

New Dimensions, New Visions and New Expectations in Health Care Systems: An Approach to Promote Innovative Minds of Skilled Human Resources

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Abstract

Well-developed communication and management of health care organizations and the subsequent functions and commitments play an important role in mediating organizational most effective outcomes and behavior fulfillment on knowledge-sharing interaction both internally and externally, which in turn is strongly related to innovative performance among the highly skilled human resources in these organizations.

The major promoter parts of this fulfillment would be propelling forces like human creative mind, human highly established skills and the holistic organizational behavior. Organizational re-engineering of these resources associated with systemic and innovative thinking and well-formed fundamental planning may well guaranteed success not only at the institutional functions of the system but also may appear as a nation-wide more efficient and well established health care services and processes.

Some major stages would be considered as the critical points at the entire process and in each stage the controlling factors over the process would be present and effective on the outcome. The most important effective factor in between would be human resources creativity which could be promoted up to the level that will be predictive of the system output. The major elements in between are triple humanitarian skills implications as diagnostic skills, adaptive skills and communication skills which their growth and quality may show a strong potency to empower the organization. These skills could be redirected and enhanced through a strategically pre-planned creative program to raise the level of health care efficiency.

INTRODUCTION

The knowledge-based management of the comprehensive health care organization in a holistic and strategic viewpoint implies that the innovative performance of health care tasks and research-based practices is strongly influenced by the quality of the multi-potential experienced task forces. The scientific and methodological approach in establishing a qualitative and relatively perfect programmed organization with its total qualitative health care obvious and hidden potentials will be so delicate, because of the diverse and ever-changing human resources behaviors, visions and expectations. The ever-increasing need to best handling the complex interactions within and between the organizations has been imposed a very strong motif on the innovation in the social organizations and also health care systems. It should be noted that the importance of comprehensive approaches towards quality development originates from two

major parameters concerning innovation. The first is that innovation is central to productivity among stakeholders and it is vital for maintenance of the quality. The second is that innovation is implicated as a basic instinct for men, undoubtedly as a pivotal phenomenon, but it underpins main health and economy indices growth at the national level. The processes which effect innovation thus shape overall infrastructures of the system work up and major health development indices in a macro-structural view-point. [12]

In most valid analysis it has been found that well-developed communication and subsequent commitment plays an important role in mediating organizational behavior fulfillment on knowledge-sharing interaction, which in turn is strongly related to innovative performance. More specifically, fulfillment of the human skills dimension has an independent positive association with innovative performance. [1]

To make a proportionately designed structure for such organizations and also to promote their efficiency within the system and also out of it, the fundamental step would be reorganizing the major part of its propelling forces including human mind, human skills and human organizational behavior. Using organizational and systemic and innovative thinking and planning may well guaranteed success at identifying and implementing more efficient processes and more powerful and skilled task forces in an innovative way. Therefore these changes determine the ability to design much better health services and facilitate the improved activities. Another important and basic element in between would be information which could be changed through proper training to the stake holders of any sort. All these parameters will be produced only in the case of new organizational thoughts.

NEW ORGANIZATIONAL THOUGHTS

The basic concept in changing the outer environment is changing the inner environment. To make a deep, profound and sustained make up of the Stakeholders mind, it is necessary to change some organizational processes in the human contact and relationship and professional skills sections. From the point of view of an innovative mind in an innovative and subsequently an efficient health care system there should be:

- Good alignment between goals and actions
- Good participation in idea generation and problem solving
- Good planning and control of action implementation
- Good management and monitoring of overall process
- Good leadership of a newly suggested process
- Good integration of the key elements of the process

All those concerns will be added to the value of organizational human resources by systemic and skillful planning of an innovative process.

The past decades has been the period of many challenges over the theme and all the classic models for organization changes nowadays is not sufficient for the deeper changes.

[3] The proposed model of changes is system combined provisional approach. In this approach five major stages have been appeared as:

1. Inputs. The inputs Includes the external forces of environment like laws, social limitations, pre-determined aims, budget, staff ordinary experience and abilities and so on.
2. The Processes. The concept of process in this concern includes the methodologies in inter-relations between staff, staff and higher organizational Rank, footsteps of the past and present manners management and all technological impressive tools which could be determining or facilitating in the processes. [15]
3. Intermediate outputs. The intermediate stages of a process completion may impose deep and un-reversible impact on the system.
4. Real outputs. Real outputs are the end-product of a process in system, like the health care services to the referrals into a hospital.
5. Consequences. In an unrestricted approach to the systematic organization management, all the Cultural and Social, economic and scientific subsequences of the approaches would be important in the feedbacks.

HUMAN MIND CREATIVITY

The human mind and its creativity power have been known as the ever-changing entity for a long time that could be even more important in between. Based on the elemental analysis of an organization, it would the most of obvious influencing parameter in sustaining the viability and missions to reach to real outputs would be sustained by trainings, research and delicate feedbacks and also its fruitful and beneficiary subsequences. [5, 11]

If the power of mind could be directed to a reproductive direction, all the forces behind would be creative even if they appear destructive at initial sight otherwise it could be assumed as workforces that ends in crisis. The Creative destruction would be the based of differentiated services or products and this will result in more efficient and integrated health care system. [14]

CREATIVE SKILLS

To make use of the creative power of skillful minds in the human resources, the system should detect some hidden

aspects of human resources abilities and then provide a standard environment to proper or improve their abilities toward the more creative and integration organization. If innovation is conceptualized as learning in this regards, then policy must concern itself with the nature of learning and the knowledge which results from learning. In fact this is a core for this policy. [6] The least humanitarian creative skills in this concern would be:

1. Diagnostic Skills. This category of human resources skills would be namely includes skills of how to recognize the elements of data gathering, data analysis and situation cognitions and meta-cognitions. [13] In fact the ability to understand the past, present and future could be called diagnostic skills. Relevant knowledge in this concept may be classified in terms of its objects, its strategic applications and related actions and eventually its further subsequences, distinguishing between knowledge of factual propositions and basic knowledge of habitual ordinary tasks, and operative knowledge for performance of tasks. [12]

2. Adaptive Skills. Adaptive skills are those which are represented by behaviors linked to How to adapt with environmental events, the rational behavior and the logical and intellectual response to the environmental stimulants. These skills involve the ability to predict the future and understand the proportionate responses. In such a systemic thinking with deeply organized adaptive ability, the decision makings and also leadership choices no further would be under the sole control of the social outer and larger system. The well educated and trained man with a sensitive ever-changing micro environment in his mind has been developed the skills needed to rule over the general environment and apply the newly introduced technologies. [2]

3. Communicational Skills. Practical ability to establish the proportionate relations with other members of the organization and also the non-member stakeholders in the outer world and maintaining it would be named as communicative skills. In a nutshell one may consider the communication skills as the power to control changes and guide them. This would be in a larger scale the power of:

- Distribution of knowledge individually among fellows and other stakeholders
- Distribution of knowledge organizationally among universities, research institutions and Industry
- Distribution of knowledge nationally within a great

scale health care system, and between stakeholders

- Re-collection and re-use and recombination of knowledge
- Distribution of knowledge among decentralized R&D projects

And all these functions will be associated with a deeply organized feedback. [1, 7,10]

PLAN TO STRATEGIC SKILLS

The above-mentioned pattern of human skills will be redirected to a more detailed strategic process in health care management aims and approaches. In this model the pre-determined goals and missions would be in active reaction with the general environment regardless of any skill concerns at the first stage.

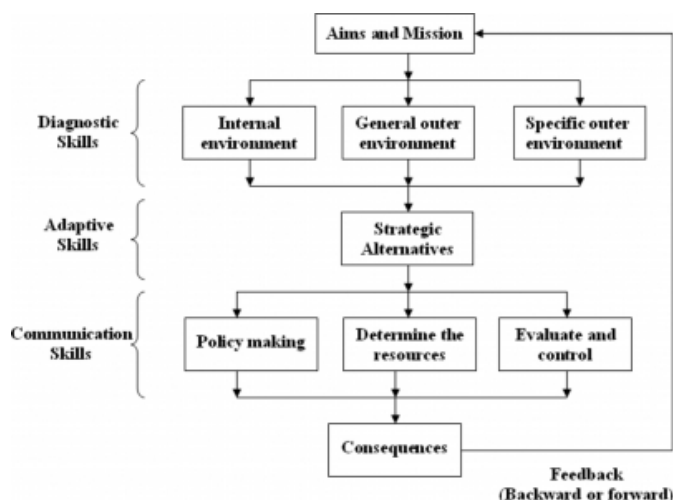
The specific environment in this case (for example the hospital environment) would be in active reaction with general environment, and also the internal factors even negative or positive. After the diagnostic skills in this stage have been applied to the elements them the adaptive skills will be in action and the choice would be selected according to alternatives and by the end of process the communicational skills would be in action to perform the selected methodology and choices in the process. A schematic pattern would be considered in figure 1.

In this scheme there would be a dynamic and floating process from the initial and basic individual skills towards a deeper and more widened spectrum of intra- and inter-organizational innovative opportunities at the nation-wide level.

The central cornerstone of the process in between would be strategic alterations which could be assumed as the balancing point towards the promotional or regressive overall direction of organization, hence the recommendation on concentration on this vital point and also redirection of the aforementioned triple skills.

Figure 1

Figure 1: Schematic presentation of inter-relations between professional human skills in health care systems



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References

1. Bevington J., et al, Building better National Health Service boards, *Clinician in Management*, 2005, 13: 69-75
2. Black D., et al, Maintaining professional performance: an inquiry into the London Experience, *Clinician in Management*, 2004, 12: 173-9
3. DOOLEY L., et al, Structuring Innovation: A Conceptual Model and Implementation Methodology, *Enterprise and Innovation Management Studies*, Vol. 2, No. 3, 2001, 177-194
4. Duch B., et al, The Power of Problem-Based Learning, *Academy of Management Learning & Education*, June 2005, 252-253
5. Fraser M., The Local Public Health Agency Workforce: Research Needs and Practice Realities, *J Public Health Management Practice*, 2003, 9(6), 496-499
6. Gorenflo G., Defining Local Governmental Public Health, *Journal of Public Health Management and Practice*, 2004, 10(4), 371-372
7. Kumar S., et al, Systems thinking, a consilience of values and logic *Human Systems Management*, 24, 2005, 259-274
8. Lichtveld M., et al, Public Health Workforce Development: Progress, Challenges and Opportunities, *Journal of Public Health Management and Practice*, 2003, 9(6), 443-450
9. Marc T., Relational quality and innovative performance in R&D based science and technology firms, *Human Resource Management Journal*; 2006, Vol. 16 Issue1, p28-47
10. Preston P., The Power Image: Strategies for Acting and Being Powerful, *Journal of Healthcare management*, (50:4) July/August 2005
11. Prybil L., Challenges and opportunities facing health administration practice and education, *Journal of health care management*, 48:4 July/august 2003
12. SMITH K., Innovation as a Systemic Phenomenon: Rethinking the Role of Policy, *Enterprise & Innovation Management Studies*, Vol. 1, No. 1, 2000, 73- 102
13. Williams W., et al, Systems Thinking: What Business Modeling Can Do for Public Health, *Journal of Public Health Management and Practice*, 2005, 11(6), 550-553
14. Woltring C., et al, Public Health Workforce: Infrastructure's Keystone, *Journal of Public Health Management and Practice*, 2003, 9(6), 438-439
15. Yick Liang T., Strategic exploitation of information and communication technology in the healthcare sector, *Human Systems Management* 21, 2002, 241-248

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