SHAKING UP THE SMARTIE BOX: WEISBORD’S SIX BOX MODEL OF ORGANISATIONAL DEVELOPMENT IN TRANSFORMING TODAY’S HOSPITAL FOR TOMORROW’S PRIORITIES: A SEMI-RURAL CASE STUDY

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- Hospital revitalisation Paarl, SOUTH AFRICA
- Paarl Hospital is a 301 bed secondary level regional public Hospital.
- Paarl is an important semi rural agricultural and commercial centre in the Cape Winelands.
The National Department of Health of South Africa implemented a Hospital Revitalisation Grant to modernize and transform the infrastructure and health technology of hospitals and improve the quality of care.

Paarl Hospital, was entered into the **Hospital Revitalisation Programme** in May 2006 which funded a ± **R513 million** revitalisation to provide for **369 beds**.
NHI...

“I believe in a public health service. We just need to improve it”

Dr. Aaron Motsoaledi
SA National Health Minister
HOSPITAL REVITALISATION PROGRAMME EVALUATION

- Infrastructure
- Health Technology
- Quality Assurance
- Organisational Development
OD

• Organisational development is a process of enhancing **congruence between organisational strategy, structure, culture, systems, processes, and capacity.**

• OD is the process of preparing for and managing change-planned effort to improve an organisation's operations through effective utilization of organisational resources
ORGANISATIONAL DEVELOPMENT

• The purpose of the organisational development as it relates to HRP is to strengthen institutional and operational efficiency of revitalisation hospitals through improving management systems, structures and processes (DoH, 2009).
The key expectations for project implementation of OD in HRP are as follows:

- Improved **hospital administration and management systems** and structures in those areas where the OD and Management component has been implemented;
- Improved hospital **efficiency**;
- Motivated and **well trained** healthcare workers; and
- **Customer focused** on its day to day running (DoH, 2009).
IMPLEMENTATION AREAS

• To achieve this purpose the following 11 broad areas should be implemented in all revitalised hospitals: Organisational Strategy; Delegation of Authority; Hospital Governance; Human Resources Management; Hospital Financial Management; Hospital Information Management; Hospital Information Technology; Patient Administration; Communication Strategy; and other services such as Pharmacy with hospital drug dispensing and administration systems; and Kitchen with sound food services management.
• Pajak (2009) recognizes that the overarching theme for hospital redevelopment is usually centred upon the fundamentals of business process engineering, focusing on **improving efficiency and effectiveness**, by creating multidisciplinary teams to drive the change process and **warns** of the potential risk in redevelopment of hospitals, of the **derailment of improved service quality** and enhanced financial performance, by **lack of staff co-operation and skill**.
In a study of two UK hospital redevelopment programmes, Pajak (2009) concluded that hospital re-engineering brought about: **instability for certain services; tensions between management and clinical leadership** which led to mismatched expectations, anger and **a fear of changes**; as well as **lowering of staff morale in the uncertainty** over the redevelopment programme.
• Cortvriend, (2004) found that a participative, democratic management style and **caring leadership** was useful in inhibiting psychological contract violation with employees in a constant cycle of change.

• Carroll & Quijada (2004) concur that cultural **analysis of health care** and bringing about change by “tilting” the organisational culture to create new ways of **working**, can redirect professionals in healthcare organisations towards values to support safety and quality.

• Johnson (2009) proposes the key components of organisational change models: **Leadership; Strategy; Structure; Technology; Culture; and Rewards/recognition.**
**THEORY**

**Organisational Change Model**

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<tr>
<th>Structure</th>
<th>Technology</th>
<th>Attitudes</th>
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<tr>
<td>• Re-engineering</td>
<td>• Policies</td>
<td>• Professionalism</td>
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<td>• New teams/units</td>
<td>• Procedures</td>
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<td>• Decision making</td>
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(Source: Harvey & Brown, 2006:215)
METHODOLOGY

• A case study design, with qualitative methodology was utilized for this study with a multi-method approach to data collection, which included focus group discussions; individual and pair interviews; as well as photographic and document review.
RESULTS

• The study’s findings indicate that while hospital revitalisation has had marked benefits to the semi-rural community the relevant hospital serves, the chaos during implementation makes the organization and staff vulnerable, and that a very structured approach to change management is required.
ADVERSITY

- This study found, unsurprisingly, that the revitalisation process had a destabilizing effect with consequences for patients and staff alike, facing major changes in a state of flux.

- Pajak (2009) concluded that irrespective of the level of change facing services, staff had little choice in continuously working, despite uncertainty and were pressured to provide continuity of care as per their professional responsibility in the face of adversity, brought about by revitalisation.
Strategic empowerment through change management

- The change management and strategic planning workshops were viewed as empowering
CHANGE MANAGEMENT

• Participants acknowledged the tensions that arose around changes, which clinical staff felt were imposed on them and which did not always align to their priorities; as well as the uncertainty of some changes.

“Change management was a big issue... and played a big role... certain staff were resistant to the change, and change management workshops are very important.” (II 4)
CHANGE STRATEGY

• OD interventions and change management were viewed as positive, breaking down silos and impacting on frontline skills.

• The format of the change management workshops included exploring the losses and gains of the proposed projects, the stages and emotions to expect during a major change; and how to remain professional throughout the change.

• Respect for the past and embracing the future
“To bring health to a system, connect it to more of itself; the primary change strategy becomes quite straightforward… the system needs to learn more about itself from itself.”

The model of Weisbord & Janoff (2000) of involving and leading all stakeholders to: discover shared intentions; create and act on a shared future vision; and take responsibility for their own plans

This seems evident in the way the four strategic teams at Paarl Hospital namely Leadership, Clinical, Training and Transformation, representing a cross section of the whole, took ownership of their respective strategies thereby emphasizing staff involvement, ownership of services, self-assessment and team work.
MIDDLE MANAGEMENT TRAINING

- Middle Management training was held as part of HRP Organisational Development.
- The programme included:
  - Frontline Training, Motivation and Financial Health; **Team building**
  - Intrapersonal skills
  - Quality Assurance for Managers
  - Generic Management Theoretical Frameworks
  - Stress & Change Management
  - Communication, Project Management, Leadership and Management models
HRP ORGANIZATIONAL DEVELOPMENT WORKSHOPS

HRP Organizational Development Workshops in Frontline service Professionalism were held with the porters and all the services staff (Student residence, Messenger, Linen bank, Switchboard)
OFF AND ON SITE STRATEGIC PLANNING

• Strategic Planning workshops to review the past and own the present by doing a SWOT analysis, is also recommended to establish a common future and develop action plans in strategic teams, representing a cross section of the whole system.
A STRATEGIC MANAGEMENT FOR LEADERSHIP SEMINAR-IN HOUSE

LEADERSHIP
Leaders are people who do the right thing.
Leadership is about coping with change.
Leadership has about it a kinesthetic feel, a sense of movement
Leaders are concerned with what things mean to people
Leaders are the architects
Leadership focuses on the creation of a common vision

MANAGEMENT
Managers are people who do things right.
Management is about coping with complexity
Managing is about “handling” things, about maintaining order, about organization and control
Managers are concerned about how things get done
Managers are the builders
Management is the design of work… it’s about controlling…
Professionalism promoted

Frontline skills, client care and professional image training during HRP implementation enhanced professionalism as well as the establishment of an ethics committee.
Paarl Hospital Secretaries who attended a self revitalization workshop on Secretary Day
LESSONS

“Despite all the challenges, ...the traumatic, stressful, disruptive, infuriating, exhausting, frustrating, confusing and tiring times, ...it was highly rewarding when areas were completed and handed over to hospital management... it was an interesting experience and we learnt a lot.” (DR)

• The results indicate that through the change management and strategic planning workshops, utilising multi-disciplinary strategic teams, the hospital met the specific objectives of the HRP PIP.
COMMUNICATION

• For the organisation to be able to adopt the change, individuals and departments must have the power to realize the change.

• **Communication, detailed planning** (Pfaff & Cooper, 2010) and promoting relationships are amongst the findings of this study as areas which required attention during revitalisation.

• A **communication strategy** was eventually formulated by top management to clarify arrangements for communicating with staff, patients and other stakeholders; a step seen as **vital to the success of an organisation during revitalisation** to inform and educate, to promote awareness, earn understanding and support, and influence opinion and behaviour.
FEEDBACK

• This was facilitated by creating a feedback loop with accurate and timely information of the impact of the implementation in the form of the weekly ‘Project-cast’ and monthly newsletter as well as the 98 additional briefing meetings held in the hospital per annum during implementation.
HR

Human resource restrictions

Human resources non-aligned to HRP, but bolstered by learnerships, and the volunteer programme.
HR

- HRP was viewed as an innovation in this study, and implementing this innovation took high levels of energy, endurance and dedication from staff, patients and the community.

- However, innovations such as hospital revitalisation should not occur faster than the public sector can provide the necessary trained healthcare professionals and human resources for the support services required to staff an expanded range of health services and bed-capacity.
VOLUNTEER VOOMA!!

The whole group received training on Quality Assurance ; Client Care and Change Management.

Pictured here are the pamper team and the group in the Pharmacy with their certificates.
SKILLS

• Pro-active alignment of human resources recruitment to deliver the expanding services and increased bed capacity of the revitalised hospital is highly recommended. A **skills audit should be done and a training needs analysis done to align the organisational development and training towards the needs of the new facility services.** This can be reviewed annually. Frontline and professionalism training should be given and ideally these skills should be pre- and post-assessed in the workplace to consolidate training.
IMBIZOS....

Staff and community cohesion

The HRP requirement of a Local Steering Committee and Hospital Facility Board forged links with the community and the hospital.
RESULT-COMMUNITY ENGAGEMENT

• **Public participation** in health service decision making is represented by WHO (2003) as an **essential ingredient of democratic and accountable health systems**.

• Representative public participation may involve groups, communities, individuals or users in strategic decision-making such as commissioning, service evaluation, resource allocation; and service delivery issues relating to monitoring and enhancement of quality issues such as clinical governance (Brooks, 2006) noted that at the strategic level, **public involvement offers both experiences of health encounters and knowledge of local communities and the health issues facing them**.

In the context of this study such groups included the Paarl **Hospital Facility Board and a Local Steering Committee (LSC)**, considered crucial to the HRP implementation plan deliverables.
JUNIOR TOWN COUNCIL

- Hospital revitalisation proved to enhance community participation and was beneficial to the immediate community, patients, staff, public health sector and the larger community
LOCAL STEERING COMMITTEE (LSC)

- The Local Steering Committee (LSC) served Paarl Hospital well since the inception of the Hospital Revitalization Project in 2006, under the chairmanship of CEO.

- The enthusiasm of the community members on the LSC was highly valued...and the initiation of learnerships in nursing+construction trades.
SPRING BALL

- Hospital Spring Ball were successful events, bringing staff and the extended community together
- Summer festival, golf day, open days....
EMBRACING STAKEHOLDERS

• The intra- and inter-organisational communication within and between the hospital and stakeholders were effective enough to promote the success of implementation.
SUSTAINABILITY CONCERNS

• Despite the innovative nature in which this HRP project developed, the sustainability of some organisational development interventions are threatened, due to resources being withdrawn from the public health sector when restructuring of health services occur or funding streams are re-allocated.

• In this study, annual off-site strategic development workshops were of the positive interventions regarded as being under threat when HRP funding ended.

• Voices of staff and patients to be heard in an appropriate change management programme
LIMITATIONS

• As this is a qualitative study, the aim was not to seek generalisability or representivity (Terre Blance & Durrheim, 2004). This study included one secondary level public hospital in one Province in South Africa; therefore these results cannot be generalised. However, this data can form a basis to conduct further similar studies.
CHANGE MANAGEMENT IS KEY

• There are no certain blueprints for tomorrow’s hospitals, but there is a need for **clear change implementation architecture**. Hospital revitalization requires a managed approach to the resultant changes, with leadership strategies to ensure a favorable outcome for patients, staff and the organization itself.

• The task hinges on an **understanding of change management** and taking decisive actions during the hospital revitalization implementation to **unleash system energies** to propel the organization forward towards becoming tomorrow’s hospital.
PAST, PRESENT + FUTURE

• Taking an organisation in joint action towards a desired future as reviewing the past; exploring the present; creating ideal future scenarios; identifying common; ground and making action plans. (Weisbord & Janoff, 2000)

• While stakeholder groups share perspectives on the present and are encouraged to take ownership, it is important to have a cross section of the whole group for action planning, based on the past and future.
THEORETICAL FRAMEWORK

• The OD deliverables of HRP are directly linked to improvements in professionalism and governance.
• Theory comes into focus as qualitative research progresses.
• A model regarded as a proven model for organisational diagnostics towards organisational redesign for effectiveness is the **Six-Box Model developed by Marvin Weisbord in 1976** (Proven Models, 2011:1-2) which identifies **six key areas in which “…things must go right…”** and be internally consistent for an organisation to be successful.
Weisbord’s Six-Box Model  (Source: Weisbord, 1976)
Weisbord’s (1976) model was found to be more comprehensive in terms of this study as the six categories were well aligned to the OD deliverables of the HRP namely:

• The **purpose** of the organisation had to be explored and a new vision defined;

• The **staff structure** had to be reviewed for revitalisation purposes;

• **Leadership** was to be developed to implement the project plans; and

• The mechanisms of a large budget to address infrastructure and health technology were a key component of the project.
Organisational Development ABC

Align Human Resources to HRP increased bed capacity and services, through learnerships, volunteer programme and recruitment strategies, with a tailored organisational development and training strategy and Frontline/ Professionalism coaching.

Be sure to do Strategic Planning with an organisational development gap analysis on visioning, structure, leadership, relationships and rewards and recognition mechanisms.

Change Management Intervention, including communication structures and engagement with community and caring leadership.
• Furthermore, the Weisbord Six-Box Model is put forward as a framework to provide structure to organisational development gap analysis and formulation with the focus on organisational purpose, relationships, leadership, structure, rewards and helpful mechanisms, as it is well aligned to meet the OD deliverables in terms of the HRP project implementation plan too.

• The Six-Box Model is relatively uncomplicated, easy to understand and to visualize. It reflects the essential activities and key variables in an organisation, and has been successfully implemented to assist clients in their change programmes. The model is based on goal setting theory that supports the notion that agreement on goals and objectives between employers and employees leads to greater organisational effectiveness and performance.
INEFFICIENT ALLOCATION OF PUBLIC SECTOR RESOURCES EXACTS A PENALTY OF FORGONE HEALTH SERVICE BENEFITS IN THE COMMUNITY WHICH EXPECTS QUALITY FOR ALL
ACKNOWLEDGEMENTS

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