Management in Healthcare; overview of management theory and practice

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Meaning of management

- Management derives from the Italian ‘maneggiare’ meaning to ‘control’, from the Latin, ‘manus’, the hand, and hence to the ‘mundane’ meaning of management ‘to handle’ a situation or thing

  (Grey, 2005:53)
Definitions of management

• The fundamental task of management remains the same: to make people capable of joint performance through common goals, common values, the right structure, and the training and development they need to perform and to respond to change.

• (Drucker, 1989:214)
Definitions of management

• As soon as we ask someone else to do something, rather than undertaking ourselves, we become a manager
  
  (Iles 1997)

• Probably the most succinct definition is:

• Management is getting things done through other people
  
  (attributed to Follett, 1949)
Other related terminology

– Organisation - collection of people working together within a division of labour to achieve a common goal (organisations can be defined through their product, size, purpose, ownership)

– Complexity - division and specialization of labour; number of hierarchal levels; geographical dispersion

– Formalisation - degree of reliance on rules and procedures to direct behaviour

– Centralisation - locus of decision-making authority
Operational management

• Operational management is concerned with shorter term decision-making and routine, day-to-day problem solving

• Responses to activities and issues such as staffing levels, scheduling work, ensuring quality, customer relations and staff training.

• Mainly covered by middle managers, team leaders and supervisors
Operational management

- Managers working in this area have responsibility for:
- The day-to-day organising and coordinating of services and resources
- Short-term decision making and routine, day-to-day problem solving
- Liaising with clinical staff and other professionals,
- Dealing with the public and managing complaints;
- Anticipating and resolving service delivery issues.
- Staffing levels, scheduling work, ensuring quality, and staff training
- Planning and implementing change.

(www.nhscareers.nhs.uk 2008)
Simple process model

INPUTS

TRANSFORMATION
[NB significant events]

OUTPUTS
Strategic management

• Generally undertaken at senior/executive levels

• Strategic management concerns larger scale and longer term plans and objectives: major decisions in the nature, direction, emphasis and structure of the organization

(Stoney, 2001)
Strategic management

• A more corporate approach concerned with resource allocation & spending, mission development, performance review and reward

• Concerned with positioning the organization within the changing external political and policy environment
Roles of managers
(Mintzberg, 1973 classic study)

• Interpersonal roles
  – Figurehead, Leader, Liaison = ‘Leading’

• Informational roles
  – Monitor, Disseminator, Spokesman = ‘Administrating’

• Decisional roles
  – Entrepreneur, Disturbance handler, Negotiator = ‘Fixing’
Management in healthcare

• Healthcare tends to be highly politicised
  – Obamacare in USA
  – NHS in UK

• Appearance of the NHS being strategically and operationally managed by the government of the day remains a strong criticism.

• A British Medical Journal editorial suggests that the NHS is ‘unusual in not having a leader’ and claims that ‘if there is a leader then it is the Secretary of State for Health’ (Smith, 2003a)
Management in healthcare

• Since inception of NHS, the Secretary of State has been held accountable ‘for every dropped bedpan, trolley wait, cancelled operation or long waiting list’

• This is a ‘managerial nonsense but a political reality’, and caused a need to centralize and manage every detail creating an ever tightening cycle of control and ‘hyper-interventionist style of micromanagement’ (Walshe, 2003:108)
“Managerialism”

- Managerialism comprises a set of beliefs and practices, at the core of which is the assumption that better management will prove an effective solution for a wide range of personal, economic and social ills (Pollitt, 1993)

- It has been promoted in healthcare in UK by successive governments
Managerialism revisited

• Criticised as lacking sensitivity to the caring aspects of health work (Currie, 1998)

• Exposed the incompatibility of managerially determined targets with the essence of professional practice (Winyard, 2003)

• Linked to attempts to privatize, commercialize and de-regulate public sector services (Pollock, 2004)

• Criticized as being inappropriate for the organizational complexities and ethos of public services (Thorne, 1997)
Managerialism demands:

– the setting of targets and priorities;
– analyzing activities;
– monitoring and appraising performance against criteria;
– setting and controlling budgets and workforce targets,
– implementing management information systems

(Pollitt, 1993)
Managerialism

• Hence ‘managerialism’ curtails clinical freedom and professional autonomy.
• This is the ‘hub and the rub’ of health service management (Scrivens, 1988:1754) where the
• “...fundamental problem is a paradox between calls for a common set of values and the need to recognize that doctors and managers do and think differently” (Edwards et al., 2003)
Differences between managers and clinicians

**Clinicians**
- Rooted in biological science
- Direct cause/effect relationships
- Strong academic rigour
- Strong evidence base (eg Cochrane)
- Strong written culture
- Ancient colleges and specialist groups
- Senior doctors work with patients
- Responsible for own patients
- Professional discretion in treatment
- Think operationally
- Work to short time frames
- Individualistic characteristics and uneasy with being led
- Tendency to dominate teams
- Operate within a professional culture

**Managers**
- Draws from economics, finance, social and behavioural sciences
- Less clear cause/effect relationships
- Weak rigour in strategy/marketing
- Weak evidence based management
- Weak written culture
- Short professional life-span
- Senior managers remote from customers
- Focus on groups and populations
- Decisions based on rational/legal policy
- Think strategically
- Plan for longer time horizons
- Work generally in teams
- More comfortable with conflict and negotiation
- Operate in a task or role culture

But managers care too!

• Management requires a population and community focus
• In ethical terms;
  – Management is more Utilitarian and asks what’s best for the most
  – Clinical practice is more Kantian and asks what’s best for the patient in front of me?
• Both are needed!
• Managing the polarity of caring for needs of the individual and population
Positive results from focusing on individuals

Negative results from too much focus on individuals and not populations

and

Positives results from focusing on populations

Negative results from too much focus on populations and not individuals
Practitioners and managers

• Clinical practitioners, doctors, nurses and therapists are a difficult workforce to manage because they wish to do their best and in the one-to-one relationship with their patients they resist limitations on their use of resources.

• Historically, clinicians in these professions have turned their backs on management roles

• (J. Spivey, FRCS, Times letter 8/4/09)
Engaging doctors in leadership
(Dickenson & Ham, 2008)

- Historically healthcare has valued ‘professional autonomy’
- Since 1980s healthcare has become more centralised and HCPs more accountable
- This runs counter to traditional culture
- By use of power and position, clinicians (doctors) can block/confound managers’ and politicians’ efforts to impose change
Principal concerns of practitioners and managers

**Practitioners**

- Patient/client outcomes
- Focus on individual patients/clients
- Optimum care for each patient/client
- Need for professional autonomy
- Desire for self-regulation
- Use of evidence-based practice
- Tendency to personal responsibility

*Source: adapted from Edwards et al., (2002; 2003)*

**Managers**

- Patient experience
- Emphasis on populations/organization
- Trade-offs between competing claims
- Need for public accountability
- Preoccupied with systems
- Fair allocation of resources
- Tendency to delegation
Nurses

• Nurses have always had a management function within health services but this has tended to be at the operational level within ‘consensus’ management rather than the strategic level

• Efforts mainly focused on nurse education, the organization and deployment of the nursing workforce and line management roles of ‘training, organizing and monitoring junior nurses’ work’ (Bolton, 2004)
Nurses

• Another study that the management role ‘was a hard faced one’ indicating the cultural differences between the professional clinical role in nursing as ‘strongly feminised’ and management as ’equally strongly masculinised’

• This leads to devaluing of clinical nursing knowledge in opposition to ‘management knowledge’

• (Reedy and Learmonth, 2000)
Doctors

• Doctors are losing out in modern healthcare systems because of their discomfort with:
  – leadership,
  – strategy,
  – systems thinking,
  – negotiation,
  – genuine team working,
  – organizational development,
  – economics and finance.
  – (Smith, 2003b: 611 Editor BMJ)
Doctors

• Smith suggests that learning about these management concepts may make doctors ‘less lost’ in modern healthcare.

• Managers should also learn from doctors about creating an evidence base, engaging in debates about research and getting closer to patients.
Management and clinical practice

• At the heart of this dilemma is the belief that there is an incompatibility between the characteristics of management and the essential identity of professional clinical practice creating a clash of ideologies.

• (Reedy and Learmonth, 2000)
 Changing face of healthcare management

• Massive transformational challenge across globe
• In ‘west’ demand increases with ageing populations, rise multiple chronic conditions, growing expectations and continued medical advances
• Funding is tight and workforce constrained
• More ‘transformational leadership’
• Emphasis on clinical leadership and managerial – clinical leader partnership
Summary

• Management theories lie on a continuum from tight control to flexible participation
• Particular challenge in healthcare working with clinical practitioners
• Managers care too!
• Healthcare management should emphasize communication, consultation, collaboration and co-ordination
References

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