Systems of Influence

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Section A

Systems of Influence in Organizations
Four systems of influence operate simultaneously in organizations to affect our behavior:

1. The system of formal authority
2. The system of expertise
3. Organizational politics
4. Organizational culture

System of Authority

- Formal control structure of the organization
- Coordination of activities is achieved through a formal hierarchy of positions
- Individuals participate as superiors and subordinates
- Influence is exerted through both personal and bureaucratic controls
System of Authority: Personal Controls

- Personal controls
  - Giving direct orders
  - Setting decision premises/boundaries
  - Reviewing decisions of subordinates
  - Allocating resources
System of Authority: Bureaucratic Controls

- Bureaucratic controls
  - Establishment of impersonal standards that guide decisions and activities
    - May be for the content of work performed (e.g., formalizing job descriptions, rules and regulations, standardizing work procedures)
    - May be set with respect to the goals to be achieved
At least in theory, controls are reinforced by the organization’s formal system of rewards and sanctions.
System of Expertise

- Develops in organizations where work to be performed is complex enough that key participants must include technical experts or professionals who have received considerable training outside the work setting.
- At least in theory, work standards are internalized through a long period of training.
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- At least in theory, work standards are internalized through a long period of training.
- Coordination is achieved through standardization of skills, interpersonal consultation, and mutual adjustment.
- Often results in “status hierarchies” based on complexity of the skills and the degree to which they are critical to the organization.
Organizational Culture

- System of shared beliefs about the organization that make it unique or at least distinctive to its members
- Individuals participate as “members”
- A strong culture has a unifying and “leveling” effect on individuals who participate as members
Organizational Politics

- Arena in which participants try to exert influence over decisions and activities in ways that are informal and illegitimate in the sense that they are not sanctioned by formal authority, certified expertise, or the organizational culture
- Arises when there are gaps in the other influence systems
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- Influence is exerted through one or more “games,” each with its own structure and rules
- Individuals participate as players and observers
Section B

Organizational Politics
Organizational Politics—Summary

- Arena in which participants try to exert influence over decisions and activities in ways that are informal and illegitimate in the sense that they are not sanctioned by formal authority, certified expertise, or the organizational culture.
- Arises when there are gaps in the other influence systems.
- Influence is exerted through one or more “games,” each with its own structure and rules (not everybody plays).
- Individuals participate as players and observers.
- Most visible games are various kinds of budgeting games.
- Political games also arise because of patient safety.
The Patient Safety Games: Blame

- The “blame game”

Photo: Judith Schonbach.
The Patient Safety Games: Reporting System

- Reporting system games
  - “Not on my watch”
  - “Not on my turf”

- DVT example—errors of omission
The Patient Safety Games: Performance Data

- Games surrounding performance data
  - Shoot the messenger
  - Criticize the methods
  - Change the case mix
  - Filter the data

- Examples: CABG mortality
- Drive out fear, or fear will drive the data
- Filter: Exclude from denominator
Games Involving the Reporting of Performance Data

Fear

Micromanage

Kill the messenger (denial; shift the blame)

Filter the data (game the system)

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Lessons for Patient Safety

- These four systems of influence operate simultaneously in all organizations, including health care settings.
- Leaders with authority and leaders with expertise (physicians, nurses, pharmacists, and others) need to be visibly committed to patient safety goals.
  - One good example: Executive “walk-arounds”
  - Another: Involving clinical experts who are “thought leaders” in the development of guidelines.
Lessons for Patient Safety (cont.)

- We need to be aware that “bad news,” such as the experience of adverse events, does not travel easily up hierarchies of authority or status.
Lessons for Patient Safety (cont.)

- Strengthening the system of culture has an equalizing effect on the members of an organization, makes it easier to focus on the patient’s safety, and facilitates adverse event reporting.
- Strengthening the roles of formal authority, expertise, and culture in efforts to improve patient safety will weaken the system of politics and gamesmanship.