various fields who are interested in studying social factors of health and disease, and ultimately, the quality of life of individuals in society.

The position of medical sociology in the field of sociological science largely depends on the recognition of its competencies to solve practical health-related problems. Mechanic (1968) developed a perspective on medical sociol-

ogy based on the assumption that health and illness should be understood in the broader context of individuals' efforts to adapt to life situations. In other words, it is about solving problems in the context of the individuals' needs for quality of life in society. Health and illness must be viewed in light of the complex social and cultural patterns that connect individuals in particular life situations.

The task of medical sociology is to continually critically examine health and disease, in order to contribute to a more humane and effective treatment that will not only be based on scientific evidence but will also take into account human experiences and beliefs.

Health and illness can be better understood by viewing a person as an individual, as part of a social group and part of society in general. Knowledge and critical views on health and medical sociology are particularly useful for people working in the health sector and policy makers in the field, as they emphasize the importance of the link between health and disease and social factors.

The benefits of a qualitative approach in medical sociology arise from the need to systematically document not only the achievements in the field of biomedical innovation, but also the complexity of the lives of individuals as health care subjects, which are very often marginalized in modern healthcare systems.

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