

# Health care managment



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Health Care Management Health Care management submitted) Health care Management Implementing change in a workplace is a challenging task more so in a health care setting. The demand from the initiators of change does not only call for their knowledge in health care but also their expertise in causing change. Since change does not happen overnight, the knowledge of the difference in the process of implementation, behavior of employees towards change, and strategies are essential. The process of implementation for a small scale change differs from that of a large scale change in a way that it directly involves individual employees. Most often, the change starts small to include daily tasks of the employees in a shorter span of time. Large scale on the other hand, embraces to change the entire culture of the organization with a longer duration. For changes to occur in a small scale organization, the behavior of the employees has to be positively influenced. Observation has it that employees tend to comply readily if they know that a reward is at stake as an incentive of their performance. While implementing change without something to compensate the employees' effort will take time or even resisted. This observation is supported with Vrooms expectancy theory where it states that motivation depends on certain variables (Miner, 2007). One is valence which simply means reward. Employees are expected to work hard if they know the valence available is of their interest. For instance, promotion as a valence is something vital for employees so the tendency is for them to positively accept change whether the change would include additional responsibilities or trainings. Such behavior may result to another variable that is expectancy believed to be the effort that results in the attainment of the desired performance. However, to have a higher expectancy, employees have to be trained to improve their self esteem

necessary to increase performance. The probability or degree of achievement by the employees that may lead to valued outcome refers to instrumentation. All of which are important to cause change positively. Compliance and non-compliance to changes could be observed in employees' behavior. Positive behaviors like openness to discussion changes are a proof that the employees put into action needed changes. For instance, changing the charting practices of nurses in the ward as a form of change to deliver quality patient care is being discussed by nurses as to its effectiveness, relevance, and time constraints. In some instances, employees would even ask others how the incorporation of changes is going. Others would even advocate its implementation to their colleagues. While the above scenario is true to acceptors of change, non-acceptor behaviors like disengagement, disorientation, and disenchantment shows resistance. Employees who are disengaged lack the commitment and drive in their work. They show the difficulty in doing the basics to start the change in their job. Disorientated employees are confused and unsure of how to do things. They have many questions and appear to need detailed guidance. The worst is to sabotage which is observed in employees who are disenchanted. Anger maybe expressed in bad mouthing and starting rumors. Although, resistance is a form of reaction to change, it should be dealt with properly. Strategies to increase the rate of implementation require participation of employees during the planning. This technique may motivate employees to interact, contribute, and assumes responsibility. Doing this may give them the feeling that they are among the prime movers of change and would support it. This has the same idea in the study of Henning (2009) in promoting health among employees who found out that dynamic reaction between the individual and

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workplace is essential to succeed in implementing change. Another strategy is to adopt the structured approach where it includes informing the group of the change, followed with soliciting support, setting of goals, assigning roles and responsibilities, build employees competency, and finally set the change within the institution. Works cited: Henning, R., et al (2009). Workplace Health Protection and Promotion through Participatory Ergonomics: An Integrated Approach. Public Health Reports. 124(1): 26-35. Miner, J., (2007). Organizational behavior: from theory to practice. Sharpe Inc. United States.