

Healthcare facilities and local authorities in search of new management and control methods

Managers and leaders of all types of public organisations, specifically local authorities and healthcare facilities, often seek new leeway so they can break out of the straitjacket of inherited standard procedures, which leave no space for any personal initiative. This is precisely one of the avenues being explored in public sector management by a growing body of research, particularly in management science, homing in on turning academic studies into practical managerial recommendations. Yet, it seems there is a huge field of action here given a torrent of stories from dissatisfied elderly care home staff and hospital professionals, or feedback about recurring management difficulties encountered on town or city councils.

So what levers could officials and political leaders turn to in order to improve their managerial practices? It seems that such levers can be broken down into two main categories. The first broad category is management styles or types. Recent literature on liberated organisations or councils is typical here, specifically

revealing that transforming management methods likely turns up unsuspected productivity gains. One of the underlying assumptions is that organisational management is still often mired in very uniform and standardised practices that emanate from common underlying paradigms. This generally leads to counterproductive practices, as they run counter to how individuals and teams think. The second big category of levers is use of better management systems. Such systems are designed to improve how managers interpret situations under their responsibility, how they interact and make decisions. Here again, one of the assumptions is that organisations find it difficult to innovate, hence the need to find situations that can be generalised provided they appear beneficial.

The four pieces in this issue contribute to this debate on improving management practices and implementing management systems. The first research piece was based on observing four elderly care homes (known in France as EHPAD³s) and shows how management that

¹ Full Professor in Management – Editor of the GMP Journal.

² Full Professor in Management – Editor of the GMP Journal.

³ EHPADs – *Établissements d'Hébergement pour Personnes Âgées Dépendantes*.

preserves individual autonomy can be beneficial. The second was carried out in a local authority and seeks to set values that should inspire managers and all staff. The third was at a cardiology clinic and examined business model changes that came about from introducing a quality management system. The fourth looked at the case of Regional Hospital Groups⁴ (GHTs) and their implementation of a “balanced scorecard”. Let us now look at each of these pieces in more detail.

Christelle Routelous, Caroline Ruiller and Gulliver Lux focus on elderly care homes. The authors analyse the specific features of these homes and how they impact management. For example, caring for elderly people and frequently witnessing their death come with mental health risks for care home staff. The often low number of staff also means that work may be extremely frenetic and, for many reasons, this might be unsustainable. The result in these homes is a particularly distinctive problem in terms of work quality of life and well-being. In line with current collective care and mental health thinking, the authors use the Abord de Chatillon and Richard model (2015) splitting the concept of well-being into four dimensions: meaning, connection, activity and comfort. Qualitative analysis of interviews conducted in four care homes gave rise to a conceptual model bearing out the importance of “meaning of work”. The authors see here a link with care ethics and adopting ‘caring’ methods. So-called “salutogenic” management consists of taking into account staff experiences based on good staff dialogue backed up by analysts and experts. This is also about developing staff recognition at work, and providing better specific insights. As such, the management style is resolutely bottom-up with a stated commitment to staff well-being. All these practices, however natural or obvious they may appear, are nonetheless difficult to put into practice. In particular, they require spending time, and safeguarding the organisation’s management-staff relations and management’s capacity to resolve organisational problems. They also require increased management focus and actual presence in care homes.

Meanwhile, Philippe Anton, Amaury Grimand, Magali Boespflug and Audrey Becuwe carried out research in

a city of over 150,000 inhabitants. The outline of their study came from Akrich, Callon and Latour’s sociology of translation (2006), by distinguishing between problematisation, incentive, enrolment and mobilisation phases. In doing so, their approach was not to harness the sociology of translation after the event to explain matters, but actually applying it during their work as a guide. They also turned to consensus-building processes. In this way, they managed to foster good talks and pinpoint values that local officials believe in and apply in their projects and actions. Lexical analysis of talks with taskforce participants means the implementation process is better documented. Following their work, they identified seven values: innovation, benevolence, loyalty, responsibility, cohesion, trust and equity. The authors believe they achieved what they set out to do, although it is perhaps still difficult to estimate this piece’s longer-term usefulness. However, values-based management is still a very interesting avenue that should be explored further.

Whether looking at people’s autonomy or the values they believe in, this research clearly bears out that management style is a real source of beneficial change to both staff working conditions and how organisations perform. As mentioned above, another approach zooms in on management tools.

Dagou Hermann-Wenceslas Dagou shines a spotlight on the business model of a cardiology clinic in Abidjan, which has longstanding commitment to quality under ISO 9001. Analysis of data deriving from talks with department managers pinpointed four categories and led to the grouping of a series of cardiology theory-based judgement criteria. While the combination of a ISO 9001-based quality approach and a business model appears to raise customer focus, this does not rule out recurring managerial tensions around public-private dealings, deciding between individual and collective interests, customer or procedure focus, and finding the right management balance between routine and flexibility.

Meanwhile Régine Roche chose to delve into a balanced scorecard for a regional hospital association (GHT⁵), which serves as a coordination hub for nine

⁴ Groupements Hospitaliers de Territoire (GHT).

⁵ GHT – Groupement Hospitalier de Territoire.

public hospitals including one university hospital⁶. This was followed by an attempt to model global performance indicators, in line with the GHT's collective values. Once again, this was an action research process based on extensive data collection. Roche sets out to clarify the notions of hospital performance, overall patient satisfaction and control through organisational values and skills. The balanced scorecard method leads to a distinction between two performance types: local performance, where the user is a service provider, and collective performance corresponding to a cognitive framework shared and accepted by all.

As we can see, whether we are talking about a business model or balanced scorecard, both the 'customer' and 'user' are key, and this is reinforced when using management tools.

So, by focusing on people-oriented management backed by management systems – also in relation to customers, these pieces may end up making valuable contributions to the body of stakeholder management theory. If priority is indeed given to staff and customers, then it might be worthwhile to study 'symmetry of focus' so as to deepen analysis, especially as staff and customer satisfaction are likely to interact. This is certainly an avenue to explore for future research into public sector management.

⁶ *Centre Hospitalier Universitaire (CHU).*