



Introduction to Health Services Management

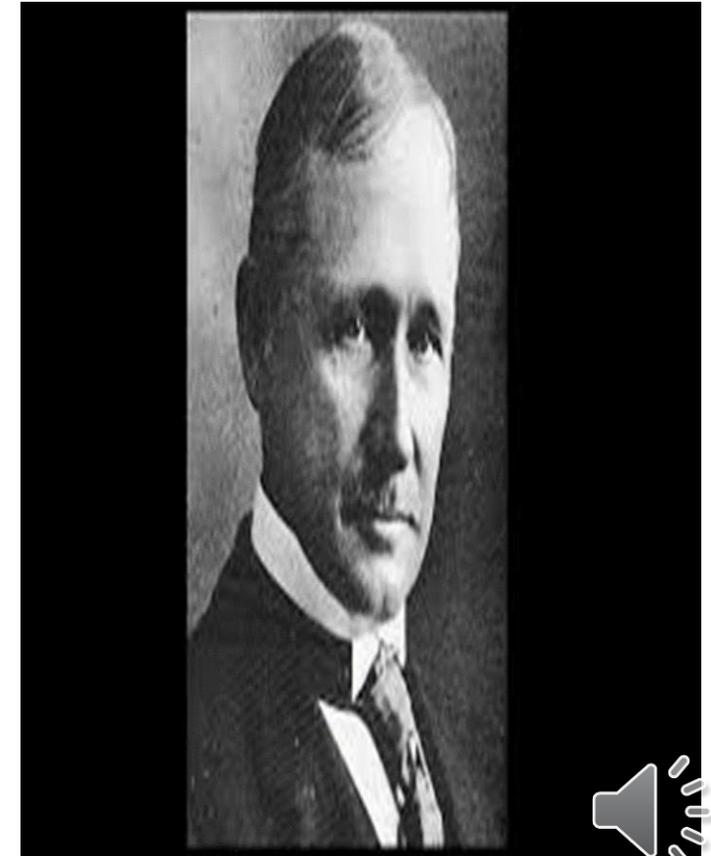
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Historical development of management

A. Development of Management Thought

- Management has developed since the time the world came into existence.
- Whenever group efforts are necessary to achieve anything, there is a need for management.
- Frederick Winslow Taylor, (1856-1915), the father of scientific management.



“Frederick Taylor's scientific management theory”

- **The classical management theory**, emphasizes efficiency.
- According to Taylor, rather than scolding employees for every minor mistake, employers should reward workers for increased productivity.
- Taylor introduced a clear vision for the division of labour depending on responsibilities and rank.



Principles of scientific management theory

- Using scientific methods to determine and standardize the **one best way of doing a job**
- A clear division of tasks and responsibilities.
- High pay for high-performing employees.
- A hierarchy of authority and strict surveillance of employees.



Scientific Management Principles

- 1. Science, Not Rule of Thumb:** In order to increase organisational efficiency, the 'Rule of Thumb' method should be substituted by the methods developed through scientific analysis of work.
 - Rule of Thumb means decisions taken by manager as per their personal judgments.
 - According to Taylor, for every work there is **only one method of doing it** which can be ascertained by logic and not with the help of hit and trial method. This helps in saving time and increasing efficiency to a large extent.



Scientific Management Principles

2. Harmony, Not Discord

- This principle requires that there should be complete harmony between the management and workers and both should feel that they are part of the same family.



Scientific Management Principles

3. Cooperation, Not Individualism.

- According to this principle, all the activities done by different people must be carried on with a spirit of mutual cooperation.
- Taylor has suggested that the manager and the workers should jointly determine standards. This increases involvement and thus, in turn, increases responsibility. In this way we can expect miraculous results.



Scientific Management Principles

4. Development of each and every person to his or her greatest efficiency and prosperity.

- This principle stands for the development of workers through trainings in order to learn the best methods developed through the use of scientific approach.



Definitions of management and health management

Management may be defined as :

- A continuous dynamic process to effectively **Getting things done.**
- Process of reaching organisational goals by working with and through people and other resources.
- The process of directing, coordinating, and influencing the operations of an organisation so as to obtain desired results and enhance total performance.
- Planning, organising, directing and controlling: **the art of getting things done by and through people (WHO, 1993: 5).**
 - 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 therefore; The application of management principles for Health care**



Management and Motivation-1



LEARNING OBJECTIVES

- **By the end of this lecture, you will be able to:**
- Frame the context for understanding the concept of motivation, particularly who and what motivates employees;
- Distinguish the concept of engagement and its relationship to motivation;
- Offer insights into reasons why motivation is important;
- Recognize historic fundamentals of motivation;
- Provide an overview of the different theories of motivation;
- Identify extrinsic and intrinsic factors that impact motivation;
- Assess misconceptions about 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.



Introduction

- 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 run the gamut 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.



MOTIVATED VS. ENGAGED—ARE THE TERMS THE SAME

- Over “the past decade, 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



MOTIVATED VS. ENGAGED—ARE THE TERMS THE SAME

- **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

- According to Webster's New Collegiate Dictionary, 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. In most cases, motivation comes from some need that leads to behaviour that results in some type of reward when the need is fulfilled.



- *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 do exert a significant amount of influence over employees, but they do not have the power to force a person to act.
- They 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.**



Is Everybody Motivated?

- As managers, we often assume that employees are motivated or will respond to inducements from managers.
- While this is perhaps a logical and rational approach from the manager's perspective, it is critical to understand that this is not always the case.
- The majority of employees do, in fact, want to do a good job and are motivated by any number of factors, however, others may not share that same drive or high level of motivation.
- Those people may be more motivated by other things, such as family, school, hobbies, or other interests.



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).



Additional reasons why motivation matters include:

- 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).
- Managers who understand employees' job-related needs experience a higher level of motivated behaviour from their employees (Levoy, 2007, p. 113).
- 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.

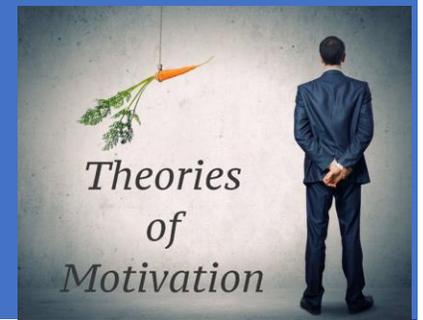


HISTORY OF MOTIVATION

- **Motivation** is not a new concept. Approximately 2,500 years ago, Athens rose to unparalleled political and economic power and allowed the citizenry to become active in civic governance.
- Fast forward to more recent times, and we can continue to identify the historical significance of motivation. In 1890, empirical psychologist William James identified aspects of motivation and its relationship with **intrinsically motivated behaviour**.
- In 1943, psychologist Clark Hull published his now famous **drive theory**. Hull believed all behaviours to be connected to “four primary drives: hunger, thirst, sex, and the avoidance of pain.”
- According to this view, all drives provide the energy for behaviour (Deci & Ryan, 1985).
- Research into human behaviour started being recognized in the workplace in the 1940s. Researchers recognized that people are motivated by several types of varying needs, not only in the workplace but also in their personal lives (Sperry, 2003).



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

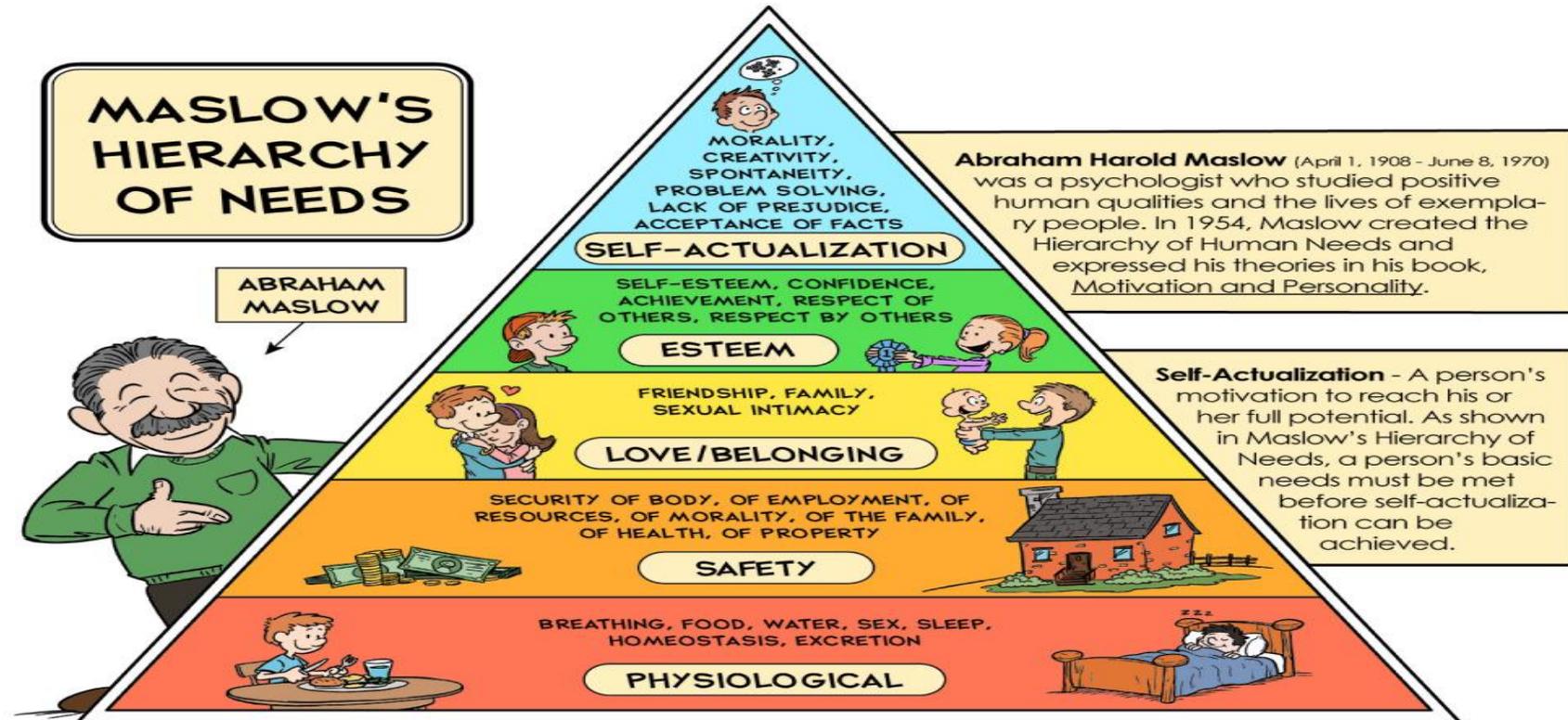
- Maslow (1954) postulated a “**hierarchy of needs**” that progresses from the lowest, subsistence-level needs to the highest level of self-awareness and actualization.
- Once each level has been met, the theory is that an individual will be motivated by and strive to progress to satisfy the next higher level of need. The five levels in Maslow's hierarchy are:
 1. **Physiological needs**—including food, water, sexual drive, and other subsistence-related needs;
 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, friendship, affection, and various types of support;
 4. **Esteem needs**—including status, recognition, and positive regard; and
 5. **Self-actualization needs**—including the desire for achievement, personal growth and development, and autonomy.

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

- 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.
- While useful from a theoretical perspective, most individuals do not view their needs in this way, making this approach to motivation a bit unrealistic.



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



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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.

THANK
YOU!

