

# [Managing in today’s health care organizations change and culture essay sample](https://assignbuster.com/managing-in-todays-health-care-organizations-change-and-culture-essay-sample/)

[Art & Culture](https://assignbuster.com/essay-subjects/art-n-culture/)

Organizational structure and culture are two major factors that directly impact the success of an organization. This paper addresses the most pressing theme concerning the leading of organizational change: adaptability. Whether dealing with individual departments or selecting an appropriate leadership style to communicate a change, it is important to know your audience and be aware of what works best for them. Research supports the notion that there is no one specific method or style that works all the time. Rather, the leader of an organization must understand and identify with employees and tailor his or her approach accordingly.

Patient DesignRecent research into healthcare architecture has emphasized the design of patient areas in hospitals. There is a minimum of three staff members to every one patient in a hospital organization, and patient well-being depends to a large extent on the capability and efficiency of staff. Patients are in the hospital for a limited period, whereas hospital staff has to deal with an unending, continuous cycle of patient care. The hospital is, in the end, a business entity that needs to use its most valuable resource-its staff-in the most efficient and productive way possible. In the current climate, with shortages of skilled clinical staff and high patient expectations, this becomes even more critical.

The success of the merger between Women’s College Hospital and Pottstown Hospital and the respect permeating the organization indicate that these two hospitals’ structures and cultures are compatible. Although they may not always agree on how best to approach every situation, there exists a direct link between functionality and form which helps to resolve any conflict between the two environments: the hospital as a patient care area, and the hospital as a workplace for its clinical staff. I have identified four key ideas that should be understood and explored in the creation of an appropriate workplace for health professionals in this new administration:•Patients•Management•Staff performance•LeadershipThe changing interests and concerns of patients demand that healthcare be delivered in integrated care patterns spreading across several clinical disciplines.

Any look into the future of healthcare points clearly toward an integrated approach to the dispensing of health services, from hospital care to health and community agencies. Future care will be considered from a whole systems approach with appropriate inter-agency collaboration to ensure seamless care. The new workplace should allow for project-based teams, with core teams and temporary specialists who move from one core team to another. It should allow people to come together and collaborate, creating a sense of connectedness. Networks will be integrated across organizations and institutions, and staff will need to work more flexibly to meet patients’ needs. There is no doubt that an open environment fosters connectivity among staff. Therefore, directors must be delegated to different levels of staff so that all the needs of the company and its patients are met.

The first level of patient care is the main administration of the hospital, consisting of the officers of the corporation. These officers are responsible for the strategic planning necessary to run a successful hospital. Some of their major concerns are finances, legal matters, and the overall operation. These officers are not necessarily healthcare professionals. However, due this fact, they need to delegate responsibilities to a Director of Nursing and a Chief of Medicine, both of whom possess medical knowledge. The work delegated to these professionals entails instructing the medical staff in the policies and procedures of patient care.

Due to the vast array of patient needs, specialized departments within the facility are also developed. Department directors are delegated by the administration to handle the issues specific to their departments and report back regarding their progress toward the strategic goals. However, since directors cannot be continually present in a 24-hour facility, the directors and administration must delegate nursing supervisors and charge nurses to assist in the management of the department. This level of management, also referred to as frontline management, is responsible for micromanaging the general staff during specific shifts. Frontline managers are responsible for the day-to-day activities that will enable the organization to meet its strategic goals. The final tier in patient care involves the delegation of responsibility to the nurses’ aides.

The aim is to bring all the players in the process together as a team at the project’s inception. This model emphasizes teamwork that cuts across disciplines and departmental boundaries to inspire free-flowing, face-to-face communication. The new hospital patient care unit will allow its organizational requirements to generate a natural order, unlike traditional organizations that externally impose order.

Performance ImprovementThe new Pottstown Hospital training program will provide for employees at all levels the tools and methods to better understand the shortfalls of poor communication habits. The first step in the institution of this training process begins with workshops. The initial workshop is for course facilitators and instructors-a small, diverse group of personnel. This group’s training will last for one week and include education on course facilitation, with a review of basic instruction techniques. Following the instructor trainer course, the core staff will begin attending workshops taught by these instructors/facilitators. The course curriculum will include such topics as: effective communication, patient tracking techniques, leadership continuum, understanding internal/external customers, patient satisfaction, reportable disease matrix, and systems thinking versus linear thinking.

The second step in the training process will involve the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In February 1997, JCAHO instituted a measurement system designed to review data trends and patterns in an effort to improve patient care. This tool will be adopted by our organization to ensure our compliance with our day-to-day operation. The implementation of my proposed performance improvement project is based solely on communication; the majority of those at the facility presently lack effective skills in this area. By taking a systems approach and a change management perspective, we can continue to provide the finest healthcare to our service members and their families.

The last session will include a presentation by the executive officer focusing on a reiteration of the organization’s mission while pointing out its correlation to a systems approach. I believe that a large part of the solution can be found in encouraging each employee’s ownership of the process, which in turn should create improvement and efficiency through accountability. Also, a systems approach will help to enlighten the employees, as they come to realize the impact one oversight can have on other departments.

Obstacles for Improving PerformancePeter M. Senge provides a wonderful illustration of leadership and change management: “ If the captain says to change course, but no rudder has been designed into the ship, then there can be no change. If an order is given to turn left, but the ship is designed to turn right only, then no amount of effort to change direction will matter” (Smith, 2001, p. 6). In such a case, regardless of any efforts to implement change, nothing will occur, as this organization is designed to resist change. The biggest obstacle facing the Pottstown Hospital performance improvement process is the resistance to change, particularly that of senior management. Organizations learn only through individuals who learn. Individual learning does not guarantee organizational learning, but without it no organizational learning can possibly occur.

Senge (Smith, 2001) also writes that there is something called creative tension, which is a source of energy derived from the gap between one’s vision and where it stands in reality. This gap can push someone forward to get closer to the vision; however, it might also discourage, leading some people to feelings of anxiety.

The management should encourage individuals to create their own visions, as mentioned earlier; however, these visions are not the shared vision. They are needed to make it easier for individuals to accept others’ visions and the vision of their workplace. In this way, synergy will be established. The shared vision should not be written out and taught to employees, because this could institute fear. Instead, everyone should adopt this vision and commit themselves to the whole vision of the organization.

Performance AppraisalsThe work of Peter Senge at MIT’s Sloan School of Business has been influential in convincing companies that the ability to learn is a key factor of success. However, the success of any organization is not dependent solely upon the ability to learn. Feedback as to how a person is performing is necessary in training and development; individuals need to know how they are doing in order to continue to learn effectively.

How can employees find out what is expected of them and whether they are in line with procedures? A performance appraisal is one of the most frequently used methods; most organizations in the United States use some sort of performance evaluation or appraisal system. Although they are used for various purposes, performance appraisals are often inaccurately used by managers, so the systems fail to achieve their intended purpose. Employees in general say that performance appraisals do not provide them with a clear picture of what is expected of them. Most of the employees felt more confused after their appraisals than before. Although performance appraisals have many advantages, this is one of the negative aspects. In terms of the patient care delivery system at the new Pottstown Hospital, performance appraisals will focus on the employees’ work experience and individuality. It is for this reason that such a task is left in the hands of an experienced person: the human resources manager.

The human resources manager will handle this task with great care and professionalism, since he or she has been in the trade for a number of years; experience teaches you certain tricks of the trade that textbooks will not teach you. Managers also undergo performance appraisals, but these will be conducted by the department directors. After each employee appraisal, the HR manager must report back to the department directors. To the employee, being listened to, regarded with care, and included in trust are of enormous value during the appraisal. It is important for employees to feel significant, that their duties are of value for the organization, and that they are not just faceless entities. Companies who use performance management systems are more successful than those who do not. Organizations, irrespective of structure and type, should ensure that their employees have all that they need in order to be able to perform effectively and help the organization reach its objectives.

Leadership TheoriesThere are different leadership theories that help to encourage development of a more collaborative, creative organization. The Contingency Model was created by Fred Fiedler in 1967; it states that the leader’s effectiveness is based on situational contingencies defined by two aspects: leadership style and situational favorableness (Miller, 2004). This model utilizes an instrument to measure an individual’s leadership orientation. The scores are ranked and leaders defined as Least Preferred Co-Worker (low-LPC or high-LPC leaders. Fiedler’s theory is that leaders have natural styles and, consequently, companies need to change the leader’s environment to suit that particular style (Kreitner & Kinicki, 2003).

The Situational Leadership Model was developed in the 1960s by Hersey and Blanchard to emphasize follower development. In this model, the leader analyzes the situation, considers the development level of the follower, and then adapts a task- or relationship-oriented style to suit him or her (“ Hersey and Blanchard’s situational leadership,” 2007).

The Learning Organization (Systems Theory) Model developed by Peter Senge stresses the importance of recognizing that an organization is composed of circular relationships rather than linear ones. Senge argues that organizations can no longer utilize a traditional leadership model but must “ gain the commitment of employees at all levels and continually expand their capacity to learn” (Smith, 2007, p. 8). It is recommended that all of the above models be used in conjunction with each other to best lead the new Pottstown Hospital through the change.

ConclusionChange is difficult in all situations, so employing an effective strategy to implement major organizational change is critical. In addition to the theories presented here, others such as Expectancy Theory and Path-Goal Theory could be used, but they are not believed to be effective for the current situation at Pottstown Hospital. Development of the new patient care and delivery area at Pottstown Hospital would benefit from a participative leadership style. Weaknesses in the behavioral indicator for leading by example suggest that employees should participate in problem solving, and specific objectives should be created.

A participative leadership style will also increase the level of communication between employees and senior management. Implementing communication forums to discuss projects and innovative ideas will increase employee buy-in, and involving employees who are affected by the change as well as communicating to them the case for change will help ensure a successful transition. There are no guarantees, but if a leader allows others to participate and own the change process, it is more likely to be successful.

References

Critical access hospital COPs and corresponding JCAHO AMH standards: Patient rights and organization ethics. (n. d.). Retrieved November 13, 2009, from http://www. ihaonline. org/cah/cops. pdfHersey and Blanchard’s situational leadership. (2007). Retrieved November 13, 2009, from http://changingminds. org/disciplines/leadership/styles/situational\_leadership\_hersey\_blanchard. htmKreitner, R., & Kinicki, A. (2003). Organizational behavior (6th ed.). New York: McGraw-Hill.

McShane, D. L., & Von Glinow, M. (2005). Organizational behavior: Emerging realities for the workplace revolution (3rd ed.). New York: McGraw Hill.

Miller, R. Butler, J. & Cosentino, C. (2004). Leadership & organization development. Bradford, 25(3/4), 362.

Smith, M. K. (2001). Peter Senge and the learning organization. Retrieved January 28, 2008, from http://www. infed. org/thinkers/senge. htm