

Managing service delivery in health and social care



Management in all business and organizational activities is the act of receiving people together to accomplish preferred goals and objectives using obtainable resources efficiently and effectively. Management includes planning, organizing, staffing, leading or directing and controlling an organization or struggle for the purpose of achieving a goal.

Basic functions of management:

Management activates through numerous roles, often categorized as planning, organizing, staffing, leading and controlling. Planning is determining what wants to happen in the future and creating plans for action. Organizing means making finest use of the resources required to enable the fruitful carrying out of plans. Staffing can define as job examining, recruitment, and hiring individuals for suitable jobs. Leading is determining what needs to be done in a condition and getting people to do it. Controlling means testing progress against plans. Motivation is also a kind of basic function of management, because without motivation, employees cannot work effectively. If motivation doesn't take place in an organization then employees may not pay to the other functions.

Introduction to healthcare management:

Managing in healthcare is the field connecting to leadership, management and administration of hospitals, hospital networks and healthcare system. Healthcare managers are considered healthcare professionals.

Healthcare is a very significant subject. Nowadays the field of healthcare is changing at a very quick pace. Healthcare is not only becoming more luxurious, but is undergoing abrupt changes due to the introduction of new

medical technologies on a daily basis. As more and more people are now becoming conscious of the healthcare argument that is going on in the country, it is becoming progressively important that the general public recognize the changes that healthcare is going through, and how managing healthcare is the only way to make sure that people are well taken care of.

Background of healthcare managing service delivery:

In the United States, the first current health systems management program was established in 1934 at the University of Chicago. At the time, programs were finished in two years- one year of official graduate study and one year of residency. In 1958, the Sloan program at Cornell University began donation a program demanding two years of formal study, which remains the leading structure in the United States and Canada today. In 1978, as part of an exertion to establish healthcare management as an autonomous occupation, the first modern practitioner- teacher model graduate program was established at Rush University Medical Center in Chicago.

Health systems management has been defined as a “ hidden” health occupation because of the comparatively low profile role manager take in health systems, in compassion to direct-care professions such as nursing and medicine. However the discernibility of the management occupation within healthcare has been increasing in current years, due largely to the common problems developed countries are having in balancing cost, across and quality in their hospitals and health systems.

Education and training for healthcare management:

A master's degree is considered the standard credential for most health managers in the United States. There are numerous known degree types that are considered same from the perspective of specialized preparation.

The commission on the Accreditation of Healthcare Management Education (CAHME) is the recognizing body overseeing master's level programs in the United States and Canada on behalf of the United States Department of Education. It recognizes several degree program categories, including Master of Health Services Administration (MHSA), Master of Business Administration (MBA), Master of Health Administration (MHA), Master of Public Health (MPH, MSPH, MSHPM), Master of Science (MS-HSM, MS-HA) and Master of Public Administration (MPA).

Professional Organizations related to healthcare management:

There are many professional associations connected to health systems management, which can be subcategorized as either personal or institutional membership groups. Personal membership groups are joined by individuals, and typically have individual talent and career development as their focus. Greater personal membership groups contain the American College of Healthcare Executives, the Healthcare Financial Management Association, and the Healthcare Information and Management Systems Society. Official membership groups are joined by organizations; they characteristically focus on organizational effectiveness, and may also comprise data-sharing agreements and additional best-practice sharing vehicles for member

organizations. Prominent examples contain the American Hospital Association and the University Health systems consortium.

Roles of Managing healthcare:

There are numerous roles in managing healthcare. Some of them are pay attention to Medical Shoppers, turn workers into problem solvers, speak up beneficially (Managerial practices that elicit results from front-line employees, maintain the mental health, widening focus, pay attention for side effects, healthcare examination and prospects and using of internet , etc.

Workers must use the system to “ speak up” when they meet a problem. Managers obtain extra value when reporters speak up constructively by proposing suggestions that facilitate process development. Managers can encourage employees to speak up about difficulties and they can encourage them to offer solutions. When managers had been more practical in responding to occasion reports, there was a better probability that staff would share their suggestions and actions taken to resolve the underlying problems, which is very valuable data for managers because they are not likely to be able to get this information elsewhere.

How can front-line workers be encouraged to speak up when they know how to enlarge an organization’s operation processes? This question is mostly urgent in healthcare industry, where difficulties happen often and consequences range from insignificant inconveniences to serious patient damage. This is more effective in departments whose managers are less involved in problem solving. Efforts at the organizational level can

compensate for managers who cannot or do not produce an environment that stimulates front-line workers to speak up.

Over and above the human cost triggered by deaths and suffering during a time of struggle, scars of conflict are often left in poor financial circumstances and mental-health suffering even after the conflict finishes. While considerable attention has been paid to post-war issues with regard to recovery in physical and human capital, mental health has received comparatively less attention. Mental health is insignificant dimension of human capital. Mental health suffering, while a trouble of concern in and of itself, might also have adverse consequences for individual's labor force participation and labor output in the post-conflict period, thereby delaying financial recovery after the conflict ends.

Understanding the efforts of focus and spillovers might help hospitals determine how they should balance focusing in a single medical area with building expertise in connected areas. Hospitals dedicating a bigger portion of their business to giving patients in related service groups (i. e. those with the potential for knowledge spillovers) skill higher returns to specialization in a focal facility. Ultimately, those results offer a potential description for why there might be declining returns to focusing an organization on a single operating activity (or narrow set of activities), mainly when it is possible to participate in other activities that accompany the organization's area of concentration.

Managers can study from an understanding of how doctors think. There might be more significant implications for managers in the methods that

doctors are trained. Many resemblances can note between the thinking of medical and management practitioners and the environment in which it is carried out. Doctor's hurry when the disease is serious, managers when met with little time and pressure to get things done; managers fail to think well and so make poor conclusions. Doctors are trained troubleshooters. It takes many years to study to operate using such a scientific method in answering problems. Managers focus on making resolutions with slight information, not through a rigorous review of the facts.

Though the Internet has woven itself into most aspects of life, limited fields have modified if more vigorously, and at times controversially, than healthcare. Managers can use internet facilities to give a better management. Healthcare and the internet are suited for each other, because no one needs to pay for either. The healthcare field is emerging as one of the busiest laboratories for exciting new business models and the risks are high indeed.

While supplying patient care has always been a primary aim of healthcare organizations, financial results have long been the metric by which success is measured. Progressively, however, healthcare leaders are being held accountable for both medical and economic outcomes. As a result, it is crucial that healthcare executives and suppliers gain an understanding of the determinants of organizational effectiveness- strategy, finance, operations and leadership.

Management theories in social care:

Management theory is a widespread term which is used lightly to refer to research discoveries, frameworks, propositions, beliefs, views, saws and suggestions, all of which seek to describe how managers should manage.

There are a number of theories about managing service delivery in social care. Some of them are Bureaucracy theory, scientific management theory, Administrative theory, Human relations theory, Neo-human relations theory and Guru Theory, etc.

Max Weber's theory of bureaucracy was established in a historical-philosophical context. His interests were in the process of social modification, and in particular, in the effect of rationality on religious thought and capitalism. By rationality he meant the kind of action or mode of organizing in which goals are clearly conceived and all conduct, except that designated to reach the specific goal, is rejected. The application of his idea of rationality to the organizational context is what secured this social scientist's pre- eminent location in modern management thought. The term that Weber applied to the organizational form built upon pure legal- rational authority was ' bureaucracy'. The Weber and model of bureaucracy gives a steady and predictable world which supplies the blueprint for rational designed structures in which rational individuals carry out their roles and actions. For Weber, the bureaucratic form of organization possessed the features of specialization, hierarchy, rules, impersonality, full- time officials, career focus and a split between public and private activity.

Developed at the starting of the twentieth century, Frederick Winslow

Taylor's theory of scientific management focused upon shop floor

<https://assignbuster.com/managing-service-delivery-in-health-and-social-care/>

organization, and upon the methods that could be used to exploit the productivity of manual workers. Scientific management principals such as a perfect division of task and responsibilities between management and workers, scientific choice and training of workers, development of the one-best- way of working, and the application of financial incentives, all remain to be used to this day.

The primary focus of administrative theory was on the determination of which types of specialization and hierarchy would enhance the efficiency of organizations. The theory is constructed around the four central pillars- the division of labor, the scalar and useful processes organizational structure, and the span- of- control.

The role of managing service delivery in social care:

Managers in social work want to have several talents. Some of them are good vision which is informed by connecting service users and other partners, ability to lead and support staff to work with service users and their careers to influence service development and outcomes, take responsibility and be accountable for good training, ability to influence a wide range of stakeholders to promote a social model of care and its values and they should be able to deal with the conflicts, pressures, and gate- keeping roles in managing social work services, taking account of individual and community needs.

Frameworks for delivery in social care:

A framework for leadership and management progress wants to be broad in its scope given the breadth of change that is already taking place across

<https://assignbuster.com/managing-service-delivery-in-health-and-social-care/>

social work services and the demands this creates for effective leadership and management. The framework should therefore address the following areas, professional and practice management, political management, strategic management, operational management, academic management and citizen management.

Implementation of management in social care:

Evaluation of the outline for leadership and management development as it is implemented is also recommended to ensure that it reaches the goals identified, meets the identified needs and that it continues to be relevant. Evaluation will be dangerous to understanding what is successful and where blockages happen. This will assist in identifying what additional action is wanted to ensure empowering and enabling leadership and effective management is in place to deliver improved results for users and careers.

Challenges of managing service delivery in social care:

A major challenge for leadership and management across social work services is one of change management. To deliver the vision set out in the 21st century social work review needs transforming how we think about services, how we deliver those services and a shared view of what the changes we are seeking to make should deliver. Beginning the right culture and climate for change to implement the review successfully is critical to its achievement.

Conclusion:

With a better managing service delivery we can develop health and social care more successfully.