

# Investigation of mortality and morbidity in a workplace

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QUESTION 1: What according to the sociologist Evan Willis is a BULSH detector and how would you apply this technology to an investigation of mortality and morbidity in a workplace?

The major methodological tool required for sociological investigations of any public issue is the sociological imagination. Without the sociological imagination, patterns of mortality and morbidity will be presented as a personal trouble experienced by a scatter of atomized individuals rather than as a public issue.

According to the sociologist Evan Willis, the sociological imagination is a BULSH detector. To apply the sociological imagination or as Evan Willis states, a BULSH detector, to the investigation of mortality and morbidity in a workplace, requires the engagement of the four sensitivities that comprise the sociological imagination. These include historical, cultural and structural issues. Through these, a critical analysis is reached. I will now be applying the sociological imagination to an investigation of mortality and morbidity in the hospital setting.

In the past, hospitals were small-scale institutions and offered little in the way of care that could not be provided in the home. Their major function was charitable. The local community was often closely linked to the hospital, sponsoring it through charitable donations. In contrast, modern hospitals are complex bureaucracies. They now offer kinds of care that are not available in the home, due mainly to the development of advanced medical technology. This new technology makes the hospital the place where it is necessary to refer increasing number of patients. But bringing sick people together into

one place might not be the best way of helping patients get better and can lead to morbidity in the hospital setting.

The culture of hospitals is that of the biomedical model. The emphasis is on curing the sick and thus being healthy is purely the absence of disease. It works on the principle that the body is a machine and that if there's a malfunction in this machine, it needs to get repaired. It only deals with the biological component of the disease with little or no emphasis on the feelings and concerns of the individual. This framework of curing rather than caring, can lead to a feeling of morbidity in the hospital setting.

In an article in the Sydney Morning Herald in November 1999, the heading read 'Hospital cuts are costing lives'. It states in the first paragraph that 'patients are dying in country hospitals, while in Sydney, they are left unfed because of the drive to cut costs, according to submissions to a senate inquiry into public hospital funding'. This cost cutting is due to the way society is structured. In society today, the focus of the government and the health care system is on cutting costs and saving money, instead of being about the health of the public. This structural issue can directly impact on the mortality rates in hospitals.

It can therefore be seen that mortality and morbidity are interrelated and that the way hospitals have changed historically, the way the healthcare system is structured and the culture being practiced in the hospital setting all directly impact on the mortality and morbidity in a hospital setting.