

## An Overview of Health Care Management

Management :Planning, organising, directing and controlling: the art of getting things done by and through people (WHO, 1993: 5).

\*Whenever group efforts are necessary to achieve anything, there is a need for management.

\*While it is necessary to ensure that things get done, the manager should never forget that without people, nothing will get done!

Health management is the application of management principles for Health care.

### Characteristics of an organization

Organization : S deliberate arrangement of people to accomplish some specific purpose

All organizations have three common characteristics : 1. Distinct purpose 2. Deliberate structure 3. People

\*-\* Health care management is a growing profession with increasing opportunities in both direct care and non–direct care settings.

**Direct** care settings Are those organizations that provide care directly to a patient, resident or client who seeks services from the organization

**Non direct** care sittings Are not directly involved in providing care to persons needing health services, but rather support the care of individuals through products and services made available to direct care settings

### The Need for Managers and Their Perspectives:

\* Health care organizations are complex and dynamic.

\*The nature of organizations requires that managers provide leadership, as well as the supervision and coordination of employees.

\*In health care organizations, the scope and complexity of tasks carried out in provision of services are so great that individual staff operating on their own could not get the job done.

\*The coordination of many highly specialized disciplines that must work together seamlessly is required.

\*Managers are needed to: Ensure organizational tasks are carried out in the best way possible to achieve organizational goals and that appropriate resources, including financial and human resources, are adequate to support the organization.

\* Health care managers are appointed to positions of authority, where they shape the organization by making important decisions.

\*Decisions made by health care managers: Focus on ensuring that the patient receives the most appropriate, timely, and effective services possible. Address achievement of performance targets that are desired by the manager.

\*Managers must consider two domains as they carry out various tasks and make decisions. These domains are termed **external and internal domains**

The external domain: Refers to the influences, resources, and activities that exist outside the boundary of the organization but that significantly affect the organization. Such as community needs and insurers.

The internal domain: Refers to those areas of focus that managers need to address on a daily basis, such as ensuring the appropriate number and types of staff, and quality of care.

\*Keeping the dual perspective requires significant balance and effort on the part of management in order to make good decisions.

**The six management functions:** Function is a broad area of responsibility composed of many activities aimed at achieving a predetermined objective

1. Planning 4. Controlling 2. Organizing 3. Staffing 6. Decision making 5. Directing

1. Planning: is the process of looking forward. This function requires the manager to set a direction and determine what needs to be accomplished. It means setting priorities and determining performance targets. This function refers to How and Why? For example, developing policies and procedures.

2. Organizing: refers to effective utilization of resources to achieve organisation objectives. This management function refers to the allocation of tasks, teamwork assignments, and delegation of authority to meet the deadline are critical components of this function.

3. Staffing: This function refers to acquiring and retaining human resources. It also refers to developing and maintaining the workforce through various strategies and tactics. Provide the qualification needs and to have adequate staffing maintain smooth workflow.
4. Controlling: This function refers to monitoring staff activities and performance and taking the appropriate actions for corrective action to increase performance. (comparing the actual performance with the standards of the organisation). Controlling involves ensuring that performance does not deviate from standards.
5. Directing: to guide, instruct, and oversee employees to achieve predetermined objectives. The focus in this function is on initiating action in the organization through 1) effective leadership 2) motivation 3) communication with, subordinates. Providing guidance to employees to perform to the best of their ability and capacity.
6. Decision making: making effective decisions based on consideration of benefits and the drawbacks of alternatives.

### Management: Definition, Functions, and Competencies

\*In order to effectively carry out these functions, the manager needs to possess several key competencies.

\*Katz (1974) identified key competencies of the effective manager, including conceptual, technical, and interpersonal skills.

\*The term **competency** refers to a state in which an individual has the adequate ability or qualities to perform certain functions

\*\* Conceptual skills:

- Are those skills that involve the ability to critically analyze and solve complex problems.
- Examples: a manager conducts an analysis of the best way to provide a service or determines a strategy to reduce patient complaints regarding food service.

\*\*Technical skills:

- Are those skills that reflect expertise or ability to perform a specific work task.
- Examples: a manager designs and implements modifications to a computer-based staffing model.

Interpersonal skills:

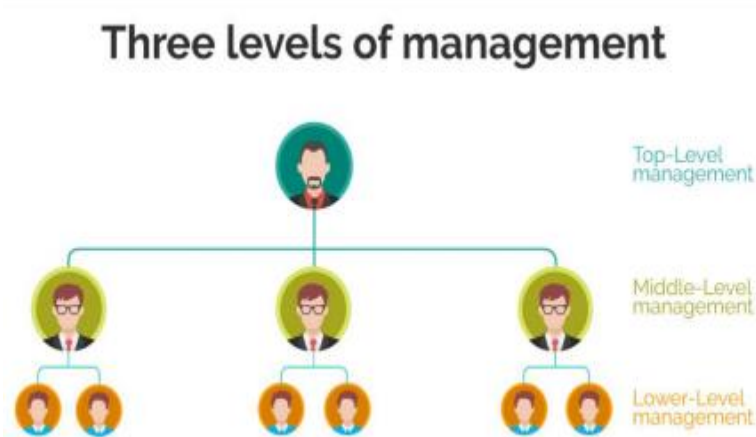
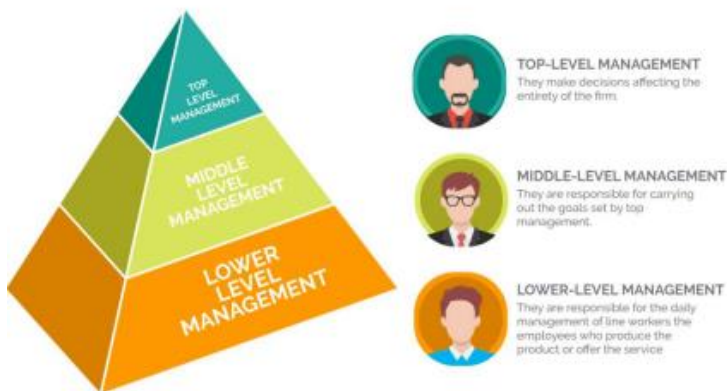
- Are those skills that enable a manager to communicate with and work well with other individuals, regardless of whether they are peers, supervisors, or subordinates.
- Examples: a manager counsels an employee whose performance is below expectation or communicates to subordinates the desired performance level for a service for the next fiscal year.

### Management Positions: The Control in the Organizational Hierarchy

- Management positions within health care organizations exist at the lower, middle, and upper levels; the upper level is referred to as senior management.
- **The hierarchy of management** means that authority, or power, is delegated downward in the organization, and lower-level managers have less authority than higher-level managers, whose scope of responsibility is much greater.

### The hierarchy of management

### THE LEVELS OF MANAGEMENT



### Management Positions: The Control in the Organizational Hierarchy

- Vertical structure:
  - ❖ The most common organizational structure for health care organizations is a functional organizational structure, whose key characteristic is a pyramid-shaped hierarchy that

defines the functions carried out and the key management positions assigned to those functions.

- ❖ The traditional structure.
- ❖ Other administrative structures have been adopted by health care organizations, usually in combination with a functional structure. These include:

1. **Matrix or team-based models.** This type of structure is often useful when skills need to be shared across departments to complete a task and can allow companies to utilize a wide range of talents and strengths.

2. **Service line management models.** Service-line management is a system in which a hospital is divided into specialist clinical areas that are then managed, by clinicians, as distinct operational units. Service-line management enables clinicians and managers to plan service activities, set objectives and targets, monitor operational activity and manage performance

### **Leadership versus Management**

\*\*Though sometimes used interchangeably, these are two different concepts.

\*\*In any business setting, there must be leaders as well as managers. But are these the same people? Ans: **Not necessarily**

\*\*There are leaders who are good managers and there are managers who are good leaders, but usually neither case is the norm.

\*\*\*\*Leadership is conceptualized as a process that elicits influence within a context for achieving goals by sharing a common vision (Cummings et al., 2010).

\*\*\*\*Leadership is being able to see the present for what it really is, see the future for what it could be and then take action to close the gap between today's reality and the preferred future of tomorrow (Cummings, 2012).

### **Leadership versus Management**

\*\*In today's dynamic workplace, organizations need leaders to cope with new challenges, and transform organizations in order to achieve a competitive advantage in the marketplace.

\*\*In addition, organizations need managers to maintain a smoothly functioning workplace, and to utilize resources effectively.

\*\*Finally, a well balanced organization should have a mix of leaders and managers to succeed. (Kotterman, 2006)

**Styles** of Leadership in Healthcare 1. Coercive. 2. Participative. 3. Pacesetting. 4. Coaching. (Buchbinder, Shanks, & Kite, 2019)

\*-\* **Coercive leadership (Autocratic)** Coercive leadership style power is used inappropriately to get a desired response from a follower.

\*-\*This very directive format should probably not be used unless the leader is dealing with a very problematic subordinate or is in an emergency situation and needs immediate action.

\*-\*In healthcare settings over longer periods of time, three other leadership styles could be used more effectively: participative, pacesetting, and coaching.

\*-\*May contribute to rapid turnover.

**Participative leadership (Democratic)**

\*Many healthcare workers are highly trained, specialized individuals who know much more about their area of expertise than their supervisor.

\*Healthcare workers will respond better and be more productive if the leader is participative in his or her style.

\*Asking for their input and giving them a voice in making decisions will let them know they are respected and valued.

**Pacesetting leadership**

\*\*In a pacesetting style, a leader sets high performance standards for his or her followers.

\*\*This is very effective when the employees are self-motivated and highly competent— e.g., intensive care nurse

## Coaching style

\*\* A coaching style is recommended for the very top personnel in an organization.

\*\*With this style, the leader focuses on the personal development of his or her followers rather than the work tasks.

\*\*This should be reserved for followers the leader can trust and those who have proven their competence

\*\*Most good leaders use a mix of styles.

For example, a leader may take an autocratic approach to implementing some changes, such as requiring compliance with handwashing protocols, while taking a democratic or participatory approach to other decisions, such as developing methods to decrease surgical site infections. 29 November 2021 Styles of Leadership in Healthcare

## 2<sup>ND</sup> FILE (Management and Motivation)

### Introduction

- Managers are continually challenged to motivate a workforce to do two things. The first is to motivate employees to work toward helping the organization achieve its goals. The second is to motivate employees to work toward achieving their own personal goals.
- Meeting the needs and achieving the goals of both the employer and the employee is often difficult for managers in all types of organizations.
- The types of workers in healthcare sector range from highly trained and highly skilled technical and clinical staff members, e.g., physicians and nurses, to relatively unskilled workers.
- To be successful, healthcare managers need to be able to manage and motivate this wide array of employees.

### MOTIVATED VS. ENGAGED—ARE THE TERMS THE SAME

- Oftentimes when you read about motivation, the term engaged, appears within the same context. In order to be motivated, employees must be engaged—and in order to be engaged, they must be motivated.

- Gallup interviewed more than 1.2 million employees at more than 800 hospitals” (2010). The purpose of the research conducted was to understand what engaged healthcare employees look like.

**Results showed that engaged healthcare employees:** • Are more productive

- Are more focused on patient care and treatment

- Are safer

- Are loyal to their employers

- Disengaged employees bring morale down and impact the organization's bottom line.

- According to Gallup, within the U.S. workforce, more than \$300 billion is lost in productivity alone in disengaged employees.

- Top-performing organizations recognize that employee engagement requires motivation and is the driving force behind organizational performance and outcomes (Gallup, 2010; Manion, 2009).

### **MOTIVATION—THE CONCEPT**

- a motive is “something (a need or desire) that causes a person to act.” Motivate, in turn, means “to provide with a motive,” and motivation is defined as “the act or process of motivating.”

- Thus, motivation is the act or process of providing a motive that causes a person to take some action.

Motivation • What Are Rewards?

- Rewards can take two forms. They can be either intrinsic/internal rewards or extrinsic/external ones.

- \*• Intrinsic rewards are derived from within the individual. For a healthcare employee, this could mean taking pride and feeling good about a job well done.

- \*• Extrinsic rewards pertain to those reinforcements that are given by another person.



## Who Motivates Employees?

- While rewards may serve as incentives and those who give rewards may seek to use them as motivators, the real motivation to act comes from within the individual.
- Managers can work to provide various types of incentives in an effort to influence an employee in any number of ways, such as rearranging work schedules, improving working conditions.
- While these may have an impact on an employee's level of motivation and willingness to act, when all is said and done, it is the employee's decision to take action or not.
- In discussing management and motivation, **it is important to continually remember the roles of both managers and employees in the process of motivation.**

## WHY MOTIVATION MATTERS

Healthcare organizations face pressure externally and internally.

- Externally, the healthcare system must confront challenges such as the aging population, economic downturns, increases in market competition, increases in the cost of providing care, and healthcare reform.
- Internally, our healthcare system faces pressure stemming from challenges such as shortages of certain types of healthcare workers, increasing accreditation requirements, dealing with limited resources, increasing responsibilities connected with providing quality care, and ensuring patient safety.
- As healthcare employees are continually being asked to increase their responsibilities with fewer resources, managers must create a work environment in which employees are engaged, happy at their job, inspired, and motivated.
  - People spend approximately one-third of their lives at work, and managers need to recognize that the workplace is one of the most important aspects of a person's identity.
  - In situations where people self-esteem is constantly under attack, stress occurs, morale diminishes, illness prevails, and absenteeism goes up (Scott & Jaffe, 1991)

- Employees who are motivated feel invested in the organization, are happier, work harder, are more productive, and typically stay longer with an organization (Levoy, 2007, p. 70).
- A motivated and engaged workforce experiences better outcomes and provides an organization with a competitive edge to successfully compete and be viewed as a dominant force in the market

## **THEORIES OF MOTIVATION**

- Psychologists have studied human motivation extensively and have derived a variety of theories about what motivates people.
- These include theories that focus on motivation being a function of :
  1. employee needs of various types, 2. extrinsic factors, and 3. intrinsic factors

## **Needs-Based Theories of Motivation Maslow's Hierarchy of Needs**

- Maslow (1954) postulated a “hierarchy of needs” that progresses from the lowest level needs to the highest level of self-awareness and actualization.
- Once each level has been met, the theory is that an individual will be motivated by and strive to progress to satisfy the next higher level of need. The five levels in Maslow's hierarchy are:
  1. Physiological needs—including food, water, breathing, sexual drive, sleep
  2. Safety needs—including shelter, a safe home environment, employment, a healthy and safe work environment, access to health care, money, and other basic necessities;
  3. Belonging needs—including the desire for social contact and interaction, family, friendship, affection, and various types of support;
  4. Esteem needs—including status, recognition, and positive regard; (People need to sense that they are valued and by others and feel that they are making a contribution to the world).
  5. Self-actualization needs—including personal growth and development, and autonomy.

- The movement from one level to the next was termed “satisfaction progression” by Maslow, and it was assumed that over time individuals were motivated to continually progress upward through these levels.

## Needs-Based Theories of Motivation Maslow's Hierarchy of Needs



## Alderfer's ERG Theory

- The three components identified by Alderfer (1972) in his ERG theory drew upon Maslow's theory but also suggested that individuals were motivated to move forward and backward through the levels in terms of motivators. He reduced Maslow's levels from five to the following three:

1. Existence—which related to Maslow's first two needs, thus combining the physiological and safety needs into one level;
2. Relatedness—which addressed the belonging needs; and
3. Growth—which pertained to the last two needs, thereby combining esteem and self actualization.

- Alderfer also added his frustration—regression principle, which postulated that individuals would move in and out of the various levels, depending upon the extent to which their needs were being met.

### 3<sup>RD</sup> FILE 4<sup>TH</sup> WEEK

#### Herzberg's Two-Factor Theory

• Herzberg (2003) further modified Maslow's needs theory and consolidated down to two areas of needs that motivated employees. These were termed:

1. Hygienes—These were characterized as lower-level motivators and included, for example, “company policy and administration, supervision, interpersonal relationships, working conditions, salary, and security” (p. 5).(Job context)

2. Motivators—These emphasized higher-level factors and focused on aspects of work, such as “achievement, recognition for achievement, the work itself, responsibility, and growth or advancement” (p. 5). (job content).

• Herzberg's is an easily understood approach that suggests that individuals have desires beyond the hygiene's and that motivators are very important to them.

#### Herzberg's Two-Factor Theory



#### McClelland's Acquired Needs Theory

• The idea here is that needs are acquired throughout life. That is, needs are not innate but are learned or developed as a result of one's life experiences (McClelland, 1985). This theory focuses on three types of needs:

1. Need for achievement—which emphasizes the desires for success, for mastering tasks, and for attaining goals;

2. Need for affiliation—which focuses on the desire for relationships and associations with others; and

3. Need for power—which relates to the desires for responsibility for, control of, and authority over others.

### Extrinsic Factor Theories of Motivation

- Reinforcement Theory

- B. F. Skinner (1953) studied human behaviour and proposed that individuals are motivated when their behaviours are reinforced. The first two are associated with achieving desirable behaviours, while the last two address undesirable behaviours:

1. Positive reinforcement—relates to taking action that rewards positive behaviours;

2. Negative reinforcement- anything that strengthens and increases behaviour by the withdrawal or removal of unpleasant consequences.

3. Punishment—Punishment is the act of causing an unpleasant consequence to a response to prevent the person from repeating that behaviour. Placing an employee on suspension for excessive absenteeism is an example of punishment.

4. Extinction—Eliminating any reinforcement that is maintaining a behaviour is called extinction.

#### Extrinsic Factor Theories of Motivation



## Intrinsic Factor Theories of Motivation

- Theories that are based on intrinsic or endogenous factors focus on internal thought processes and perceptions about motivation.
- Adams' Equity Theory—which proposes that individuals are motivated when they perceive that they are treated equitably in comparison to others within the organization (Adams, 1963);

### General considerations

- While all of these theories are helpful in understanding management and motivation from a conceptual perspective, it is important to recognize that most managers draw upon a combination of needs, extrinsic factors, and intrinsic factors in an effort to help motivate employees.

## **A BIT MORE ABOUT INCENTIVES AND REWARDS**

- **Extrinsic** Rewards
- There are a host of external things that managers can provide that may serve as incentives for employees to become more engaged in an organization and increase their productivity. These include:
  - Money—in the form of pay, bonuses, etc.
  - Benefits—also in many different forms, including health, dental, and vision insurance; vacation days; sick leave; etc.
  - Flexible schedules

### **Intrinsic Rewards**

- Intrinsic rewards are internal to the individual and are in many ways less tangible. In fact, they are highly subjective in that they represent how the individual perceives and feels about work and its value.
- Five types of intrinsic rewards that have been summarized by Manion (2005) include:
  1. Healthy relationships—in which employees are able to develop a sense of connection with others in the workplace.

2. Meaningful work—where employees feel that they make a difference in people's lives. This is typically a motivator for people to enter and stay employed in the healthcare industry. This type of work is viewed as that in which the meaningful tasks outweigh the meaningless.

3. Competence—where employees are encouraged to develop skills that enable them to perform at or above standards.

4. Choice—where employees are encouraged to participate in the organization in various ways, such as by expressing their views and opinions, sharing in decision making, and finding other ways to facilitate participatory approaches to problem solving and goal setting,

5. Progress—celebrate when progress is made toward completing important milestones within a project.

### **Misconception on extrinsic and intrinsic motivation**

- Relying only on intrinsic or extrinsic sources of motivation may jeopardize the achievement of motivation aims.
- Relying on one source can motivate some employees and demotivate others who do not believe in the particular source. Management practitioners need to consider using both sources in motivating employees in order to achieve organizational pre-determined objectives.
- However, despite the fact that both intrinsic and extrinsic sources must be used to motivate employees, managers must be keen to understand which source motivates who.

### **Money and Motivation**

- Scholars and organizational practitioners have been conceiving motivation by relating it with money alone.
- Believers of this conception contend that, money is the main factor for enhancing motivation in organizations.
- Those who conceive it as a misconception anticipate that, money motivates only to a point.

- This idea is supported by Hay Group study (1999), where 500,000 employees ranked fair pay and benefits as the least ten important motivating factors that keep them committed and staying with their companies.
- That being the case, money can motivate some employees in the organization but must not be relied as the only way of motivation.

### **Some employees are not motivated at all**

- There has been misconception that, some employees in organizations are not motivated at all.
- Believers of this misconception argue that, despite the application of several packages for motivating employees, some never get motivated at all.
- However, Manion (2005) believe that, everyone is motivated by something.
- Each employee is motivated by a certain package.
- The challenging task to managers is to identify each employee is motivated by what package.

### **One size fits all**

- In this misconception managers believes that, one size fits all employees in rewarding and recognizing them.
- It is important to note that, individuals have different motives, and may act in different ways and be motivated by different aspects.
- Atchison (2003) provides that, to end this misconception, managers need to consider preferences when planning to motivate employees in order to improve effectiveness.
- Management practitioners need to be aware and consider investigating employees to find out each is motivated by what package.
- This will help the organization to increase employee's performance as the size that fit each employee will be identified; thus motivation impacting the achievement of organization goals



## MOTIVATIONAL STRATEGIES • Expect the best.

- Communicate and address the big picture.
- Reward the desired behaviour.
- Celebration.
- Focus on revitalizing employees.
- Find creative ways to obtain information and recognize excellence in employees.
- Focus on collaboration instead of competition.
- Play to employees' strengths.
- Give employees three compliments for every criticism.
- Acknowledge the importance of work-life balance and employee well-being.

Swiss cheese model – Activity

