

CONSIDERATIONS REGARDING THE MANAGERIAL FRAMEWORK IN ORDER TO GROUND THE STRATEGY IN A PUBLIC HOSPITAL

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Abstract: *Strategic management, able to lead a public Romanian hospital towards performance, implies a series of management decisions influenced by factors linked to both the internal and the external environment. The purpose of this study relates to the internal environment of organisations and aims to establish a framework for decision making strategy in the medium and long-term decision making process, taking into account the perceptions of the human resources in the hospital. The methodology used was the case study on a public hospital in Romania, and the technique was the content analysis of the employees' answers to the open questions pertaining to the direction of the strategy, to organisational values and strategic objectives, extracted from the questionnaire addressed to them by the hospital manager. The results of the analysis lead to a managerial framework for decision making with regards to the direction of the hospital strategy, for establishing the organisational cultural values - professionalism, collaboration, and the strategic objectives agreed upon by the hospital organisation – hospital accreditation, quality of the medical services, and modernisation. The PD CPA managerial framework is created by enriching the PDCA model that has been created following E. Deming's PDCA model, by including the Perception of Human Resources.*

Keywords: *hospital management, organisational values, quality management.*

1. INTRODUCTION

Nowadays, Romanian public hospitals experience difficult times caused either externally, by insufficient funding for the health system, or internally by the hospital management, with its various components. Approaching the quality management of hospital medical services is difficult, especially because of the complexity of interpersonal relations that occur in the process of these medical services. The most important resource of a hospital is without a doubt the human resource, whose perceptions will have to be taken into account in any specific economic research.

The strategy first appeared in the military field; thus, Sun Tzu's papers mention for the first time such terms as *the usefulness of planning and specific strategies*, also linked to the human resources of the army, in order for the purpose to be finally reached - victory in any battle (Hințea, 2010). The functions of management described by Frederic W. Taylor (1856-1915) and then by Henri Fayol (1841-1925) relate to the prediction function, which *"is the main feature of strategic management"* (Petrescu et al., 2014). Later, Peter F. Drucker's works on *Efficiency* mention the phrase: *"the relevant question is not how to do things right, but how to find the right things to do and concentrate our resources and efforts upon them"* – *"doing the right things, not doing the things right"*

(Drucker, 1973). "Today's managers' decisions influence tomorrow's results" (Drucker, 1954). According to the *Business Dictionary*, *strategic management implies the systematic analysis of the factors associated to clients and competitors (the external environment) and of those that characterise the organisation itself (the internal environment) in order to insure the basis for supporting the best management practices.* Strategic management also means objectives, values, mission, and vision. Value is a "sustainable element, a method of achievement, a final goal, an imperative nature, the idea behind what is personally or socially desirable, it is based on faith", or "values are beliefs of maximum generality with motivational, evaluative, prescriptive, and prospective functions, which guide attitudes and actions" (Baciu et al., 2009). After 1989, in Romania there were few concerns with improving the health system. In the first decade of the present century, consistent questions started to arise with regards to the Romanian health system, questions to which more or less satisfying answers have been searched and found. Hospital management in Romania was the subject for study of numerous researches, among whose pilot authors we mention: C.Vlădescu and D.Enăchescu with their book *Sănătatea publică și managementul sanitar (Public Health and the Sanitary System, 2002)* – the basic idea of this book being the very existence of professional management, also including quality management in Romanian hospitals. These efforts were continued by C. Angheluță et al. with their research of decisions and processes in Romanian hospitals (2012). An important event is also the appearance of the 11 quality standards of hospital medical services, drawn by the National Hospital Accreditation Commission (CoNAS), the first standard dealing specifically with organisational management, under the title of "Strategic Organisational Management - SOM". When analysing service performance, we have two perspectives: *risk* and *quality* (Bedrule-Grigoruță et al., 2013). In this context, the hospital is considered "*a multi-service production structure*". This paper suggests studying the influence of the perceptions of the employees in a Romanian public hospital on the management decisions concerning future strategies and the organisational culture, thus the foundation of this management decision in order to establish the organisational direction, objectives and values corresponding to the strategy of the hospital called in what follows SPB, for the period 2015-2020.

"Romanian Health" today calls "programs to improve the quality of health services to provide information about the quality of service and aim for continuous improvement of quality healthcare ... (Verboncu, Vladescu, 2015). These programs mean paying particular attention to patients, employees and health care provider - in this case the hospital. It is important to address the quality also in terms of human resources in the hospital.

According to Deming (1986), the quality should be the phrase "*customer needs, present and future*". Quality management principles, adapted from Deming, in his "14 points", are divided into three categories:

- constancy of purpose
- continuous improvement
- cooperation between departments functions.

Deming is also the one that took up and perfected in Japan the wheel system (spiral) in quality management with the following steps: Plan (planning) DO (execution, implementation) - Check (monitoring, control) - Act (improvement action), a system that was developed first by the statistical expert Walter A. Shewhart.

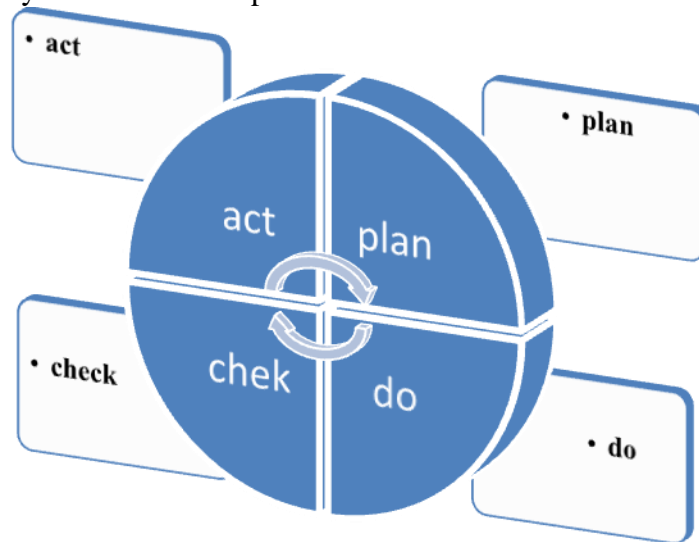


Figure 1 Deming- Shewhart Cycle

The correlation between patient satisfaction and employee satisfaction is revealed primarily through the time that employees of a hospital (doctors and nurses in particular) have at their disposal to achieve the objectives of patient care according to existing procedures established inside the quality management system (Janicijevic , K Seke, Djokovic, Filipovic, 2013).

The proposal of this paper is to study the influence employee perceptions of a public Romanian hospital on managerial decisions on future strategies and organizational culture and therefore substantiate the managerial decisions for setting the direction, goals and values appropriate for the organizational strategy of the hospital, hereinafter SPB., for the period 2015-2020.

The management of this hospital wanted to know if the direction and services of the hospital strategy are appropriate from the viewpoint of its employees and to establish the cultural values that characterise the organisation and which should be included in the quality policy of the hospital.

DATA AND METHODS

Data

S.P.B. is a single-specialty Romanian public hospital, located in the rural area of the North-East of Romania, with 311 beds and 180 employees. 80% of the employees have medical qualifications (they are doctors, medical attendants, nurses, etc.).

The starting points of the research are related to the fact that all the employees know the present strategy as well as the present strategic objectives. The research objectives are:

Knowing the direction of the hospital strategy for the period 2015-2020, through the employees' perception;

Identifying a set of organisational values recognised by the employees;

Establishing the strategic objectives specific to the hospital, for the period 2015-2020, recognised by the organisation.

The data was collected in the SPB hospital. 180 questionnaires have been distributed and 112 have been returned.

Methodology

In order to establish the future strategy of the hospital, an analysis has been made based on the employee satisfaction survey for the year 2014, completed by the present case study with the answers to a questionnaire with three open questions:

1. Do you consider that the hospital strategy has a correct direction (vision and mission)?
2. Which do you consider should be the cultural values of the organisation?
3. Which do you consider should be the main objectives of the hospital?

The case study is based on the following variables: strategy direction (vision and mission), strategic objectives, and organisational values – variables which depend on the employees' perception. The typology of the methodology is descriptive and explicative, and the period for which the study was applied is September 2014 - August 2015. For investigating the answers to the questionnaire, the content analysis has been used. There were no predefined, scale answers. Each employee has filled in the answers to the three questions on a piece of paper. In order to study these answers, we used the *content analysis* method. Each answer filled in by the employees on the papers was then read by two people in the hospital's management committee (one of them being the researcher), for a better accuracy of the analysis; non-verbal components have also been taken into account (writing, layout, etc.); the researcher's managerial experience was important in the performed analysis. Each feature and sub-feature of each question has been coded, and the data have been entered and processed in frequency tables. Although the respondent's function was requested on the response sheet, only two people actually mentioned it. For this reason, we considered that an analysis per staff category was not conclusive.

Analysis of the Coded Data

The answers were given as single words, rarely accompanied by minimum additions (“we should be more united”; “all employees should collaborate more, irrespective of their function”; “pink”; “we will still have a hard time”, etc.). After analysing the answers to the first question, there resulted 10 coded subcategories and 113 items. One respondent answered “I do not know”, another did not answer, and two others gave two answers each.

All the subcategories for *direction* have been coded using simple words: hospital accreditation, good, safety, wrong, very good, negative, uncertain, reorganisation, as can be seen in the table below (table 1.).

Table 1 Coding of the subcategories for question 1

| QUESTION 1 | | |
|------------------------------|------------------------|-----------|
| HOSPITAL STRATEGY DIRECTION? | | |
| No. | Subcategory name | No. items |
| 1 | Hospital Accreditation | 2 |
| 2 | Good | 68 |
| 3 | Safety | 2 |
| 4 | Wrong | 2 |
| 5 | Very good | 17 |
| 6 | Negative | 6 |
| 7 | Uncertain | 11 |
| 8 | Reorganisation | 3 |
| 9 | I do not know | 1 |
| 10 | No answer | 1 |
| | Total no. items | 113 |

There resulted 25 subcategories for the second question and 239 answer items. To question 2, one respondent did not answer, 19 respondents provided a single answer, 57 respondents provided 2 answers each, and 35 respondents provided three answers each (table 2.).

Table 2 Coding of the subcategories for question 2

| QUESTION 2 | | |
|------------------|--------------------|-----------|
| HOSPITAL VALUES? | | |
| No. | Subcategory name | No. items |
| 1 | Good communication | 24 |
| 2 | Understanding | 1 |
| 3 | Unity | 22 |
| 4 | Good collaboration | 30 |
| 5 | Team | 46 |
| 6 | Effectiveness | 2 |
| 7 | Politeness | 10 |
| 8 | Helpful | 5 |
| 9 | Punctuality | 1 |
| 10 | Professionalism | 49 |
| 11 | Responsibility | 10 |
| 12 | Correctness | 9 |
| 13 | Respect | 6 |
| 14 | Trust | 2 |
| 15 | Flexibility | 4 |
| 16 | Integrity | 1 |
| 17 | Organisation | 2 |
| 18 | Satisfaction | 2 |
| 19 | Competitiveness | 5 |
| 20 | Creativity | 2 |

| | | |
|----|-----------------|-----|
| 21 | Experience | 2 |
| 22 | With initiative | 1 |
| 23 | Active | 1 |
| 24 | Proud | 1 |
| 25 | No answer | 1 |
| | Total no. items | 239 |

The 24 grouped subcategories were: “good communication”, “understanding”, “unity”, “good collaboration”, “team”, “effectiveness”, “politeness”, “helpful”, “punctuality”, “professionalism”, “responsibility”, “correctness”, “respect”, “trust”, “flexibility”, “integrity”, “organisation”, “satisfaction”, “competitiveness”, “creativity”, “experience”, “with initiative”, “active”, “pride”.

There resulted 9 subcategories for the third question and 114 answer items. For question 3, 2 respondents provided two answers each and 100 respondents provided three answers each (table 3.). The 9 grouped subcategories were: “hospital accreditation”, “service quality”, “good organisation”, “training the employees”, “performance”, “continuous improvement”, “hospital modernisation”, “reorientation”, “collaboration”.

Table 3 Coding of the subcategories for question 3

| | | |
|-----------------------------|------------------------|-----------|
| QUESTION 3 | | |
| HOSPITAL'S MAIN OBJECTIVES? | | |
| No. | Subcategory name | No. items |
| 1 | Hospital Accreditation | 57 |
| 2 | Service quality | 21 |
| 3 | Good organisation | 6 |
| 4 | Training the employees | 9 |
| 5 | Performance | 5 |
| 6 | Continuous improvement | 2 |
| 7 | Hospital modernisation | 7 |
| 8 | Reorientation | 1 |
| 9 | Collaboration | 6 |
| | Total no. items | 114 |

It was necessary to perform a regrouping and recoding of the answer categories in order to reach considerable results for the objectives of the study.

The answers have been regrouped through the logical combination of the various answers; thus, for question 1, “Hospital accreditation”, “Good”, “Safety”, “Very good” have been regrouped with the recoding *Good orientation*; “Wrong”, “Negative”, “Uncertain”, “Reorganisation” have been regrouped with the recoding *Inappropriate direction*; similarly, for question 2, “understanding”, “unity”, “good communication”, “good collaboration”, “team”, “politeness”, “flexibility”, “helpful”, “correctness”, “satisfaction”, “pride” have been regrouped with the recoding *Collaboration*; “effectiveness”, “punctuality”, “professionalism”, “responsibility”, “respect”, “trust”, “creativity”, “experience”, “with initiative”, “active”, “organisation”, “integrity” have been regrouped with the recoding *Professionalism*; for the third question, “good organisation”, “hospital accreditation”, “performance”, “collaboration” have been

regrouped with the recoding *Hospital accreditation*; “service quality”, “employees' training”, “continuous improvement”, “hospital modernisation”, “reorientation” have been regrouped with the recoding (*Medical*) *service quality*.

RESULTS ANALYSIS

After regrouping and recoding, the result reached was made up of two categories for each question. For the first question, we have the following categories: *Good direction* and *Inappropriate direction*, with the following number of corresponding answers: 89 for the first category and 24 for the second category - table 4.

79% of the respondents consider that the hospital strategy has a good direction.

Table 4. Results for question 1

| REANALYSIS BY GROUPING QUESTION 1 HOSPITAL STRATEGY DIRECTION? | | |
|--|-------------------------|-----------|
| No. | Category coding | No. items |
| 1 | GOOD DIRECTION | 89 |
| 2 | INAPPROPRIATE DIRECTION | 24 |
| | TOTAL | 113 |

For the second question, the remaining categories are: *Collaboration* and *Professionalism*, with 154 answers for the first category and 85 for the second – table 5. These may become the hospital's organisational cultural values, after the results of this study are presented to the entire organisation.

Table 5. Results for question 2

| REANALYSIS BY GROUPING QUESTION 2 HOSPITAL VALUES? | | |
|--|-----------------|-----------|
| No. | Category coding | No. items |
| 1 | COLLABORATION | 154 |
| 2 | PROFESSIONALISM | 85 |
| | TOTAL | 239 |

For the third question, the remaining categories are: *Hospital accreditation* and *Service quality*, with 74 answers for the first category and 40 for the second (table 6).

Table 6. Results for question 3

| REANALYSIS BY GROUPING QUESTION 3 MAIN OBJECTIVES OF THE HOSPITAL? | | |
|--|------------------------|-----------|
| No. | Category coding | No. items |
| 1 | HOSPITAL ACCREDITATION | 74 |
| 2 | SERVICE QUALITY | 40 |
| | TOTAL | 114 |

CONCLUSIONS

Analysing the selected factors, which influence the internal organizational environment, through the case study, the following conclusions resulted as an answer to the 3 objectives suggested in this research:

The direction (orientation) of the hospital strategy is good in the employees' perception, so the established vision and mission are correct, and the medical services development strategy can be continued and improved.

The organisational culture values selected by the employees and that the management decision factors should take into account are *Collaboration and Professionalism*.

The strategic objectives accepted by the human resources in the hospital are: *Hospital accreditation and Service quality*.

The management strategy established through the managerial decision for the hospital to perform, for the period 2015-2020, starting from organisational values, the organisational mission and vision, can have the following main components related to the internal environment:

Approaching quality management in compliance with the hospital accreditation standards, certified by the ANMCS (the National Health Quality Management Authority) and the other ISO standards: 9001, 14001, 18001, 27001, HACCP 22000.

Preparing the human resources through Continuous Medical Education, research and development, and through improving communication and teamwork.

By using E. Deming's PDCA (Plan-Do-Check-Act) model, we have developed and adopted a new PDCPA managerial framework (Plan-Do-Check-Perception of HR-Act) presented in figure 2.

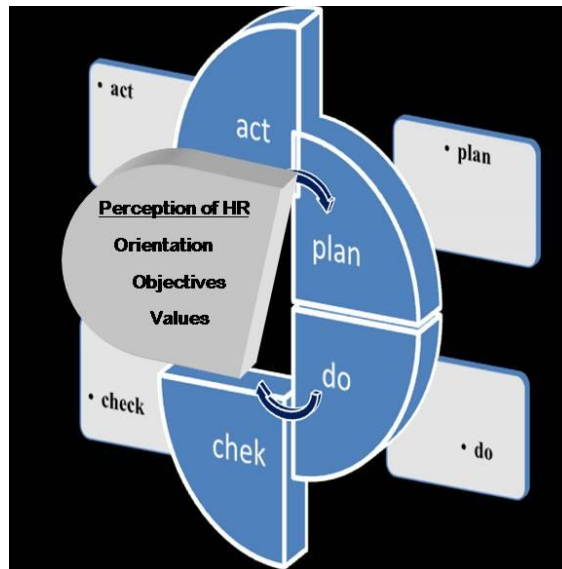


Figure 2. Adaptation of E. Deming's PDCA model

In the future, these analyses could be continued by other qualitative or quantitative researches, studying the depth of the above-mentioned issues. For objective 1, continuing the research could mean defining the *Good direction*: by adding new medical services? by developing the partners' network? by training human resources? and others. For objective 2, cultural values should be confirmed and reconfirmed, or periodically changed according to the development of the human resources in the hospital. The instruments used in the research could also differ: focus group per staff category and hospital section; questionnaires.

Another open path to future studies is using the contents analysis method through specialised software, allowing thus to verify the reliability of the conclusions by using specialised tests for quantitative studies.

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