

Univ  
Shed

*Seminar on*

# Hospital Personnel Administration and Management

Berkeley, California

July 27-31, 1953.

*Presented by*

The Institute of Industrial Relations

The School of Public Health

The School of Business Administration

and

University Extension, University of California

*in cooperation with*

The California State Department of Mental Hygiene

INSTITUTE OF INDUSTRIAL  
RELATIONS LIBRARY  
UNIVERSITY OF CALIFORNIA  
BERKELEY

INSTITUTE OF  
INDUSTRIAL RELATIONS

Berkeley, Calif. 1953

OCT 28 1953



## PROCEEDINGS

### SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

#### TABLE OF CONTENTS

	Page
Summary of Opening Address.....	1
R. A. Gordon, Professor of Economics and Acting Director, Institute of Industrial Relations, University of California, Berkeley.	
Lecture outlines.....	4
Leonard A. Doyle, Professor of Business Administration, University of California, Berkeley.	
Discussion of Case Studies.....	18
Summary of Closing Remarks.....	33
Ewing Cawffis, M.D., Deputy Director, California State Department of Mental Hygiene.	
Closing Address.....	35
Richard J. Stull, Director of Hospitals, University of California, Berkeley.	
Bibliographies.....	39

## SUMMARY OF OPENING ADDRESS

### SUMMARY OF HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Dr. R. A. Gordon

May I, on behalf of all the participating departments of the University, welcome you to this Seminar on Hospital Personnel Administration and Management and express to you Dr. Grether's regret that his absence from the city makes his appearance here impossible.

I am impressed by the foresight and point of view that leads busy hospital administrators to devote this much time to an institute on management organization and control. I shouldn't be surprised that this is the case, since we have here a perfect example of the spirit of scientific inquiry spilling over into a more or less unscientific field. This willingness to devote time to the study of administration means that you see, more clearly than many do, the fact that the problems of executive leadership are broadly similar in all types of large enterprises -- business corporations, government agencies, hospitals, etc. To quote from a prominent work in the field of administration,

"The requirements of successful management are everywhere the same. The executive is not merely a businessman, a government official, the head of an academic institution, the superintendent of a large hospital, the ranking official in a labor organization, a cleric at the head of a religious institution. The enterprise to which he belongs is merely a term of identification. Irrespective of the nature of the organization, whether it be economic, political, religious, welfare, educational or professional, he who directs and controls it is an executive, and as such is inevitably confronted by certain problems of institutional management which are everywhere the same. All executives, because of the nature of their position, help to shape the future of society. Each and every head of an organization, therefore, must comprehend the innate characteristics of institutional life. Why individuals react as they do in given situations and how ends and means must be combined to produce desired results.

"One of the basic misunderstandings of the past hundred years... is that executive work in the institutions of business and government is somehow diametrically different. The fact is that in both fields this work is essentially the same; the few differences are merely of emphasis and internal relationship and can be specifically distinguished. Management in business and government is 90 per cent identical. And the larger the institution becomes, the more clearly the identities stand out and the fewer the differences tend to become."

The executive function has been defined and redefined many times. It is the art of coordinating and controlling complex organizations -- of giving

unity and maintaining efficiency in the achievement of agreed objectives. We know when the executive function is being performed well, and our needs to know

How policies are formed, how authority is delegated, how control is effected, how departmental or divisional points of view are harmonized, how results are measured, how extravagant practices are corrected, and how waste is eliminated."<sup>2</sup>

No form of institution, a corporation or hospital, can get away from the problems of management.

"Whatever the nature of the institution, therefore, it must establish its goals, make its plans, create its organization, set up levels of authority and coordination, recruit and empower its personnel, determine rules for its internal procedure and operation, develop a financial and technical work plan, delegate authority, supervise workers, provide leadership and inspiration, exercise such control that predetermined objectives may be reached, educate its employees concerning the objectives of the enterprise, secure their wholehearted cooperation, be assured that the public is getting the services it desires and that its complaints are adequately met, and adjust the plans and program of the enterprise to the social forces which ultimately determine its survival. These responsibilities of executive leadership are as necessary in public management as in private. They are common elements everywhere present."<sup>3</sup>

Students of business administration have done their best to make a science out of the field of administration. They have partially succeeded in that there are some broad principles to follow in every institution. For example, at the top level of administration, a well-known study lays these down as primary responsibilities of management:

"The primary responsibilities of top management are to provide:

"Farsighted planning and clarification of objectives, visualizing the needs of the business and determining its most advantageous future course.

"A sound plan of organization, enabling all of its parts, individually and collectively, to function most effectively in reaching the common objectives.

"Fully qualified personnel in all key positions, insuring each individual's proper contribution to the whole program.

"Effective means of control, permitting top executives to delegate wide responsibility and authority, thereby freeing themselves of administrative detail in order to concentrate on broad planning and direction."<sup>4</sup>

We can establish certain principles to help in carrying out these respon-

sibilities of top management, e.g., authority must go with responsibility, lines of authority must be clearly delineated, etc. But something else is also important. We may call it personal leadership.

".....in addition to these broad principles there must be an understanding of human nature and of the techniques which secure ready assent, cooperation, morale, and institutional drive."<sup>5</sup>

Enough by way of generalization. May I take the liberty of making a comment about the particular problems you face -- and which are not found generally in business or government agencies.

Your institutions provide a service which calls for planning and administration by a highly qualified technical staff. These are medical institutions, directed by medical men. It is natural, therefore, that you should be preoccupied with medical matters, and it would be surprising if the administrative side of your operation were not looked upon to some extent as a necessary nuisance.

What is needed is an integrated view in which the professional and the purely administrative jobs are merged, under sympathetic leadership, into efficient teamwork aimed at the goals which you, your patients, and the citizens of the State all wish to achieve.

#### FOOTNOTES

1. Marshall Dimock, The Executive in Action, Harper & Brothers, New York, 1945.

2. Dean Hugh Jackson, Stanford University Graduate School of Business, in Preface to Paul E. Holden, Lounsbury S. Fish and Hubert L. Smith, Top-Management Organization and Control, Stanford University Press, Stanford University, 1941.

3. Dimock, op. cit.

4. Paul Holden et al, op. cit.

5. Dimock, op. cit.

LECTURE I

The Nature and Structure of an Administrative Organization  
Dr. Leonard A. Doyle

I. Introduction.

II. The general nature of organization:

- A. What is the objective? By what person or group is the objective determined and altered?
- B. The analogy of government:
  1. Legislative: To determine policy within the framework of the primary objective--in business this is done chiefly by a board of trustees or directors.
  2. Executive: To administer the organization in accordance with general policies.
  3. Judicial: To hear cases involving violation of laws or rules, to make decisions and prescribe penalties when appropriate.

In private business and in public institutions and agencies the judicial function is most often discharged by administrators. As we shall see, the lack of a formal and definite system for handling disputes and violations of rules and regulations is one of the trouble spots of administration--whether private or public.

III. The formal structure of organization:

- A. The pyramid concept.
- B. If organization is a pyramid, there are two major problems to be solved:
  1. The implications for ability:
    - a. The persons at a particular level should have ability and training commensurate with their position in the pyramid, i.e., superior to those below, inferior to those above, and equal to those on the same level.
    - b. Why differences in ability are desirable:
      1. Economy of scarce resources
      2. Morale
      3. Efficiency
    - c. Illustration of pyramid of ability by the development of "politics" in an organization

## **"Playing Politics" in the Pyramid**

The concept of "playing politics" in the pyramid is a common one. It is the idea of using artificial devices to get around the direct and logical way of accomplishing work.

12. In an organization that is efficient there is a direct and logical way of accomplishing work. To "play politics" in effect is to say that the direct and logical way is not used. If it is not, it may be because one or more persons in the pyramid is out of place in terms of relative ability, hence work does not flow through him and his position and so is channeled "around him." The devices developed to "get around" the administrative obstacles are a part of "playing politics."
2. The implications of the pyramid for the size of the organization and the number of persons involved.
  - a. The span of control: In the pyramid there is one person at the top. How many can there be in the second tier or level? For the organization to be efficient this problem must be solved, for if it is not solved at the top level, it is unlikely to be solved at any other level.
  - b. There is no general rule concerning the number of persons that should be directly responsible to one person, but there are certain pragmatic tests. If you recall the story of Moses, you will remember that he was advised by his father-in-law to apply the rule of ten:

Quoting from the Bible, Exodus 18, Chapters 13 through 26.

13. And it came to pass in the morrow, that Moses sat to judge the people: and the people stood by Moses from the morning unto the evening.

14. And when Moses' father in law saw all that he did to the people, he said, What is this thing that thou doest to the people? Why sittest thou thyself alone, and all the people stand by thee from morning unto even?

15. And Moses said unto his father in law, Because the people come unto me to enquire of God.

16. When they have a matter, they come unto me and I judge between one and another, and I do make them know the statutes of God, and his laws.

17. And Moses' father in law said unto him, The thing that thou doest is not good.

18. Thou wilt surely wear away, both thou and this people that is with thee: for this thing is too heavy for thee; thou art not able to perform it thyself alone.

19. Hearken now unto my voice, I will give thee counsel, and God shall be with thee: Be thou for the people to Godward, that thou mayest bring the causes unto God.

20. And thou shalt teach them ordinances and laws, and shalt show them the way that they are to walk and the work that they are to do.

21. Moreover thou shalt provide out of all the people able men, such as fear God, men of truth, hating covetousness; and place such over them to be rulers of thousands, and rulers of hundreds, rulers of fifties, and rulers of tens.

22. And let them judge the people at all seasons: and it shall be, that every great matter they shall bring unto thee, but every small matter they shall judge: so shall it be easier for thyself, and they shall bear the burden with thee.

23. If thou shalt do this thing, and God command thee so, then thou shalt be able to endure, and all this people shall also go to their place in peace.

24. So Moses hearkened to the voice of his father in law, and did all that he had said.

25. And Moses chose able men out of all Israel, and made them heads over the people, rulers of thousands, rulers of hundreds, rulers of fifties, and rulers of tens.

26. And they judged the people at all seasons: The hard causes they brought unto Moses, but every small matter they judged themselves.

The advice to Moses was the essence of administrative organization--the pyramid with the proper span of control, delegation of authority, distinction between major and minor problems on the basis of position in the pyramid, i.e., the most important problems to the most important persons--and enough persons to deal with the problems.

#### IV. The special organization problems of institutions:

Those to whom this is addressed consist, at least in part, of persons who are not full-time administrators, but must divide their time between administration and professional work. This dual function probably creates two major problems:

- A. It is hard to achieve a proper balance between professional work and patients and administrative work.
- B. The principle of basing administrative rank on ability may be difficult if rank is based primarily on professional position or degree of specialization.

#### V. Delegation of authority and responsibility: return to pyramid:

- A. The chief executive officer is responsible for the agency, and must be as a going concern. In many parts of the job should be clear that he is not undertaking on behalf of the agency or institution, more work than his financial, physical and human resources warrant.



The chief executive:

1. Delegation of responsibilities:

Hospital functional lines

- a. Physical plant maintenance
- b. Nursing care
- c. Medical and psychiatric care
- d. Business administration

2. Delegation of authority:

- a. As in the case of Moses, the chief must determine what problems he will handle himself and what he will assign to subordinates. To be efficient, he must not himself do many things, for his time should be spent chiefly in conference with subordinates.
- b. Number of subordinates: Vary from two or three to perhaps eleven or twelve.
- c. From working hours subtract time necessary for professional work. Then determine average time required to supervise each subordinate, and number of times required per day or week.

3. Dealing with subordinates and superiors:

- a. The chief executive must not be "overworked."
- b. In many respects it is easiest for the top executive to determine his work load, for he has a choice between undertaking or refusing a large number of assignments, and can often refuse those things which he can neither delegate to someone else nor do himself.
- c. To be a good top executive, two things are often said to be essential—a good secretary and a room with only a table—no drawers or other places to stow papers and "put things aside"—and a wastebasket. The efficient executives rely on their secretaries to file undirected papers with instructions as to what persons or divisions should be secured to reach a decision.
- d. Although the chief executive delegates work, he is the master of "delegation" in general.

4. Administrative organization:

5. Administrative policy decisions:

- a. The essence of smooth administration is that each person knows his job and does it with the minimum of conferring with his superior. Before this can be done "jobs" must be assigned and performance standards established.
- b. Distinction between a routine and "unusual" problem. The unusual requires a new decision. Can it be decided within the framework of established policy? If so, executive time is saved at top. But subordinates should not decide major questions without consulting superiors.

#### VI. Summary:

I would imagine that what I have said up to now just about gets you to the areas of administration in which you are most concerned. These are the areas of determining policy, reaching decisions, communicating decisions, evaluating performance, and having executives and subordinates work together as harmoniously and efficiently as possible. I shall try to touch on these in the next two lectures. Tomorrow I shall try to discuss some of the problems of reaching agreement as to what is to be done and communicating between various levels of administration. The concluding lecture will deal with the problems of effective working relationships between individuals.

## LECTURE II

### The Development and Revision of Administrative Policies and Procedures Dr. Leonard A. Doyle

The following lecture will cover all questions, including administrative training, clinical services, etc.

#### 1. Development of policies and procedures:

a. Review of the organization charts and the oral comments, the institutional is:

1. Review of functional divisions at each hospital.
2. Review of administrative office of the State Department of Health. In this office there are several line and staff executives who administer and coordinate on a State-wide basis the work of the executive divisions of the individual hospitals. I assume certain broad policies and procedures are developed by the State Department for all the hospitals.
3. The policies and procedures for the State-wide program are recommended to the institutional executive through the hospital superintendent.

#### 2. Questions:

1. Is this a staff system? My own experience suggests this is cumbersome and burdens the superintendent with unnecessary detail.
2. In a private firm with which I work there are vice presidents for major functional areas and a number of plants and offices throughout the country. Each plant might be regarded as a unit comparable to a hospital. The plant manager is responsible for his entire operation, but the second-line executives are responsible both to the plant manager and to the vice president in charge of their function.

In the case of accounting, for example, the comptroller is responsible for policy, procedure, and performance, and hence for personnel.

#### Rules:

- a. No vice president appoints a functional chief without consulting the plant manager, and always takes into account the personality of the manager in selecting a man.
- b. No major change in policy or procedure which affects the relationship of the functional chief with the plant manager or other second-line executives is made without prior consultation.

- c. Plant managers are encouraged to bring up cases of friction and an effort is made to remove the friction, either by educating those who oppose it or by altering the procedure.

C. Method of communicating policy and procedure:

This is directly from the vice president's office to the second-line executive with a carbon to his superior and to others affected. If change originates below the vice president in the home office, copies go to those above the originator and to home office executives affected.

III. The use of written manuals:

A. The policy manual:

This should be confined to statements of policy to be applied to situations which are encountered frequently but in a variety of forms and for which alternative treatment is possible.

1. Examples:

- a. Depreciation
- b. Purchasing on bid
- c. Gifts

2. In hospital care:

- a. Information given to relatives
- b. Outside practice by professional staff
- c. Personal relationships between staff and patients

B. The procedure manual:

- 1. Personnel: hiring, firing, advancement
- 2. Administration: purchasing, stores, kitchen, housekeeping
- 3. Medical: treatment procedures
- 4. Clinical: hours, number present, etc.

C. The use of informal manuals (most common):

- 1. Written directives issued by appropriate executives and filed by subject.
- 2. Oral directives.
- 3. Agreements in conferences.



D. Avoid oral directives and "agreements" reached in committees:

Why?

1. Misunderstanding
2. Forgetting
3. Communicating to a new person

E. How to avoid oral statements of policy and descriptions of procedure:

1. Always put in writing a confirmation of an order given orally.
2. Oral agreement by committee or conference:
  - a. Appoint a secretary to prepare minutes.
  - b. Have minutes and agreements checked by chairman.
  - c. In case of doubt first circulate a tentative statement--so marked.
  - d. If differences are brought out, settle by individual call or reconvene.
  - e. Circulate to those attending and those affected a written statement of policy or procedure.

IV. Who should participate in policy formulation?

- A. Policy is a top executive responsibility, not a responsibility of minor employees. This does not mean that impact on employees can be ignored, but that the principle of effective representation must be used.
- B. Each executive should be conscious of the probable effect on his subordinates of a new policy or a change in existing policy. An adverse effect may stem from:
  1. Lack of competence.
  2. Lack of equipment.
  3. Lack of staff.
  4. Inertia and resistance to change.
- C. Each executive is a leader of his own unit--he must be for them at all times. To be for a group is not to be a lobbyist promoting their real or imagined self-interest. It does mean keeping commitments in balance with resources--asking for more resources if necessary--or a reduction in commitments in other directions.

V. How much "democracy" in formulating policy?

- A. A good executive is a leader. A leader gets people to do things they could not do without him, therefore he must continually inspire and instruct as well as direct.
- B. Those who work should not only know what is expected (policy) and how it is to be done (procedure) but why.
- C. Workers should be encouraged to make suggestions for changes in procedure.

VI. Some reasons for formulating policy and procedure:

A. Advantages of formulating:

- 1. Advantages:
  - a. Saves time and wear and tear on executive making decisions.
- 2. Disadvantages:
  - a. Lack of information.
  - b. Dissatisfaction by subordinates.

B. General reasons (Holding story):

- 1. Advantages:
  - a. Representation of several interest groups.
  - b. Provides a sense of participation.
  - c. Reduces the impact on others.
- 2. Disadvantages:
  - a. To secure information.
  - b. To handle too many problems.

C. Group management:

Standing committees, regular meetings.

D. Requirements for effective committee system:

- 1. Agenda in advance.
- 2. Good secretary.
- 3. Good chairman--fair, gives all a chance to be heard, keeps discussion on track, adjourns on time or when impasse is reached--otherwise too much emphasis on strong kidneys or strong tobacco.

VII. The use of reports:

A. The regular periodic report for routine or recurring work.

1. Care in design.
2. Care in speed of preparation

B. The special report.

Confined to special rather than routine work.

LECTURE III  
The Human Factor in Management  
Dr. Leonard A. Sayle

I. Introduction.

As a layman I hesitate to appear and speak. I shall speak from experience and not try to summarize and evaluate the work of psychologists in industry.

II. The large-scale organizational problem.

Some understanding of the development of large organizations is necessary for such organizations use their development to technical factors more than to human factors.

- A. Scientific management movement
- B. Merger movement
- C. Developments of Twenties
- D. Depression of Thirties— anti-business
- E. World War II and big business performance
- F. Korean defense

III. The increase of industrial activity has been accompanied by increase in production and an increase in the number of mental hospitalizations and deaths for mental hygiene.

IV. As I view the developments of the last twenty years, there has been a gradual but significant shift between workers and supervisors and managers. Workers of many oppressions and tensions—but no place for supervisors and administrators.

A large and complex administrative organization of the future will not have more friction points than the modern scaling of the present. More persons, but the chances for friction being more serious because of the weight of numbers.

V. The fact that there are so many friction points in the modern organization is responsible for the increasing stress and strain on human beings in large organizations. If anything, one can say that the friction in human relations, including that of efficiency, is one of the most important factors limiting the speed of modernization.

A. I suspect that we are also going through a period of "crisis in human relations" in that there is a growing feeling of isolation and loneliness among most persons in the modern world. The modern world that were once accepted as a lot in life and as a source of relief and the occasion for a formal grievance. We are now in a period of the "crime waves" of large communities. A wave of "human relations" now seems about to engulf us.



... "bar" ... conscious ... the ...  
... to be decent, and that ...  
... to mass-produce ...

... the human ...  
... to total efficiency. Personal re-  
... through individual behavior ...  
... the average gains of organized labor ...  
... have provided many opportunities for ...  
... heating plant by calendar ...

... seen equality and inequality---the desire ...  
... a long time to behave in the way that ...

... the shift in prestige:

1. ... of physical facilities which set a group apart--  
... room, replaced by the conference room in ...  
... on occasion and not always.

2. ... of basic distinctions based on training or ...  
... the use of those ... responsibility and ...

Industry: The position of accounting, purchasing ...  
... and production man have ...  
... but others raised to a posi-  
... of equality.

3. ... raising the status of ...  
... and personnel.

4. ... cash compensation for top execu-  
... and bonuses.

a. What motivates the executive? How much is it absolute ...  
... relative within the organization?  
... relative to other agencies and companies for ...

b. I believe that the primary requirement is the relative ...  
... position within the organization, i.e., that there be ...  
... between the steps on the ...  
... and that the man be satisfied with his present ...  
... To be satisfied does not mean one does not ...  
... think he could fill a higher position, but that he ...  
... recognizes the incumbent as having a superior claim.

VII. ... friction in administration?

- A. The feeling that one was not permitted to participate in a decision affecting your work or your position.
  - 1. Policy
  - 2. Procedure: appointment of an employee with whom you must work.
  - 3. Solution: consultation--particularly required for middle management--probably not violated as often by top management.

B. Unexplained changes in policies or procedures:

- 1. Example of University parking as one of careful study and education as well as consultation.

C. Arbitrary and senseless rules and procedures:

- 1. May result from inertia--keeping old rules when occasion for use is past.

Example: time clocks at toilets.

- 2. Solution: basically sensitive executives. (Refer to Urwick's emphasis on the army--lieutenant and enlisted men.)

D. Poor working conditions:

- 1. "Worse than need be" vs. bad, but as good as they can be under present conditions.
- 2. Solution: budget program, good maintenance.

E. Poor supervision:

- 1. Doesn't know job.
- 2. Arbitrary.
- 3. Sullen

VIII. The use of experts to minimize friction and inefficiency and to develop more efficient methods.

A. In administration:

- 1. The evolving role of the internal auditor.
- 2. The administrative analyst.
- 3. Relationship to central office and local management.

IX. The budget as a device for allocating resources.

- A. Preparation--not an accounting function alone.
- B. Use.
- D. Do not expect too much

## SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

## DISCUSSION OF CASE STUDIES

Case Study: OmniGroup A

It was the consensus of the group that among the reasons to be considered for the assistant superintendent's action, one should consider:

1. Seeking control.
2. Personal insecurity.
3. Experimenting with new procedures.
4. Too much time available.
5. Acting under instructions of the superintendent.
6. Security measure of the organization.

Consequences of this activity were:

1. Slowing of the mail.
2. Interference with other duties of the assistant superintendent.
3. Encouraging carelessness in others by training them to expect others to check their errors.
4. Destroying initiative of other echelons.

As consequences, but on the credit side, the policy of reading and initialing all the mail might make for greater care in correspondence. It could possibly make the assistant superintendent more secure and could make for uniform policy in the institution. It would provide a method by which new and improved procedures could be devised.

Recommendations of the group were that screening should be distributed so that mail would be delegated to the responsible function or individual. Thus, mail from very important people would be delegated to the superintendent for reply, and by the same token, a sampling action would give the necessary information previously gained by the assistant superintendent's reading the entire output of mail. The flow of mail would be considerably speeded by this changed procedure.

It was suggested as a corollary of this problem that a course in letter-writing should be designed for the group of people concerned with official correspondence.

Group BJustification:

1. Established policy of superintendent (considered unlikely).
2. Attempt of assistant to keep in touch with everything (limited information gained).
3. Attempt to set up a uniform mail procedure.
4. Effective censorship of patients' mail (better done at ward level).

Analysis:

1. Such a procedure represents lack of organization and planning.
2. Indicates overcontrol with failure to delegate authority.
3. Failure to train subordinates to do this clerical job.
4. Lack of job analysis.
5. Development of a serious bottleneck.
6. Indicates insecurity on part of employee.

Conclusions and Recommendations:

1. Establishment of the functions, responsibility and authority of the job.
2. Proper delegation of authority.



3. Maintain contact and control by
  - a. Regular conferences.
  - b. Routine and special reports.
  - c. Frequent inspections.

#### Group C

The superintendent could not delegate the chore of reading of all mail, incoming and outgoing; in his absence he required his overworked assistant superintendent to pick up this additional burden in toto. It was agreed that the superintendent is responsible for the overall hospital operation, but it was suggested that he was not delegating, communicating, or gaining group (staff) participation. Decision: A waster of time.

### Case Study: More Than Ordinary Confusion

#### Group A

Group A decided that in this emergency the needed personnel should be selected from the lowest echelons to take care of the visitors, because in final analysis the care of the patients was involved since the visiting had a beneficial effect on the patients. Secondly, the public relations problem was one which had to be given immediate attention.

It was pointed out, however, that apparently there had been poor planning not to anticipate the need for receptionists prior to the opening of the receiving unit.

Long range solution of the problem as it existed would depend upon communication with the central office personnel officer to discuss possible appointment of a receptionist on the basis of salary saving, and the simultaneous discussion of the analysis of the job for proper assignment.

Volunteer workers, such as Grey Ladies, might be drafted to take care of the receptionist's work.

It was pointed out that the job description always specifies at the end "and other duties assigned". These other duties may make up 20 per cent of the individual's work. It would appear, therefore, that psychiatric technicians might be assigned on a rotating basis not more than one day a week to cover the receptionist's duties and still not be considered on off-ward assignments.

#### Group B

##### Justification:

1. None.

##### Analysis:

1. Immediate and emergency action is needed.
  - a. The responsible person should have anticipated this situation.
  - b. Person in authority closest to scene should act without delay.
    - (1) No need to call the superintendent at this stage.
    - (2) Report to the superintendent after the emergency is under control.
2. Failure in long range planning and communications.
  - a. Position should have been budgeted in advance.
  - b. There should be continued communication at a high level.
  - c. Re-determination of policy when inconsistency was noted.
  - d. Working out of an alternate plan prior to loss of function.
    - (1) Reclassification of positions.
    - (2) Utilization of other personnel.

(3) Discontinuing the service after proper notification.

Conclusion and Recommendations:

1. Do something to correct emergency.
2. Establish better planning and organization.
3. Administrative personnel be on duty weekends?

Group C

Problem:

How situation could be avoided.

Generalizations:

1. Budgeting should be flexible to needs where new operations are concerned.
2. Anticipation of needs desirable - including analysis of function, type of personnel, followed by request on local level.
  - a. If not granted at budget presentation consider conversion of
    - (1) present positions.
    - (2) salary savings.
3. Acknowledgement of the superintendent's responsibility for effective operation of the local hospital; the superintendent should request authority for reclassification on T.A.U. basis until positions are obtained to prevent an emergency situation.
4. All else failing: the factors of effective operation, public relations and directive should be weighed - the superintendent act accordingly.

Summary:

Flexible budgeting and anticipation resulting in proper budget planning.

Recommendation:

Flexibility of budget.

Case Study: A Plague On

Group A

In this case, in which a senior stenographer in the medical record room was selected from a group of three eligible intermediate stenographers and a protest ensued, it was the opinion of the group that it would have to be pointed out to the employees' organization that the appointing power was fully justified under civil service rules in appointing an individual on the basis of merit rather than seniority. It was brought out that at two institutions an oral board is available for interview and selection of key people from the personnel board lists.

Our consultant from industries, Mr. Vollendorff of Standard Oil, discussed the Standard Oil system in which trade unions deal only with seniority and clerical help working for Standard Oil are selected on both ability and seniority. Mr. Swanson discussed the systems used by some personnel boards in certifying an entire list rather than merely three names.

Group B

Justification:

1. The immediate supervisor was the person best qualified to make the selection.

Analysis:

1. Should a Credentials Committee make all such selections? (No general agreement -- see Conclusion).
2. Criteria to be considered in the selection.
  - a. Ability of candidate.
  - b. How well they fit the job classification.

- c. Place on available list.
  - d. Seniority.
  - 3. Other methods of selecting personnel. (Industry Representative Gregory Stone).
    - a. Oral group appraisal method.
      - (1) Neutral experts in this field interview and pick best candidate.
      - (2) This method is currently being used in industry in picking key personnel outside the organization.
        - (a) This can be used within the organization on promotional jobs.
  - 4. Use of performance reports in industry. (Stone).
    - a. As a corrective device in training period.
      - (1) Employee is rated by associates, superiors and subordinates.
      - (2) Supervisor uses this material in counseling the employee.
  - 5. Use and Value of Performance Reports.
    - a. Rating should be done by immediate superior.
    - b. Comments should be made and used as basis for interview with employee.
    - c. Effect on subsequent performance of Comments
      - (1) Appropriate approval — Greatest improvement.
      - (2) Constructive criticism — Consistent improvement.
      - (3) No comment — No improvement.
  - 6. Defects in Performance Reports. (Stone).
    - a. Supervisors do not know how to rate employees.
    - b. Supervisors do not know how to counsel employees.
- Conclusions and Recommendations:
- 1. Employees should be informed of the prevailing policy of selection and promotion.
  - 2. Seniority should not be a major factor in selection.
  - 3. All candidates should be interviewed and told the reason for a particular appointment in case of any apparent inconsistency.
  - 4. The present limitation of selection from "Top 3" is too restrictive.
  - 5. Whenever possible, the selection of a candidate should be by the immediate superior with use of consultation in appropriate cases. (Consultation might be a Credentials Committee).

#### Group C

We find employees griped about an appointment because they feel, rightly or wrongly, that seniority should have ruled. Since seniority is NOT a factor in civil service selection, it appears that the employees lacked knowledge - hence a failure in communication. It is obvious, however, that the complaint originated with the disgruntled employee who did not get the job. Again faulty communication is the factor - no one thought it necessary to "let her down softly", to tell her why she wasn't selected.

Some of our group believed that this case demonstrated the necessity, or at least the desirability of selection by committee, or group participation. In some key spots, in some sensitive areas, in some places where a supervisor is not the honest and just man Professor Doyle recommends, choice by committee may be indicated in order to assure fairness.

### Case Study: Applied Psychology

#### Group A

The group felt that the superintendent should gain all the facts in the case and then devise a long range plan to request budgetary-wise a supervising

clinical psychologist.

For the immediate problem, however, he could, if he deemed it judicious, enforce the edict of the clinical director that the man he selected was to continue supervising the group.

Secondly, he could rotate authority each year to head the group, the selection of the appointee being based on seniority in the psychologists' group or if two had the same seniority, then on the basis of alphabetical listing.

Thirdly, the group could be informed that they would meet and select a chairman who would then be their leader for the year.

#### Group B

No discussion of this case.

#### Group C

It is interesting to note that every superintendent is guilty of "criminal actions" as defined in this case, and that, being practical men, unable to delegate upward responsibility for what they must work with, they do the best they can with what they have.

Generally, our group agreed that solution lay in letting the psychologists, who were characterized as "mature professional people", get together and agree on a course of action. This then, means group participation, and certainly delegation by the clinical director. Communication apparently is good between the psychologists and the clinical director.

### Case Study: The Stone is Wearing Away

#### Group A

It appeared obvious that because of this occupational therapist's reputation for complaining about her seduction she was a pathological personality, which added to the problem of enlisting any cooperation from her.

The group made the following recommendations to solve this problem:

1. To request her relatives and friends to speak with her and see if she would either resign her position or transfer to another institution.
2. It was suggested that the clinical director might be temporarily transferred to another hospital where they had a vacancy until such time as the problem of the occupational therapist could be solved at the hospital level.
3. Inasmuch as the problem had to be solved, one way or another, if none of these methods were feasible, then the clinical director would have to be told that whether he liked it or not, the newspapers would have to be informed of the story, and if they deemed it fit, they would publish it.

#### Group B

Justification:

1. A sick person is at large.

Analysis:

1. What type of action can be taken.
  - a. Do nothing.
  - b. Fire employee.
  - c. Interview employee further to get full picture.
  - d. Transfer employee.
  - e. Encourage clinical director to stand his ground.

Conclusions and Recommendations:

1. This is a top administrative decision.



2. Direct action should be taken.
3. Employee should be handled as potentially ill.
  - a. Interview carefully in psychiatric manner.

Group C

This is top secret because everybody knows about it. It is a top level problem because the superintendent and the Department are confronted with a situation involving community-hospital relationships, professional achievement, and innocent lives.

It is subject to a variety of solutions, none of which will probably be the right one, and any of which will be subject to as much misinterpretation, gossip and misunderstanding as the original situation.

Here, surely, is a problem which involves communications.

Here, by its very magnitude, is a problem requiring the resources of more than one mind - hence group action is indicated.

The delegation that we see is the sharing of responsibility for the decision to be made.

You may be interested to know something of our discussion. Mr. Taylor suggested we eliminate the two principal possibilities. They were:

Outright firing of therapist: Because this is dynamite; because it would mean publicity and consequent loss of the clinical director - because we would be overlooking the needs of an employee.

Keeping her: Because of the tensions and community demand for her elimination from the community.

We then considered the possibility of transferring her to another hospital - the most simple solution. The problem there, of course, was in finding a superintendent who would take her. Dr. Crawfis characterized the transfer as an act which would "save the service. There is the possibility that in a new environment we could save the employee." The actual Rx was: "The judicious use of tincture of time."

Case Study: The Case of the Missing Keys

Group A

Questions raised:

How did the superintendent in the case of the missing keys arrive at his decision? Must we assume he knew that this was a successful system in other hospitals or does the problem actually mean that "The Superintendent of Nursing Services recommended this system to the Superintendent who agreed ---- and asked her to install it?"

"Why was the dissatisfaction apparent a year later when superintendent had indicated "----if they would try the new system for a while they undoubtedly would find it completely acceptable?"

Was protest merely a symbol of dissatisfaction over other matters which might well be fostered by separate employee organizations?

Were communications bad - were all channels used?

How many and what type of channels should administration use?

Was timing bad?

Were keys taken from other groups, e.g., mechanics, and even doctors? If not, would this foster charges of class distinction, or add weight to the charge it was a disciplinary measure?

Didn't superintendent foster dissatisfaction when he said "Besides, this is really a management problem and one that the employees shouldn't be concerned

about".

Conclusions seemed to be here that the administrator might well have:

1. Used official channels of communication downward as to his future plans regarding key issuance. (There was a divergence of opinion on this point -- a minority feeling that employee organizations could be used to sample opinions.)
2. Allow ample time, even up to six months, for so drastic a change.
3. Accept all reactions of employees through all upward channels (official or otherwise) to determine in his own mind what morale factors might be encountered, and
4. in the meantime, consult with other department heads whose sections might be involved and
5. get current and historical information from other institutions.

#### Group B

Justification:

1. To establish better patient security.
2. Reduction in number of sets of keys and replacements.
3. Prevent keys from getting into the hands of patients.

Analysis:

1. Tradition was abruptly violated by new policy announcement.
2. Poor planning with failure in communications.
3. Loss of security by large employee group.
  - a. Keys represent authority.
  - b. Give employee freedom of action and control in emergencies.
  - c. Punitive implication in the manner of timing of the policy change.
4. Continued resistance indicated.
  - a. Negative attitude on part of employee.
  - b. Something was wrong with the system adopted.
  - c. Something was basically wrong with how this was carried out.

Conclusions and recommendations:

1. Basic fault was in how this was done, not what was done.
  - a. The objective need to be clearly established.
  - b. Employee must be educated and consulted.

#### Group C

It is obvious the employee gripe was not based primarily on ability to carry keys, but the manner in which the unilateral decision was made, announced and carried out -- here again the threads of poor communication and group participation are evident. Decision: make the best use of all channels of communication, weighing the item of security against communication.

### Case Study: Mutual Consent

#### Group A

Questions raised were:

Is it proper for the department to issue orders of this nature? Wouldn't it be better merely to set general policy?

Is this a healthy administrative situation where the Institution is compelled to disregard specific orders due to what might be a physical impossibility?

Isn't the department equally to be criticized for taking no action when the non-compliance was unofficially known?

Wouldn't this condition breed a general indifference to other departmental orders?

Would it be advisable to order physician to follow this procedure when superintendent knows he hasn't time?

Possible solution to this case is:

1. Suggested that the superintendent should go formally on record with the department as having insufficient staff and submitting any possible data to substantiate this fact.
2. Endeavor to make budgetary request for sufficient staff.
3. Rejected thought of "passing the buck" to the ward physician.
4. Superintendent should see the relatives and handle the over-all problem through "relative therapy" program.
5. Superintendent should have been consulted before order was issued by department.
6. Department should set general policy and not absolute detailed rules of this type.

#### Group B

No discussion of this case.

#### Group C

Problem:

1. How was policy derived?
2. What should be done?
3. Evaluation of function in regard to other functions.
4. Flexibility in policy.

Generalizations:

1. Before directive regarding policy sent: statement of purpose to be sent to hospitals to permit expression.
2. The department should not issue orders they do not expect to be followed and action should be taken if not followed to prohibit future breaks.
3. Superintendent should follow the order or inform director with request for solution to the problem with re-evaluation of functional importance of duties.
4. Minimum standards: department should set broad policy and allow interpretation at local level.

Summary:

It is poor administration on the part of the superintendent to ignore orders, and on the part of the department to ignore the ignoring of an order. There should be acknowledgement of difficulties, evaluation, and amendment of order to meet the situation.

### Case Study: All's Well

#### Group A

Questions raised:

Are Performance Reports necessary after probationary period is complete?

What is wrong with Performance Reports?

- a. Dishonest evaluation of employee by rater.
- b. Tie-in with salary structure.
- c. Use as a disciplinary tool.
- d. Regularity of submission.
- e. In hands of too many people.

Have written standards been set on all jobs to assist in subjectivity?

Are the reports properly designed with no "Average" scoring column?

Shouldn't they be redesigned so as to reflect a Bell curve?

Conclusions here:

As to Dr. Basalt:

1. Dr. Basalt would have an opportunity to discuss comments with the reviewing officer.
2. This condition should not be permitted to continue indefinitely.
3. Proper administration would require that any basic philosophy differences be reconciled or Dr. Basalt be dismissed if he didn't remove himself after policy was firmly established. (Assumption that Deputy Director was following the Director's policy.)

As to Performance Reports, see comments after case The Children Shall Be.

Group B

Justification:

1. Main purpose of clinic is service to low income group.
2. Fee collections will depend on area served.
3. Amount of community service required will vary.

Analysis:

1. Reasons for low collection rate vs. high cost per patient.
  - a. Too few patients seen.
  - b. Too much community service.
  - c. Lack of a sound collection policy.
2. Present methods of reporting gives an incomplete picture of clinic function.
3. Difficulty in setting standards to measure treatment efficiency.
  - a. There are limited standards available.
  - b. Statistics are of little value in determining clinic efficiency.
  - c. Present fee standards are inadequate.
  - d. Collection rates are not a good index of operative efficiency.
4. Statistics only indicate that there should be a closer examination of the operation policy of the clinic.
5. Reports of Performance.
  - a. Standard rating means little because 95% fall in this range.
  - b. Standard is a "safe" rating for the rater.
    - (1) "Outstanding" or "below standard" subjects the rater to potential criticism from person rated and the reviewer.
  - c. Ratings are difficult to make on professional activities.

Conclusions and Recommendations:

1. In this case there was little correlation between performance rating and professional ability.
2. Statistics alone will not give an index of performance efficiency but will suggest need of a closer examination.
3. A supervisor should be certain of data and standards before making a critical evaluation based on statistics.
4. The facility in question here might well benefit by more freedom of action.
5. Better methods of evaluation of medical facilities are needed, i.e.
  - a. Some type of medical audit.

Group C

Problems:

1. Had previously established standards of performance been established and submitted to clinic chief?
2. Is there a comparison of standards between similar clinics of the particular area?
3. Is quality of service given actually of a higher standard (How to measure)?
4. Method of presenting performance reports (Communications).

5. Quantitative vs. qualitative standards.
6. Method of establishing standards.

Generalizations: Clinic Functions and Policy:

1. Standards and functions of clinic should be discussed and understood by all parties concerned.
2. Comparative standards and functions of similar clinic areas should be available.
3. Flexibility in operation should be given to chief in charge of clinic.
4. Supervisor has the opportunity to view over-all picture, chief unable to do so.
5. Area needs vary considerably. Although there is a question of results being equivalent to fee charged - The exception: Area of low-income groups.
6. The variance from departmental policy as to amount of services offered is due to (1) lack of policy; (2) unestablished % of time for direct and indirect service.

Performance Reports:

1. Performance should be discussed by rater and ratee before report given and at time report issued. (Counseling and guidance). If improvement not noted - written report given.
2. Educational standpoint of report should be especially noted by face to face presentation. Misinterpretations are avoided.
3. Degree of threat to ratee should be weighed - if danger of destroying working relations between supervisor and employee.
4. Time elements of rating should be considered. Quarterly, yearly or as needed.
5. Problem of future relationship between rater and ratee if reviewing officer consulted. Practice of use of reviewing officer should be encouraged.

Summary:

1. Difficult to establish state wide clinic standard when needs vary. Flexibility necessary.
2. Revaluation of use, need, and method of presentation of performance reports necessary.
3. Primary importance of the function of the report should be for education and instruction.

Case Study: The Children Shall Be.....

Group A

Questions raised:

1. Wasn't this clearly a case of administrative action that should have been taken but wasn't?
2. Did someone fail as to priority of action?
3. Shouldn't the superintendent's reminder be more than subtle?
4. Mr. Webb, visiting expert, raises the question "are written rules and regulations basically essential?" He was positive in his statements that Negative Rules and Regulations are not desirable; that a few Positive Regulations might be desirable. This again led into the whole field of Performance Reports - 3 and 5 column evaluation as against 4 column - and Mr. Webb's positive stand towards making performance reviews something between the employee and his supervisor and not having routine effect on salary structure, disciplinary actions, etc. He covered in some detail recommendation for training programs developed within the organization and recommended home development as against "canned" training courses.

5. There was a basic thought expressed that for most dischargeable offenses, a written rule is unnecessary as a matter of law.

Conclusions as possible solutions to case study:

1. Employee might have been given a lay-off or some lesser discipline that the superintendent could enforce in view of the fact the violation could not have been too bad or referee would normally uphold the dismissal.
2. Should the superintendent in this case address a formal letter to the department pointing out the possible embarrassment that might occur without rules, thereby emphasizing his subtle requests.
3. Should the superintendent have other superintendents join him in pressing for early approval of rules.

Final Recommendation:

1. That the fixed date of all Performance Reports for an institution be changed.
2. That Performance Reports be marked in groups as assigned, possibly by the Personnel Officer, throughout the year. (In a large institution this would mean probably 100 reports per month).
3. That the form of the report be reexamined, including clarification of column definitions.
4. That serious consideration be given towards changing title to "Performance Review", rather than "Report", thereby clarifying basic purpose; viz., improving the employee.
5. That the relationship of the report to other matters, such as salary adjustments, disciplinary actions, etc., be studied. (Private firms believe in divorcing performance reviews from all other personnel matters).
6. Consider the problem of the effect of formal hearing on basic philosophy of value of Performance Reports.

Group B

Justification:

1. Headquarters is too loaded down with a multitude of pressing daily decisions.
2. Rules and regulations as submitted cannot be readily resolved into a uniform consistent set.

Analysis:

1. There is need for concerted action.
2. Proper emphasis of the urgency should be made known to the responsible person.
  - a. It may be held up by subordinate Staff Members in Headquarters.
3. Request interim authority to use proposed rules pending final approval or revision.
4. Ask for placement of subject on agenda.
5. How should recommendations made at various conferences be reported back to hospital staff.
  - a. Person attending conference should make an informal report of pertinent material at monthly staff meeting.
  - b. Any improper or controversial recommendations could be corrected early.
  - c. Non-controversial procedures could be placed in prompt operation as soon as orientation was completed.
6. How does a supervisor get action on important recommendations that are blocked by immediate superior. (See conclusion).

Conclusion and Recommendations:

1. All subordinates should have an outlet to higher authority.

- a. At conference.
- b. Personal interview.
- c. Formal grievance procedure.

Group C

Problem:

1. Communications.
2. Orientation.
3. Supervisor-subordinate relations.

Generalizations:

1. Use of old rules until R & R received.
2. Use of closed session at superintendents' conference.
3. Committee of superintendents to make appointment with the Director to request emergency action.
4. Broad department policy with local interpretation.

Recommendation:

Summary of cases requesting hearing or legal action to be sent by personnel section of Department of Mental Hygiene to the appropriate office of each institution for supervisory training.

Case Study: Redwood Empire State Hospital

Group A

No discussion of this case.

Group B

Justification:

1. Self defense on part of employee.

Analysis:

1. Incident should have been promptly reported.
2. Significance of such awards.
  - a. This is an indication of cultural immaturity. (No agreement on this).
  - b. Such awards are of value for public education.
  - c. Improved morale of employee.
    - (1) This will depend on how well the public and the employees were prepared for such an award.
    - (2) National recognition caused favorable reaction.
    - (3) Local recognition causes loss of symbolic function and it becomes too competitive.

Conclusion and Recommendations:

1. The incident should be promptly investigated and disciplinary action be taken if indicated.
2. The facts should be promptly and accurately reported.
3. A training program for employees is needed to reduce this type of incident.
4. Awards are desirable if they reflect true ability in the total setting and are not on a competitive basis.

Group C

Problem:

1. Course of action with employee.
2. Course of action with reporter.
3. Merit of "Aide of year" award.

Generalizations:

1. Tell reporter accurate story.

2. Dereliction of duty action for not reporting incident - both employees.
3. Adequate training program to assist in reduction of incidents by correction of attitudes.
4. Question value of:
  - a. Method of selection of Aide of Year.
  - b. Morale factor in relation to other employees.
  - c. Question whole concept of Award of Year.
  - d. Question concept of individual citation.

Case Study: Shell Game

Group A

No discussion of this case.

Group B

Justification:

1. There may be shortage or lack of proper distribution.

Analysis:

1. There is need of a survey to determine linen needs of hospital.
2. There is need of investigation to determine if there is improper distribution.
  - a. Hoarding.
  - b. Communications failure.
    - (1) The various departments are not coordinated.
  - c. Failure to fix responsibility.

Conclusions and Recommendations:

1. Budgetary action if survey supports basic shortage.
2. Better communications and coordination of function.
  - a. Solution at lowest functioning level.

Group C

Problems:

1. Inter-departmental cooperation.
2. Linen needs.
3. Laundry production.

Generalizations:

1. Hoarding - ward charge like an alcoholic, always afraid he will run out.
2. Cooperation of all departments concerned needed rather than variance of objectives often seen in functional organizations.
3. Total picture to be obtained - wear and tear, misuse of sheets, laundry load inadequate, improved standards of care.

Suggested remedies:

1. Delegation of responsibility.
2. Allocation according to need.
3. Issue control.
4. Education.
5. Circulating inventory.
6. Obtain adequate supply.

Summary:

Cooperation essential. Problem not solved.



Case Study: Insufficient Funds

Group A

No discussion of this case.

Group B

No discussion of this case.

Group C

Obviously here there was a lack of communication, a lack of group participation in planning the budget and spending the money, and certainly no one had been delegated the responsibility of monitoring the travel program.

Some members of our group felt that Sacramento was solving the problem by setting up an authorized schedule of conferences, meetings, etc., with readjustment and flexibility to meet emergencies and unforeseen situations.

General Comments

Group A

As a generalization, one of the problems that permeated several discussion groups was the matter of performance reports, and serious consideration was given to the recommendations of a consultant that salary and possible promotions should not depend upon performance ratings. The entire group felt that further study of performance reports in this light should be made.

Secondly, the group deplored the plan of management as demonstrated by the Kaiser Aluminum Plant, in which there was centralization of control with communications leading directly from subordinates to the central office, bypassing the plant superintendents.

Failure of communication was one evident weakness observed throughout most discussions, particularly so in the Case of the Missing Keys.

Performance reports and need for basic change of understanding by personnel obviously a problem in many situations.

Group B

General recommendation:

1. Approval of case study method.
  - a. With proper selection of material presented, there will be a full discussion of the subject.
  - b. Interest is maintained and there is wide participation.
  - c. Careful editing of the material used is needed.
2. Approval of the balance between discussion groups and lectures.
3. Approval of having industry consultants.

Group C

Three major strands:

1. Faulty communication.
2. Failure to delegate authority and responsibility.
3. Lack of group participation.

Conclusions:

Any supervisor, to operate at maximum efficiency must:

1. Orient himself and his subordinates as to problem and goal.
2. Educate himself and his subordinates in the best possible methods.
3. Communicate both up and down the hierarchy.

4. Delegate authority with responsibility.
5. Investigate to see how well the above are working.

Recommendations for Training Needs:

1. Other materials be distributed to members of conference.
2. Members having attended conference use material and information obtained to carry on similar conferences with their supervisory personnel.
3. That similar training institutes be held in the future at appropriate intervals.
4. Instructor group: Bibliography prepared in Area of Administration, personnel management, and conference leadership.

## SUMMARY OF CLOSING REMARKS

### SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Ewing Crawfis, M. D., Deputy Director  
California State Department of Mental Hygiene

In coming before you to close this seminar, I find that some of my "stuff" has been stolen! You will remember that Dr. Doyle gave us a quotation from the Bible, one of my favorite sources, and also told us a good story, another of my resources. Recalling that story about the feathers, perhaps I can reverse it and say that I hope that some of this "stuff" has rubbed off on us.

From these sessions I hope that we can take home with us not only a little knowledge, but the sincere desire to use it. This week of work has been not in the nature of apple pie, but rather more like a cold shower. It will take and has taken determination and courage to apply what we have discussed to our own particular situations.

One thing has stood out very clearly during these past five days. That is the advantage of the case study method in a group situation. We are able to reason better from the specific to the abstract, i.e., to develop the rule from the case rather than hear the rule and apply it to the case. Such discussion demonstrates to some the methods and procedures we can carry home and apply. We've been learning by doing.

Usually there is no single solution or right answer. There are certain principles and methods to apply to certain problems. In applying some of the lessons to departments in our hospitals, for example in the nursing service, we should seriously consider the following points:

- a. If ability is to be related to position (remember the pyramidal concept of management organization which Dr. Doyle presented), we must give serious consideration to training from the top downward. Otherwise, the man at the lower level loses respect for his supervisor and the supervisor, the one at the upper level, becomes a bottleneck.
- b. The principle of delegation applies just as it did in the pyramid.
- c. The principle of using participation, of using group "brains", applies.
- d. Communication through the lower unit is relatively easy, but we must have a good device available in order to insure success.
- e. Good human relations are important in all phases of the program.

Good supervision is good psychiatry. The great need is for empathy, the

ability sympathetically to project oneself into the other person's position, a degree of identification without losing one's own. This is the basis for the decency of which Dr. Doyle spoke, for sensitivity, for the Golden Rule. Empathy, plus the ability to sense and recognize when a person needs and wants help, is of extreme importance to us as administrators. We need this ability to develop inter-personal relationships. How can we empathize with someone unless we can talk with him?

We need imagination, a sense of perspective, a viewpoint which is not tied to the known problem and which considers the whole and its related parts rather than merely our own unit. Real vision may result only because one member of the group can see farther than another.

We need introspection, the ability to look at oneself critically, evaluating and learning to know how one reacts and relates. This is not self-analysis in terms of psychoanalysis, but the rule still stands that a good psychiatrist ought to be a good supervisor.

A hospital reflects the personality of its superintendent. His method of administering his institution is the key to the individual's personality. These range from the absolutely permissive to the rigid authoritarian, from the "one man" operation to total delegation, from indecisiveness to the abruptly and finally decisive. In terms of results, ability rather than method may determine. The strong individual may operate well on an authoritarian basis, the "one man" hospital. The permissive-indecisive may also operate well. But this is true only if the authoritarian selects capable but passive subordinates, while the permissive selects capable but aggressive subordinates.

The hospital program is a mirror of basic philosophy and convictions of the superintendent. The way patients are cared for, the treatment program, and the morale of employees are reflections of the superintendent's point of view on all phases of his operation. We must remember that while most of us like to look in the mirror, we perhaps think too seldom of what others see.

SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

July 31, 1953

Richard J. Stull

Director of Hospitals  
University of California

Not having been able to attend your sessions, it seems difficult for me to draw out all the ideas - but perhaps I can touch on them and summarize them for you.

Often we do things and act in certain ways in our daily operations without recognizing the definite tools we are employing. Maybe a summarization will reveal to you what you are, are not, and perhaps in some instances only partially doing for your maximum effectiveness in your position and for your organization.

Returning again a moment to the assignment, "Review and pull together all ideas that are to be drawn out in the seminar for practicable means of integrating and using personnel," it seemed to me that in reviewing "what is administration?" and some of its functions, we might cover most of the things you have been discussing this week.

One of the definitions of administration which I like - and for the moment I can't quote the source - is, "The process of working with people, developing their skills and competence for the effective pursuit and achievement of the objectives of a given organization."

A shorter definition and easier to remember is "Who is doing what with whom for what?" In order that you are not confused that this is what might be called by some "Politics", I shall clarify the word politics by defining it as "Who gets what - when and how?"

Seriously for the moment, by definition you can see administration at all levels involves the practicable means of integrating and using personnel. Therefore, with your permission let's play around with a little discussion about it and some of its functional elements.

First of all let me say I do not feel there are any fundamental underlying principles which will solve all problems. However, there are certain functional elements of administration which can help:

Luther Gulick, a leader in the field of public administration, described these functional elements very well. He coined a word, POSDCORB. That is composed of the first letters of what to him seemed to be the functions of the administrator.

Planning - that is, the working out in the broad outline the things that need to be done, and the methods by which we can accomplish them.

Organization - the establishment of the formal structure of responsibility and authority through which subdivisions can be made, defined and coordinated.

Staffing - the whole personnel function of bringing in and training staff and of developing and providing favorable working conditions.

Directing - is the next, and in this area the dual aspects of the work are particularly noteworthy, the first one being the continuous task of making decisions and embodying them in specific and general orders and instructions, and, second, being a leader of the enterprise, with all that this implies.

Coordinating - that all-important duty of interrelating the various aspects of the work.

Reporting - the obligation of the administrator to keep the persons to whom he is responsible informed about what is going on and to keep his co-workers informed, to carry them along with him by means of records, research and inspection.

Budgeting - with all its ramifications and fiscal planning, control and accounting.

That is POSDCORB - but does it cover everything? Others have said, and I agree, that an organization administered along these lines seems a very sterile sort of thing; it seems to lack something. It lacks a spark or a soul and so we should place an "A" at the beginning of the work, representing an awareness of, and apprehension of the purpose or objectives of the organization. This kind of serves as the administrative road map. Now we have APOSDCORB.

Now let us look at some of the things the administrative person needs to operate with these functional elements or, in other words, to administer. What should he bring to the organization?

Basic to all of the administrator's activities are two things:

1. An intimate knowledge of the subject matter (not all details of everything) of the field which he is administering.
2. Secondly, a very large bump of curiosity about everything. Who? What? Where? Why? When? Under what circumstances? How much? Without this, it is difficult to function effectively.

In terms of our "A" - awareness - the administrator should have an understanding of the personality of the organization, and understanding of its traditions and its culture, an understanding of the environment in which it is located, and an understanding of the place of the organization in the scheme of things.

Mental Hospitals:

- a. Varying objectives - 1. Acute

2. Custodial
3. Rehabilitation

b. Metropolitan, rural - different problems.

c. Trends in psychiatry - social trends, et al, affecting objectives.

To Planning - he needs to bring or develop an understanding of what has been done, what is being done and what can be done, and needs to bring the skill to evaluate each of these. Many times, as you know, the first three are well covered, and skill in evaluation is either lacking or inadequate. We have to have it. A little constant review, evaluation and appraisal goes a long way toward reducing our job as a "Trouble Shooter."

To Organization - he needs to bring the ability to identify the major purposes of the organization. Needs a knowledge of typical organizational patterns, of formal and informal structure, and appreciation of the implications of those divisions. Needs to be able to adjust typical patterns to situations as they arise.

Organization is a living and pulsating thing - not static - and varies in structure to most situations.

To Staffing - he needs to bring an understanding of job analysis, job specifications, job placement. This puts the people in the rightly assigned tasks of the organization. He needs to understand the influence of the environment, social and physical. Needs the ability to formulate and develop personnel policies, educational programs, etc. Needs skill in recruitment.

To Directing - he needs to bring the ability to make decisions based upon sound judgement. Needs to be able to communicate with people. (This means being sure the other fellow understands and gets the meaning of what you communicate.) Needs to be able to retain a following - be an admired and respected leader.

To Coordinate he needs the ability to identify and provide for the use of the potential of every member of the organization. Needs an understanding of the significance of policy making, of standardization, and understanding of some other basic tools of time and motion studies, etc.

To Reporting - he needs to bring the ability to understand and compile records, statistical reports, the ability to utilize research in problem-solving, and appreciation of his responsibility to keep people informed.

To Budgeting - he needs to bring understanding of the process of making budgets, planning them, and their influence in control. Budgets are good only to the extent they permit effectiveness of organizational functions through working relationships of people.

This is all a very large order - isn't it? However, this does represent generally what is done and what is needed to do it.

Whatever field of administration or at whatever level, you will find these

elements.

We have discussed some of the functional elements of administration which perhaps you have thought about or have covered this week or perform daily as part of your job.

Now let's return to my earlier statement that these underlying principles won't solve all problems but only help, and discuss something about the approach to problem-solving (assuming you use the functional elements).

Many believe there are two factors which determine the approach any individual will use.

First, the philosophy of the individual involved - his sense of security, sense of stability, his courage, the degree to which he respects the integrity of others, his understanding of people, his conception of the function of the role which he occupies.

I am sure you all know administrative personnel (at all levels) who issue ultimatums by the score - that "all powerful I", the great "I am." And also you have met Simon Legree in person. Think what happens to people working under - and I mean 'way under - these administrators. Also think how limited can be the functioning of the organization when it reflects the actual thinking of only one person.

The second contributing factor to the approach used in problem-solving is the structure of the organization in which you operate. Is it a broad pattern in which the members are colleagues, respecting the contributions which each can make toward the common goal of rendering, in most of your cases, better patient care? Is it one where there is mutual exchange of ideas? Is it one where the individuals can be proud of the role they are playing? Or is it a tall, layered edifice, with barriers between groups, with a caste system, where communications are restricted, where initiative is thwarted, buried under a mountainous load of rules and regulations?

A point made years ago by Emerson in his "Essay on Friendship" seems appropriate, "To seek out and summon the best in others, therein lies power."

Most every truly great leader is a silent but eloquent witness to this, a witness to the fact that his power derives from his devotion to, from his loyalty to, from his helpfulness to his followers in a common and important cause.

These things I have discussed with you are principles and generalizations about which we all hear so much in one way or another and developed out of wide experience by many. They are not a series of laws or rules which can be clutched in one's fist and taken home. The role is one of a guide to your thinking and action. They will assist in making you more adept in your practice of administration and will shorten the road to competency for you and your activity.

I hope I at least have made you think.



BIBLIOGRAPHY

SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Richard P. Barthol

Barnard, Chester I., The Functions of the Executive, Harvard University Press, Cambridge, 1938.

Chase, Stuart, The Tyranny of Words, Harcourt, Brace and Company, New York, 1938.

Flesch, Rudolph, The Art of Plain Talk, Harper and Brothers, New York, 1946.

Barr, A. S., William H. Burton and Leo J. Brueckner, Supervision; Principles and Practices in the Improvement of Instruction, D. Appleton-Century Company, New York, 1938.

Whyte, William Foote (Ed.), Industry and Society, McGraw-Hill Book Company, Inc., New York, 1946.

Golden, C. S. and H. J. Ruttenberg, The Dynamics of Industrial Democracy, Harper and Brothers, New York, 1942.

Slichter, Sumner H., The Challenge of Industrial Relations, Cornell University Press, Ithaca, 1946.

Maier, Norman R. F., Principles of Human Relations: Applications to Management, John Wiley & Sons, Inc., New York, 1952.

BIBLIOGRAPHY

SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Louis E. Davis

- Hoslett, S. D., Human Factors in Management, Park College Press, 1946.
- McCormick, C. P., Multiple Management, Harper & Bros., New York, 1938.
- Dale, E., Planning & Developing the Company Organization Structure, American Management Association Research Report No. 20, New York, 1952.
- Urwick, L., Notes on the Theory of Organization, American Management Association, New York, 1952.
- Beckman, R. O., How to Train Supervisors, Harper & Bros., New York, 1944.
- Newman, W. H., Administrative Action, Prentice-Hall, New York, 1951.
- Cleeton, G. V., Making Work Human, Antioch Press, 1949.
- Dubin, R., Human Relations in Administration, Prentice-Hall, 1951.
- Pfiffner, J. M., Supervision of Personnel, Prentice-Hall, New York, 1951.
- Worthy, James C., "Some Aspects of Organization Structure in Relation to Pressures on Company Decision Making," Proceedings 5th Annual Meeting Public. No. 10, Industrial Relations Research Association, December 28, 1952.
- Worthy, James C., "Organizational Structure and Employee Morale," American Sociological Review, April 1950, p. 174.
- Drucker, P., The New Society, Harper & Bros., New York, 1950.
- Richardson, F. L. W., and Walker, C. R., Work Flow and Human Relations, Harvard Business Review, January 1949, p. 107.
- Coch, L., and French, J. R. P., "Overcoming Resistance to Change," Human Relations, V. 1, No. 4, 1948, p. 512.
- Katz, D., Maccoby, N., Morse, N. C., Productivity, Supervision, and Morale in an Office Situation, Survey Research Center, University of Michigan, 1950.
- Neuschel, R. F., Streamlining Business Procedures, McGraw Hill, New York, 1950.
- Barish, N. N., Systems Analysis, Funk and Wagnalls, New York, 1951.
- Docher, M. J., The Development of Executive Talent, American Management Association, New York, 1952.
- Docher, M. J., Rating Employee and Supervisory Performance, American Management Association, New York, 1950.

BIBLIOGRAPHY

SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Leonard A. Doyle

Glover, John Desmond and Ralph M. Hower, The Administrator: Cases on Human Relations in Business, Richard D. Irwin, Inc., Chicago, 1949.

Hall, George Lawrence, The Management Guide: The Development of the Management Guide as an organization and administrative aid in the Standard Oil Company of California, Standard Oil Company of California, San Francisco, 1948.

Holden, Paul E., Lounsbury S. Fish and Hubert L. Smith, Top-Management Organization and Control, Stanford University Press, 1941.

Smith, George Albert, Jr., Policy Formulation and Administration, Richard D. Irwin, Inc., Homewood, Illinois, 1952.

Urwick, L., The Elements of Administration, Harper & Brothers, New York and London, 1943.

BIBLIOGRAPHY

SEMINAR ON HOSPITAL PERSONNEL ADMINISTRATION AND MANAGEMENT

Keith O. Taylor

- Toad, Ordway, The Art of Administration, New York, McGraw Hill, 1951.
- Goldwater, S. S., On Hospitals, New York, Macmillan, 1947, (esp. p. 3-36).
- Bachmeyer, Arthur C., and Hartman, Gerhard, ed., The Hospital in Modern Society, New York, Commonwealth Fund, 1943, (esp. p. 22-78, 99-113).
- Bachmeyer, Arthur C., and Hartman, Gerhard, ed., Hospital Trends and Developments, 1940-1946, New York, Commonwealth Fund, 1948, (p. 171-199).
- Davis, Ralph C., Industrial Organization and Management, Harper and Brothers, New York, 1940, (p. 17-53).
- Taylor, Dale, Personnel Management and Industrial Relations, New York, Prentice-Hall, Inc., 1948.
- Bachmeyer, Arthur C., and Hartman, Gerhard, ed., The Hospital in Modern Society, pp. 647-666.
- Bachmeyer, Arthur C., and Hartman, Gerhard, ed., Hospital Trends and Developments, 1940-1946, pp. 643-697.
- U. S. Department of Labor, Job Descriptions and Organizational Analysis for Hospitals and Related Health Services, Washington, U. S. Government Printing Office, 1952.
- Cleveland Hospital Council, A manual for training hospital employees, rev. ed., Cleveland, The Council, 1949.
- Mayo, Elton, The Social Problems of an Industrial Civilization, Boston, Harvard University, 1945.
- Whyte, William H., Is Anybody Listening?, New York, Simon and Schuster, 1952.
- American Hospital Association, Hospital Personnel Administration; Conference Techniques, Chicago, 1949.
- Higsmith, Richard, and Smith, Shirley, "Both sides of a hospital strike; hospitals must fight union domination." Modern Hospital, 75:51-53, Sept. 1950; Liebes, Richard, "The Hospital Front is Boiling", (same journal reference).

Miller, D. and Fern, William, Industrial Sociology, New York; Harper and Brothers, 1951, (esp. chapters 6 and 9).

Moskowitzberger, Fritz J., Management and Morale, Cambridge, Harvard University Press, 1941.

Drucker, Peter F., "Management and the Professional Employee," Harvard Business Review, Vol. XXX, No. 3 (May-June) 1952.

McGregor, Douglas, Getting Effective Leadership in the Industrial Organization, Published in Social Science Series 2, No. 16, Massachusetts Institute of Technology, Cambridge, Massachusetts.