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AN INTEGRATIVE APPROACH TO STRATEGIC MANAGEMENT IN HEALTH SERVICES

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ABSTRACT

The integrative approach to strategic management, through the defining of the consensus model, is a new concept. The consensus model incorporates the management principles, organizational behavioural and cultural patterns that form health services strategic management. Strategic management is the platform from which health services are delivered and forms its central core. Strategic planning is the critical component of strategic management, because effective health care delivery requires that management have sufficient information about themselves and their environment, and possess the managerial capabilities that allow effective strategic planning to occur. The critical components of the strategic planning process are the generation and formulation of strategic options, the evaluation of strategic alternatives, and the likely impact of the proposed decisions on others. Therefore, health service managers require sufficient knowledge of strategy and its management in order that the factors hindering or promoting effectiveness and efficiency in health care planning, implementation and evaluation may be determined. However, there is little agreement on the definition of strategic management and it is believed that this lack of consistency is due to its multi-dimensional and situational nature.

KEYWORDS

health service, strategic management, planning, effectiveness, consensus.

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M00, I18.

INTRODUCTION

The integrative approach to strategic management is demonstrated throughout this paper. The process by which organizational strategies are developed is influenced by several factors, including the planning process undertaken, political, cultural or enforced choice. Collaboration in the strategic process is a critical factor in the development of strategy, as collaboration ensures that strategy is understood and supported by the entire organization. In successful organizations, senior management use an integrative process that involves middle managers in the development of the strategic plan, thereby leading to the development of distinctive competencies in managers that then becomes part of the new vision of the organization. The integrative process then becomes the driver for the development of the new managerial and strategic competencies in middle and operational managers that further enhances and develops their roles within the organization. Conversely, unsuccessful organizations are those where formal planning does not occur and strategies emerge from informal decisions and entrenched values.

REVIEW OF LITERATURE

INTEGRATING MANAGERIAL EFFECTIVENESS

Health services organization are mainly not for profit organisations; therefore, a further complication is added to the managerial process in the management of such organizations, as strategies developed for the private sector are not appropriate for the not-for –profit sector. Even so, many hospital managers have adopted the managerial techniques and systems of the for-profit organizations as a perceived means of improving their operation, thereby enhancing the level of service delivered to patients and clients and in the process, not-for-profit hospitals have become increasingly, business –like in terms of organization and management. This is due, in part, to professional clinicians adopting, and becoming more involved in, new strategic management roles and responsibilities, in addition to their clinicians practice roles. This involvement whilst contributing to a more holistic approach to care delivery, has also contributed to strategic management difficulties in hospitals because, in the health service, the emphasis is on a caring approach to the delivery of health care rather than on the generation of profits for the organization, often a cause of conflict for health service professionals.

Additionally, competition for the health services has resulted in the introduction of managed care, in order to produce efficiencies in health care delivery, through controlling costs and by improving quality. Therefore, individual hospital is required to control costs and to increase operational efficiency, while continuing to provide high quality care, thus increasing the pressure that clinicians and non-clinicians are placed under when delivering patients care. It is now recognised that a change in the traditional self-image, perceptions, values and roles of individual health professionals is taking place and that, through this process of change, the middle manager clinicians and non-clinicians become the strategists, the organization builders and the directors of operations. Involvement by middle managers in strategy development, therefore, is a critical organizational success factor in successful strategic management because, if this group perceives that they are being excluded from the strategic process, they will be a recurring source of resistance to the development of new organizational strategy. Therefore, what is required for successful strategic management is the recognition that strategic management be viewed as a bottom-up and top- down integrative multi-layered process.

INTEGRATING PROFESSIONAL ORGANISATION

The success or otherwise of managerial effectiveness is dependent upon the collaboration process, yet difficulties in strategy development in hospitals arise, due to the increased complexity of their hierarchical system, the changing demographic shifts and the emerging populations within society that impinge on the health sector and on health service management. Therefore, a collective organisational mindset is necessary for the integration of the organisation mission and objectives. This integration is based upon collaborative management, whereby employees view the organisation as an interacting network rather than a hierarchy. In this way, employees are encouraged to solve their own problems and to become involved in future organisational planning. The manager's role in collaborative management is to bring out the positive aspects of the employee's mindset. This is achieved in health care management through inspiring, engaging and leading employees through a process of involvement collaboration and consensus, which requires a finely-tuned interpersonal adeptness.

One of the common criticisms of hierarchical health service organisations is that they are outmodel, too slow and unwieldy for the turbulent modern world, yet some have survived because they have remained flexible and responsive to their changing environments by incorporating new practices, management techniques and technologies, in effect, new mindsets. Yet, it is evident that layers of management create complexity in reporting structures, requiring a collaborative management. To counter-balance this effect, new ways of organising and doing work are now occurring through knowledge workers, project teams and cross-department groups. Knowledge workers with clearly-defined career pathways have made hierarchical managers almost redundant. Also, a focus on people, processes and rewards enhances employee motivation and commitment levels, thereby increasing organisational productivity and efficiency. Relationship-building, collaborative practices and interactions, and networking will determine the success of changed organisational structure. This type of interactive process is taking place in the US through the formation of "magnet" hospitals, renowned for their approach to excellence.

The creation of reliable and efficient hospital through knowledge workers and knowledge economies are driven by collegial nurse-physician's relationships. Few health care organizations remain in a stable state for long-today, due to challenging environmental, financial and technological changes. Therefore, a socio-cultural

health care system is required that offers its members the choice to change the structured mindset of the organization. Such change is brought about by promoting participating, involvement and collaboration in the delivery of health care rather than by competition, thereby permitting organisational members to develop the ability to adjust to, or recover from, change easily.

INTEGRATING CHANGE PROCESSES

The effect of restructuring in health service organisations and on the structure and delivery of health services has resulted in new ways of organising and doing work. A consequence of these changes is that health service managers need to have change management skills. The management of change draws from psychological, behavioural, political, social and cultural dimensions, many of which may be conflicting. In order for the change process to be successful, the communications process during change should include several key factors, including:

- Consultation
- Education
- Participation
- Assertiveness
- Negotiation
- Understanding of change dynamics
- Democratic decision-making

Schyns model of "preparedness for occupational change" revealed that the core concepts required for successful change are self-efficacy and leadership, and indicates that, for change to occur, the leader requires persistence in overcoming obstacles. Therefore, leadership is required. Support systems to aid problem-solving may be needed, as well as active facilitators to map out, for managers and staff, the desired, possible and eventual change patterns that are emerging.

Organisations should also be prepared to assist and to educate their employees to take on new tasks, roles and processes. The role and importance of personal, professional and organisational values are important in health service management. Adherence and commitment to organisational values and ethics remains strong in health service organisations, particularly in hospitals, where the provision of excellence in service delivery is the key organizational value. It is important, for the successful management of change, that strategists manage existing cultural artefacts, such as key values, norms, rituals, ceremonies, language systems and myths about the organisations successes or failures. This is required because existing strategy is fostered and nourished by current cultural artefacts, and new organisational strategy will require a different cultural mindset from its members. Thus, through communication, group participation, leadership and education, mangers should introduce the new strategy that will complement existing cultural artefacts, whilst also promoting the need for efficient management and cost effective care delivery.

INTEGRATING LEADERSHIP & MOTIVATION

Leadership forms a key component of the strategic integrative process, which is centred around how leaders can have an effect on the aspirations, motives and commitment of employees or followers. Emphasis on the inspirational, the visionary and the charismatic qualities of the leader appeals to the values-based system of the follower in a positive manner through infusing the follower with ideology, loyalty to the leader, value and moral purpose that the followers of outstanding leaders become committed to the vision of the leader through shared values. Contemporary health service managers require leadership skills that include collaborative shared and co-operative forms that are multi-dimensional in orientation and innovative in change. Instilling a sense of organisational commitment in employees is also necessary in modern health care delivery. This collaborative process is the context that motivates employees to change, as they now want their work to be more effective and, thereby to contribute to better organisational outcomes.

Thus, motivation is a further factor in the integrative approach to strategic management. If employees perceive that their work is challenging and interesting, and if they are provided with a high level of responsibility by their organisation, they will be motivated to work and to produce higher levels of work output than previously, resulting in a responsible employee. Positive motivators, such as encouragement, involvement and participation in decision- making will produce high standards of performance, leading to the need to attain "achievement motivation", which in itself, influences leadership through the skilful use of power. This unleashing of the appropriate use of power, energy and talent results in positive benefits for the organisation, because, when individual purpose and mission are intertwined with the organisation's purpose and mission, synergies results that lead to increased motivated to implement the organisation's purpose and mission. This process is self-motivational, because, in order for employees to become motivated to take responsibility for their actions, they must be able to visualise how their work achievements fit into the overall scheme of things in the organisation.

The patient also benefits from increased employee motivation levels; this occurs as a result of clinicians and non-clinicians maintaining self-motivational levels and, thereby not compromising the values that they hold. The development of expertise and competencies are the best motivators for health care clinicians, as professionals are motivated, through their professionalism, to design and manage systems of care delivery and to create an environment that promotes excellence in patient care delivery.

INTEGRATION OF INVOLVEMENT & COMMITMENT

Perceptions exist amongst clinicians and non-clinicians that involvement in strategic planning is governed by the motivation to take part in the planning process and, as a result, motivation levels are governed by the perceptions of involvement or non- involvement in strategic decision-making. Thus, managers, through involvement in the strategic process, enjoy an enhanced role within the work environment, leading to added value for the organization in term of patient care delivery. The professional role is rooted in patient advocacy. Involvement in strategy development permits clinicians to identify their areas of expertise and to appreciate that this expertise provides them with a critical asset in acting as advocates for their patients, thereby enhancing self-motivation levels.

Due to health care demands from parents, for greater choice in the service offered, and for higher levels of excellence in the services delivered, health professional is required to demonstrate a higher level of involvement and commitment to their work than has been previously expected of them. Commitment is an intricate mechanism that encompasses a complex sense of loyalty involving a strong belief in the goals of the organisation and congruence with its value system. A high level of involvement in work- based activities results in a sense of acknowledgement of one's efforts on behalf of the organisation resulting in commitment to the organisation.

Organisation managers have an ethical obligation to create a healthy working environment where communication and involvement are fostered. As the ultimate responsibility for the organisation's environment lies with management, leadership behaviour by managers is necessary in order to create an organisation climate where job satisfaction and organisational commitment are promoted. A contemporary form of commitment, termed organisational citizenship behaviour (OCB), is positively associated with organisational commitment. OCB produces loyalty to the organisation and results in the individual taking on greater responsibility and decision –making in the work situation. However, conflict may arise in health care management due to different ideology amongst professionals. The conflict relates to the mechanism of care delivery and due to the value-laden environment or context in which negotiations occur. Therefore, managers require an understanding of the biases resulting from value conflict and the ability to lead, in order to create an organisational climate where involvement and commitment are promoted.

INTEGRATING ORGANISATIONAL CULTURE

Organisational culture influences health care management. The internal culture of the organisation is the set of key value, beliefs, understanding and norms that members of an organisation share. Due to changing demographic shifts and emerging population within society, socio-cultural factors are impinging on health care delivery. Socio-cultural dimensions represent the demographic characteristics, norms, customs and values of the population within which the organisation operates. Managers must manage the cultural differences that exits between clinicians and non-clinicians and the cultural ethics differences that now exist in

health care management. Different clinicians and non-clinician's groups appears to have fundamentally different beliefs. Professional clinicians follow a different set of procedures that appear to be linked to the profession rather than to the area of work. However, diverse beliefs are not deemed to be detrimental to service delivery, nor to result in a better service of care for patients, as all clinicians are focused on the same outcome. Core values are excellence in care delivery, equity in service delivery, safety, confidentially in dealings with clients, client advocacy, respect and dignity for patients, loyalty and staff integrity. A strong organisational culture results in the presence of positive interpersonal relationships. Strong organisational culture is perceived by managers as contributing to a collaborative and participative form of communication that is evident through the presence of a consultative, broad based consensus approach to decision-making.

NEED / IMPORTANCE OF STUDY

Strategic involvement and organizational commitment, when both are present will influence the level of consensus of strategy. There are high levels of consensus in both clinicians and non-clinicians working in strong organizational culture is an important factor in the maintenance of organizational stability.

OBJECTIVES OF THE STUDY

To review the following:

1. Integrating Managerial Effective.
2. Integrating Professional Organizations.
3. Integrating Change Processes.
4. Integrating Leadership & Motivation.
5. Integration of Involvement & commitment.
6. Integrating Organizational Culture.
7. Integrating Consensus.

RESEARCH METHODOLOGY

This study is mainly based on the secondary data. These data are collected from various websites, journals, and newspaper articles. The study is descriptive & conceptual in nature.

RESULTS & DISCUSSION

INTEGRATING CONSENSUS

There are difficulties in managing strategic consensus in a turbulent environment, when priorities are constantly shifting, resulting in less consensus on the strategic direction of the organisation. Therefore, the achievement of consensus is a critical success factor in health care management. Consensus of strategy is achieved through a number of pathways and influences. The consensus platform includes managerial, organisational and behavioural structures, in addition to leadership, involvement, commitment and culture.

The dominant culture existing in organisations influences strategic consensus, through the social validation of group norms; these standards are endorsed through s process of agreement and are passed onto new members as being the correct way to do things. It was demonstrated that, when strong culture exists in the organisation, a high level of commitment is also present. Therefore, the organisation's culture influences the level of strategic consensus occurring amongst managers. In addition, non-clinician managers who work in strong organisational cultures, where cultural norms, values and beliefs are strong and cohesive, have a greater level of strategic consensus than those who work in weaker organisational cultures where a dilution of organisational culture exists, due to the presence of sub-cultures, multi-cultures and cell-cultures. A climate where discussion and challenging of views is accepted, results in a consensus approach to organisational strategy.

The influence of organisational culture on consensus is manifested through shared value system that incorporate shared beliefs, respect for clients and staff, and strong ethical beliefs amongst managers. A strong culture also results in a positive and passionate approach to client-centred care, where the client is placed first, where services revolve around clients and where a holistic approach to patient care incorporates evidence-based practice. Additionally, commitment influences the organisation's culture through its norms, values, philosophy, goals and mission. Shared values and the presence of a sound value system is present when employees know what is required of them and what is important to patients. The core and abiding cultural values of middle managers, regardless of their functional role, is the provision of ethical –based services to patients. However, traditional loyalty to the organisation may be inappropriate for a mature employment relationship and, therefore, questioning loyalty to the organisation is cautioned so that exploitation of employees through the inappropriate use of power does not occur. Where managerial behaviour contradicts professional value, conflict may arise in service delivery. This conflict occurs because a traditional component of the clinician role is the management of organisational culture, whereby the values of the professional team are critical to successful organisational outcomes, rather than the cost of services provided. However, patient services wi; be enhanced, if both clinicians and non-clinicians are willing to take greater responsibility for cost efficiencies. Thus, it is important for managers to foster a strong organisational culture, thereby ensuring the maintenance of ethical cultural norms such as caring, professionalism and excellence in care delivery. As both group are strategically involved, two different perspectives will be obtained through the participation of clinicians and non- clinicians in strategic matters, and in the recognition that both groups have different perspective in care delivery.

FINDING & UNDERSTANDING

General agreement on the concept of consensus does not exist, as attempted to define the concept in various ways. The literature suggest that certain factors are important determinants of consensus, and that there are limited and conflicting interpretations of the concepts of strategic consensus. Although the relevance of consensus to involvement in strategy formulation is not well understood, there is a requirement for the integration of strategic consensus when formulating strategy.

RECOMMENDATIONS & SUGGESTIONS

Strategic consensus is achieved through the sharing of strategic information and direct exposure to strategic priorities. Health care is delivered in a turbulent and constantly changing environment that is influenced by changing demographic, technological, environmental and financial factors that often results in less consensus on the organisations strategic direction. I have highlighted the importance of Consensus in strategic decision-making and of strategy development as a consensus-building process. Despite the perceived importance of strategic consensus, little research had been conducted, due to the absence of a conceptual framework linking the concepts that might contribute to the consensus, little research had been conducted, due to the absence of a conceptual framework linking the concepts that might contribute to the consensus-performance relationship, until carney researched strategic consensus and found that certain managerial, organisational and cultural factors lead to strategic consensus. It is clear that conflicting interpretations of the concept of strategic consensus. It is clear that conflicting interpretation of the concept of strategic consensus exits and that the relevance of consensus to involvement in strategy formulation is not understood. Research on consensus is related to strategy formulation, to the environment.

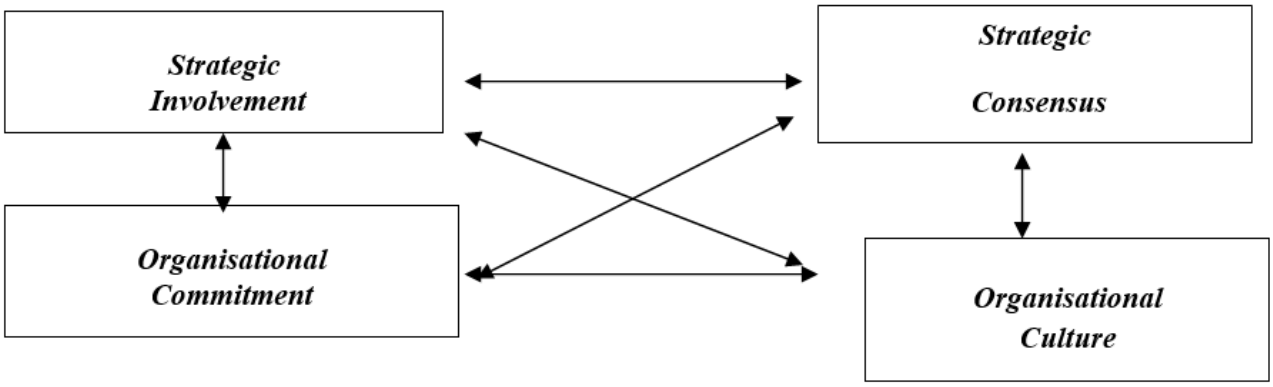
CONCLUSION

Consensus in Clinicians & Non-Clinicians however, in relation to clinicians and non-clinicians, clinicians' level of strategic involvement and strategic consensus is greater than that of non-clinicians in organisations where a very strong culture exists. Non-clinicians working in organisations where a very strong culture have a higher level of strategic involvement than those working in organisation with weaker culture. There are higher levels of consensus of strategy in both clinicians

and non- clinicians working in stronger organisational culture than those working in weaker organisational culture. Therefore, clinicians and non- clinicians who work in strong organisational cultures have a greater level of strategic consensus than those who work in weaker organisational culture.

The future goal of health service managers should be to provide a strong organisation culture that promotes involvement, collaboration and participation by clinician and non-clinician's managers in the development of strategy. The Consensus Model is presented in Figure.1.1.

FIGURE 1.1: THE CONSENSUS MODEL



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