

Management and medicine: Marriage made in Heaven or time for a divorce?

Harding N, Ford J

Manažment a medicína: sobáš alebo rozvod?

In July of this year the graduation ceremonies at the University of Leeds, one of Britain's foremost research universities, was enlivened by the presence of 18 mature students from Slovakia. All senior professionals working in health or health-related fields, they were graduating with the title of Master of Business Administration (MBA). Their degree programme had lasted two years, during which time they had made seven visits to England, each written 40,000 words on management issues, and read countless books and articles on management and its role in health services. The programme had been funded by the European Union. Was this money well spent? Indeed, was the enormous amount of time, effort, tears, agonies and headaches invested in and experienced by the graduates worth it?

It is perhaps too early to give answers to those questions, but any answers must be based upon knowledge of a hotly contested debate: the value of introducing management into medical systems. Twenty years ago we would not have had this debate: the USA of course had many managers working in its health systems, but the USA is unique and most other countries, with far different health systems, had managed well without managers. Then in 1980 the political climate of much of Europe, and of Britain in particular, changed. The new political ethos that swept in, based on the diminution of the role of the state and its replacement by free and open markets, held a little-observed sub-clause: markets require management if they are to work.

The British government of the 1980s and early 1990s thus very slowly introduced a regime of management into Britain's National Health Service. Where previously hospitals had been governed by a tripartite system of senior doctor, senior nurse and senior administrator, now the administrator was to become a manager, the doctor to acquire management skills, and the nurse to be relegated to the management of wards rather than hospitals. The initial response was perhaps unexpected, given the long history of management in private sector institutions, for it was discovered that people did not really like managers, and doctors especially distrusted management techniques and managerial

principles. Management, it was said, would reduce doctors' clinical freedom, decisions would be based on accountancy decisions rather than medical, and patients would inevitably suffer.

After more than a decade's experience of management, the situation is still not resolved. There is much greater respect for managers and management, and clinical freedom has perhaps not been challenged in the ways feared. More subtly, however, there has perhaps been a change in the ways of thinking about management and medicine, with managerial principles having been absorbed into medical thinking. There is much to be praised about this compromise. The advantages include:

- *Managers often take the political pressures away from doctors and other health professionals, freeing them so that they can focus totally upon patient care;*
- *Management skills and techniques have contributed to greater efficiency and effectiveness;*
- *Many health professionals who have studied management at universities and business schools report that they have learned far more than they expected. They report that they have developed increased confidence in their professional work; they are more self-confident; they have found ways of dealing better with the stresses of the workplace; studying management gave them increased knowledge about their own professional areas; they can stand back and examine situations objectively and arrive at better decisions; etc.*

But there are disadvantages too. Let us look firstly at some of the dangers that may arise from developing a new profession, management, and introducing people trained only in management into the health services:

- *The battle for control means that internal politics can increase enormously;*
- *Existing inequalities between the sexes may be exacerbated if management becomes a powerful, male-dominated profession;*
- *The result is a 'macho' culture that is not conducive to patient care.*

Where existing members of the health professions take on the management role, this may serve to increase the power of those who are already sometimes too powerful, and if they are not highly skilled managers, as well as respected professionals, they can cause a deterioration rather than an improvement in services. Educating health professionals in management can also have its pitfalls:

Health Policy and Management, Nuffield Institute for Health, University of Leeds, United Kingdom. hssnhh@leeds.ac.uk

Address for correspondence: N. Harding, Senior Lecturer in Health Policy and Management, Nuffield Institute for Health, University of Leeds, 71-75 Clarendon Road, Leeds. LS2 9PL United Kingdom.
Phone: +113.233.6988, Fax: +113.233.6880

- *Short training courses can reinforce pre-existing negative behaviours rather than bring about positive changes;*
- *Some courses are far better suited to profit-seeking enterprises and lack the ethical and social stance required in delivering health services;*
- *Some researchers and teachers in management believe that there is one best way of doing management and this should be applicable in all situations and all cultures. They fail to recognise the importance of adapting techniques to fit the local environment, and developing new techniques that allow the best of what is available in a culture to be built upon;*
- *Much management research originates in the United States of America and does not suit other cultures;*
- *Some management schools still teach 'transactional' or old-style management which is based upon 'getting things done through other people' and ignore the necessity for 'transformational' or new-style leadership which emphasises the importance of working as members of teams where respect is granted to all members.*

We attempted to take all these issues into account when designing the MBA programme for Slovakia. The ethos of the programme was:

1. *The new ideas we were offering to the participants were developed in cultures very different from that of Slovakia, so we constantly asked the participants to assess these ideas against the Slovakian situation, and to incorporate what was best from US and Western European management thought into what was best in Slovakia;*
2. *There are many problems with western management thought. We attempted to ensure that the cohort became as familiar with the criticisms as with the advantages of the new ideas they were studying;*
3. *One of the strengths of the British university system, as with many universities in Europe, is its aim of developing in its students critical analytical skills, and the capacity for free and highly intellectual thought. We encouraged the development of these critical modes of analysis and urged the participants to use this capacity for critique not only when studying management, but also in every aspect of their professional lives;*
4. *The best management thinking can be used to enhance other professional skills and practices. We hoped that 'cross-fertilisation' would enhance professional practice;*
5. *Similarly, many professional skills and much professional knowledge can be used to advantage when studying management and building management skills. People who study MBAs tend, like the cohort from Slovakia, to be highly skilled, matu-*

re and intelligent people, and those pre-existing skills can enhance the gaining of managerial knowledge.

Thus the course that was designed and offered to the participants from Slovakia consisted of ten core modules that were designed to equip people with knowledge about a wide range of management practices.

The course concluded with every participant undertaking an independent piece of research into management in Slovakia's health services. Each student wrote a 10,000 word report based upon their research, and three of these are to be published in the peer-reviewed Journal of Management in Medicine.

But the outcome of their studies was not just the building of new skills and knowledge that the graduates can disseminate more widely, it was also the recognition of the value of management thinking to professional clinical practice and to basic research. Every task we undertake, from 'managing' to get out of the bed in the morning and throughout the rest of the day, involves the basic management tasks of:

- *Planning what we need to achieve through setting aims and objectives that allow us to cut through our woolly thinking and allow us to proceed to our goal in the certain knowledge of what we need to do;*
- *working out a strategy for achieving those aims and objectives, after thinking logically, rationally and objectively about the best way of doing it;*
- *organising ourselves and the people we work with so that we all know who must do what, when, and with whom;*
- *ensuring that the people we work with are supported, encouraged and motivated to make their contribution;*
- *putting right things that go wrong without making things worst; ensuring that what we have done has been for the highest of ethical reasons, untainted by personal interests, political pressures or lack of knowledge;*
- *separating out what we would like to do in order to fulfil our own personal interests from what we should do in order to fulfil the goals of a highly efficient, effective and caring health service or education sector.*

These principles, located in the best of management thinking, are applicable to all our fields of work – clinical practice, education and research. They allow us to work objectively and without self-delusions, and thus to enhance the quality of what we do. On the other hand, an uncritical allegiance to management thinking can result in the stifling of creativity and the narrowing of the possibilities of what we can think and what we can do. Management therefore needs to be taken with due care – we must use it to control what we do, and now allow it to control what we do.