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This essay explains the main differences between the root and branch methods of decision-making, and summarizes the advantages and disadvantages of each method. Further, I have looked at the Hurricane Katrina disaster and used it as an example of how not to prepare for such a disaster situation and to illustrate where the decision-making in that instance was seriously flawed.

## The Root and Branch Methods of Decision-making

As Stillman (2010) states in the Introduction to Chapter 8 in his book: Public Administration: Concepts and Cases Ninth Edition, “ Few concepts are debated in administration more frequently then decision-making – how decisions are made; whom they are made by; why they are decided on in the first place; and what impact they have once the choice is made.”
He refers to the classic essay by Charles E. Lindblom, the Yale economist and scholar, entitled “ The Science of Muddling Through”. In that essay, Lindblom considered there are two distinct methods of decision-making: the root (or rational-comprehensive) method, and the branch (or successive limited comparisons) method. In Lindblom’s opinion, the root method is the classic or theoretically “ best” method, whereas the branch method is the “ real” way government decisions are reached in practice.
Lindblom stated that an administrator using the root method would consider the objective(s) of a policy to be implemented, and would then rank all the advantages of reaching that objective, but would also consider all the alternative ways that objective could be reached, and would then rank those, too. This root approach is called rational because it considers and ranks all the alternatives in a logical way and weighs them in relative importance. It is also called comprehensive, because it takes into account all the known alternative options. Its main advantage is that decisions made as a consequence would be properly thought through and all of the effects of those decisions would have been carefully considered and evaluated.
In contrast, the branch method, according to Lindblom, is the method actually used in the decision-making process as implemented by most public administrators. This method is also called the successive limited comparisons method, because the primary objective tends to become compromised by other objectives, concentrating on making decisions that satisfy topically relevant goals that will satisfy specific interest groups concerned, and considering only those choices immediately available to them. Lindblom further stated that he considered the root method to be impractical for a number of reasons. Those included:

## It is wrong to assume that administrators have unlimited time and resources available to make decisions;

It assumes intellectual capacities / sources of information that in fact do not exist;
Time and money to resolve a problem is always limited;
Objectives are not always agreed by all parties making the decision; indeed disagreement is common in a democratic decision-making process;
Administrators are often unable to rank conflicting priorities/objectives, and find that means and objectives becomes intertwined and confused;
Ultimately, the policy selected is often not the best to achieve the required goal, but is a compromise that all parties involved find acceptable.

## Lindblom’s view is that the real world of decision-making possesses five characteristics:

1. It is incremental. Small steps are taken, never “ leaps and bounds”;
2. It is non-comprehensive. Due to limited resources, administrators cannot take into account all choices available, nor understand the full effects of their decisions;
3. The branch method is based on a succession of small comparisons between what are in fact quite narrow choices;
4. Policies result from acceptable option choices, not the best course of action;
5. The decisions made result from a pluralist conception, whereby different interest groups force the administrator to make a decision that achieves agreement between the various parties.

## The Hurricane Katrina Disaster

When Hurricane Katrina struck Louisiana at the end of August 2005, it highlighted the lack of adequate preparation, which ultimately was considered to have resulted in a number of deaths that could have been avoided. According to an American Medical News article posted by Kevin B. O’Reilly (September 2010), “ The storm served as a wake-up call, prompting physicians, hospitals and government officials to re-examine how to best deliver care in catastrophic conditions.” O’Reilly described how some 1750 patients marooned in hospitals in New Orleans surrounded by up to 20 feet of water, were rescued over a period of almost a week, but that at least 140 patients and residents of nursing homes died in the meantime.
According to O’Reilly, “ major steps” have since been taken to streamline the bureaucratic processes and to respond quicker, but he cites the confusion over who was actually in charge when it came to making the important response decisions, as a major cause of those avoidable deaths. He quotes Dr. James, a former director of the Miami-Dade County Health Department, who said: “ It's not that we didn't have the response capability; it's that we never activated it. Others echoed his views in that regard. The problem stemmed from the decision-makers unwilling to commit themselves to the needed decisions. As a General Manager of a hospital myself, I can fully appreciate and understand that the hospital staff in New Orleans and other affected areas needed the public administrators to act quickly and decisively to activate evacuation and rescue plans in a timely manner, in order to protect their patients and thus minimize loss of life.
The simple fact is that the root method of decision-making had not been used in the disaster planning prior to Hurricane Katrina. The prevailing branch method – as described by Lindblom – resulted in a confusion of authority, a lack of communication, and no tried and tested local plans that could be put into action immediately (without waiting for approval from outside higher authority), as was required in the few hours available before the storm hit. Because of a lack of prior and sound decision-making that could and would have saved lives, people died instead. For example, O’Reilly noted that prior to Katrina, the policy was to not evacuate patients who were on ventilators, on the basis they were safer staying put. However, when the floods came and cut the power, those patients had to be ventilated by hand – for days in some cases. Some patients died from dehydration due to restricted water supplies and no air-conditioning.

## Conclusions

Sadly, the views as expressed by Lindblom appear to illustrate exactly how our public administrators reach their decisions, which by the nature of our democratic processes at all levels of government results in the branch method of decision-making being the norm. That in turn means that decisions reached are inevitably compromises, giving us outcomes and policies that generally fall short of the original objective(s), thereby serving the public poorly at best.
Since Katrina there have been attempts to put new legislation in place that would prevent a repeat of those losses of life. However, due to the inevitable disagreements between involved interest groups, most efforts have not succeeded. Another factor is the medical profession’s fear of litigation when trying to save lives. That obstacle also has yet to be overcome.

## References

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