Organizational Diagnosis

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Section A
Organizations

WHO
Headquarters, Geneva
Definitions of an Organization

- An *organization* is the coordination of different activities of individual contributors to carry out planned transactions with the environment.
Uganda health facility: First contact with the formal organization
Definitions of an Organization

- An *organization* is an open system that is in constant interaction with its environment, taking in raw materials, people, information, and energy, converting these into products or services, and exporting the latter back into the environment.
What Is an Organization?

- A social structure in that personnel must interact continually during the input-to-output process
- These interactions may be positive forces that enable the organization to function smoothly
- Or, they may be negative forces that inhibit organizational effectiveness
Key Concepts

- Coordination
- Systems
- Environment
- Planning
Coordination

- Implies that there are different activities
- Embodies the *division of labor* concept
- Without coordination, the division of labor is random—the antithesis of organization
Coordination

- Is needed to accomplish goals
- Requires some mechanism of communication
- Is a means of decision making
The term *system* denotes a rational arrangement of specially organized resources (units), each contributing in a prearranged way to the development of the organization’s goals.
Systems

- Division of labor implies subsystems which:
  - Interact dynamically
  - Are interdependent
  - Behavior of one unit likely affects others
Environment

- People start new organizations or contribute to existing ones to find better solutions to the environmental problems facing them
- Physical environment
- Cultural environment
- Technological environment
Planning

- Organizations engage in planned change
- Organizations are composed of individual members
- Individuals have purposes
- Organizations adopt planned strategies or goals that attract contributions from various individuals who are in fact seeking to fulfill a variety of different purposes
# Levels of Change

## Modest Change: First Order Change

- Different interaction patterns
- Different role expectations
- Different orientations and values
- Different basic motives: Achievement, power, affiliation

- New budgets, schedules, communication channels
- Intensive educational programs, new division of labor and authority structure
- New rewards systems, different leadership styles
- New selection criteria, replacement of incumbents, major strategy change

## Fundamental Change: Second Order Change
Organizational Functioning

*An Impetus to Change*

- While it can be assumed that all health organizations exist to serve public needs,

- How well the needs are met depends upon how well the organization functions
  - Budgetary and personnel allocation
  - Quantity and quality of services
  - Basic policies and goals
Organizational Functioning  
*An Impetus to Change*

- How programs and services are organized and delivered
- Placement of service units within the overall organizational structure
- Extent of employee training and development

*Change in functioning is a clue to changes in organizational “health”*
Organizational Stress
When Functioning is Poor

- Poor work-allocation systems, which burden employees with too much work too rapidly
- Poor decision making, which results in decisions that are either untimely or unhelpful in problem solving
- Poor internal planning, which neither prevents crises from occurring nor allows sufficient time for coping with them
Organizational Stress … May Lead to Change

- Poor work norms, which lead to a lack of cooperation and other counter-productive behaviors among employees
- Poor reward systems, which cause people to feel punished for mistakes but not rewarded for work well done
Contemplation, a Diagnosis of Organizational Health

- Organizations are not healthy when their products/services are no longer purchased/utilized/demanded as before
  - Immunization coverage reduces
  - Hypertension patients default on follow-up visits
  - Trainees are not in demand, no longer competitive as those from other institutions
Contemplation, a Diagnosis of Organizational Health

Contemplation occurs when someone in the organization recognizes that the problem exists.
An Example: A Private Hospital in Lagos

- Director saw drug stocks being depleted more rapidly than patient load would suggest.

Source: The Basics
An Example: A Private Hospital in Lagos

- Brought in info systems consultants who set up computerized prescription and stock system
- Staff became angry and took their patients away

Source: The Basics
Another Example: City Hospital in Washington

- New clinicians in HIV clinic saw 50% no show
- Asked for extra social work position to investigate
- Management problems with accounting procedures disqualified for grants to add new staff
Ivermectin for Onchocerciasis

Control Discrepancies in Coverage Leads to Contemplation

- Coverage varied by ethnic group
  - “Others” = Migrant farm workers who were ignored

- Gender differences
  - Women had consistently lower coverage, even when compensated for pregnancy
Coverage Problems Stimulate Contemplation

- When below 65%:
  - Over-counting of population
  - Villagers include relatives living elsewhere
  - Poor communication with women and minorities

Continued
Coverage Problems Stimulate Contemplation

- When over 85% (even 100%)
  - Census problems
    - Taboo against counting small children
    - Not counting people who are not eligible
  - Friends, neighbors, relatives stop by on distribution day
Contemplation Leads to Preparation

- Implications for change in
  - Training
  - Census
  - Supervision
Section B

Stages of Organizational Change
Stages of Organizational Change

Who Makes the Decisions at Each Stage?

- Pre-contemplation
- Contemplation
- Planning
- Implementation
- Maintenance
- Evaluation

*Bola and Uche visit the doctor after a long wait. Does the organization contemplate that there is a problem?*
Stages: Pre-Contemplation

- No awareness of discrepancy between expected and desired outcomes or opportunities
- If there are consumer or employee complaints, they are not being heard
- Even if there is awareness of needs, new processes, new knowledge, the organization does not yet consider these relevant
Stages: Contemplation

- The beginning of organizational change occurs when decision makers determine that either
  - The organization is not accomplishing its goals as effectively or efficiently as possible
  - Needs to alter or amend the goals

Continued
Stages: Contemplation

- Decision makers assess the state of health of the organization and consider alternative ways of correcting organizational problems
Stages: Preparation

Planning for Change

- Once the decision has been made to add a new program or activity, a chain reaction is set in motion, triggering other organizational problems

- Organizations are highly interdependent entities
  - Change in one part of the organization is likely to have ramifications throughout the organization
Stages: Action

Implementation of Change

- Disequilibrium will be greatest in the organization at the time that a new program is being implemented
- Previous stages likely involved only key decision makers
Stages: Action

Implementation of Change

- Conflicts may result when the general staff are brought on board to handle new tasks and responsibilities
  - Without their cooperation, new programs will not succeed
Action

- Change in programs creates unanticipated discontinuities
  - There will be mistakes that must be corrected
- Translating the selected plan into actual behavior
- Following a phased time sequence
- Monitoring progress
Stages: Maintenance
Routinization of Change

- At some point, the decision makers will realize that the program is meeting the organizational need for which it was designed—or not
- A decision needs to be made whether to institutionalize the program or activity

Continued
Maintenance

- Information is needed on indicators of program success, including its effects on the organization’s staff and functions
- Decision making is based on evaluation
Evaluation of Change in Organizations

- The last step and the beginning of a new phase
- Comparing goals with results
- Diagnosing discrepancies
- Giving feedback so that the change does not become an end in itself
Organizational Diagnosis
Another Name for Contemplation/Assessment

- Human Element
- Technical Factors
- Space-Time Coordinates
- The Organization
- The Environment
- Organizational Policy
The Technical Factors

- Equipment, method, including computerization, managerial procedures, techniques of job study, wage and salary administration, quality and cost control, contractual provisions in labor arrangements, specialized skills in personnel administration, deployment of human resources
The Human Element

- Individual personality differences, interpersonal relationships, communication patterns, organizational culture, and values
Space-Time Coordinates

- Size, location(s), timing of work, shifts, stage of development, sequencing of events, pace of activity, branches, centralization/decentralization
Organizational Policies

- Designed to achieve corporate objectives
- Policies operational to the extent they are interpreted and applied to issues like
  - Personnel
  - Resource management
  - Relations with other agencies
Environmental Factors

- Legislative, cultural, economic, larger society, intersectoral links, collaborations, resource acquisition, community participation and interface, community/consumer response
Section C

Organizational Diagnosis
Organizational Diagnosis

The example of Community Directed Treatment with Ivermectin
1. Technical Factors in CDTI

Noting Different People at Different Levels

- The drug—Ivermectin
  - Knowledge, skills to administer
  - The logistics
  - Supplies, delivery, etc.
  - Information systems
  - Recording, reporting
  - Managing side effects
  - Drugs, referral
2. Human Element in CDTI

- District and front-line health worker attitudes
- Relationships between district and state/national staff
- Relationships between district staff and community members
- Relationships between health department and NGO staff
Community Health Assistant

- We can use our models of individual behavior to understand why health workers behave the way they do within an organization.
3. The Environment in CDTI

- Community beliefs, perceptions, management of onchocerciasis
- Community expectations of health department and government programs
- Overall functioning of health department in terms of resource allocation to programs like oncho control
- Geography of village distribution
4. Space-Time Factors in CDTI

- Timing of distribution to match epidemiology
- Timing of inputs (training, drug supply) to match community interest and drug expires
- Location of health facilities that store ivermectin related to district HQ and villages
4. Space-Time Factors in CDTI

- Timing and location viz arrival of ivermectin in the country
- Locations of players: Ouagadougou, Atlanta, MOH, districts, etc.
5. Policy Diagnosis in CDTI

- Using the community-directed approach
- Collaboration with NGOs (NGDOs)
- National OCPs established
- NOCP financial contributions and commitment for 15 years
- District level competition for resources among programs directed from above
Organograms
A Tool for Organizational Diagnosis

- Identify ideal or official relationships
- Determine potential or official flows of communications and resources
- Perceive ease or difficulty of inter-unit contact
- Observe priority given to units or functions
- Deduce priority among functional units
What Do Organograms Tell Us?

World Bank

Contractor

Ministry of Land, Mines, and Natural Resources

Urban Water Supply Rehabilitation Project Unit

City Councils

Technical assistance

Ministry of Finance

Health Education Division (seconded/detailed)

Financial assistance

Ministry of Health
Relations among Agencies Complicate Programs

- PVO USA Headquarters
- USAID Washington
- PVO/Child Survival
- JHU
- Nat’l/Fed’l Ministry of Health
- ABC States Ministry of Health—Primary Health Care Dep’t
- Fed’l Ministry of Finance
- State LGA Service Commission

- PVO Office in capital
- PVO field office in ABC states
- Local gov’t area administration
- LGA health dep’t
- PHC districts
- Village health workers
Guinea Worm Organogram

Intersectoral collaborators
(Including donors)
UNICEF, DFRRI, UNDP, other Ministries (e.g., Agriculture, Education, Information)

State Task Forces
With intersectoral membership
Based in state MOHs, responsible for surveillance data management

NIGEP Task Force
Based in Fed’l Ministry of Health with subcommittees (e.g., IEG, Surveillance)

NIGEP Secretariate
Nat’l GW Coordinator from FMOH
Global 2000 County Representative
Fed’l MOH Staff Seconded

Zonal Offices
Zonal Facilitator, Zonal Programme Officers responsible for surveillance, data management, etc.
Staff paid by Global

NIGEP Field Staff based in some local gov’ts

Local Government Health Dep’t
LG Guinea Worm Coordinator
Parallel Services, Problems of Coordination

**Alpha County Health Department**
- Regional Clinic Managers
- Public Health Nurses
- Several with TB responsibility

**Alpha State University Foundation**

- Communicable Disease Control
- TB Program Controller

**Staff**
- Epidemiologists, Social Service Coordinators, Health Promotion Coord, Outreach staff, Patient educators, Nurses, etc