



Health Care Organizational Structure, Culture and Leadership Analysis

Name

Institutional Affiliation

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a. **Organizational Theory Section**

Organization theory is the process of creating knowledge base with the aim of understanding the organizational structure in order to predict and control effectiveness or productivity by shaping organizations. Over the last few decades, healthcare organizations have undergone extreme transformations. External and internal factors have facilitated changes in these institutions' structure, operation, and organization. In terms of organizational management, healthcare centers are no different from other establishments: the managers are required to lead, supervise, and coordinate activities seamlessly. However, issues such as medical errors, service failures, shortage of staff, and harmful treatment delays require proper analysis and timely solutions thus making management of healthcare institutions a challenging task.

There are four major groups of theories that have been advanced to help understand how organizations function and how they are structured. In particular, these groups are the classical theories, human relations theories, contingency or decision theories, and modern systems theories. Classical theories are the traditional ones that include administrative, bureaucratic, and scientific management approach (Khorasani & Almasifard, 2017). Evolution theorists like Henri Fayol, Fredric Taylor, Max Weber, and Luther Gulick are popular for their contributions to classical theories.

My clinical setting's management approach can best be described by Henri Fayol's administrative theory. Fayol identified the roles of management to be: planning, coordinating, controlling, commanding, and organizing. These functions were later expounded by Luther Gullick to include Planning, Organizing, Directing, Staffing, Coordinating, Reporting, and Budgeting (PODSCORB). In my clinical setting, there are top, middle, and lower levels of management. Essentially, each member of the various levels is assigned a specific duty in line with their expertise. In his theory, Henri Fayol describes this scenario as a division of labor and specialization.

The unity of command at the facility promotes discipline, stability, and orderly existence. The chief executive officer has the responsibility of managing other departments in the hospital, and the middle-level managers report to her. Generally, the orderliness at the Cornwall Community Hospital can be attributed to the unity of command. Ideally, every member receives orders and reports to one person who is the hospital's chief executive officer. The existence of cordial relations between the hospital managers and the subordinates reflect that the employees are valued regardless of race, sex, caste, or religion. I believe that Fayol's administrative theory is the ideal approach for my organization since its universal applicability best serves to the interdisciplinary cooperation at the hospital and its effective management.

b. **Organizational Culture**

Organizational culture encompasses expectations, values, philosophy, and behaviors that create a unique social and psychological ambiance (Glisson, 2015). Shared attitudes, rules, and customs are the basic components that make up culture. Therefore, this means that certain habits, beliefs, mission, norms, and values of an organization are the determinants of its culture. In 1980, in the quest to explain why the behavior of people differs from one organization to another, Edgar Schein developed a theory to help understand the importance of culture in organizations. Schein observed that culture is constantly being formed and that change is inevitable in every area of human life (Schein, 2010a). According to Schein (2010a), the culture within an organization is formed over time as employees go through change, adapt to the external surroundings, and handle problems. Essentially, employees learn from their past mistakes and practice new habits, which finally become the organization's culture. Schein (2010a) argues that organizations comprise of direct and indirect mechanisms. The direct mechanisms like opinions and behavior openly impact an organization's culture. On the other hand, indirect mechanisms, for example, the vision and mission of a company, corporate identity, and design do not determine an organization's culture, but are instead the causal factors.

Schein (2010b) suggests that there are three levels of organizational culture: behavior and artifacts, espoused values, and basic assumptions. Artifacts are marked by the visible aspects of an organization's culture encompassing the physical and social environment. The things that can be viewed, touched, heard, and felt by people, for example, corporate dress code, furniture, technology in use, decorations, architecture, and the general physical space. Additionally, the language within the organization, such as commonly used expressions, slogans, figures of speech, etc. can be used to assess the culture within an organization. Lastly, myths and stories circulating within an organization as well as corporate traditions all give away the organization's culture. Artifacts are not only visible to employees of the company but also to external parties (Lis & Sudolska, 2017). In my clinical setting, the physical artifacts include the hospital buildings, patient beds, and furniture within the offices and wards. The general appearance of the facility is simple with minimalistic contemporary decorations. The technology within the hospital comprises CAT scanners as well as mammography, ultrasound, and MRI machines. As for the dress code, the hospital setting calls for wearing a medical uniform with hospital logo.

The second level of Schein's model is the organizational values, which play a crucial role in shaping corporate culture. Values are original beliefs of individuals or their sense of 'what should be' which is different from 'what is' (Schein, 2010a). When presented with a challenge, the first solution reflects a person's judgment of what is right or wrong. Basically, values reflect the employees' opinion on how things ought to be in the organization (van Hoorn, 2017). Inarguably, the mindset of an individual working in any organization ultimately influences its culture.

Organizations have rules, norms, and procedures that employees are expected to abide by as well as corporate statements that are supposed to summarize and express in a short form the key values of a company. For instance, the mission statement of Cornwall Community Hospital is, "Our health care team collaborates to provide exceptional patient-centered care" and the hospital's vision is "Exceptional care. Always".

According to Schein (2010b), the third level of organizational culture is basic assumptions. Assumptions within organizations are invisible, immeasurable, and rarely talked about. However, they are powerful and influence the company's culture. Basic assumptions are hard to relearn and rigid in nature; they cannot be described and can only be understood by those accustomed to the organization's way of life (Schein, 2010a). Once basic assumptions are understood, then it is easy to comprehend the confusing values and artifacts.

At Cornwall Community Hospital, the assumptions override the espoused values. Generally, the culture at the facility is based more on the assumptions than the expected

documented values. One major assumption in my clinical setting is that all doctors are males, while most nurses are females. Although this is observed in the facility, it is not true for all hospitals and is, therefore, an assumption. Another example is the surgical unit; the assumption is that there is limited time to help some patients and that nurses should be available for real emergencies. This results in staff members limiting their engagements with some patients in order to attend to more serious and urgent cases. This trend does not reflect the hospital's value of equity for all. However, not all the espoused values have been forgotten in the facility because the staff members are still honest and transparent to each other and to the patients.

By using Schein's approach of organizational culture, I now comprehend the dynamics of culture and the various factors that contribute to its formation. At Cornwall Community Hospital, the artifacts, values, espoused beliefs, and basic assumptions are not in harmony with each other, as reflected by the service delivery gaps at the ER. The indications of imbalance between the three levels of culture within any organization are poor services, disagreements, misunderstandings, and a bad reputation.

The Competing Values Framework (CVF) is a theory that was developed to identify the major indicators of effective organizations. Cameron and Freeman (1991) discovered that organizational cultures are influenced by four competing aspects which are: clan, adhocracy, hierarchy, and market. Organizational effectiveness is influenced by two major underlying conceptions, which are: organizational focus, that could be internal or external and organizational preference for the structure, which presents a contrast between flexibility and change or stability and control. Based on Cameron and Freeman's (1991) CVF theory, cultural congruence is vital in ensuring effective interactions within an organization. However, in Cornwall Community Hospital, there are few gaps in the hospital's effectiveness. These findings are important for the implementation of change at the facility and fulfilling the need for some adjustments.

c. Leadership

Leadership is a multilateral process of identifying goals, motivating other people to put effort at the same time as encouraging and supporting them to accomplish mutually agreed goals (Giltinane, 2013). In clinical practice, leadership involves direct participation in clinical care with the goal of influencing others to improve their quality of work. There are numerous leadership styles applied by managers and leaders in various organizations (Yahaya & Ebrahim, 2016). Leadership is mandatory to ensure smooth running of an organization's daily activities. The most common leadership styles are democratic, affiliative, transformational, coaching, situational, laissez-faire, visionary, and servant leadership.

In a hospital setting, leadership is crucial as it directly impacts the quality of services and care given to patients. The nurse director at the surgical unit at Cornwall Community hospital can be said to be using a combination of servant leadership and situational leadership approaches. Basically, the director is a servant leader at the unit since she is a firm believer in leading by example. Her main focus is to serve both the patients and colleagues, and she strives to build her team. Her achievements and the satisfaction level of her team explain that their needs are well addressed. As a servant leader, she focuses on solving the problems of her subordinates and fosters their personal development. Based on the interview I had with her, I discovered that she has also embraced situational leadership. Essentially, the approach is reflected in the leader's capability to be flexible and to adapt to various situations in order to meet the needs of her subjects. Situational leadership is particularly important since healthcare organizations experience constant change. The approach encourages leaders to assess the complexity of various situations and consider many factors during decision-making (Giltinane, 2013). At the surgical unit at Cornwall Community Hospital, there are many situations that require flexibility and adaptability of

both leaders and subjects. The nurse director has proven to be effective in handling various challenging scenarios.

Appendices

| Organizational level | Referenced definition | Actual data | Source of Data |
|----------------------------------|---|--------------------------------------|--|
| Artifacts | Visible aspects of an organization's culture encompassing the physical and social environment | Infrastructure, Language, Dress code | Assessment and observation of hospital |
| Espoused beliefs and values | Employees' opinions on how things ought to be | Mission, Vision, Values | Interviews |
| Basic assumptions/enacted values | Unconscious culture that has been formed from values over a period of time and taken for granted as the organization's acceptable worldview | Limited time | Interviews and Assessments |

Questions that Assessed Four Types of Cultures in Institutions

1. Institutional Characteristics

Institution A -70

Institution B -10

Institution C -20

Institution D -0

2. Institutional leader

Institution A -20

Institution B -0

Institution C -80

Institution D -0

3. Institutional glue

Institution A -60

Institution B -10

Institution C -20

Institution D -10

4. Institutional emphases

Institution A -40

Institution B -0

Institution C -60

Institution D -0

Interview

1. **Interviewer:** What is your definition of a leader?

Respondent: I would say a leader is a servant with more responsibility.

2. **Interviewer:** What is your ideal leadership style, and who is your role model in terms of leadership?

Respondent: I believe in servant leadership. I like being a team player since you cannot expect people to do what you cannot do. To be able to give directions, you must be part of the game. My role model is Mahatma Gandhi, a true servant leader.

3. **Interviewer:** How do you handle complex situations at the ER?

Respondent: Well, I am flexible enough to understand that no two situations are similar. Therefore, I do not have a rule for how every situation should be handled. Rather, I appreciate the uniqueness of every challenge and handle each one differently.

4. **Interviewer:** Do you believe workers can demonstrate competence without supervision?

Respondent: Yes. However, not for long periods as people tend to lose their sense of direction over time and that is why leaders are chosen to help team members stay on track.

5. **Interviewer:** Do you trust your team members?

Respondent: Absolutely!

6. **Interviewer:** Are there conflicts in your department, and if there are, how do you handle them?

Respondent: Conflicts are inevitable. I always try to be the bigger person. I encourage team members to be accommodative and provide help and guidance to each other whenever necessary.

7. **Interviewer:** What is the goal of your leadership as the nurse director?

Respondent: My goal in leadership is to create a competent and self-motivated team that will deliver quality services at the Cornwall Hospital.

8. **Interviewer:** What action do you take when your team records poor performance?

Respondent: I talk to my team members to find out the reasons for poor performance and adequate solutions so that we can learn from our mistakes.

9. **Interviewer:** Who makes decisions in your team?

Respondent: Since I am the nurse director, everyone expects that I make the decisions solely. However, I like to involve my team in the decision making process. I often use collaborative approach as decisions affect everyone in the group.

10. **Interviewer:** In your opinion, who are the great leaders?

Respondent: The great leaders are those who serve.

11. **Interviewer:** Thank you for your time and cooperation.

Respondent: You are welcome, anytime.