

ORGANIZATIONAL BEHAVIOR, ORGANIZATIONAL THEORY, AND THEIR IMPORTANCE IN HEALTHCARE

Healthcare is complex and involves the interaction of many people and systems. Daily, people receive care from highly educated professionals who must communicate and make joint decisions. For instance, Mary entered a hospital to have a minor procedure. Her parents, Bill and Beth, came with her. Toward the end of the procedure, the nurse sees that Mary has turned blue, has stopped breathing, and has a heart rate of less than 30. The nurse halts the procedure and tells the doctor, who calls for a code blue, which activates a team that includes physicians, nurses, a pharmacist, a respiratory therapist, and lab personnel.

The code blue team arrives quickly and begins to administer CPR. However, appropriate care is delayed while three physicians argue about the proper course of treatment. After five minutes of intense debate, the team moves forward and reestablishes Mary's normal heart rate, blood pressure, and blood oxygen level.

The devices monitoring Mary's condition report a period of almost seven minutes during which she was not breathing adequately, which could have been the result of receiving too much sedation medication during her procedure. The nurse charged with overseeing the monitoring appears visibly shaken and says that getting equipment for the procedure distracted attention from the monitors.

In the waiting room, Mary's parents are clearly worried. The procedure has gone on much longer than they were told. They heard the call for code blue and saw many people running into the procedure area. A hospital chaplain has now entered the room to speak with them.

Source: Agency for Healthcare Research and Quality (2017).

Learning Objectives

After studying this chapter, readers should be able to

- provide a brief history of organizational behavior study and organizational theory,
- list some of the challenges making healthcare management more complex than management in many other industries,
- discuss social and technological changes that create greater needs for better management,
- explain why the differentiating factor for any healthcare organization is the engagement and value of its employees, and
- describe how the transformation of healthcare services will require greater interaction and cooperation among healthcare workers and organizations.

Key Terms

- Henri Fayol
- Max Weber
- organizational behavior
- organizational theory
- organizations
- scientific management

organizations
Socially constructed entities created for specific purposes that are goal directed; composed of people tied together in formal and informal relationships; and linked to their external environment through their customers, suppliers, competitors, and government regulators.

We live in a world full of organizations, and nearly everyone is associated with multiple organizations at any one time—as an employee, a boss, a volunteer, or a recipient of service. No matter the role or roles we play in organizations, those affiliations are a constant presence in our lives.

Organizations are socially constructed entities created for specific purposes. They are goal directed, composed of people tied together in formal and informal relationships, and linked to their external environment through their customers, suppliers, competitors, and government regulatory bodies. The central aspect of an organization is the coordination of people and resources to produce a product or provide a service (Daft 2012).

Organizational behavior study and organizational theory are made up of numerous theories that seek to explain the factors that influence the behaviors, successes, and failures of individuals and organizations—large corporations, small entrepreneurial ventures, governmental agencies, military groups, social groups, family and religious organizations, and so on. This book explores organizational behavior and organizational theory in the context of healthcare organizations—doctors’ offices, pharmaceutical companies, public

health agencies, hospitals, nursing homes, home health agencies, outpatient surgery centers, medical device manufacturers, volunteer groups, insurance companies, and many others. As Mary's story shows in the introduction, these organizations are complex and deal with life-or-death decisions.

Most organizations are similar in that they typically have rules and policies, decision-making lines of authority with formal and informal relationships, and divisions of labor, but their performance and effectiveness vary radically. Some organizations are highly organized, have nurturing cultures, and seem to accomplish astonishing results; others languish and appear to stumble from one crisis to another. As discussed in this chapter, organizational behavior study and organizational theory were developed to help academics and managers understand the way businesses work and the dynamics of organizations' internal and external environments.

Both fields evolved in the early to mid-1900s, when management theorists suggested a variety of ways to improve management practices and explain the human factor in organizational success and failure. Over time, theorists began to consider guidance relating to the behavior of people and of organizations as separate fields.

Organizational Behavior

Organizational behavior study broadly explores the behavior and influence of individuals, groups, and structures in an organization and their impact on the function and effectiveness of that organization. These three levels of organizations are highly interactive, such that changes in one area affect the other areas (exhibit 1.1). Individual behavior is linked to the broader

organizational behavior
The study of the behavior and influence of individuals, groups, and structures in an organization and their impact on the function and effectiveness of that organization.

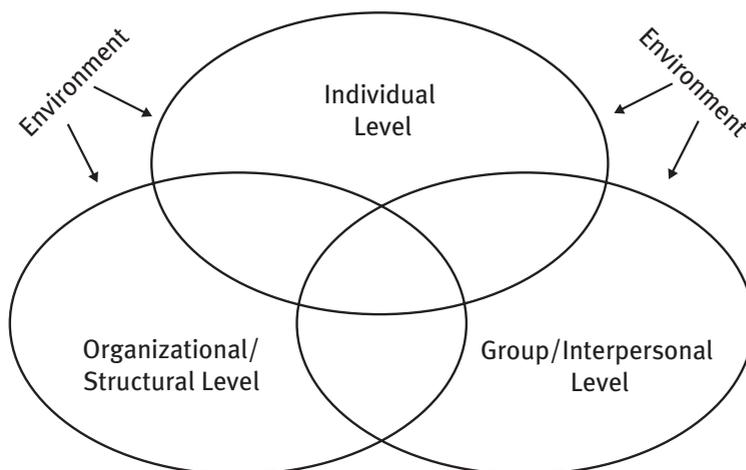


EXHIBIT 1.1
Interactive Nature of the Three Levels of Organizational Behavior

context of the organization, and group behavior influences and is influenced by individual and organizational (structural) factors. Each individual brings unique characteristics, personal background, perspectives, and experiences to the organization. Furthermore, each person acts and reacts uniquely to the organization's rules and processes and to interactions with teams and groups.

Understanding the dynamics of organizational behavior gives us insight into the organization's processes and activities and the consequences of behavior. It also provides the means to study and understand leadership, power, communication, teamwork, satisfaction, commitment, decision-making, conflict, learning, and other important management issues. In short, organizational behavior study allows managers to appreciate why employees act as they do and to help them improve their behavior. Long-term, organizations will only perform as desired when employees are engaged in their work, and employees become engaged only when their leaders provide a work context that promotes positive group and organizational interactions.

Organizational behavior study encapsulates many of the theories explored in this book, which come from disparate disciplines such as economics, psychology, social psychology, sociology, political science, and anthropology and consider the interactions of people, structure, technology, and the external environment (Investopedia 2021). The book's chapters address topics, practical applications, and definitions commonly considered under the umbrella of the field of organizational behavior.

organizational theory

The study of organizations as a whole or populations of organizations that seeks to explain the processes and factors that influence the structure and outcomes of organizations.

Organizational Theory

In some settings, organizational behavior study and organizational theory are taught jointly, as presented in this book. However, at many schools, each is considered a separate management specialization. Their differentiation can be seen in exhibit 1.2.

Organizational theory focuses on the organization as a whole or on populations of organizations. It seeks to explain the processes and factors that influence the structure and outcomes of organizations, including how

EXHIBIT 1.2
Relationship of Organizational Behavior Study to Organizational Theory

Level	Individual	Group/Team	Organizational	Industry
Theory	Organizational Behavior Study	// // // //		Organizational Theory

// // // // Denotes overlap

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organizations interact in and across industries and societies. Jeffrey Pfeffer (1997) wrote that organizational theory focuses on how the characteristics and actions of social organizations and individuals can affect behaviors, attitudes, and the performance, success, and survival of organizations, as well as the organizations' political, cultural, and resource and task environments. Chapters 2 and 10 discuss in detail the concepts, applications, and subtheories of organizational theory.

History and Development

Both organizational behavior study and organizational theory are rooted in the Second Industrial Revolution, which began in the late 1800s. The new technology of the nineteenth century ushered in factories, which created novel organizational and managerial problems. This environment required the management of immense flows of material, people, and information across large distances and the creation of new methods for dealing with these management challenges.

One early theorist was sociologist **Max Weber**. Born in Germany in 1864, he lived in a rapidly changing Europe that had experienced centuries of feudal control, primarily under small principalities. Promotions and authority had been most often tied to familial relationships. Weber, writing primarily about the Prussian civil service, postulated that the ideal organization was a formalized, somewhat rigid bureaucracy that had rules everyone in the company obeyed; positions awarded on the basis of competence; clear, formal hierarchies that established chains of command for decision-making; and a division of labor that allowed employees to align their skills with work needs (Anter 2014). His bureaucracy theory was widely perceived as an improvement over the nepotism, irrational behaviors, and lack of professionalism that existed in firms during that time.

Although the term *bureaucracy* has a negative connotation today, Weber's writings had a profound influence on the way managers and leaders organized and ran companies. Today, bureaucracies can be seen in almost all organizations and can be seen clearly in healthcare. Some now believe that bureaucracies in healthcare are expanding, destroying value, and preventing timely

Max Weber

A German sociologist and political economist who postulated that the ideal organization had rules every worker obeyed, competency-based positions, chains of command for decision-making, and division of labor.

Fighting Healthcare's Bureaucracy

To escape the negative aspects of bureaucracy, leaders must create learning mechanisms outside of the traditional chains of command. For instance, the CEO of the University of Virginia Health System leads a daily "huddle" where leaders and representatives from each part of their organization examine the previous day's unexpected patient deaths and injuries from incidents such as medication errors and falls. The huddle also seeks to strengthen the system's problem-solving and improve how warnings and lessons are shared across the system (Segel 2017).

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Henri Fayol

A French mining engineer, considered to be one of the founders of modern management, who distilled management practices into 14 principles to frame a general management perspective.

decision-making. As the example in the box shows, avoiding the negative aspects of bureaucracy, as it was defined by Weber, requires constant leadership effort.

Another early, influential contributor to management theory, a contemporary of Weber, was Frenchman **Henri Fayol**, who developed a general theory of business and is recognized as one of the founders of modern management. As a mining engineer and director of mines, he observed a variety of management practices, which he distilled into 14 principles of management to frame a general management perspective (exhibit 1.3). As can be seen, many of these principles are widely accepted today and form the foundation of current management practice.

EXHIBIT 1.3

Fayol's

14 Principles of Management

Principle	Definition
Division of work	Employees are assigned to different tasks or parts of a work process and become specialized in those tasks. Also known as <i>division of labor</i> .
Authority and responsibility	Management has the authority to give orders but also the responsibility to be accountable for actions and outcomes.
Discipline	Management must instill obedience among employees. Penalties and sanctions will encourage discipline.
Unity of command	Each employee should receive orders from only one manager.
Unity of direction	Activities should have common objectives and the organization should be moving toward a common goal.
Subordination	Individual interests should not take priority over the interests of the organization.
Remuneration	Cost of living should be considered to ensure that workers are paid a fair wage.
Centralization	Centralization addresses the degree to which subordinates are involved in organizational decision-making. The level of centralization should depend on the needs of the organization.
Scalar chain	The line of authority from top management to the lowest ranks forms a scalar chain. Employees should communicate by following this path.
Order	All resources, including people and materials, should be treated systematically and have a specific place in the organization.

(continued)

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Principle	Definition
<i>(continued from previous page)</i>	
Equity	Managers should treat their subordinates fairly and without bias.
Stability of tenure of personnel	Managers should seek to retain productive employees, because high turnover is wasteful. Organizations should have orderly personnel planning to ensure that replacements are available to fill vacancies that arise.
Initiative	Managers should encourage employees to be self-directed.
Esprit de corps	Managers need to promote team spirit to build harmony and unity.

EXHIBIT 1.3
Fayol's
14 Principles of
Management
(Continued)

Fayol's principles are often further condensed to five core management functions of

1. planning,
2. organizing,
3. coordinating,
4. commanding, and
5. controlling.

He is also credited with identifying strategic planning and employee recruitment and motivation as critical management functions and was one of the first to promote management as a separate discipline (Pugh and Hickson 1993).

Weber's and Fayol's writings complemented the concurrent work and theories of American mechanical engineer Frederick W. Taylor, who advanced the concept of management control in the late 1800s and early 1900s. To create greater efficiency and address the new management challenges created by the Industrial Revolution, Taylor promoted systematic use of time and motion studies to analyze human behavior at work. He developed the theory of **scientific management**, which proposes that human input is among the cheap, interchangeable components that can be "engineered" to maximize efficiency. In the scientific management approach, production processes are broken into small units, and employee and material movements are studied to find the most efficient way to perform each job. Management was encouraged to control work processes, closely supervise employees, and dictate how labor was to be accomplished. Workers were left with little discretion in their jobs, as processes were standardized and decisions to maximize efficiency were made by managers (Kanigel 2005; Taylor 2017).

scientific management
A theory, developed by American mechanical engineer Frederick W. Taylor, that human input is among the cheap, interchangeable components that can be "engineered" to maximize efficiency.

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At the time, Taylor's work was groundbreaking, and many businesses adopted his advice and processes; the human influence on work outcomes was largely ignored. Advances in fields such as psychology, threats of unionization, growing urbanization, and world events such as the Great Depression and the two world wars called attention to the discrepancy between scientific management theory and actual human behavior in organizations. Research conducted in the 1920s—the most famous being the Hawthorne experiments at Western Electric Company in Chicago (discussed in chapter 2)—suggested that human behaviors were significantly affected by social and other nonwork factors (Parsons 1974). As the twentieth century progressed, managers began to see their organizations not only as a formal arrangement of structures and functions but also as work embedded in and highly influenced by an organizational social system. Taylor focused on individual motives and job structures, but managers realized that teams, groups, culture, and informal networks heavily influenced productivity. The Human Relations Movement evolved from these studies and efforts, which helped produce the theories that make up organizational behavior study and which are discussed in detail in this book.

Organizational theory owes its existence to the same social and technological changes that influenced organizational behavior study. Initially, the term *organizational theory* encompassed scientific management and prior management theories. However, by 1960 organizational theory diverged from organizational behavior's intraorganizational focus and concentrated on interorganizational theories (Starbuck 2003). The rapid increase in the number of large, formalized, organized businesses made the study and theories of organizations relevant and meaningful to many more people.

Relevance to the Healthcare Industry

For managers in the healthcare industry, the study of organizational behavior and organizational theories can be exceptionally helpful. Healthcare organizations consist of complex, changing relationships and reporting structures. They involve multiple specialties with different professional cultures providing a wide variety of services, making healthcare one of the most challenging industries to manage. As Marcus (1995, 3) stated, in healthcare

work is accomplished via an intricately structured set of relationships. Formal and informal rules determine who speaks to whom, who makes what decisions, and who has what information. People are organized and decisions are aligned in a cautiously defined order.

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Service providers in this industry are highly professionalized, with their own distinct ethics and cultures. Healthcare professionals (e.g., doctors, nurses, radiology technicians) are differentiated by their training, licensure, and skills and often interact under “pecking orders” of importance. The implications of this structure are heightened in acute care settings, where conflicts in priorities often arise because “doctors and nurses are trained differently” (Brown 2013). These differences are often identified as factors that damage communication and teamwork, and that lead to medical errors and adverse patient safety events (Samuriwo et al. 2020).

Delivering patient care and services is no longer an individual effort driven by a single physician. Instead, it has shifted to a team-based approach that often finds physicians, nurses, pharmacists, respiratory therapists, dietitians, and other providers with advanced degrees working side by side. As they work, these complex, cross-disciplinary teams that must coordinate their efforts and constantly adapt to rapid knowledge expansion (Dinh et al. 2020; Nembhard and Edmondson 2006). Healthcare is complicated, and getting more so.

Another factor increasing provider interdependence and interaction is the emergence of accountable care organizations (ACOs)—networks of primary care and specialist doctors, home health agencies, and hospitals that share the coordination of patient care to create more efficient, effective outcomes. As of January 2021, according to the website for the National Association of ACOs, hundreds of these organizations served 10.7 million Medicare recipients in the United States. This unprecedented reliance on other medical professionals for joint decision-making and to provide services complicates the human factor in healthcare and distinguishes hospitals and health systems from many other organizational types.

In addition, the critical nature of healthcare requires precise actions to ensure specific positive outcomes. Unlike many other industries, healthcare has limited room for error in the provision of its services. Yet errors continue to plague the industry, being the third leading cause of death in the United States, with hundreds of thousands of patients dying annually in the United States alone from errors, injuries, accidents, and infections (Makary and Daniel 2016). Many of these events are caused by a failure to adequately communicate critical information and coordinate efforts. Approximately 80 percent of serious medical errors may involve miscommunication among caregivers, a situation being addressed by the Joint Commission Center for Transforming Healthcare (2012) and participating health systems.

Organizational behavior study and organizational theory are similarly relevant to the healthcare industry’s rapid reorganization and transformation. Economic forces, government regulations, technology, consumers, and employers are all driving change (PwC 2021), with governments and

The Impact of COVID-19 on Healthcare Services

The COVID-19 pandemic dramatically changed healthcare delivery. Concerned about the risk of transmitting or contracting the coronavirus, both healthcare providers and patients put off elective services and deferred preventive care such as vaccines and annual physicals. Telemedicine, previously only a tiny part of most physician practices, jumped to 13 percent of all claims by April 2020 (Gelburd 2020). In addition, 577,600 US healthcare workers lost their jobs between February 2020 and February 2021, with the greatest losses occurring in nursing homes (182,400), ambulatory services (165,100), and hospitals (102,400) (Hut 2021).

businesses worldwide altering their existing healthcare systems to improve quality, increase access, and control costs. In 2020, the rapid spread of COVID-19 forced additional major changes. As described in the box, this pandemic altered existing healthcare relationships, resulting in major disruptions to healthcare services and seriously stressing leaders, patients, and workers. Pub-

lic health screenings were postponed and organizations implemented new strategies to care for the sickest patients (World Health Organization 2020).

To cope with these disruptions, many healthcare organizations are altering strained relationships, reordering hierarchical power bases, upending long-standing incentives, and demanding greater leadership and direction from executives than ever before. Healthcare leaders helping their organizations navigate these changes must ask themselves questions such as those posed by Marcus (1995, xiii):

- Who will be responsible for the new service delivery systems?
- How will the new responsibilities change the jobs of the people involved, and can their work become more meaningful and interesting?
- How will reporting relationships change?
- Who among the healthcare organizations will be seen as, or will see themselves as, winners or losers?

Organizational behavior study can help inform the answers to these questions and direct actions across the many relational and structural changes.

Furthermore, healthcare is a service industry, with patient satisfaction driven by the provision of services by employees, many of whom provide direct care to patients. Thus, employees are not only the key component in but also the main cost of healthcare. The manner in which they interact affects patient and staff satisfaction, the degree to which the organization is in compliance with regulations, and the extent to which the patient achieves clinical benefit. Likewise, the level of positive interaction among employees, their managers, and others in the organization influences the organization's ability to achieve its mission and objectives. As a result, some observers have long suggested that healthcare managers' most important asset remains their

employees, and that success is dictated by the presence of collegial relationships and employee engagement rather than by the implementation of patient- or customer-focused efforts (Spiegelman and Berrett 2013). Yet, a 2020 Gallup survey found that employees often have tenuous relationships with management:

- Only 47 percent of healthcare workers felt their employer communicated a clear action plan during the COVID-19 pandemic.
- Just 36 percent were confident that they would be safe if they followed their organization's policies (Ratanjee and Foy 2020).

Lasting strategic advantage and differentiation evolve from and are sustained by positive relationships, culture, and communication—all factors in organizational behavior study and organizational theory—rather than purchased assets, documents, and directives (Walston 2018).

The skills learned from organizational behavior study and organizational theory are needed now more than ever, to energize the rapid transformation of the healthcare system now occurring in many countries. Many nations are experimenting with models that will alter employee incentives, worker behaviors, and organizational structures—and thus interactions and relationships—all of which will make the understanding of organizational behavior and organizational theories much more important in the future.

This book divides organizational behavior and theory into three general levels—individual, group, and organizational—and presents 22 chapters that will help you gain competencies in these areas. Exhibit 1.4 shows the concepts associated with the three levels of organizational behavior and the

EXHIBIT 1.4 Chapter Topics as They Relate to Levels of Organizational Behavior

Individual Chapters	Group Chapters	Organizational Chapters
<ul style="list-style-type: none"> • 2 – Theories of Managing People • 3 – Diversity, Equity, and Inclusion • 4 – Learning • 5 – Attitudes and Satisfaction • 6 – Values and Ethics • 7 – Motivation • 8 – Emotions, Moods, and Stress • 9 – Paradigms and Perceptions • 10 – Decision-Making 	<ul style="list-style-type: none"> • 11 – Creativity and Innovation • 12 – Group Behavior • 13 – Work Teams • 14 – Communication • 15 – Leadership • 16 – Power, Politics, and Influence 	<ul style="list-style-type: none"> • 17 – Conflict Management and Negotiation • 18 – Organizational Design and Structure • 19 – Performance Management • 20 – Mentoring, Coaching, and Delegation • 21 – Culture • 22 – HR Policies and Practices • 23 – Strategy and Change Management

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chapters in which these concepts are discussed. Although slotted into one area, the concepts are interactive and may affect more than one level. For example, values and ethics appear at the individual level yet greatly affect the group and organizational levels as well. Learning and understanding these concepts will prepare managers to work in an organization and to lead others.

Chapter Summary

This book gives the reader a thorough overview of organizational behavior study and organizational theory as it applies directly to the healthcare field. Organizational behavior study broadly explores the behaviors of individuals, groups, and structures in an organization and their effect on the organization's outcomes and functioning. Organizational theory examines how organizations interact in and across industries and societies. Both concepts originated in the late 1800s, triggered by the Second Industrial Revolution. Early theorists included Max Weber, Henri Fayol, and Frederick W. Taylor.

The concepts and application of organizational behavior study and organizational theory are extremely important in healthcare, given its heavy reliance on services provided by numerous personnel (who come from distinct cultures and professions) and the team-based nature of healthcare delivery (which involves complicated relationships that, if not managed correctly, can be prone to tragic errors). Successful healthcare executives master these concepts and know how to apply them in their organization.

Chapter Questions

1. What are some of the challenges that make organizational management in healthcare more complex than in many other industries?
2. Why are organizations important in our lives?
3. What were the precursors to the development of organizational theory and organizational behavior study?
4. What did Max Weber and Fredrick W. Taylor mostly miss in their theories?
5. What is the difference between organizational behavior study and organizational theory?
6. Why did the Industrial Revolution in the late 1800s affect work relationships so greatly?
7. What events encouraged managers to seek means to address the human influence on work?

Chapter Cases

The Frustrated New Employee

During orientation, the new hospital employee was impressed with the time leaders took to speak with her about the company's values, especially teamwork. A recent college graduate, she is just beginning work as a medical technician and dreams of working with a team of physicians, scientists, and other researchers to help in the discovery of new treatments.

After two days of invigorating orientation, she was ready to exemplify the values she had been taught. But she has quickly learned that *teamwork* often means doing what she is told and not speaking up. She has tried to engage with the physicians and has listened in on their conversations, but they tend to ignore her, and most of the time she only understands about half of what they are saying. She is frequently frustrated, and has found that the only people who listen to her are the other new medical technicians she sees during breaks.

Case Questions

1. What should the new employee do?
2. How does the professionalization of healthcare personnel influence this situation?

The CEO's Salary Dilemma

Mark is the CEO of a midsize hospital in the Intermountain West region of the United States. He has worked at the facility for more than five years and has a close relationship with the medical staff and his employees. He has a habit of going into different departments and getting to know the employees personally. He is generally liked by most of the employees and empathetic when he hears stories about their family problems and financial struggles. Mark prides himself on his honesty and integrity.

On the other hand, Mark represents a for-profit company that sets very high goals and financial standards. It has been a trying year, and the hospital is barely meeting its financial targets.

As the hospital was preparing its budget, Mark proposed that all his employees receive a 3.5 percent cost-of-living increase. This request seemed reasonable, considering that employment surveys have found that many of his employees are on the low side of market wages. When it appeared that this increase had been approved, Mark told his employees that they should expect the indicated raise.

The following week, Mark's regional vice president calls. She informs Mark that his facility is not profitable enough and demands that he rescind

the cost-of-living wage increase and allow the budgeted amount (about \$1.5 million) to be posted as net profits for the organization. Mark explains that he has already announced the increase and says rescinding it now would damage both employee morale and his credibility. The regional vice president bluntly replies that if Mark will not do it, she will fire him and find someone who will.

Case Questions

1. Given the circumstances, what would you do?
2. What are some of the group and individual consequences of following the regional vice president's directive? Of not following the directive?
3. What individual, group, and organizational issues are involved in this case?

Chapter Activity

Teamwork and Architecture

This activity introduces general concepts found throughout this book and demonstrates how individual, group, and organizational factors can interact to influence outcomes. The class will divide into teams, and each team's builders will attempt to build the required structure within the time allowed. Once time is up, the class will reconvene as a group and each team's observers will report on what they saw during the activity.

Materials

Each team will need these items before beginning:

- Enough LEGO or similar toy building bricks (all the same size and shape) to build the required structure—about 200 bricks per team
- An unopened 10-ounce can of food (e.g., a standard can of soup, fruit, vegetables)
- Notetaking supplies for the observers (whatever form is most convenient)

Preparation

Before beginning, make sure that the bricks are evenly divided between teams and that each team has enough bricks to create the required structure. (An easy way to ensure roughly equal brick allotments is to stack the bricks and compare the length of the stacks.)

Activity

Your instructor will determine the time limit for this activity (30–45 minutes is recommended).

1. Choose about one-third of your group to be observers—ideally at least two people. The rest will be builders.
2. Builders: Work as a group to connect all the available bricks to create a single structure that (1) holds the weight of the unopened can and (2) allows the unopened can to pass through the structure. For example, if you build a simple tunnel, the unopened can must be able to fit through the tunnel and the tunnel must stay intact if the unopened can is placed on top. You must not have any loose bricks when the structure is complete.
3. Observers: Watch the builders as they work and take notes. You may not help the builders in any way—not even with suggestions or nonverbal cues. Concentrate instead on taking notes so you can report on the builders' activity. Consider the organizational behavior concepts discussed in this chapter, including things such as communication, leadership, motivation, group dynamics, and decision-making.
4. When your team's builders have completed their structure, your team can rejoin the larger group. Once all teams are finished (or time has run out), each team's observers should report to the class on what they saw while the builders were working.

Source: Adapted from a similar activity with permission of Ray W. Coye, PhD, associate professor emeritus, Department of Management, DePaul University.

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