Adapting to a new role: a study designed to help senior managers adapt to new positions after organisation restructuring

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ADAPTING TO A NEW ROLE

A Study designed to help Senior Managers
adapt to new positions
after Organisation Restructuring

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ABSTRACT

The work on which this thesis is based, studies the implementation phase of the total organisation restructure of the National Health Service in 1974 as experienced by a large group of Senior Pharmaceutical Managers who found it difficult to establish themselves in their new positions.

The study starts in 1976 and researches to identify the nature and cause of the difficulties facing the managers. It is concluded that the probable cause is rooted in the sudden destruction of mechanisms developed before 1974 to assist new managers establish themselves in their positions. A solution is designed and tested before being implemented with the Senior Pharmaceutical Managers. By 1977 it had become clear that a similar situation faced other large groups of Senior Managers belonging to the Nursing and Works professions of the Health Service. As a result the project and study is continued to help these two other professions and with apparent equal success until 1985.

A number of objectives are met during this study. A system is developed for facilitating role identification and implementation during a period of organisation restructuring as a means to help new managers adapt and become established in equally new positions. In addition this project is an example of the use of collaboration as a method to assist large numbers of senior managers belonging to Health Service professions meet radically new demands of role.

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CHAPTER 1

INTRODUCTION

CHAPTER ONE : INTRODUCTION

1.1 Subject for study

The subject of the research on which this thesis is based, centred on the needs of a group of senior (chief) managers making the transition to a new role within a large, re-structured organisation. The duration of the research extended from when the managers were appointed through to the time when they had become established in their role.

The senior managers forming the focus of the research were the ninety-six Area Pharmaceutical Managers working within the National Health Service, one of the largest employers in Western Europe.

The focus of the study is on 'role', and the transition process leading new managers to adapt to, and become established in, a new role.

The intention of the research was to generate ideas and procedures which might be of help to those who are concerned with the task of planning and implementing a total re-structure of a large organisation and then of making the changes work. Within this context, the study concentrates on the implementation phase of organisation change.

The intention of the researcher was to suggest ways to improve the implementation phase of change for those people expected to adapt to radically new demands of role.

1.2 The scope and duration of this study

During 1974, the recommendations of the report HMSO (1972), were implemented and the Health Service was re-structured.

Three years after the re-organisation, the ninety-six Area Pharmaceutical Managers, as a group, found it possible to admit that they could not adapt to their new role. This study, therefore, began in 1977 and continued through to late 1980.

One year later, it became apparent that many hundreds of other chief and senior managers were experiencing similar difficulties in adapting to their new roles.

This situation presented an unexpected opportunity to retest the ideas developed initially to help the Area Pharmaceutical Managers. Therefore, with the permission of the author's University Supervisor, this study was extended in time to assist these other chief and senior managers. To help them, experimental schemes were mounted and these schemes will be completed this year in 1985. Some of the lessons learnt from these experimental schemes are incorporated in chapter 9 of this thesis.

1.3 Identification of the perceived need for the study

After the re-organisation in 1976, a National Committee was set up by the Deputy Chief Pharmacist at the DHSS, for the purpose of advising the Pharmaceutical Branch at the Department of Social Security on matters concerned with the management performance of Pharmaceutical

managers within the re-organised service. This committee gave Pharmaceutical managers at Regional and Area level a formal mechanism to raise issues and problems concerned with their performance. It was this committee which first perceived the urgent need to pursue the concern expressed by Area Pharmaceutical Managers about their role. For the purpose of this study Area Pharmaceutical Managers will be known as Area Pharmacy Managers

1.4 The choice of study subject

At the time when the National Pharmaceutical Committee was formed, the author was appointed Assistant Director of the National Health Studies Centre which opened at Harrogate, Yorkshire in 1976.

The responsibility of the author included helping the Pharmaceutical, Nursing and Works professions with performance issues and challenges which needed to be studied and tackled from a national viewpoint.

Late in 1976, when the National Pharmaceutical Committee was asked to consider the role issue raised by the Area Pharmacy Managers, the author was invited to join the Committee. As a result of that meeting, the author was asked to lead a project group, with a clear brief to help the Area Pharmacy Managers meet the challenge of adapting and establishing themselves in their new role.

The project group consisted of ten Area Pharmacy Managers and one Regional Pharmaceutical Manager. This group represented over ten per cent of the Area Pharmacy Managers, and each member was selected on the basis of his potential to represent his colleagues during the

investigation and implementation phases of the project. Five members of the project group were also members of the formal Committee.

There were a number of reasons why this project was chosen to form the basis on which this thesis is based.

i The project was considered urgent.

ii The project needed new models to be developed, involving extensive literature research.

iii The project would require innovation and application

iv The project would extend over a period of years, which would virtually preclude a full time higher degree student being able to study the process from start to finish. Under these circumstances the need of the project and the author's interest in undertaking a part-time research degree seemed well matched.

1.5 Relevant background specific to Pharmacy

The sources of information drawn on in this section are from published reports, information from the National Pharmaceutical Committee and from the project group consisting of eleven Pharmaceutical Managers referred to in the previous section, which met frequently throughout the project. For reference the project group will be known from now as the P.M.P. group, meaning Pharmacy Managers Project group.

The 1972 reorganisation directly affected three thousand, two hundred and sixty Pharmacists, including the ninety-six Area Pharmacy Managers. (Noyce (1976) The P.M.P. group reported that the 1972/74 reorganisation had a more profound effect on the Area Pharmacy Managers,

because they had not recovered from the impact of a re-organisation implemented in 1971. This reorganisation was known as the Noel Hall Reorganisation HMSO (1970) and it was solely concerned with the restructuring of the Pharmaceutical profession in the Health Service. The project group believed that two reorganisations made the situation more difficult for the Area Pharmacy Manager for two reasons.

Because of the rapidity of changes that took place and because the 1974 reorganisation structure had been superimposed on the Noel Hall structure, a complex organisation with anomalies had evolved (represented in fig 1).

Fig 1

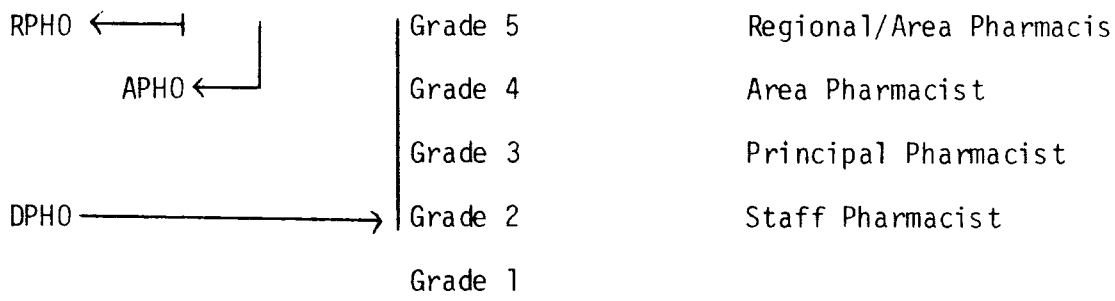


Fig 1 illustrates the following overlappings in salary structure.

i That District Pharmaceutical Managers (DPHO) were on the same salary grades as Principal Pharmacists and Staff Pharmacists, who were supervised by the District Pharmaceutical Manager.

ii That Area Pharmacy Managers (APHO) were placed on the same salary scale as District Pharmaceutical Managers, Principal Pharmacists and Staff Pharmacists all of whom were managed by Area Pharmacy Managers.

iii That Regional Pharmaceutical Managers (RPHO) were graded the same as Area Pharmacy Managers.

Salary overlaps initially made it difficult for normal structural authority to operate as it should.

The P.M.P. group gave two examples representing organisational anomalies caused by the impact of the two reorganisations.

A In many cases, two Area Pharmacy Managers had been appointed to manage the same Area Service. The Noel Hall Area Pharmacy Manager was called the Area Pharmacist and the 1974 Area Pharmacy Manager was called the Area Pharmaceutical Officer . On paper their formal job descriptions were similar and, therefore, the two managers had to share the same job, until they were able to sort out with each other who did what. In this sense, the two managers had to co-exist in the same role space.

B Before the 1974 reorganisation there was a clear distinction between the status of management and that of supervisory roles. After the 1974 reorganisation however, the differentiation between the jobs had become ill defined and blurred, with anomalies in salaries apparent. In many cases (fig 1) salaries of supervisors who were called District Pharmaceutical Officers and Staff Pharmacists, were higher than the Area Pharmacy Manager. This anomaly, it was believed brought the formal authority of the Area Pharmacy Manager into question.

The two anomalies above were just two of the four organisational challenges that confronted the Area Pharmacy Manager. The other challenges were:

C As part of the 1974 reorganisation and for the first time, independent chemists like the High Street Chemist 'Boots' were brought under the control of Area Pharmacy Managers. This meant that dispensing services had to be integrated with the overall Area Pharmaceutical Organisation. This integration process was difficult because Area Pharmacy Managers had the compound problem of reconciling the dependence that High Street Chemists had on commercial viability to survive as a business.

D Before 1974, the centralised Pharmaceutical Service, consisting of manufacturing, quality control and drug information had all been provided on a Regional basis. After 1974, however, these centralised services were handed over to the Area Pharmacy Managers to manage as a Regional 'Area' based service.

The P.M.P. group felt that the four organisational challenges had added up to a complex situation. The sheer size of their new organisation presented Area Pharmacy Managers with a most difficult challenge to integrate, organise and manage.

Coupled with the organisational challenges, the Area Pharmacy Managers were also affected by three other changes taking place in the Pharmaceutical profession generally.

i The standards of Pharmaceutical practice demanded by legislation had been raised in a manner specifically designed to improve the quality and safety in medicines. This meant that a rapid rise in the standards of Pharmaceutical practice was demanded.

ii Recent dramatic developments in chemical therapy had made this process much more sophisticated.

iii The level and type of Pharmaceutical service and 'user expectation' was increasing. This meant that both patients and Health Care professions alike were expecting a better developed Pharmaceutical Service.

In general terms, the P.M.P group felt the most difficult challenge met by the Pharmacy Managers on a personal level, had been the rapid transition they had needed to make within four eventful years. Before 1971, the Area Pharmacy Managers had been responsible for only the Pharmaceutical services of a single hospital department, or, at most, a group of hospital Pharmacies. In this position, they were intimately concerned with the practices of hospital Pharmacists.

With the two consecutive reorganisations, the Area Pharmacy Managers had been suddenly placed in a very different situation, away from the practical pharmacy situation to an environment concerned with administration and activities with which Area Pharmacy Managers felt they should be involved, but they were unskilled to perform. This environment, required Area Pharmacy Managers more specifically to be concerned with policy making, planning and negotiating, working to a time scale of years, rather than weeks or days. This transition had made Area Pharmacy Managers feel they had undergone a total metamorphosis of role.

When the P.M.P. group were looking at the background specific to Pharmacy, it made the assumption that Area Pharmacy Managers in 1976 viewed the changes made in 1974 as an event in the past and now they were looking positively towards the future challenge of becoming established in their role.

The P.M.P. group felt also that the criteria against which to judge when the Area Pharmacy Managers had adapted to their role and established themselves in their position would be:-

1 That the Area Pharmacy Managers had control over the organisation they had been appointed to manage.

2 That they would be using those skills and abilities that they were employed to use and which they now valued.

The P.M.P. group then assessed how the managers within the group, together with their Area Pharmacy colleagues, perceived the 1974 reorganisation.

The picture the PMP group presented was that of change in most key elements they had ever known or valued at work. They saw the reorganisation as having generated a scramble for the new management positions, which led people away from the clinical security of the past to a largely unknown, and uncertain future. At the same time, many established working relationships were broken up and people, as a result, felt isolated and vulnerable. Everyone was exposed to the implications of large scale change.

The author had occasion at this time to interview many hundreds of Managers on their attitudes to the reorganisation and the overwhelming majority of views expressed were consistent with the views identified by the P.M.P. group.

More specifically, as part of this study, a survey was conducted with fifty seven senior managers. They were questioned about how they perceived the practices of Recruitment, Interviewing, Selection and the process of helping new managers establish themselves in their new role, both before and during the 1974 reorganisation. The results of this survey are considered by the author in chapter 3.

When the P.M.P. group had given their attention in turn to: the anomalies in the Pharmaceutical organisation; the perceived challenges confronting the Area Pharmacy Managers on their way to adapting to their role and assessed how they and their Area Pharmacy colleagues tended to perceive the re-organisation, the group turned to look at what Area Pharmacy Managers might hope to derive from a new approach.

The Area Pharmacy Managers had "travelled down the wrong road":- the Pharmaceutical Committee Minutes PCM (1976). The Pharmacy Managers believed they had wasted a lot of time going down the wrong road and now felt they were stranded,without any clear guidelines on how to remedy the situation. With this in mind the P.M.P. group felt that,within the scope of the group's brief "to help Area Pharmacy Managers become established in their new role", the Area Pharmacy Managers would expect at least:

1 A coherent strategy plan for the transition process.

2 To be piloted through the transition in a way that they could understand.

3 To be given adequate control over the transition/adaptation process to be able to ensure that they became established successfully in their new roles.

1.6 Relevant background specific to the National Health Service

In 1972 the National Health Service employed 900,000 + people. In 1974 the Health Service was completely reorganised along the recommendations published in the 1972 report already mentioned (HMSO 1972). The more specific and detailed recommendations for the re-organising process came in the form of Appendix (A) - formal circulars issued from the Department of Health and Social Security (DHSS 1972) circulars (1-9), 1973 circulars (1-40), 1974 circulars (1-38), (B) a document consisting of working papers on the reorganisation of the National Health Service produced by Brunel University, who were commissioned by the Department of Health and Social Security (BUWP revised October 1973).

As part of the reorganisation, several new service functions were added to the Health Service for the first time. The Ambulance and Home Visiting services were two such services, which had previously been the responsibility of Local Government Authorities.

Within the re-organisation structure, all senior management positions had been totally recast, and also many completely new positions were introduced to the new 'Area' level of authority. The reorganisation administration structure had three levels of authority: Regional, Area and District. Fig 2 shows, in outline, the Pharmacy and Administrative structures together.

Fig 2 Pharmacy and NHS Administrative Structure

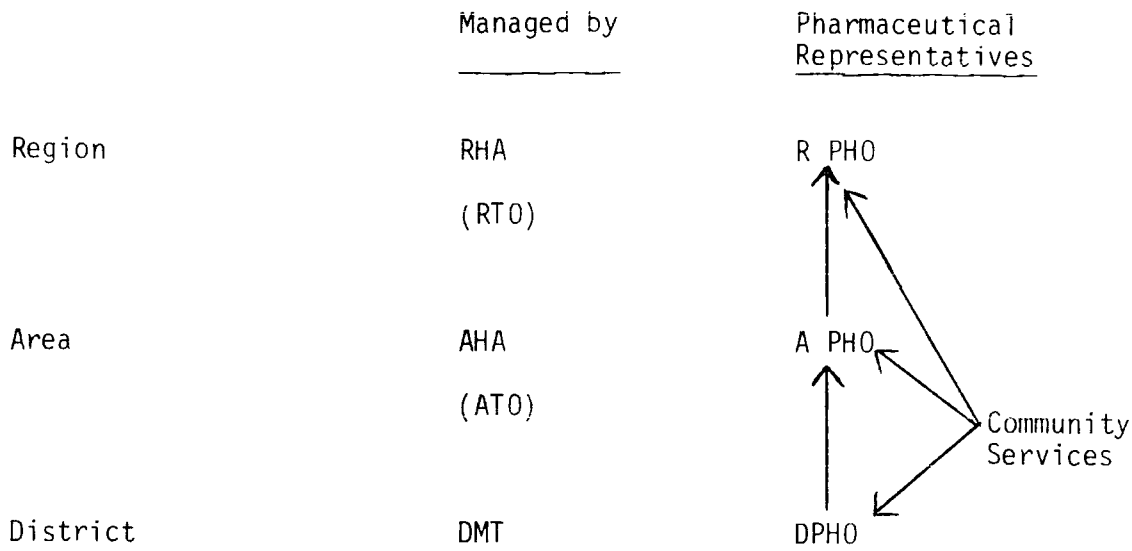


Fig 2

Fig 2 represents the three new levels of formal authorities: called Regional, Area and District Authorities. The Regional Pharmaceutical Organisation was managed by the RPHO (known in this study as the Regional Pharmaceutical Manager). The Area Pharmaceutical Organisation was managed by the APHO (known in the study as the Area Pharmacy Manager). The District Pharmaceutical organisation was supervised by the DPHO (known in this study as the District Pharmaceutical Manager). But all District Pharmaceutical Organisations were managed by an Area Pharmacy Manager.

1.7 Objectives for the study

The project was concerned with the implementation phase of change related to the 1974 National Health Service Reorganisation. Authors such as Trist and Bamforth (1951), C Argyris and Beckhard and Harris (1977) have written about this phase of change. The author chooses to emphasize the implementation aspect of change when pursuing the following objectives:

i To increase the authors understanding of the difficulties experienced by the National Health Service Organisation during the implementation phase of organisation restructuring.

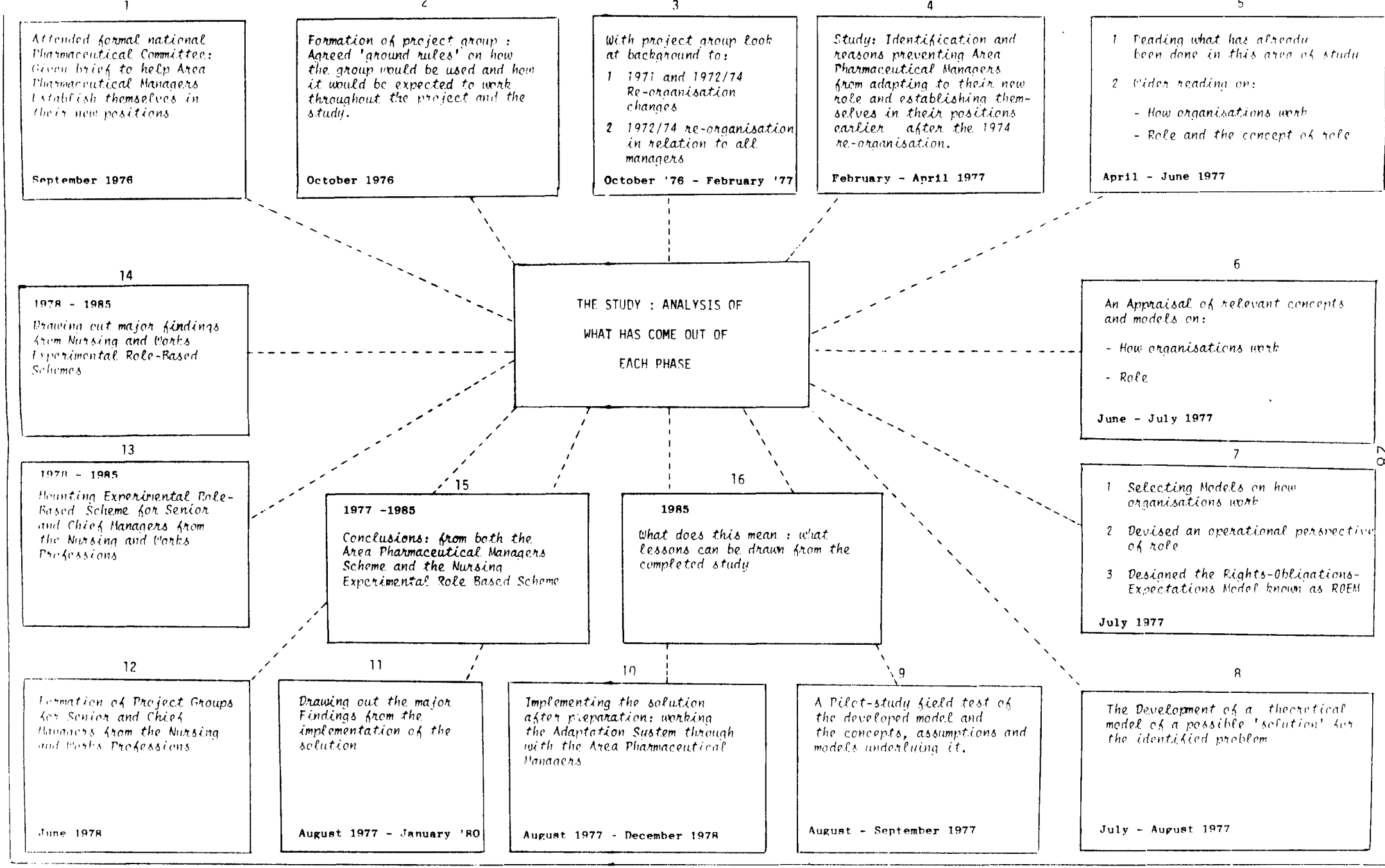
ii To develop an 'operational' working model which could form the basis of a practical mechanism for facilitating role identification and implementation in a period of organisation restructuring.

iii To use collaboration as a method to assist a large number of senior managers to help themselves by developing a proactive approach and mechanism to work through the processes for:

(a) role identification and implementation
(b) adapting to radically new demands of role and becoming established in a new position.

CHAPTER 2

THE RESEARCH PROGRAMME



FLOW CHART OF EACH STAGE OF THE RESEARCH AND METHODOLOGY USED

Figure 2.1

CHAPTER TWO

The Research Programme

The research programme described in this chapter had six main elements. In sequence they were:-

1 The identification of need (paragraphs 2.1 - 2.5)

2 Study of relevant literature on what others had done within the defined problem area in the search for solutions (paragraph 2.5)

3 The development of a model (2.6)

4 Testing of the model (paragraph 2.7)

5 Using the model (2.8-2.10)

6 Evaluation of major findings (2.9-2.11)

The timing and relationship of the various parts of the research programme are shown diagrammatically in figure 2.1.

2.1 The formation of the project group

This group, known as the P.M.P. group, was formed in September 1976 and consisted of ten Area Pharmacy Managers and one Regional Pharmaceutical Manager. The way this group was organised to work, with the researcher as project leader, was important to clarify from the start. There were many reasons why the group was formed and the most important reasons are given under the next heading.

2.2 The purpose of forming the project group

The main purpose was simply to safeguard the interests of the ninety-six Area Pharmacy Managers. The formal Committee did not want any-

thing more to go wrong, which might further jeopardize the position of Area Pharmacy Managers. The author felt the project group represented a special brand of professional 'minders', to ensure the author produced the expected results.

One other major concern which led to the formation of the project group, was that the author was at that time an unknown quantity to the formal Committee. Therefore the Committee argued that, as so much was at stake, it could not afford to make any mistakes at this time. The worst 'mistake' scenario the Committee could think of was to allow the author independently to research and then to produce possible solutions which subsequently proved to be unacceptable to the Area Pharmacy Managers.

Such an outcome would have a disastrous effect on the morale and performance of the Pharmacy Managers. The project group was therefore intended to serve as a safety measure for the Area Pharmacy Managers, the formal Committee and, indirectly, the project leader.

The author understood the Pharmaceutical Committee's concerns and supported the idea of the project group, which was formed out of a list of carefully considered names. The first project group meeting took place in October 1976. This meeting was devoted totally to a consideration of how the group should be organised to work with the project leader. By the end of the meeting 'ground rules' had been agreed and written down.

2.3 The project group and the research plans and methodology used

It was agreed with the members that the project group would be used in a number of different ways. This agreement formed the main working mechanism for the methodology used.

It was agreed that the group would have a multiplicity of uses working as single people, sub groups and,as a whole group. Some of the specific proposals which were agreed on how the group would be used were:

i As a source of information

ii As a reference group who were also able to represent colleague Area Pharmacy Managers.

iii As a resource to give impressions and reactions on different concepts, ideas, assumptions and models introduced to them.

iv As a testing bed for the results of surveys.

v For testing out the application of different concepts, ideas, assumptions and models introduced to them in their own work situation.

Once the ground rules had been agreed between the group and project leader, frequent meetings were held between individuals, sub groups and the total group as and when the project study demanded such meetings take place.

2.4 Defining the nature and cause of the problem facing the Area Pharmacy Managers seeking to establish themselves in new positions

To carry out this part of the study, the project members together with fifty seven plus other managers from other professions, who passed through the National Health Service's Training and Studies Centre at Harrogate, were questioned.

The method used was to carry out a comparative analysis to contrast the way managers adapted to new roles before the 1972/74 re-organisation with what was happening after 1974. This meant:

i Identifying the recruitment-interviewing-selection and adaptation system and process used before 1972.

ii Identifying the same system/process as it was operating after 1974.

iii Analysing and contrasting the two systems to identify the differences.

iv Identifying the likely nature and cause of the problem

v Presenting the conclusions on the nature and cause of the problem to the project members and getting their considered views.

vi That this analysis of the nature and cause of the problem would provide some indication or guidance as to possible avenues to explore in the search for a 'best fit' solution.

2.5 An appraisal of relevant concepts and models on how organisations work and of role as a concept

The first step taken was to study what others had done within the defined problem area in the search for solutions. The author was uncertain of his knowledge of the literature in this field and he

therefore faced the need for a fresh start. A review of relevant literature was therefore concentrated on those areas which it was thought maximum benefit could be obtained. Two such areas were:

i how organisations work

ii role as a concept

One of the aims in appraising relevant concepts and models was to assess how many of them could be used in practice by the Area Pharmacy Managers. This was important because the Area Pharmacy Managers had to understand the models and concepts which would make up the solution in order to use them in practice. Therefore, all concepts and models which appeared to be useful would have to be tested for acceptability with the project group members, step by step.

Because role and use of role would be so essential to the success of the proposed solution, the researcher accepted that a working model of role might have to be specially selected to ensure Area Managers could use it.

2.6 The development of a theoretical model of a possible solution to the problem

The researcher hoped that this step in his research would follow naturally from the major work which had already been done in the previous phase. In the event the Open Systems Approach to how organisations work was selected, and on role, a devised working model was selected. It was known as 'An Operational Perspective and

Model of Role : The Key Charactertistics'

The method of developing a theoretical model was to integrate the selected ideas, concepts, assumptions and models, already introduced to the project group, into a coherent Adaptation System. The developed Simulated Adaptation System also had built into it the major features identified in the pre 1974 Adaptation System.

2.7 "A pilot-study field test of the developed model and the concepts, assumptions and models underlying it"

The developed model was devised from many different concepts, assumptions and models. The developed model was, therefore, a blend which, on paper, seemed to fit well to make a coherent solution possible.

When the model was developed, however, the author thougnt it necessary to conduct a 'pilot-study test' of the developed model for many reasons.

The primary reason was to ensure that the solution as a whole,and its parts,performed as well as expected in practice.

The second reason was to develop the model in practice, before it was offered as a possible solution to the ninety six Pharmacy Managers who would rely on the model working for them, individually, in their different work situations.

The third reason was based on the assumption that, if the P.M.P. members could both understand the different concepts, assumptions and

models and then be able to use the model and its parts in practice there would be a good chance that their colleague Area Pharmacy Managers could also individually understand and use the model in practice.

The last reason concerned credibility. This followed the basic 'ground rule' agreed with the P.M.P. group,which was that nothing would be used on Area Pharmacy Managers,unless the P.M.P. group members understood what it was and also how it should work in practice. This 'ground rule' served as an effective vehicle to build up the credibility and trust required quickly between the P.M.P. group and the author, to make it possible to produce the solution urgently looked for.

The pilot-study field test was planned and conducted in two steps.

When the model for solution had been developed, as a first step, the project leader,with sub groups of the main project group,were able to test out each concept, assumption and model underlying the developed Simulated Adaptation System in turn.

The test was done by applying each concept, assumption and model to the Pharmaceutical organisation, as it was perceived to work in practice.

When the developed model had been tested in parts, the whole project group spent three days, equalling four working days, testing the total system. At the end of the time, the project group believed the solution was ready to be implemented. Plans were then made for this to happen.

2.8 Implementing the solution: working the Adaptation System through with Area Pharmaceutical Managers

The solution was implemented by three separate, but similar, programmes which ran concurrently over a period of fourteen months. The programmes took six months to prepare.

2.9 Major findings from the implementation of the solution

When the three programmes had been completed, two evaluations were carried out by means of interviews and questionnaires respectively. The first evaluation was conducted at the end of each programme and the second evaluation started in September 1979, 10 months after the last of the three programmes had been completed and this evaluation was completed in January 1980.

2.10 Experimental role based programmes mounted for Senior and Chief Nursing and Works Managers

During 1978, the author was invited to join formal Nurse and Works Committees formed by the Department of Health and Social Security, for the specific purpose of advising on matters concerned with the performance of senior and chief managers of both the Nursing and Works professions. This followed the pattern laid down by the Pharmaceutical profession and as a result of the Nursing and Works committee meetings, project teams were formed to help Nursing and Works managers.

Following the lessons learnt through the Area Pharmacy Managers project, a series of experimental 'Role-Based programmes' were mounted in 1979 and these programmes are due to be completed in 1985.

2.11 Research Outcome

In one sense the results of the research would be the adaptation programmes developed for the Pharmacy Managers, but the researcher hoped to be able to draw some more generally applicable conclusions and insights from both the process and the results of his research which would be of help to others.

CHAPTER 3

DETERMINING THE NATURE AND CAUSE OF THE PROBLEMS FACING AREA PHARMACEUTICAL MANAGERS SEEKING TO ESTABLISH THEMSELVES IN THEIR NEW POSITIONS

CHAPTER 3 DETERMINING THE NATURE AND CAUSE OF THE PROBLEM FACING AREA PHARMACEUTICAL MANAGERS SEEKING TO ESTABLISH THEMSELVES IN THEIR NEW POSITIONS.

3.1 Introduction

In this chapter the author concentrates on analysing the nature and cause of the problem that affected Area Pharmaceutical Managers at the time of the Reorganisation. First an analysis was done on the way Senior Managers said they became established in post before the 1974 Reorganisation. This analysis shows this was done through a 9 stage process. The first 8 of the 9 stages were clearly identifiable as part of the Recruitment, Interview and Selection system, used by Local Health Authorities at this time, but the presence of the 9th stage was not so obvious, because it was hidden within the other 8 stages. It was eventually revealed as the 'assimilation' process, which was operated by the already established managers in Local Health Authorities, to ensure new managers became established in post, as soon as possible. It was found to be both an integrated part of, and also an extension of, the Recruitment, Interview and Selection processes, which only came into the open as the 9th stage when new managers were appointed. As already mentioned the 9th stage process is called the 'assimilation process'. When a comparative analysis was applied to the assimilation process system used during the 1974 Reorganisation, the assimilation process was found to have been destroyed when the established managers (who operated the system) were disbanded. The destruction of the assimilation process was then thought to be the root cause of the problem that prevented Area Pharmaceutical Managers becoming established in post.

When the nature and cause of the problem facing Area Pharmaceutical Managers was identified, the PMP group then made an important decision, which set the direction for the rest of the action and study.

3.2 Where did the project group start from in order to identify the nature and cause of the problem.

The PMP group and author realised that it was essential to start from the beginning in order to identify the problem, because the problem, and its cause appeared to be hidden at that time from the Area Pharmacy Managers. This was realised when the author asked the PMP group what they felt the nature of the problem and its cause to be, as they could not be specific. This is a summary of their response.

Since they considered the changes they had undergone were very much in the past, they doubted if the changes themselves caused the existing problem. They believed, however, that whatever the nature of the problem, it prevented them from doing two things.

i Adapting to their new role and becoming established in their position

ii Structuring and integrating their Area Pharmaceutical Organisation into a coherent form which could respond effectively to all legitimate demands made on it.

3.3 The Methodology

To ensure the true problem and cause were identified, the author decided to design the methodology systematically despite the tight time constraints and the pressure to move the project dimension of the study on as fast as possible. The author felt it important to use the methodology as a vehicle to gain the commitment of the PMP group members and others who could be involved. If their commitment was given at this stage, it would be likely to remain for the rest of the study. Also, as scientifically trained people, it was hoped that this project study would have a credible foundation for them.

As it was, the PMP group members naturally wanted to ensure that the nature and cause of the problems were identified in order to move onto the next stage. But they realised that it was even more important not to stampede too much anywhere at this stage until they were individually and collectively convinced that the true cause of the problem had been established. Without this, the credibility of the whole project for them would be lost.

3.4 Thinking the Methodology through

From the beginning the author reasoned that the nature and cause of the problem confronting Area Pharmacy Managers was likely to be found in the areas of Recruitment - Interviewing - Selection. This was

thought to be so because, before the 1974 Reorganisation, these areas were apparently worked successfully enough to allow Senior and Chief Managers to establish themselves in their positions. In contrast, this was not thought to be the case during, and after, the Reorganisation.

The possibility that the problem might have arisen from factors in the Recruitment, Interviewing, Selection area, led the methodology to be planned in two ways.

3.5 The first stage of the Methodology

The first stage was to explore and establish the general pattern of how senior Managers were selected and then inducted or helped to adapt to their new role, both before, during and after the 1974 reorganisation. This meant identifying stage by stage the composition of the systems and processes used by the employing authorities.

In practice it was thought that the system and process used by the employing authorities was already well known to both the PMP group and the author, since both parties had been part of the Recruitment, Interviewing and Selection process as employees and employers before 1974. Despite the possibility, the author felt that such an assumption should not be made at this stage, and therefore it was agreed that the perception held by the PMP

group and author of the Recruitment, Interviewing and Selection system and process should be checked for accuracy.

When the checking for accuracy was agreed as necessary for the first part of the methodology, the author felt that this checking process should be broadened out to include Senior and Chief Managers from other professions who had also held similar positions before Reorganisation. Fortunately at this time, the author was in constant contact with a considerable number of such managers through the NHS Training and Studies Centre.

The survey was designed in such a way as to permit discussion with Senior Managers on a one-to-one, or one-to-two group basis, to gain their perceptions of the Recruitment-Interviewing and Selection processes both before, and during the 1974 Reorganisation. The majority of managers approached were happy to help with this survey without reservations. Fifty seven Senior Managers eventually were selected to help and it was noted that their memories on what had happened before 1974 appeared not to have diminished. The discussion with the fifty seven managers was structured by the author so as to enable them to centre attention on two questions:

i What did they understand the stages of the Recruitment-Interview and Selection and the 'establishing in-post' process for Senior Managers to be before the 1974 Reorganisation?

The managers were then asked to talk about <u>how</u> each of the Recruitment Interview and Selection and Establishment stages were used in practice before 1974.

ii The same managers were then asked to discuss what happened *during* the 1974 Reorganisation regarding the processes mentioned previously in (i).

All managers responded equally freely to both interview 'prompts'.

More than fifty seven managers could have been persuaded to join this survey but the author became convinced that the consistency of the response he was getting meant that further interview/discussions would be unlikely to produce new insights.

3.6 The conceptual framework used for checking the Recruitment-Interview Selection system and process.

The framework used was based on what could be expected to be good 'Personnel function' practice, which the author had known for many years before, in other multi-national organisations. Over many years before 1974, the author thought that much of the recognised Recruitment and Selection systems of the Personnel function had been mainly influenced by the work of Alec Roger (1952) which was marketed through the National Institute of Industrial Psychology. It was his conceptual framework which was consciously used by the author when listening to the fifty seven managers.

3.7 The purpose of the second stage of the Methodology

The purpose of the first stage of the survey methodology was to

establish the general pattern of how senior and chief managers were recruited and selected:

i before 1974

ii during the 1974 Reorganisation

The purpose of the second stage was to identify the nature and cause of the problem confronting Area Pharmaceutical Managers. The methodology employed at this stage was to compare and contrast the two sets of systems and processes used for recruitment-interviewing and selection before and during the 1974 Reorganisation and to identify any differences. It was realised by the author that this methodology had to be conducted thoroughly enough to ensure that the true problem and its cause were identified. In practice, at this early stage, the differences turned out to be clear enough to indicate the nature and cause of the problem.

3.8 The conceptual framework used to guide the first stage methodology in discussion with managers

The framework was used by the author to establish with each of the managers the composition of the actual recruitment-interviewing and selection system used in their hospital authority both before, and during the 1974 Reorganisation. In short, it consisted of eight distinct phases which together could indicate 'good practice' in the area of Recruitment, Interviewing and Selection. They were:

i The production of the job description

ii The composition of the job specification

iii The job advertisement

iv Use of the application form

v The use of personal references

vi The shortlisting process of candidates to be interviewed

vii The preparation for the interview made by the candidates

viii The interview and selection process

3.9 Definitions and descriptions of each of the eight phases of the Recruitment-Interview and Selection process

For this thesis, the principle purpose of each of the eight phases was defined and described in outline, in order to provide a common understanding of each stage. These definitions/descriptions were useful at the time of the discussion with the managers. They enabled the author to establish more easily with each manager whether or not they understood the existence of each stage being used, before and during, the Reorganisation. When the stages had been recognised by the managers, they were encouraged to describe how each was used in practice. This encouragement led the majority of managers to give a rich source of useful information of how, in their experience, each stage worked in practice.

3.9.1 The Job Description

Is a word picture in writing of the organisation relationships responsibilities and specific duties that constitute a given job

or position. It defines the scope of responsibilities and continuing work assignments that are sufficiently different from other jobs to warrant a specific title. (Piqors and Myers 1973).

This is an old definition of a job description, but it had stood the test of time in personnel practice.

All the managers considered this phase adequately handled before 1974, although several managers felt more could have been done to make job descriptions more useful by tightening up the descriptions of responsibilities.

3.9.2 The Job Specification

This document is designed to help with the process of 'shortlisting' candidates thought suitable to be interviewed. It is actually used for the interviewing of candidates. 'The purpose of the Job Specification is to help specify the type of person thought best suited for the job or position'. Encyclopaedia of Personnel Management. Torrington (1974).It is, therefore, produced to help interviewers who are charged with conducting the shortlisting, interviewing and final selection processes.

All managers questioned were familiar with this stage and process and most felt it to be the most useful instrument, because, in practice, the information it produced was useful to all the people involved with the Recruitment-Interview and Selection process. When a bad

job specification was produced, the majority of managers considered that the whole Recruitment-Selection process suffered considerably. Although the specification was produced for the interviews, the information it produced, was just as valuable to candidates, although this information was not shared formally with candidates at any stage. The candidates obtained the information by informal means.

3.9.3 The Job Advertisement

The main object of the job advertisement is to attract only those people who best fit the specification of the job. The information used in the advertisement is drawn from the job description and the specification, with most information coming from the job specification.

The main comment made about the job advertisement, was that they could have been more usefully employed before the 1974 period. That is to say, they could have been worded and framed more effectively, especially to attract appropriately qualified and experienced people who had not yet worked in the Health Service. The majority of the managers considered that better advertisements could have attracted more and better qualified people from outside the Health Service.

3.9.4 The Application Form

The Application Form is used as part of the selection process. It should provide a wealth of information about the candidate and it should present information in such a way to facilitate interpretation

of the facts and information presented by the application to ascertain whether his experience and qualifications meet the specified requirements for the job.

Most of the managers felt that the application form could have been better designed to elicit better quality information. In some Local Health Authorities, it was the practice to use one application form for more than one status level of job. Most of the managers felt the application form could have been better designed.

3.9.5 The use of personal references

The author had thought that formal references were used by most organisations in the United Kingdom. References, it is understood are used at different points with the Recruitment-Interview and Selection system and also for different purposes. Fundamentally, references give a third opinion (open or closed) on different aspects believed to be true of the candidate. When the author questioned the managers, they all recognised the need for references and none of the managers had made an appointment without using references. However, interestingly enough, all managers said that references were not at all important to them personally when they came to actually making an appointment. To eliminate any form of contradiction in what they said,they meant that references were only used by them after the interviews had been conducted and their final choice had been made. References were

not used before that stage. Therefore, references were only used in the managers view to back their initial judgements.

3.9.6 The shortlisting process of candidates to be interviewed

This process is believed to be widely known and therefore, does not need extensive clarification. It is worth mentioning, however, that the object of 'shortlisting' is to select the minimum number of candidates for interview. For the shortlisting process, the job specification is the main instrument used to decide which candidates are the most suitable to be interviewed.

The impression given by the Senior Managers about the 'shortlisting process' was that it was considered difficult, most of the time to keep the number of shortlisted candidates to a minimum. The theory is that, the better the application form design, the better quality information it should produce to make the shortlisting process relatively less difficult.

3.9.7 The interview : preparation by the candidates

This phase is considered by Health Service Senior Managers to be more important than the actual interview. Essentially, the main purpose was to ensure the candidates knew and understood the true nature and demands which were directed at the job holder and also how he was expected to respond to each demand. With this preparation candidates could, in theory, at the interview then concentrate their energy and attention to their interview performance.

Usually potential candidates did not wait until they knew whether they had been shortlisted before preparing for interview.

There appeared to be four main methods used to prepare for interviewing and the common feature of all four methods was the activity of gathering as much information as possible about the job within the context of the organisation and its environment. A summary of the four preparation methods were:

i To question the current position holder to find out the content of the job specification (which was not posted to, or given to, the candidates) and also to discover how the current job holder perceived what was specifically expected of him in terms of demands and responses.

ii To talk to other Senior Managers, to establish in more precise detail what each Senior Manager demanded of the current job holder, and also how each manager expected the job holder to respond to his demands. In addition, attempts were made to find out from each manager any future changes which could affect the demands made on the current job holder. By questioning the Senior Managers in this way, the candidates could piece together a picture of what the future scope of the job could be and what their expectations

of the job would look like.

iii If the candidate was already working in a similar 'direct subordinate position' to the vacant job, he was in a good position to understand in intimate detail, how the job worked in practice. It was found that it was the practice of candidates in the position to prepare themselves further by seeking guidance from their current manager concerning any gaps they might have in knowledge, skills and practices of the job.

For candidates already working in a similar 'direct sub-ordinate position', such gaps were found to be much more commonplace than it was recognised. These gaps may have been caused by the candidates being too close to the position in question, which encouraged them to make too many assumptions about what they knew about how the job worked and the demands made on the job. Therefore, all too often candidates gained an incomplete or false picture about the true nature and responsiblity attached to the job.

iv The last method consisted of preparing to respond to anticipated questions at the interview. This included what is known as the 'rehearsal stage' and the idea here, was to first think through the major questions which were likely to be asked and then to rehearse the responses in a way that demonstrated the candidate met the standard specified for the job.

When it came to the point of talking to the managers about how they saw candidates preparing for interview, the author became aware for the first time of the range of additional activities and processes that candidates undertook, with the help of many others, to prepare for interview. The author had previously worked in two multi-national organisations and had not come across, or heard about, these additional activities and processes described above. It remains to be seen if the extent of the 'candidates interview preparation activities' are unique to the Health Service, or not. To the author, the most impressive feature about this preparation work, was the way other people seemed to go out of their way to give candidates important information about the job, not normally obtainable by other means. For example, information for the Job Specification was shared, although the Job Specification was not actually handed over to the candidates. Information was given in an open way and the impression given was that people were prepared to give as much time as asked for by the candidates.

3.9.8 The Job Interview and Selection Processes

The object of the Job Interview is again well known as the task of 'choosing a person who will probably succeed in the job both in the present and in the future'. (Encyclopaedia of Personnel Management 1974). It appears, however, that there were special features that applied to the job interview for Senior and Chief Health Service Managers that should be looked at here for common understanding.

During the interview, it appeared more emphasis was usually placed by the interviewers on testing candidates on their understanding and degree of willingness to accept and respond to the implications of meeting those undocumented expectations held of the job holder. What is meant by 'accepting the implications of meeting expectations' is whether the candidate was prepared to meet expectations in a way that was acceptable to the organisation'. Therefore, the interviewers were interested in what range of strategies, techniques, skills, methods, codes of conduct and behaviour candidates were prepared to use to meet expectations and respond to different demands. In other words interviewers were equally interested in <u>how</u>, in relationship to <u>what</u>, candidates were prepared to perform, to obtain expected results. This part of the interview for senior managers might have given the impression to the casual observer that both interviewers and candidates were guided by 'ulterior agendas'. This behaviour is believed to have been necessary at senior level, because the composition of the job was likely to be so complex. Therefore, the total range of expectations on which the job was based could not be fully expressed in documented form. This appeared to be particularly true of jobs which were known to be undergoing change, where the precise expectations had not been worked out at that stage of the interview.

The interview responses led the author to look again and more closely at the Job Description as an instrument. A reappraisal

reinforced the view that the usefulness of the Job Description depended on two things. First, that the Job Description designers had a detailed knowledge of the job and how it should work in practice. Secondly the designers had to be able to convey to others the demands of the job in terms of skills, knowledge and performance, together with the expected responses to the demands, which brings in how the job should be performed in process terms. Therefore, the usefulness of job descriptions was linked to how clearly perspectives about the job could be conveyed to others. Boydell (1973) demonstrates this point on how difficult it is to convey information about a job by using the job of a 'barman' as an example. This example pointed to the difficulties of developing effective Job Descriptions for more complex jobs. Such difficulties could explain why Job Descriptions are often thought to be too general in nature. A view supported by Donald E Brittan (1975).

This 'second thought' about the use of Job Descriptions made the views and practices described by the managers interviewed progressively more understandable and important for the author's research.

3.9.9 The recognition of the assimilation process subsequent to the Interviewing-Selection system

The assimilation process was seen to be operated by the established managers in each Health Service locality. The process was thought of

as an integrated part of stage 1 where the Job Description was designed to start operating and continue to operate right through to stage 8 and beyond to become stage 9 in its own right.

The critical feature of this process, however, was that when a manager was selected, the assimilation process was considered only approximately 50% completed, because the last half of the process, was then totally concentrated towards helping the new manager become established and feel established in his new job and role. The last part of the process was, therefore, seen as a powerful process in its own right with most of its effectiveness and value being demonstrated only afterwards, when the Recruitment-Interview-Selection activity had come to an end. At this time, the underlying process took over completely from the Recruitment-Selection System in its own right. It must be said, at this point, that the underlying process was not in any way used to 'induct' new managers. The new managers job and role were considered much too complex for the straight induction process, meaning 'to lead a new manager into his new job'.

If the underlying process was not a 'induction process' then the question posed was, what was it? How did it perform? The process had to be defined and named to move this study on.

With further analysis on its perceived function, its identified characteristics led the researcher to conclude he was looking at

an 'assimilation process'. This process was used by the established managers to absorb the new manager into the organisation system. This enabled the new manager to understand what was expected of him in practice.

This is how the assimilation process was seen to work and it was clearly valued highly by the Senior Managers.

When a new manager was appointed, the process was seen to be an intensive period when the already established 'peer group' colleagues worked hard to form and build an effective relationship with the new manager as soon as possible. The established colleague managers realised how inter-dependent they all were in practice with each other. Therefore, it was critical for working relationships to be formed and developed. The relationship appeared to be based from the beginning on the 'expectations' held of the manager. The nature of these expectations formed the conduct of the relationships between the new managers and each established manager and also the expectations determined what each established manager required from the new manager in the form of 'output performance' Therefore, this stage consisted of the established managers making it known to the new manager what they expected from him, in performance terms. In this way, the new manager was helped to understand sets of expectations. These sets of expectations were usually accepted by the new manager in 'good faith'. Although these expectations were first accepted in this manner, the new manager still needed to sort out and confirm for himself three important points. They were:

i Were the expectations held of him legitimate from his point of view?

ii To sort out the priority order of all legitimate expectations in a quantifiable form for measurement.

iii To check whether his own organisation had the required resources to meet all the legitimate demands made of it.

Had there been an obvious gap between the demands made and the available resources, that the new manager and his organisation could not meet, then either the expectations needed to be re-negotiated and/or resources needed to be adjusted.

This method of forming and developing relationships was effective in normal circumstances, because it gave a new manager a clear mental picture of the profile of his job and how it should be operated in terms of expectations from the point of view of his 'peer group' colleagues. This mental picture was helpful because the information was provided by established managers, who were self motivated by their own survival needs to help the new manager become <u>established</u> and <u>feel</u> established in his new job and role as soon as possible. The total organisation depended on it: in other words the step by step way new managers became established was virtually 'laid on' for them in the following way:

i It enabled the new manager to identify with certainty those people with whom he needed to build and develop relations, in order to perform as expected.

ii They were given a clear indication of the accepted ground rules, codes of practice and the perceived boundaries, which distinguised different levels and forms of authority, spheres of influence and organisation of territories in relation to the outside environment, all of which managers were encouraged to follow.

iii They were shown how the job fitted into the pattern and style of management operating locally.

iv They were given a clear mental picture of the composition of their job based on the expectations from the already established managers.

v The demands on them, and how they should respond to these demands, were also made clear in operating terms.

vi Through the active working relationships they build up, the new managers were also given a clear 'feed-back' as to how they measured up, in terms of expected performance and the delivery of results. This 'feed-back' information helped new managers learn quickly to make adjustments. In turn, this almost personalised treatment helped new managers quickly to become and feel established in their job and role.

3.10 Stage 9 of the Recruitment-Interviewing-Selection System

When the assimilation process was revealed as a major feature of the Recruitment-Interviewing-Selection system, the author, as stated designated it as the 9th stage to complete the total system as it was known before 1974. Again, it needs to be said at this point, that the author had not come across the assimilation process before in any of the large organisations within which he had worked. The important impression gained about it was that it worked because the established managers were motivated to make sure it did work.

The Recruitment, Interviewing and Selection system, therefore consisted of the full use of the nine stages before 1974. They are displayed in chart 1 below:

	Stages Used	
1 The job description	✓	
2 The job specification	✓	
3 The job advertisement	✓	
4 The application form	✓	
5 The use of references	✓	
6 The short listing process	✓	
7 The interview preparation by candidates	✓	
8 The job interview and selection process	✓	
9 The assimilation process	✓	

3.11 A comparative analysis of the Recruitment, Selection, Interviewing and identified Assimilation systems and processes used before and during the 1974 reorganisation

When the Recruitment-Interviewing, Selection and Assimilation systems and processes had been identified in the way described in the first part of this chapter, the second methodology was employed. This methodology was a comparative analysis, to compare and contrast the differences in the recruitment, interviewing selection and assimilation systems and processes used before the 1974 reorganisation. The purpose of this analysis was to identify the nature and cause of the problem confronting the Area Pharmaceutical Manager.

The information on the recruitment-interviewing, selection and assimilation systems and processes used during the 1974 re-organisation was again drawn from the same fifty seven senior managers, during the one discussion held with the managers.

The rest of this chapter describes the observations that came out from the comparative analysis.

3.12 A summary of the major differences between the systems and processes used before and during the 1974 reorganisation

At the end of the comparative analysis, the author came to the conclusion that out of the nine identified stages of the Recruitment-Interviewing, Selection and Adaptation system used before 1974, only six stages were used during the reorganisation and some in a limited form. They were:

i The job description: sometimes called a role specification during reorganisation.

ii The Job Advertisement

iii The Application Form

iv The Use of Personal References

v The Shortlisting Process

vi The Interview and Selection Process

The chart overleaf is designed to summarise to what the nine stages of the recruitment, interviewing and selection system were used. The chart, therefore, indicates whether the stages were,

i fully used

ii partly used

iii not used

The Recruitment-Selection-Interviewing System : The parts of the system used before and during the 1974 reorganisation

	BEFORE 1974 STAGES USED	DURING THE REORGANISATION, STAGES USED		
	FULL USE	FULL USE	PART USE	NOT USED
* sometimes called the role specification during reorganisation				
1. The Job Description *	✓	-	✓	-
2. The Job Specification	✓	-	-	✓
3. The Job Advertisement	✓	✓	-	-
4. The Application Form	✓	-	✓	-
5. The Use of Personal References	✓	✓	-	-
6. The Short Listing Process	✓	-	✓	-
7. The Interview - Preparation by Candidates	✓	-	-	✓
8. The Job Interview and Selection Process	✓	✓	-	-
9. The Assimilation Process	✓	-	-	✓

The major reason to account for only six stages out of the nine identified stages being used was that the National Health Service had to employ a different method of making Senior Management appointments during the reorganisation as a 'one off' procedure.

3.13 Different arrangements for appointing Senior Managers before and during reorganisation

Before reorganisation, all arrangements for Senior Management appointments were controlled and conducted at each Local Health Authority level. At reorganisation, however, because many thousands of Senior Management appointments had to be made simultaneously throughout England and Wales, complex logistics and arrangements were required to be made. These were made at National level.

The complexity of the appointments procedure should perhaps be outlined at this point.

Taking the appointment of a District Chief Manager as an example. Approximately one hundred and ninety two appointments needed to be made for reorganisation. The procedure was understood to take the given form below for the 'first round of interviews'.

i All the vacant posts were advertised within the Service this meant only people working currently in the Service could apply.

ii All candidates were asked to choose different jobs in different new Health Districts with the same Region then give their priority order of choice of each Health District to the Central Organising Officer.

iii Candidates were then invited to complete a standard application, using a standard role specification and return their completed application with their choice of Health District location to a Central Office.

iv Each candidate (if considered suitable to be interviewed by each Health District of his choice) was notified of the Health Districts which had invited him for interview. This could mean candidates were required to attend one to five interviews within the space of weeks.

v When all candidates had been interviewed by the Health Districts, the Districts made a first, second and third choice of candidates and notified the Central Office co-ordinating the interview arrangements of their choice.

vi The Central Office then had the task of matching the choices made by the Health Districts with the choices made by the candidates.

vii When the choices had been matched, each candidate was then notified of the Health Districts offering him an appointment. The candidate then had to make his final choice of which invitation he wished to take up. The appointment was then confirmed.

The whole procedure for appointing one status group of senior managers was completed in months. Therefore, there was pressure to get things done in time.

3.14 The results from the comparative analysis study of the Recruitment-Selection, Interviewing and Assimilation systems and processes used before, and during, the 1974 re-organisation

The purpose of the comparative analysis study, as stated, was to reveal the nature of the problem and its cause confronting Area Pharmaceutical Managers. This analysis corresponds with what is summarised on chart 2 which indicates to what extent the nine stages were used during the 1974 re-organisation.

3.14.1 The Job Description

Before re-organisation, this significant instrument was composed and modified, as needed, in each Health Service locality. This was done when a job vacancy occurred by those people who knew how the job should work in practice.

In contrast, the Job Description designed for re-organisation could only be described as an 'outline job description'. Also these jobs Descriptions were produced at national rather than local levels. Furthermore, it was known that the content of these Job Descriptions was based on how the jobs should work in theory rather than in practice.

There was also strong evidence to suggest that the new Job Descriptions had been designed more as documents to be used in negotiating national salary levels rather than for the purpose of recruitment and selection.

In conclusion, the difference between the Job Descriptions used before, and during, the re-organisation was considerable. The new documents were geared to meet national needs as described and, therefore, they tended to be too theoretical, inaccurate and too vague. In contrast, the Job Descriptions used before re-organisation were locally controlled by Senior Management who knew how the job should work and be practised. The majority of the fifty seven managers said that the Job Descriptions used during re-organisation had been of little value to them.

3.14.2 The Job Advertisement

The Job Advertisement, it will be remembered, should reflect a combination of key features detailed both in the Job Descriptions and the Job Specification. Because Job Descriptions were only produced in outline form and Job Specifications were not produced at all, the Job Advertisement could only be produced in outline for re-organisation and as stated these were only circulated within the Health Service.

3.14.3 The use of Personal References

None of the fifty seven managers were sure about the use of personal references during the re-organisation interviews, but they

suspected that they were more heavily relied upon by the interviewers, than before 1974.

3.14.4 The shortlisting of candidates to be interviewed

During re-organisation the majority of the fifty seven managers regarded this part of the system as inadequate. Before re-organisation, this part of the process was seen as most important, because it consisted of the stage when a serious attempt was made to ensure that only the most suitable of candidates were interviewed. During re-organisation, because of the different arrangements made for interviews to be conducted, it was not possible to perform the shortlisting task in the way it had been done before re-organisation. The absence of Job Specifications theoretically would make the task less objective.

3.14.5 The Interview : preparation by the candidates

Before re-organisation candidates had every opportunity to carry out their preparation for interview. It was the time when candidates found out all about the Job Specification content and also how the job was seen to work in practice. Candidates learnt this information by asking questions of the people who were in a position to give this information. Before re-organisation the majority of the fifty seven managers said they started to prepare for the interview before they formally applied for the job. They

prepared for the job interview at this time, they said, because the information they gained was useful in helping them personally to decide whether they should apply for the job in the first place.

In contrast, during Re-organisation candidates could do little to prepare for the job interview, because they only had the outline Job Description to guide them, which was considered of little value, because it was a multi-purpose document.

3.14.6 The Interview Process

Before re-organisation, the interview process, like the other processes, had been left to local management to arrange and conduct. By contrast, during re-organisation, the interview arrangements were organised and conducted at National, rather than Local level. As it has already been stated, there was very little objective guidance for both interviewers and candidates to conduct the interviews as objectively as possible.

Before re-organisation, when the interview stage had been reached and conducted, the successful candidate was considered to have completed at least 50% of the identified 'assimilation' process. During re-organisation, however, it was the opinion of senior managers that the interview stage did not represent the 50% half way mark of the 'Assimilation' process, as it used to be because, at that time, very little was known about the jobs and how

they should work in practice. Therefore, during reorganisation, the successful candidates felt they were nowhere near the stage of adapting to their new job. In fact, they felt the process of establishing themselves in post had just begun, if only they knew how, they said.

As an observation, the author was interested to note that many of those managers who had expressed surprise at their luck in being appointed, also considered that they had the greatest difficulty with their new position. Those managers who were appointed to similar level jobs, but did not express surprise, felt more confident in their ability to cope with the new situation.

3.14.7 The Assimilation Process

This was seen to work effectively before reorganisation because the already established managers had reason to be actively motivated, as a collective group, to help new managers to establish themselves as early as possible. It has already been explained that this process could not, in any way, be performed without the full cooperation of the established managers. Therefore, during re-organisation, when all established managers and groups were disbanded, the Assimilation Process failed to operate.

One of the major problems experienced by new managers during re-organisation was they found it difficult to identify the group of new managers with whom they needed to establish and build a working

relationship. At this stage, many managers thought the reason why they could not identify their 'working group' with any certainty was because of the lack of accurate and reliable information to direct them.

3.15 The identification of the nature and cause of the problem that prevented Area Pharmaceutical Managers from adapting and establishing themselves in their new position.

It has been suggested earlier in this chapter that the Assimilation system is the same as the Recruitment, Interviewing and Selection system and also it is an extension of this system.

At the end of the comparative analysis study of the systems used before, and during, the 1974 reorganisation, it was concluded by the author that credibility and effectiveness of the Assimilation system used before 1974, depended totally on the availability, accuracy and quality of information about the practical nature of jobs. It was seen how this information both fed and serviced each of the nine stages of the Assimilation system. The prime sources of information came from the established managers within each local management situation. The established managers individually, and collectively, were motivated to use this information for their own benefit, because their own performance depended upon the performance of their 'peer' group colleagues.

In contrast, after reorganisation, the key resource of information suddenly dried up with the break up and disappearance of the established manager. The consequence of this was that it was only just possible, with great difficulty, to conduct only the recruitment and selection processes. More important, it was not possible at all to operate the Assimilation process that was once known. It was concluded, therefore, that the precise nature of the problem confronting Area Pharmaceutical Managers was that there was no accurate information available to them, to give a clear mental picture of the actual demands and expectations made on them.

Building on from the first conclusion, it was suggested that their problem was caused by the sudden break up of all established managers and the working relationships within each Health Service locality. The departure of all established managers, at one stroke, shattered completely the very foundations on which the Assimilation process was based and operated. In addition, it was the author's opinion that the Assimilation process was unlikely to work again, until established managers re-emerged, who like their predecessors, were actively motivated to serve and operate the system again. This raised the question of how could established managers re-emerge to fulfil this purpose.

At this stage, it was thought by the author that a possible solution would be to design a Simulated Adaptation System. This Adaptation system would, in design terms, attempt to replicate all the significant features performed by the original system. In addition the simulated system would be designed so it could be operated and controlled by individual Area Pharmacy Managers.

The author hoped that, when the simulated system succeeded in helping the Area Pharmacy Managers to become established in their position, then they could be left alone to re-activate and operate again their Assimilation system on a local basis.

3.16 Distinguishing between the concepts 'Assimilation and Adaptation'

At this point it was necessary for the author to distinguish between the two concepts of Assimilation and Adaptation.

3.16.1 The Assimilation system

From the author's investigations on the identity of the system, its characteristics, how it worked and what it performed, it was evident that the system disintegrated when the established managers were disbanded. Therefore, the established managers were the critical factor to its very existence and to the way it worked. As an Assimilation process, what did it fundamentally achieve ? Throughout its 9 stages with emphasis on stage 9, its driving force was aimed at absorbing the new manager into the organisation by giving him, on a personal level, clear and distinctive sign posts of direction. These sign posts gave direction in six ways which have been outlined on page 59 (i - vi).

This is how the assimilation was understood to operate before the re-organisation. It must be pointed out however, that, although, the new manager was assimilated into the organisation with positive guidance from the established managers, the new manager still had to learn to make personal adjustments to meet the demands of his new job and environment. The adjustments to change that needed to be made by the new manager, the author called the 'Adaptation process'. Therefore, before 1974, the Adaptation process could be seen to work with and then take over from the Assimilation process when the new manager had to

then adapt to changes demanded to enable him to become established in his job.

3.16.2 The Adaptation to Change Process

The concept of the 'adaptation process' in this thesis, is meant to mean 'to adjust to or to fit the personal resources of a person to the demands made of him through, and after, the event of change', or in the context of this study 'to enable a person to fit or adjust his personal resources to meet the demands made on him in a new job and role'.

When the Health Service organisation was in a 'steady state' before 1974, where the assimilation process was able to operate effectively, the Adaptation process for new managers was seen as relatively straightforward. During the re-organisation of the Health Service, however, all managers were flung into a totally new environment. In this new environment, no assimilation process existed, because the process required established people to operate it. This meant, in practice, that all new managers could only adapt to the change and implications of change, when they were able to discover the nature of their new job and role and also what personal demands these would make on them, individually and collectively, in each management locality. Therefore, in practice, the Adaptation process had to be first a path-finding exploration into new territories and environments to identify what was expected of them. Afterwards they would be able

to adapt their personal resources to meet these expectations.

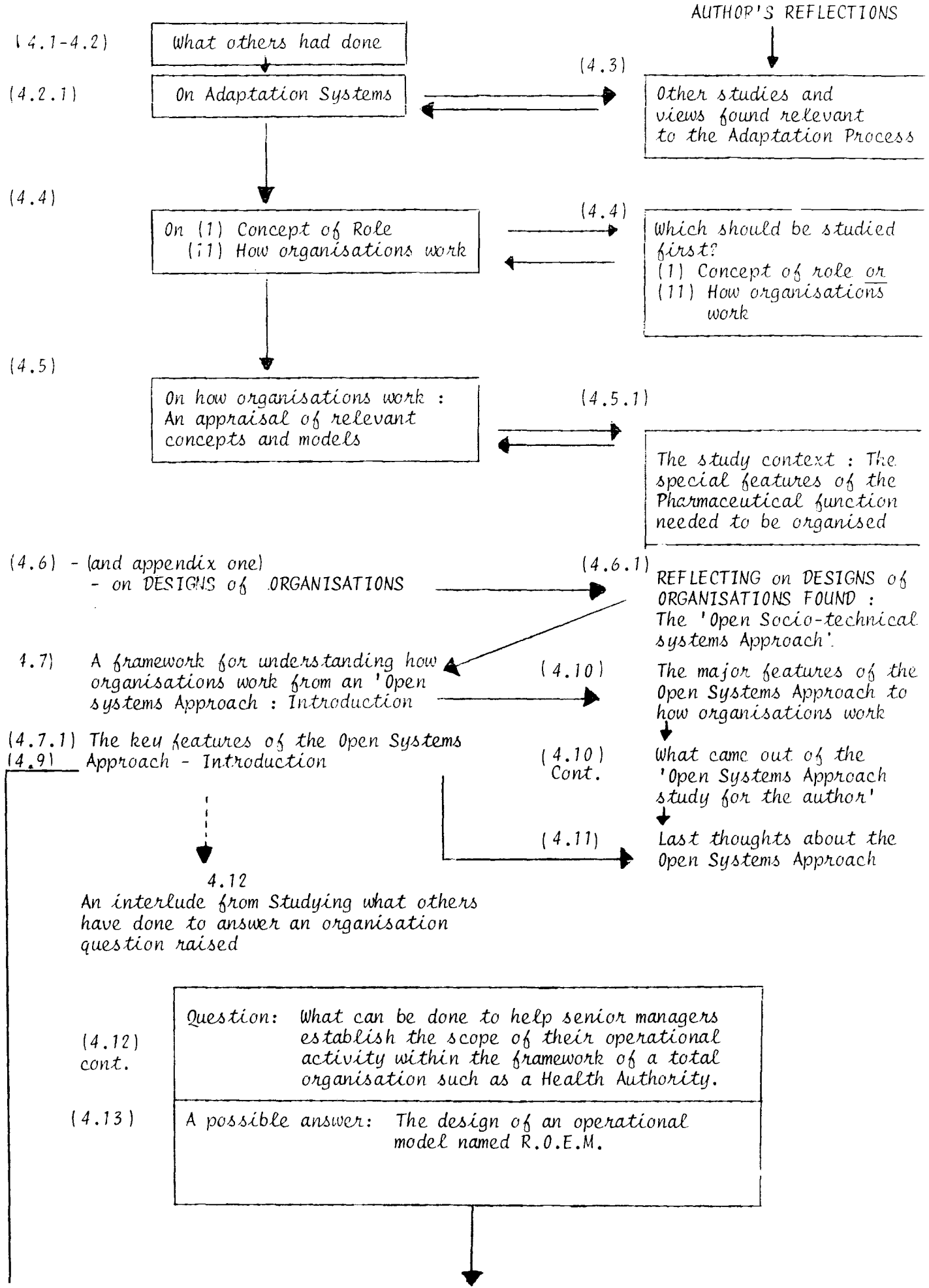
In conclusion, the major difference between how the Adaptation process worked before 1974 and how it was planned to operate within the context of this study is perceived by the author in this way.

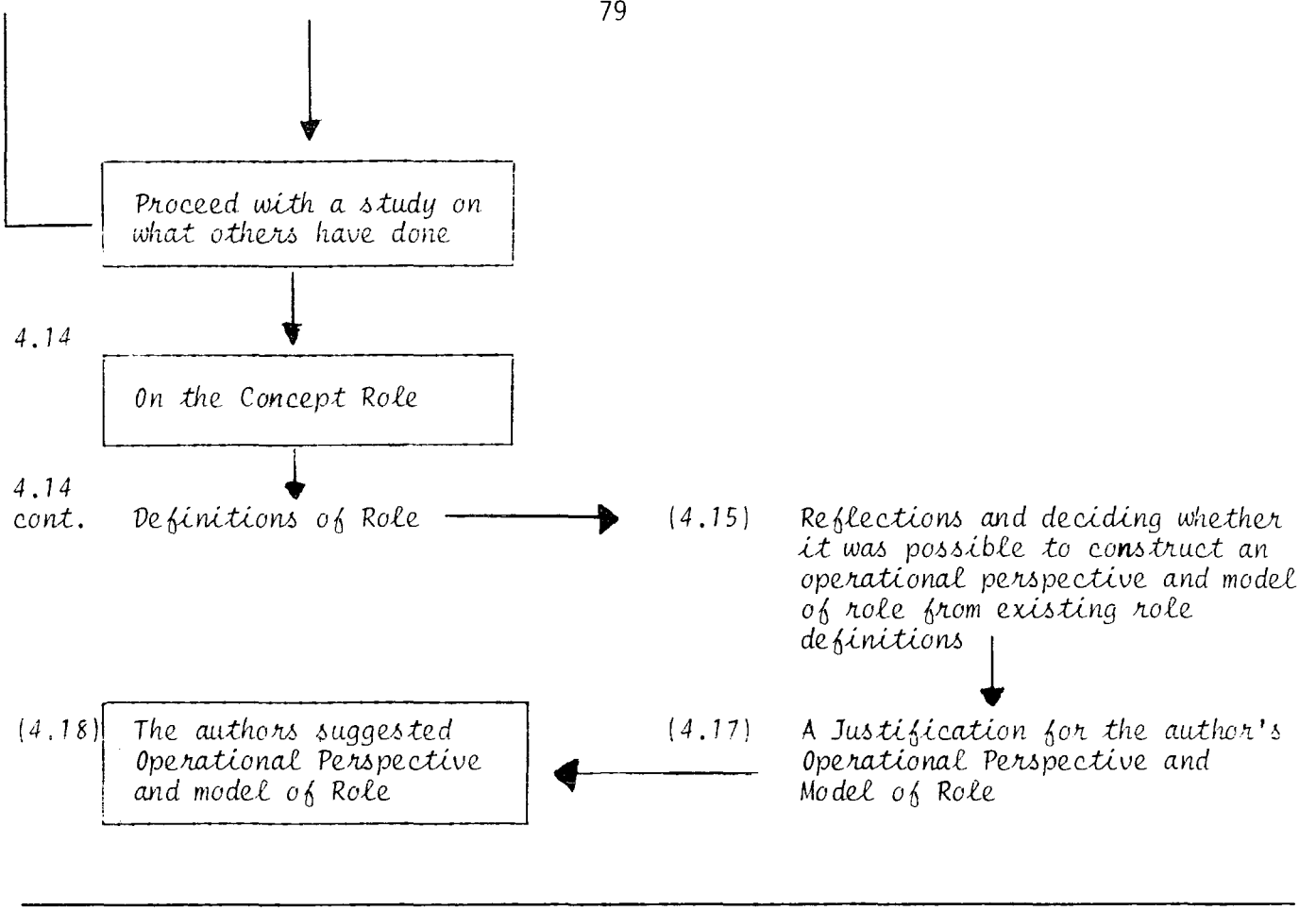
Before 1974, the Assimilation process was a powerful mechanism which made it relatively straight forward for the new manager to adapt himself to his new role and job. In this situation the manager had little discretion and space to make choices related to his role and job. During and after the re-organisation, however, the Senior Managers' role was complex and the managers had perhaps too much discretion and choices to make related to their job and role, which they could not handle individually. Therefore, the Assimilated Adaptation System (page 73) would be planned and geared to give Area Pharmacy Managers a more collective and proactive approach to 'making their role' before adapting to it.

CHAPTER 4

AN APPRAISAL OF RELEVANT CONCEPTS AND MODELS

CHAPTER 4 : AN APPRAISAL OF RELEVANT CONCEPTS AND MODELS - A CHAPTER MAP




Proceed with a study on what others have done
4.14
On the Concept Role
4.14 cont.
Definitions of Role
(4.15)
Reflections and deciding whether it was possible to construct an operational perspective and model of role from existing role definitions
(4.17)
A Justification for the author's Operational Perspective and Model of Role
(4.18)
The authors suggested Operational Perspective and model of Role

CHAPTER 4 : AN APPRAISAL OF RELEVANT CONCEPTS AND MODELS

4.1 Introduction

At the end of the last chapter, the author expressed the view that a possible solution to the identified problem would be to construct a simulated adaptation system which would be designed to enable the Area Pharmacy Managers become established in their new position. This meant that in the absence of any established managers, the simulated system would need to enable each Area Pharmacy Manager, with support, to pilot himself step by step through to build up a comprehensive picture of the composition of his position, within the context of the Area Pharmaceutical Organisation related to its environment. Therefore, the author thought that the Simulated Adaptation System must consist of both a comprehensive working model of the concepts of role, set within a framework of an operational model of 'how organisations work'. Furthermore, both working models forming the Adaptation System needed to be congruent enough with each other to form a coherent pattern for the Area Pharmacy Managers to work with in practice.

These ideas concerning the nature of the Adaptation System, formed criteria for the author's task of appraising relevant concepts and models on role and how organisations work.

4.2 What others had done

4.2.1 Adaptation systems

The author failed to locate any study on the system he has called

the 'Simululated Adaptation System'. The only references found which could be said to have indirect relevance were:

i 'Some Social and Psychological Consequences of the Longwall Method of Coal-getting' (E L Trist and K M Bamforth 1981a).

ii 'Professionalism and Role making in a Service Organisation: A Longitudinal Investigation' (William J Haga, George Graen and Fred Dansereau, Junior 1974).

Both studies looked at the consequences of change, as it affected people at different levels within organisations.

One perspective which came out of the Trist and Bamforth study is how both the social relationships and conduct of small groups of working coal miners, formed for this specific task of 'coal-getting', was totally overlooked by the 'change agents' who planned and changed the way coal was mined, after the coal mining industry in the United Kingdom was nationalised after World War Two. The consequences of this oversight was reported to have interfered with and delayed the whole process of implementing change.

The Trist and Bamforth study brings out for this study, the fact that groups of people in organisations, such as the National Health Service, organise their social relationships and conduct in ways to ensure they perform as expected. Therefore, such groups are geared

in particular ways to perform tasks they are expected to perform. This perspective perhaps gives supporting evidence to the reason why the established Senior and Chief Managers in the Health Service, before the 1974 re-organisation were motivated individually and collectively to work within the described Assimilation process (Chapter 3). Similar to the groups of miners, management groups were small in number and they knew that their group performance was inter-dependent on the performance of each member of the group.

The study ' Professionalism and Role-making in the Service Organisation' by Haga, Graen and Dansereau (1974) held interest for the author from three points of view:

i The first consideration was that the study was conducted on people who belonged to professional organisations, therefore, there could be similarities to the Pharmaceutical profession.

ii The second point is that the investigation included the theme of change. The study is about:

'a longitudinal study on the behavioural effects of professional orientation on the role making process and organisational assimilations. The subject are managers entering new jobs in a state college, housing a food service division' (1974).

In this study those managers who are judged to be highly orientated to professional reference groups shaped their work role in markedly different ways from those less professionally orientated. In addition the organisational assimilation appeared to be a 'role-making' process contrary to the bureaucratic fixed role model, which is a 'role-taking' process.

Other studies by Weber (1946) 'Ideal-Type Bureaucracy or Kahns' (1964) Role Episode Model, suggests that roles in bureaucracies are prescribed.

The author thought that the process used for the Assimilation System described in chapter 3 was more likely to be that of 'Role-taking not 'Role-making'.

iii The third viewpoint is of interest in the findings related to the 'organisation assimilation and orientation of role-making processes' when the subject managers entered new jobs.

The findings from the study proved useful background for the author's own project. The major finding relevant to his work was:

i 'The managers worked in a setting which assumed that the organisation was their only source of normative guidance'. (1974).

With reference to relating to the findings in the Health Service Study, before the 1974 re-organisation Senior Managers entering new jobs were found to comply with the bureaucratic assumption about normative references, with the help from the established managers.

ii In the longitudinal study, once the managers entered their new role situation, the supervisors ideas of what they ought to be doing became a function of what they were doing. There was no evidence from the Health Service Study to support this finding before 1974. However, the finding had to be kept in mind throughout the rest of this Health Service Study.

iii In the longitudinal study, it was found that as the professionally orientated managers constructed their own role formats across time, their supervisors kept right in step, modifying role prescriptions to keep pace with actual role performances.

Again there was no immediate information from the Health Service Study to support this finding. However, the author felt that it offered insight into how the Area Pharmacy Managers behave in relation to peer group Chief Managers when they move through the process of adaptation. The Area Pharmacy Manager had no formal supervisor as such.

Referring to paragraphs i - iii above, the point has been made that, during and after the 1974 re-organisation of the Health Service no prescribed roles remained, therefore the question of 'Role-taking' did not arise. In the new environment where each Area Pharmacy Manager

operated, there were little or no ground rules to link new roles to how things were done in the past so, therefore, the emphasis should be on the 'Role-making' process.

iv The longitudinal study suggested that to the subject professionals involved in the study, the term 'professionalism' did not just mean 'sounding like a professional' it also meant 'doing like a professional'.

It occurred to the author that the practice of professionalism to Area Pharmacy Managers might be more important than it might appear at first sight. If the Area Pharmacy Managers were expected ' to do' or conduct themselves only in a manner approved by the Pharmaceutical profession, this pattern of enforced professional behaviour might initially conflict with what could be expected and demanded of them in behaviour as managers. In the setting of the 1974 re-organised Health Service, managers were expected to perform as managers, not as professionals, who also happened to be managers. In other words, the Area Pharmacy Managers had to be careful to balance and to be seen to balance the demands made on them as professionals with the demands made on them as a manager.

4.3 Other studies and views found to be relevant to the subject of the Adaptation Process

The purpose of this section of the study is to draw attention to two different views on the process of people learning to adapt to new

positions.

i In the opinion of R Ruddock (1969) 'when put together these roles constitute a social structure. The structure is similar to an organisation chart that one might see in a handbook of an industrial company, showing lines of command, the responsibilities and the job specification written into boxes with a line divide or end. A job specification does not prescribe language, modes of address, attitudes or general styles of behaviour, but a person taking a given job will soon learn what is expected'.

There are two observations to be made about the statement. First it draws attention to the use of a job specification and what it does not do. Secondly the statement suggests that in spite of the job specifications limitations, a new person will soon learn what is expected of him. These two aspects of the statement are supported by the findings in this study on what happened before the 1974 re-organisation. However, Ruddock's view may well hold good only where an organisation is in a so called 'steady state' where job specifications are used, not when the organisation is undergoing organisation change and where job specifications are not used as was the case in the 1974 Health Service re-organisation.)

The author also feels that Ruddock's view may be too optimistic; both

given the findings of this Health Service study and from personal past experience. People vary in the speed and thoroughness with which they learn what is expected without appropriate support, conditions and the environment to learn. Of course it is very much in the interests of new managers to learn what is expected as quickly as possible.

ii The other perspectives come from Banton (1965). He expresses two views: one indicating how hard it can be made for new people to learn new roles:-

"Ruling classes in particular are always likely to prefer a vague and formless system of etiquette because it is more difficult for a social climber to learn. The attitude of silent disapproval towards any attempt explicitly to inform and teach people about the expected models of conduct in various roles could be criticised as one of the bastions of snobbery". If this opinion was intended to also apply to the work situation, then evidence from chapter 3 suggests that the established managers were prepared and motivated to teach both potential and new managers the performance expected of them, to become an accepted part of the group of managers.

iii Banton's second statement relates to the need to train Senior and Chief managers for new roles. He also indicates that, without appropriate support in training or without specific training, new managers do not stand much chance of meeting the demands on them. 'The Chief Executive of a big hospital

has to be a good manager. Whether or not he is also a doctor is a less important consideration. In the management of a large organisation, the social skill of leadership, decision making, communication and control have become tremendously important as increases in size have put such tasks beyond the reach of any men who are not personally suited to the roles and carefully trained for them' (1965).

Banton's statement matches the findings of the Health Service study, especially in the situation after the 1974 re-organisation. For example it was recorded by the PMP group in Chapter one that the sheer size of the Pharmaceutical organisation had been for Area Pharmacy Managers one of the most difficult challenges in integrating, organising and managing their new roles.

4.4 Which should be studied and appraised first: the concept of role or how organisations work

The author debated whether to study first the 'concept of role' or 'the ways organisations work'. Clearly the results of the first study would influence one's approach to the second.

It was decided to start with 'how organisations work' because it was concluded that it was critical that the 'model of role' fit into the context of the model of organisation related to its environment. It was therefore important to appraise first how

organisations work. Once this had been done then the working model of role ought to be chosen for its ability to work in congruence with the chosen model of how organisations work.

The search was for models which were conceptually sound and capable of:

i being built on further or being able to sit comfortably with what had already been decided.

ii forming part of a working ie. applied model which could be used individually by Area Pharmacy Managers to establish themselves in their role and position. Everything else would be subsidiary to these criteria.

4.5 An appraisal of relevant concepts and models of how organisations work

4.5.1 Introduction

Before starting to review the literature on how organisations work, the author thought that it was important to confirm what he was looking for in the context of this part of the study. Basically, he was looking for designs of how organisations work to provide the chosen operational role model with both a framework and context and also to give the Area Pharmacy Managers ideas on ways to structure,

operate and manage their Pharmaceutical organisation.

To decide on forms of structuring their organisation the Area Pharmacy Managers had to take into account many important features and characteristics about the Area Pharmaceutical functions.

The PMP group thought these were some of the important features which had to be taken into account when Area Pharmacy Managers were thinking about their new organisation. The Area Pharmaceutical functions:

i had many different complex sets of activities and tasks, which needed to be processed with great accuracy and care similar in many ways, it was thought, to 'High Tech' production. For example, the making and preparation and testing of medicines.

ii had many different aspects, such as quality control of medicines, manufacturing of medicines and the buying and distribution of medicines, together with drug information and storage and dispensing of medicines. These functions had to be coordinated, controlled and managed.

iii all the people working in the organisation were

professionally qualified and the majority looked upon themselves as independent professional operators, who were accountable to the Pharmaceutical statutory bodies (Pharmaceutical Society of Great Britain). Therefore they were all equal in the eyes of the profession. This perception of themselves could cut across the concepts and practices of management in several ways. In fact some Pharmacists were reported to go even further in saying they thought the concept of management violated their professional standing.

iv The organisation was thought to be highly dependent on organisations outside the Health Service. For example the drug manufacturers.

v The organisation needed to ensure it responded to demands made of it from the medical profession.

vi The organisation must have up-to-date knowledge of developments in drugs and medicines to advise the medical profession when necessary.

4.6 What others have done on the design of organisations

In the experience of the author, the review of what others had done, was one thing, but the dilemma on making choices on which organisation designs to present to the Area Pharmacy Managers was another.

The view reached by the author after reviewing literature on organisations, led him to understand that in the end, designs of organisations could be represented by a similar list to this:

i The entrepreneurial design

ii The functional design

iii The bureaucratic design

iv The professional bureaucracy design

v The mechanistic design

vi The organic design

With regard to the literature, it was clear that some basic designs were called different names. For example, 'the professional bureaucracy' named by H Mintzburg (1979) is called 'the existential orgnisation design by C Handy (1978)'. Another point to mention was the author's recognition of some of the researchers who are regarded in literature has having had more influence on the thinking and developments in this field. These people are understood to be Max Weber, Alvin W Gouldner and Amitia Elzioni, for their contributions to the bureaucratic structures; Joan Woodward for her analysis work on different organisations; Tom Burns on his thinking towards the mechanistic and organic organisations and Eric Trist on Socio-technical organisations, (1981) When the author had sorted out a basic list of possible designs and variations, which he felt worthwhile sharing with the PMP group, time was spent studying the various designs. An outline description of these is given in appendix B of this thesis. The names of the designs studied were:

i The entrepreneurial design

ii The functional design with variation

iii The matrix design

iv The bureaucratic design

v The professional bureaucracy

4.6.1 Reflecting on Organisation Designs

In the personal experience of the author, it would be very few organisations that could demonstrate only one form of organisation design; most have a mixture.

In the opinion of the author, all the designs described to the PMP group, had something to contribute to helping Area Pharmacy Managers shape their thinking on how to arrange the integration of their Pharmaceutical organisation. The PMP group members were made familiar with the designs, but they felt, like the author, in spite of the literature on organisation design, organisation functions, systems and processes, there was something important missing for them.

On reflection the PMP group thought there was still a perceived gap in their knowledge, which was vital to their task of organising their Pharmaceutical Organisation. The gap in their knowledge was thought to be in two areas:

i The PMP group now had knowledge of basic organisation design; purposes of different organisation process and functions, so they knew how different parts of an organisation worked, but they said they did not know how organisations worked as a dynamic whole. They therefore needed a better coherent description on how organisations work.

ii The same group said they also needed means to analyse and synthesize parts or the whole of their organisation.

From paragraphs (i and ii) the author thought what the PMP group could be looking for was a coherent operating model of how organisations work with a set of complimentary analysis concepts or instruments that could be applied to the whole, or parts of an organisation such as a Pharmaceutical function. This should equip the Area Pharmacy Managers to enable them to apply analysis to the many variables of their own organisation, as a means to understand more about how organisations work and more specifically how their own Pharmaceutical organisation should work.

As the study progressed further, it became increasingly clear, that the author was unlikely to be able to achieve a satisfactory blend of models to form a new and comprehensive working model on how organisations work, especially for a large complex organisation such as the Health Service Pharmaceutical function.

However, unexpectedly and fortunately the author came across one 'ready made' approach that fitted exactly what he had in mind for operational use by the Area Pharmaceutical Managers. The author thought the major asset of this approach

was that it could be justifiably used to explain the complexity of the Pharmaceutical organisation in the context of the Health Service organisation. Perhaps not surprisingly this approach had been developed in the context of large organisations such as manufacturing, universities and health organisations. The author understood the approach to be an extension to Eric Trist's 'Socio-technical systems approach'. This approach had been developed further by the Tavistock Institute and became known as the 'Open Socio-Technical System'.

One of the major attributes of this approach in the context of the Area Pharmacy Managers needs was that it was both compact enough to be learnt in a short space of time and capable of being applied in practice.

This 'ready made' approach on how organisations work came in the form of an article 'Individual, Group and Inter-Group Processes : A K Rice (1969). For many years Rice had developed and written about the concepts and assumptions he used to study different kinds and sizes of organisation. The fortunate aspect about this article is that the author believed that it not only represented Rice's last thoughts on the concepts and assumptions he had developed and applied over many years, but in the article Rice extends the application of his organisation concepts further

to include the individual, groups and inter-group process. Therefore here was a ready made model which could be applied further than organisations if the need arose

The principles of the concepts, assumptions and models used in the 'Open Socio-Technical Systems' approach was explained to the PMP group and these are outlined in the next part of this study. The 'Open Socio-Technical Systems' approach will be known as the 'Open Systems' approach.

The descriptions given are based on an article written by A K Rice (1969) rather than the earlier descriptions to be found in his books.

4.7 A framework for understanding how organisations work from an Open Systems Perspective

4.7.1 The key features of the Open Systems Approach

The basic theory of this approach treats any organisation institution (or parts of an organisation or institution) as an 'Open system'. It is critical for an Open System to exchange materials with its environment to survive. Therefore, if an organisation does not change materials with its environment, it dies. For Open Systems, the difference between what they import and what they export is a measure

of a conversion activity of the systems that operate within the organisation. Therefore, a manufacturing organisation imports raw materials, converts the materials and exports the finished products into the environment. The cycle is then repeated.

At this early stage of this description, it is important to note that, with large organisations such as hospitals the 'export or output' from one part of the organisation is usually the input for another part of the same organisation. This gives the idea (as with many large organisations) that in practice, the different parts of the organisation are highly dependent on each other for imports. In addition, the majority of inputs exchanged within a large organisation are more likely to be partly processed products which need to be processed one or more stages further. This may give the picture of a large organisation consisting of a network of many parts which are highly inter-dependent for outputs from other parts of the organisation, which become valuable intakes.

Basically organisations, or their parts, from an Open Systems perspective, consist of intakes-conversion-processes and outputs and organisations are rewarded for outputs in the form of taking in more intakes to survive. For example, the intakes of a university are students and the outputs are mostly, graduates. For this output of graduates, the

university is able to take in more students.

The concepts, models and assumptions belonging to the Open Systems Approach are now described.

4.7.2 Feature 1 : Differentiating Organisations and their different parts from each other

Intakes and outputs are the results of imports-conversion processes-export processes and they differentiate organisations and the different parts from each other. For a fuller explanation of how the intakes-conversion-output works: an organisation recruits employees, assigns them jobs and, sooner or later, exports these people through retirement, resignations, dismissals or death. The same organisation may'import and consume power and stores; it collects data about markets, competitors and suppliers performance. From there, data is converted into plans and decisions' (Rice 1969).

4.7.3 Feature 2 : Revealing the variety of relationships

The principle is that the nature of the many processes and their intakes and outputs reveal the variety of relationships that an organisation, or parts of it, needs to make with its environment and within its different parts. Also, the different processes reveal the variety of tasks that the organisation performs as a whole and the contribution that the different parts make to the whole organisation.

4.7.4 Feature 3: The Primary Task

Perhaps the most important concept is that every organisation, or parts of an organisation, has, at any given time a 'Primary Task' or 'Core Task', as it is sometimes known. The Primary Task must be performed for the organisation to survive. The Primary Task must represent the very being or reason for the existence of the organisation. Therefore, the Primary Task must be correctly defined and performed to ensure survival of the organisation and its parts. A definition of the Primary Task: 'consists of the dominant import-conversion-export process that defines the essential relationships of the organisation and its environment, and to which the other tasks and through-puts are subordinate' (A K Rice 1969).

4.7.5 Feature 4 : A System of Activities

'is that complex of activities which is required to complete the process of transforming an input into an output'(A K Rice 1969).

4.7.6 Feature 5 : A Task System

Is a system of activities plus the human and physical resources required to perform the activities. (Rice 1969). With the Open Systems Approach, it is critical for an

for an organisation and its parts to identify the Primary Task and it is equally important for the organisation then to identify the task systems required to perform the Primary Task.

Within the definition of a Task System, the assumption is made that component activities of a system and the system as a whole, is identifiable as being in certain, if limited respects independent of related systems. Therefore each system has a boundary which separates it from its environment. Intakes across a system boundary are subject to conversion processes within.

4.7.7 Feature 6 : Task Management

Task management is essentially:

i The definition between task systems

ii The control of transactions across boundaries (Rice 1969).

Like other approaches, the Open Systems Approach regards the most important management control in any organisation as the control of boundaries of the systems of activities.

4.7.8 Feature 7 : Organisation Design

Organisation should be a means to a end and the most

appropriate organisation arrangement is the one that best fits the 'Primary Task performance'.

Every task should have its own organisation model. This model should define the boundaries of operating systems and the control function. The boundaries of the system determine the relationships that are required for effective performance.

4.7.9 Feature 8 : The 'ground rule' and sequence for building an Open Systems Organisation Model

This should start with the process flow. That is the dominant process that identifies the nature of intakes, the activities required to convert these, and the human and physical resources needed to provide or process, these activities. This should be continued by following the points of discontinuities in the process that defines the boundaries of activities. These are the best points at which to draw organisation boundaries.

Each part of the organisation should have its own Primary Task, Task Systems and it needs it own organisation model, which has to fit into the overall enterprise model.

4.7.10 Feature 9 : Transactional Task Systems

Transactional Task Systems are used to make transactions

across the boundaries of organisations. No matter how infrequently transactional task systems are used, they have boundaries, which, when used, cut across the boundaries of different organisations, or the boundaries of parts of the same organisation. Because transactions across boundaries are difficult to control by the organisations involved, the organisation concerned must be careful about the people they allow to take part in the Transactional Task System on their behalf. Therefore, such people should be chosen with care. In order to control what goes on across the boundaries as part of the Transactional Task Systems, the conduct of the people taking part is controlled in some form, by such as professional codes of conduct or some form of convention. In the absence of any effective control mechanisms to govern and control the Transactional Task Systems, then the organisations involved need to give careful attention to establishing agreed 'ground rules' or rules of procedure before any Transactional Task Systems take place or continue.

The quality of transactions that takes place across organisation boundaries depends on both the conduct of transactional task systems and the ability and performance of the people taking part in them. Therefore, the procedure of Transactional Task Systems and people chosen to take part are of major importance.

4.7.11 Feature 10: Transactions of Exchange

On the idea of Transactions of Exchange, Peter Blau in his books 'Exchange and Power in Social Life' (1964) and 'The Dynamics of Bureaucracy' (1963) offers further observations on the subject and processes involved. These are:

i 'When people are thrown together, and before common goals or role expectations have crystallised among them, the advantages to be gained from entering into exchange relations furnish incentives for social interaction, and the exchange processes serve as mechanisms for regulating social interaction, thus fostering the development of a network of social relations and a rudimentary group structure (P Blau 1971).

In his next observation, he draws attention to the context in which Transactions of Exchange take place. He points out that Exchange Transactions take place within a social context which is influential in determining the way Exchange Transactions are performed:

i Because of the impact of the role-sets of each person in the situation.

ii Because it is the overall sum of exchanges in the group which determine the rate of exchange.

iii Because the weaker may restrain the stronger by coalitions.

iv Because the shifts in power arising out of social interaction lead to changes in the exchange processes within the group.

v Because it is in social situations that different sets of exchange relations are linked. (P Blau 1971).

Figures 3, 4 and 5 illustrate three examples of the transactional task systems

Figure 3

Task System One

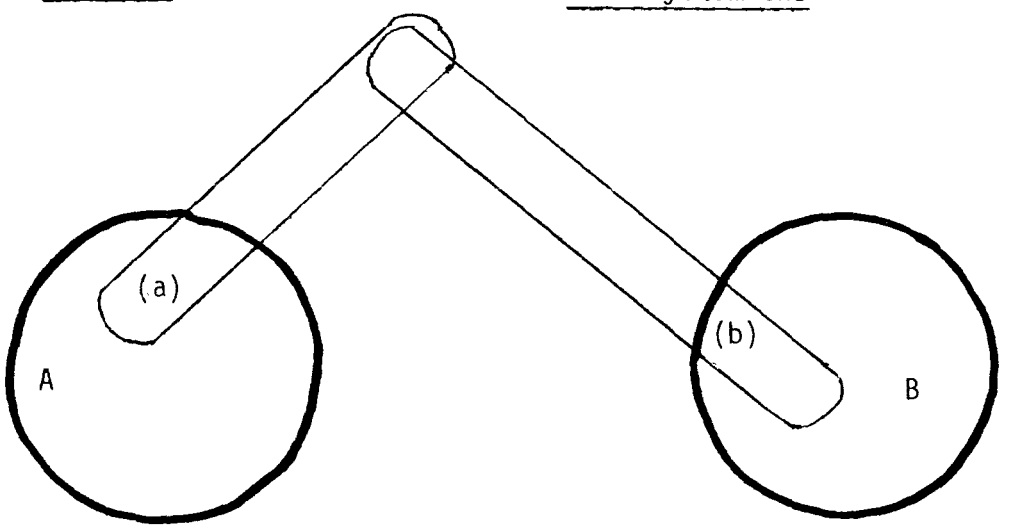


Figure 3 illustrates a sample of a transactional task system. It represents a transaction between two enterprises A) and B); (a) conducting the transaction on behalf of A and (b) on behalf of B. For the preparation of the transactions, the task system (a) and (b) boundary cuts across the enterprise boundaries of both A and B.

Figure 4

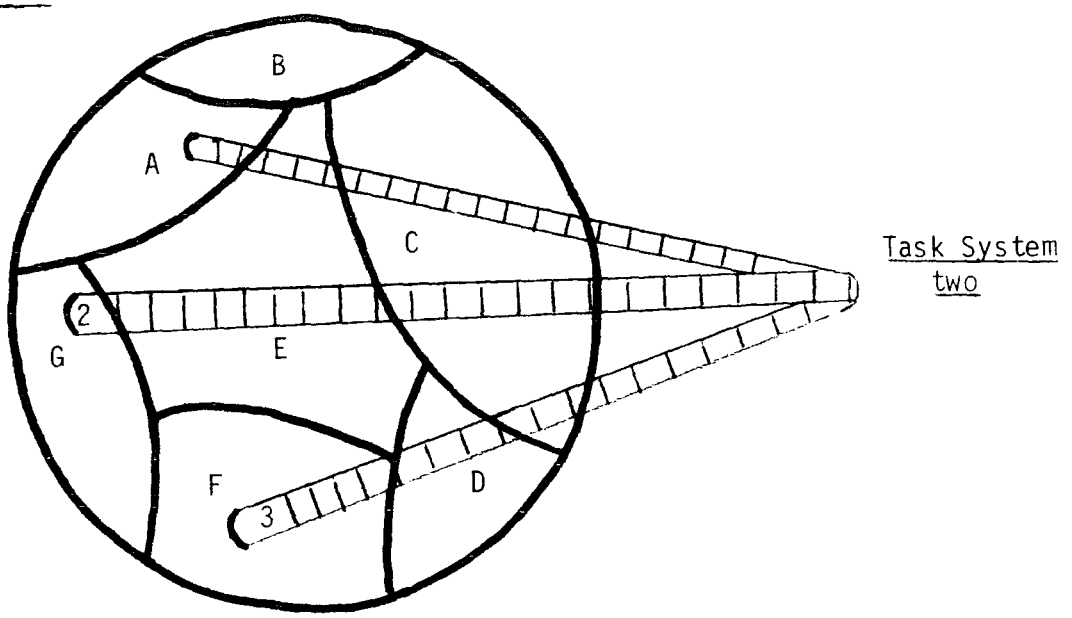
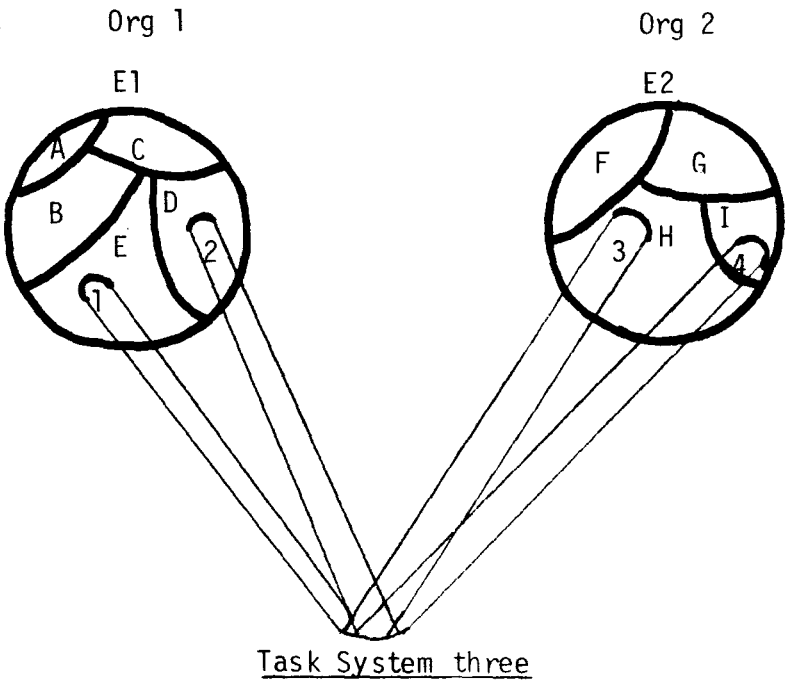


Figure 4 illustrates a more complex transactional task system operating from a single organisation. The transactional task system is owned by say part organisation A needs the active involvement of part organisations a, g and f for it to be performed when required.

Figure 5



This example illustrates a task system needing the involvement from two organisations. The transactional task system owned by say part organisation h from organisation 2 needs the active involvement of part organisations e, d, h and i from both organisations for it to be performed when required.

A major feature of the Transactional Task System is that, when it needs to be performed, a group of representative people is brought together to perform the Transactional Task System and when the Transactional Task System has been performed, the group disbands until it is required again. This means when Transactional Task Systems are not actually being performed, they are in a dormant state waiting to be activated again, when required. Therefore most Transactional Task Systems spend a proportion of their time in a dormant state.

The author was interested to note Rice's view (1969) on Transactional Task Systems Relationships. "At the end of a transaction, the outcome is bound to affect relationships between those taking part and relationships are likely to be changed. It is at this stage, that any disagreement during the transactions are likely to affect the future performance of Transactional Task'.

4.8 Leadership - the Primary Task (A K Rice, 1963)

'The Primary Task of leadership is to manage the relations between an enterprise and its environment, so as to permit optimum performance of the Primary Task of the enterprise.

For the enterprise, the environment consists of its total political, social and economic surrounding; for part of an enterprise, the environment also includes other parts and the whole enterprise.'

4.9 The Leadership Position (A K Rice, 1963)

'Because the Primary Task of leadership is to regulate the interaction between an enterprise and its environment, the function of the enterprise leadership must be located on the boundary between them; and of a part enterprise, on the boundary between the part and the whole

4.10 The major features of the Open Systems Approach on how Organisations work - Summary

From the Open Systems Approach, major ideas emerged for the author, in the context of this study. They were:-

i The need for organisations to exchange materials with their environment in order to survive.

ii The need to manage the Transactions of Exchange across the boundaries of organisations and their environment. Without Transactions of Exchange taking place when required, organisations would not survive.

Because Transactions of Exchange must take place across organisation boundaries, through the agency of Transactional Systems, the author supports the idea that it is the different locations where an organisation must make transactions of exchange to survive, that marks out its true operational and organisation boundary.

It is also the different transactions of exchange that indicate to the new manager:-

i The reach of direct and indirect influence he and his organisation might have or must have in order to conduct transactions of exchange.

ii The number of relationships which he and his organisation needs to form and build with people, groups and organisations in order to transact the necessary exchanges.

iii The number of representative people from different groups and organisations that are required to manage and conduct the transactions of exchange.

Therefore, by identifying and establishing the location and nature for each transaction of exchange that an organisation must be involved in order to survive, a new manager can systematically determine the operational and organisation boundary of his organisation, no matter how small, large or complex it might be. When a new manager has

identified the operational organisation boundary of his organisation, it may be seen as consisting of a network of different but federated transactional task systems, spread over a wide area of physical locations, both within and outside his organisation.

The major implications of this idea is that before the new manager can accurately identify each transaction of exchange he first needs to locate both the organisation and people required to be involved in the transactions owned by his organisation. These people, from different organisations (part organisations and whole organisations), who are involved in the same transactions of exchange when required, from natural groups of people, who know they rely on each other to perform effectively together in order to survive as members of the specific Transactional Task System group and as representatives of their organisation. Relating this idea

back to the Area Pharmacy Manager, in order to enable them to identify accurately all the people with whom they, and their Area Pharmaceutical organisation need to transact, three ideas on guidance instruments were offered by the author. The first two were outlined as part of the Open Systems Approach. The third idea is called the Pareto Time Principle: Key Result areas and it will be introduced for the first time in this study.

i 'The Primary Task' of the Area Pharmaceutical Organisation

ii 'The Task Systems' of the Area Pharmaceutical organisation which, when bounded together, should perform the Primary Task of the Pharmaceutical organisation. When the Area Manager has identified the Primary Task of his organisation, together with the Task Systems required to perform the Primary Task, he should then be able to locate those people, both within, and outside his organisation that he will depend on, to take part in the transactions needed to perform the Task Systems owned by the Pharmaceutical organisation.

iii The Pareto Time Principle : Key Result Areas. The author thought this concept could be a useful guide to offer the Area Pharmacy Managers to ensure they selected and concentrated their time and energy on those areas of activity which were more likely to produce their desired results and early success, which they could build on.

The author makes the assumption that the concept of Key Results is well known to students of management theory and practice. R Alec Mackenzie (1975) has written about the Pareto Time Principle and J Humble (1972) has written and developed the Key Result Area concept, within the 'Management by Objectives' method.

4.11 Last thoughts about the Open Systems Approach on how Organisations work

From the beginning of this search and study of literature on how organisations work, the author was aware of the impressive amount of published research on organisations and their different facets. However, in the limited time, the author strove to cover the literature which he thought would be relevant to the six special features and functions related to the Area Pharmaceutical organisation, which were described as earlier in this chapter (pp 90 and 91). These features and functions of the Pharmaceutical organisation had to keep to the fore throughout this research, because the PMP group were also hoping (rightly or wrongly) for a 'blue print' organisation to fit and shape the different operational dimensions of their organisation.

The earlier organisation designs produced were not adequate, because they did not cover the required ground. Therefore, the author was fortunate to come across the Open Systems Approach. The author's

confidence in his choice of this model was reinforced when he presented it to his monitoring PMP group. The PMP group had no difficulty in understanding or accepting the model for what it was and, also, what the PMP group thought it could do for them. The group particularly liked how the model helped them analyse the different and complex task activities, systems and processes belonging to their organisation in a logical way. The group also felt that their Area Pharmacy Manager colleagues would be able to use the Open Systems Approach in practice when the time came.

4.12 How could new Senior Managers establish the scope of their operational activity within the framework of the total organisation such as a Local Health Authority

During the time when the literature search on how organisations work had been carried out, the author was impressed by the question raised by the PMP members of how Senior Managers, working within an organisation without an Assimilation System could establish the scope of their operational activity.

This was an organisation issue, which the author thought necessary to investigate, at that time, as part of the organisation study, before going on to study the subject of role. The author also realised that the process of establishing the scope of their operational activity within a Health Authority, could provide the Area Pharmacy Managers with both a firm platform and springboard for them to proceed to bridge the theoretical gap between how organisations work and the concept role when the time came to consider role.

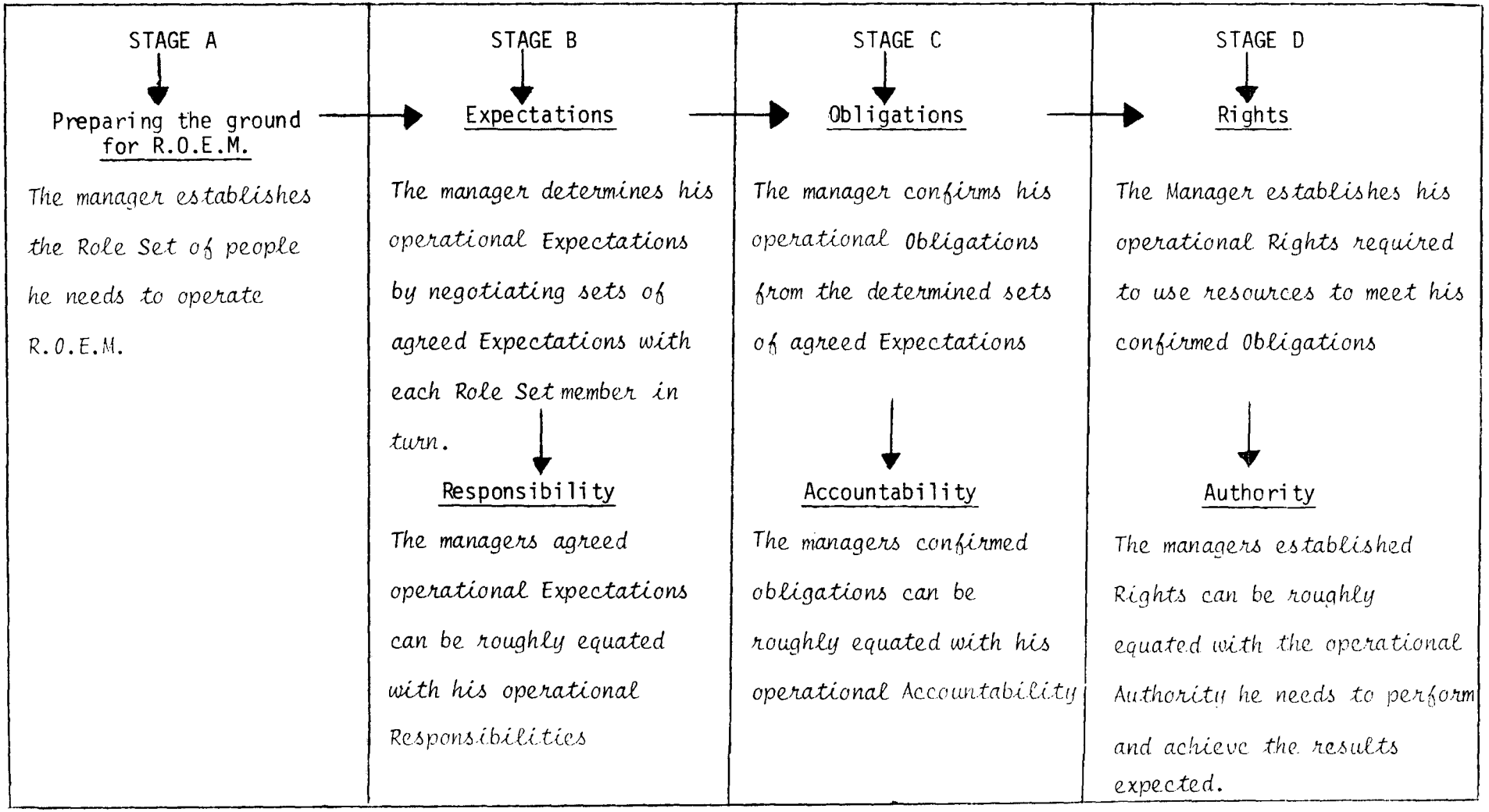
In other words, if a suitable organisation-based operational model could be found to enable the Area Pharmacy Managers establish the scope of their operational activity, the author thought the model could form a useful part of the 'Simulated Adaptation System', still to be designed. Even if the model could not be used as part of the Simulated Adaptation System, the author thought it could still be a useful instrument in its own right: to help senior managers faced with the problem of establishing the true scope of their operational activity without the use of an Assimilation System described in chapter 3. The author, in the time available, found the study literature on the 'Expectations Approach' (1980) originated and developed by John Machin. This method was thought by the author to be highly relevant to providing the answer to this issue, and, therefore, the author could have stopped at this point. However, the author thought that perhaps he might have more to say on the subject. Therefore he continued and established a model known as R.O.E.M.

Returning to the development of operational model, the author found that the Health Authorities had already indicated the outline territorial boundaries within which the Area Pharmacy Managers position was expected to operate. These boundaries were framed under the word headings of Responsibility, Accountability and Authority. These word headings were often found in job descriptions. With further research, the author found, however, that these boundary words were perceived in two different ways. The Health Authorities received the boundary words as only indicators of the possible

A DIAGRAM TO SHOW THE OPERATIONAL MODEL OF R.O.E.M.

figure 4.13

The purpose of R.O.E.M. is specifically to help new Senior Managers systematically reveal the true scope of their Responsibility, Accountability and Authority to perform and achieve the results expected of them within the framework of the organisation.



operational scope for managerial activity. The PMP group however, perceived them as marking out the limitations of their operational activity.

This was an interesting mis-match of perception which could have contributed to the initial adaptation problem experienced by Area Pharmacy Managers after the 1974 re-organisation.

The clarification of the mis-match of perception opened the way for the author to design the operating model, R.O.E.M.

In introducing this model in this study, it is pointed out that its design was mainly influenced by jurisprudence concepts.

4.13 The Rights-Obligations-Expectations Model: known as (R.O.E.M.) see figure 4.13

The model R.O.E.M. offered a possible format to be used by Area Pharmacy Managers, to discover the true scope of their operational activity within their Health Authority. The format had four distinct stages.

A Establishing the network of people needed to operate R.O.E.M.

The first stage consists of the Area Pharmacy Manager identifying all those people within his environment, with whom he needs to form,

build and maintain a working relationship. It was suggested the way the Area Manager identified these people in their environment was through the use of the three guidance instruments already outlined in this chapter. They were: the Primary Task; the Task Systems and the Key Result Areas.

When the Area Pharmacy Managers had identified these people collectively, these would be known as the 'role set' (Robert Merton 1971). This term has been borrowed from the concept of role.

B Determining the Operational Expectations : Negotiating sets of Expectations with each role set member in turn

Step two suggests the new manager concentrates his efforts on negotiating the expectations between himself and each role set member in turn. When the expectations had been negotiated, the manager should be in a position to justify the legitimacy of each expectation and also to describe the desired outcome and standard required from each expectation. Stage two is considered the most demanding stage of the model, with particular reference to the skills and time required to negotiate different sets of expectations with each role set member.

C Confirming the operational Obligations from the determined Expectations

Step three follows when the manager has negotiated and determined all the expectations held of him. Then he is

in a position to confirm and assess the nature of Obligations he has entered into with each role set member. The process of realising his Obligation is important because it gives the managers three things:

i A clear picture of his accountability as a manager.

ii An agenda for action, with the support of his stake-holders (role set members), who have a real interest in his success or failure, because it directly effects them.

iii A legitimate foundation to justify to the total organisation the task activities and standards both he and his organisation must concentrate on achieving.

iv To the Pharmaceutical profession and other professions controlled by codes of conduct, the word/concept Obligations might carry a special meaning related to the way professionals are obliged to conduct themselves and perform to meet Expectations. For this reason, the inclusion of the Obligations part in this model was thought important to Pharmacists.

D Establishing the Operational Rights to use resources to meet the confirmed Obligations

Step four is the time when the manager can justify with confidence to the whole organisation, the 'Rights' to demand and use resources to meet his Obligations. By resources, it is meant, people, skills, finance, personal resources and authority. This authority also includes to some extent the methods, behaviour, codes of conduct he chooses to use to get things done.

R O E M was designed to enable Area Pharmacy Managers establish the scope of their operational activity within the framework of each boundary heading known as Responsiblity, Accountability and Authority. As such it occurred to the author that it should have been possible for Area Pharmacy Managers to roughly equate each part of R.O.E.M. with each organisation word in this way.

i Rights could be equated with the organisation word Authority.

ii Obligations could be equated with the organisation word Accountability.

iii Expectations could be equated with the organisation word Responsibility.

See Diagram Ref 4.13.

By using this rough matching process:

i When the Area Pharmacy Managers had determined their Expectations, they should then also know the true scope of their operational activities, related to the area of their organisation Responsibility.

ii When the Area Pharmacy Managers had confirmed their Obligations and what that meant to them professionally they should then also know the true scope of their operational activities related to the area of organisation Accountability.

iii In the same way, when the Area Pharmacy Managers had confirmed their Obligations, they should know the scope of their operational activities related to the area of organisation Authority.

In formulating the model, it was understood by the author that the process used had similarities to the Jurisprudence process of how English Law is formed and developed (Francesca Greenoak 1976)

To explain how it was understood, English Law is made perhaps in an over-simplified way:

Phase one : it is believed that expectations are determined by the continuous process of negotiation between different parts of society

Phase two: when expectations have been determined, then moral or even legal obligations are confirmed and held by, and of, different parts of society, which accept the expectations and the implications of these expectations with reference to the obligations and rights required to perform them.

Phase three: when the different parts of society recognise, accept and own their obligations, which they are expected to meet, then Society gives the 'obligation holders' certain rights to discharge their obligations. In this case 'rights' are given to mean the 'Authority and Resources' to discharge their obligations. When society gives 'obligation holders' rights to meet their obligations, Society is careful to equate the rights asked for, with the actual rights needed to perform and meet the agreed obligations. For example, medical doctors are given certain rights, which society consider adequate to allow doctors to meet their obligations. If, or when, 'obligation holders' are believed not to meet their obligations or abuse their rights, then society can be seen to withdraw the rights and even sanction the 'obligation holders' in various ways.

In the same way as the described outline process, Organisations are believed to equate the rights of a Senior manager with the actual obligation he holds. If the manager does not meet his obligations, abuses his rights, or is regarded as having too many rights, then the organisation will take action to

adjust the rights given. In the case of rights being abused, the manager usually is sanctioned.

The most important points to state about R.O.E.M. are:

i Managers must be able to correctly identify those people who form his 'role set' those with whom he needs to negotiate expectations.

ii Managers need to work through the model carefully and in the given sequence, starting with the expectations. In this way, he will be able to justify to his organisation, the actual rights he needs to perform his agreed obligations, because they are related in a direct way to his expectations. Should the manager start working on the model and process by demanding or taking his rights as a first step, then he is much more likely to have continued difficulties in justifying to his organisation his right to have the resources and authority he has taken, because he cannot easily equate the resources he has with the expectations he may or may not have negotiated.

4.14 The concept Role : what others have done

In starting this part of the literature search and study, the author first considered what the Open Systems say about role, because this approach had provided a useful operational model to how organisations work. It was therefore thought by the author that this approach might possibily provide a model on role, which would be congruent to the Open Systems Approach.

'To take a role requires the carrying out of specific activities and the export of particular output. To take a role an individual could be said to set up a task system; and the task system to require the formation of a 'project team' composed of the relevant skill, experience, feelings and attitudes. Different roles demand the exercise of different skills and different outputs' (A K Rice 1969). Another useful contribution on role was found in an uncorrected document (G Lawrence et al 1975) 'in each role the individual performs, he is involved in the management of himself. But roles are not performed in isolation. At least one other person is involved'.

These two statements on role were congruent with the Open Systems Approach on how organisations work.

They did not provide a 'ready made' working model on role being looked for, which would enable new managers analyse and adapt to their new role.

The selected working model on role would need to be congruent enough with the chosen Open System Model on understanding how organisations work. Therefore, the author started to explore what others had produced as models on the concept role.

The literature search on role provided a rich source of information and it seemed to the author that the majority of role theorists had their own perspective and definition on concept of role.

From the start of this search, the author was impressed by three statements made on the subject of role. (i) 'the very currency of role concepts may invite complacency concerning their theoretical clarity' (A Gouldner 1957). (ii) 'we must not let the fact that role analysis is a profitable and necessary activity for the Sociologist lead us to a too-ready assumption that we have solved the great prospective contained in the concept of role itself' (J Jackson 1972). (iii) 'in Sociology there are few concepts more commonly used than 'role', few that are accorded more importance and few that waver so much when looked at closely' (E Goffman 1961) . These statements on role are thought to coincide with doubts held by Margaret A Coulson (1972). Her views on the concept role and the problem of definition are:

i 'There is considerable confusion and ambiguity in the definitions of the term 'role'. This confusion enables theorists to use the term in different ways without distinguishing them - or to fall back from usage to another when under criticism' (1972). Margaret Coulson (1972) goes on to say that, where definitions are provided, these often conflict with one another as Biddle and Thomas note in their (role theory). She also points out that Banton (1965) makes the same point when he writes 'what Linton and Newcombe defined as role would, in Kingsley-Davis terminology, be a status. What Davis defines as a role, Newcombe calls role behaviour, and T R Sarbin, role enactment'. Again Coulson (1972) points out that N Gross and his associates suggest that the differences in definitions and vocabulary may be

traced to the different disciplines from which various writers have drawn eg (Anthropology, Psychology and Sociology) as well as to the differences in the areas of study to which role concepts are applied.

These different views gave the author the impression that the whole question and presence of the concept of role was under detailed scrutiny by role theorists.

After an extensive search, the author was forced to conclude that there were no ready made models on role which would

i enable a new manager systematically to analyse and discover the content of his role: or

ii enable him to adapt to his new role.

The author was, however, encouraged from the literature survey and was convinced that a suitable model on role could be devised to enable the Area Pharmacy Managers to discover the content of his role and to adapt to it. Definitions and perceptions on role thought more useful to the author in his quest to devise a working model on role are now shared. Unfortunately, very few of these definitions can be obviously linked or built upon one another.

i "Every member of a social unit, be it a ship, a football team, or a nation, has more than one part to play. He has tasks to perform and is entitled to receive services from other people in recognition of his contribution. These clusters of rights and obligations constitute role. By 'rights' is here understood a socially sanctioned claim either upon other persons or upon society in general. By 'obligations' is meant a socially sanctioned expectation binding a person to certain legitimate claims. 'Obligations' also denotes moral as well as legal or customary requirements" (Banton 1965).

This statement was thought by the author to give support to R.O.E.M. described ealier in this chapter (4.13), but it is emphasised that R.O.E.M. was influenced most by the Jurisprudence explanation given by F Greenoak (1976).

ii "Once the patient is accepted as an invalid he has a legitimate claim upon other people to help him, though he still has certain obligations such as to seek technically competent help and to cooperate with those who are trying to cure him". (Banton 1965).

iii Society may be pictured as a system of roles (Banton 1965).

iv A status, as distinct from a person who may occupy it, is simply a collection of rights and duties - a role represents the dynamic aspect of status ..... when an individual puts rights and duties into effect, he is performing role (Linton

v Role, by contrast is about present behaviour in relation to patterns of expectation. Ruddock (1972).

vi R K Merton (1971) maintains that a single status in society involves not one role, but an array of associated roles relating the incumbent to the other players with whom he has to deal in fulfilling the obligations of his status. This is called the 'role set'.

vii The structural approach traces the way the sharing of norms and expectations creates networks of rights and obligations. For this purpose, it seems sufficient to define roles simply as 'sets or rights and obligations' (Banton 1965).

viii So 'sociological man' is nothing but the sum total of the roles he plays. MacIntyre (1968).

ix A status is a position in some system or pattern of positions, that is related to the other positions in the units through reciprocal ties, through rights and duties binding on incumbents (E Goffman 1961).

x Role, then, is a basic unit of socialisation. It is through role that tasks in society are allocated and arrangements made to enforce performance.. Goffman (1961).

xi While role is the agency of relationships, personality may be seen as a system of relationships experienced through time and activated in each current situation Ruddock (1969).

In the same context the author sees no reason why role cannot be seen as a system of relationships experienced through time and activated in each current situation.

xii "Role refers to behaviour rather than position, so that one may enact a role, but cannot occupy a role". Gordon (1972).

xiii Role as established by Ralph Linton is defined as " the dynamic aspect of status" . This usage, firmly established in Sociology by Merton, has also become the standard Social Psychological usage. "By the dynamic aspect of status is meant what the person does, how he behaves, as a result of social position or status". Jaques (1977).

xiv "In its most general sense, a role may be defined as a knot in a social net or role relationships. No role can exist by itself. A role stands not on its own feet but in relation to other roles, with a connection between

them. The social net describes the array in which the roles are set out in relation to one another. Social structure refers to particular patterns of role relationships in a social net. Jaques (1977).

xv "Role relationships thus constitute a field within which behaviour occurs. The persons occupying the roles are part of the total field". Jaques (1977).

xvi "Each role has a position in relation to other roles. The position is the particular location of each knot in the net. It establishes the structurally given connections between roles". Jaques (1977).

xvii "Systems of roles do not interact directly upon one another - if the roles are connected they become part of the same social structure. Systems of roles interact only indirectly, by acting through individuals, who occupy roles in the different systems. Two social systems do not touch each other: they communicate only if there is an individual who occupies a knot in each net, or individuals from each net in personal relationships with one another. Two social systems interact with each other through the agency of 'persons'. Jaques (1977).

xviii The actor is not the occupant of a position for which there

is a neat set of rules - a culture or a set of norms - but a person who must act in the perspective supplied in part by his relation to others whose actions reflect roles that he must identify. Turner (1962).

xix "Since a social system is a system of processes of interaction between actors, it is the structure of the relations between the actors as involved in the interactive process which is essentially the structure of the social system. The system is a network of such relationships". Parsons (1951).

xx "The interactive role is a plausible line of action chacteristic and expressive of the particular personality that happens to occupy the given position and represents that persons mode of coming to grips with the general expectations held towards someone in his position" McCall and Simmons (1966).

xxi "For any individual there are as many reference groups as there are communication networks in which he becomes regularly involved". Rose (1962).

Armed with these concepts of role the author turned to the task of developing a working model of role.

4.15 Constructing a working model on role

Having investigated what others have done on the concept role, the author had the task of constructing a working model on role which would be congruent with the model on how organisations work.

The most important consideration to come out of the investigation on role, was the influence and guidelines offered by Jacques (1977) on the task of constructing working models or in his terms 'operational definition'. In constructing models, he focuses attention on the necessity to recognise two types of definition and to use them both. The first is that of boundary definition: the definition of physical, social or psychological things by means of categorisation and the setting of boundary limits. Thus, for example, the concepts 'chair' or 'social class' would be defined in terms of those characteristics which would be included within the boundaries of these categories: legs, backs, seats etc, in the case of a chair. Therefore Jaques brought attention to the importance for working models to set boundary limits in terms of characteristics.

The second type of definition is operational definition: the definition not of things, but of dimensions or qualities of things by means of a description of operations necessary to measure those dimensions or qualities' as defined by P W Bridgman (1927) who states "for it is the properties of things which are measurable, not the things themselves. The author accepted this guidance as criteria for

devising a working model. Therefore he would concentrate on drawing out the characteristics, qualities or properties of the working model of role: not the model itself.

On completing the investigation on role, the author felt he had come across at least one role definition for each role theorist. Although the material was rich, the author considered he could only work with material which could be matched, linked or built on.

The more the author studied the material he had, the more he was drawn and attracted to the suggested congruence that existed between the one critical idea about how organisations survived: that of exchanging materials across boundaries in order to survive through the vehicle of transactional task systems and the ideas offered by the Open Systems approach about the concept role. What the author found himself doing was going back to re-investigate the challenging possibility of building a working model based on the ideas expressed by the Open Systems Approach on both how organisations work, and on role.

It will be remembered that the Open Systems ideas on role were:

i That the taking of a role requires the carrying out of specific activities and the export of particular outputs. To take a role, an individual could be said to take up a task system: and the task system to require the formation of a 'project team' composed of the relevant skill, experience, feelings and attitudes. Different roles demanded the exercise of different skills and different outputs, Rice (1969).

ii "In each role the individual performs, he is involved in the management of himself. But roles are not performed in isolation. At least one other person is involved", (1975 Lawrence). This characteristic of role, meant to the author that role depended on more than one person to make it possible to be performed. Therefore, role could only happen between the people as 'part of an interactive event' such as the transactions of exchange necessary to be performed between different task systems. Such transactions take place through the vehicle of transactional task systems.

iii The author's view of the above characteristic of role is supported by Rice's reference within his paper (1969) to people 'taking part in' role. This suggested to the author that people 'make' or 'take' roles, and 'take part in' role, when it is required. This distinctive characteristic on role of people 'taking part' in role and role not taking place in isolation, is generally supported by Jaques (1977) when he said 'roles are not separate social entities but are always part of role relationships, the relationships between roles being an integral part of the definition of role itself. Role relationships in turn have to do with a setting of the social context (including both boundaries and direction) within which those taking part in the relationship will constrain or limit their idiosyncractic behaviours, so that a mutually adapted interaction may occur'.

The idea of role being in fact larger than one or more people, led the author to work on drawing together a number of characteristics on role, before turning his attention to devising a working model on role.

4.16 Suggested characteristics of role

The author suggested that role had the following distinctive characteristics, summarised in no special order. Role:

i Is only part of a transactional event

ii Can only be conducted when two or more people need to interact for the purpose of conducting transactions.

iii Can only happen at the actual point of interaction between people.

iv Makes it possible for tasks to be performed and completed, Therefore, it is suggested that tasks cannot be completed without role being activated.

v Only takes place because there is a recognised need for people to transact with one another for mutal benefit.

vi Is only performed as a part of transactional role events and within their recognised boundaries.

vii As an integrated part of role events, role cannot be 'occupied'.

viii Can only happen within the context and as part of a recognised relationship for transactional purposes.

ix Gives recognition to the idea that people need to interact and or transact with each other in order to perform task systems, which could not otherwise be performed by just one person.

x Is larger than just one or more people, therefore, it cannot be 'occupied'.

xi Can be described as dormant or active: most roles remain in a dormant state until they are activated by more than one person as part of a 'transactional role event' when they have been activated and used for their designed purpose, they become dormant until they are required again.

xii Like transactional role events, has recognised boundaries consisting of a number of people, with their relationships and behaviour governed by norms for interacting and transacting in a required direction.

xiii The expression 'someone's role', it is suggested, consists of the sum total of those 'role events' in which that person is expected to, or needs to be involved and take part.

An attempt to summarise characteristics on role: 'role may be seen as a system of relationships experienced through time and activated in the form of role events when transactions need to take place between people'.

4.17 A justification of the author's operational perspective of role

At this point in the thesis, the author thought some explanation or justification was needed on why he felt it necessary to produce a perspective on role, when so many other definitions on role already existed. An explanation can on be given in the context of the task objective, not the study objective on which this thesis is based. The task objective was to help 96 Area Pharmacy Managers become established in their role, as soon as possible. Therefore the author in his literature search on role was looking for one perfect definition of role which could be used operationally by the Area Pharmacy Manager. When no such definition could be found, the author was forced to design a perspective of role which could be used operationally. The perspective produced is only for the purpose stated. Also, keeping to Elliot Jacques' guidance on constructing operational models, the author's perspective on role is meant to consist only of the characteristics of definitions which are thought to sit easily with each other.

The author's operational persepctive of role is given next and the explanation of how it should work is given in chapter 5.

4.18 An Operational Perspective and Model of Role: Key Characteristics

Role consists of a cluster of federated events belonging to a specific status. Within a place of work, these role events can be seen as the vehicle used to conduct those transactions found necessary to perform and complete tasks related to task systems, or to make provision for task systems and transactional task systems to be performed in the future by designated people.

Role events are also used to maintain and develop the performance of those task systems, designed to process tasks within an organisation.

Role events normally remain in a dormant state, until they are activated by more than one person who need to interact together in order to conduct transactions of exchange. Therefore, role happens only at the point of interaction between people.

The role profile of a position can be determined by identifying systematically the whole network of role events belonging to a specific position. The role content can then be revealed by establishing the task purpose for each role event 'dormant or active' by defining these specific quantitative result(s) expected from each role event with those people who need to activate each event.

The sum total of all role event purposes should then portray the integrated role content. The event purposes will specify the nature of relationships required between people who are part of each role event.

CHAPTER 5

THE DEVELOPMENT OF THE THEORETICAL MODEL OF A POSSIBLE 'SOLUTION' TO THE PROBLEM

THE SIMULATED ADAPTATION SYSTEM : REFERENCE SAS I

5.3 STAGE 1 : THE ORGANISATION ASSUMPTIONS, CONCEPTS AND MODELS

OBJECTIVES FOR STEPS 1-5 : To identify the people (inside and outside) the organisation with whom the manager needs to form and build a relationship.

5.3.2 - Step 1 : To identify the PRIMARY TASK of the Pharmaceutical Organisation

5.3.3 - Step 2 : To identify the TASK SYSTEMS that together should perform the PRIMARY TASK

5.3.4 - Step 3 : To identify the KEY RESULT AREAS for Area Pharmacy Managers, to ensure TASK SYSTEMS are performed.

5.3.5 - Step 4 : To identify the TRANSACTIONAL TASK SYSTEMS required to perform the TASK SYSTEMS across organisation boundaries

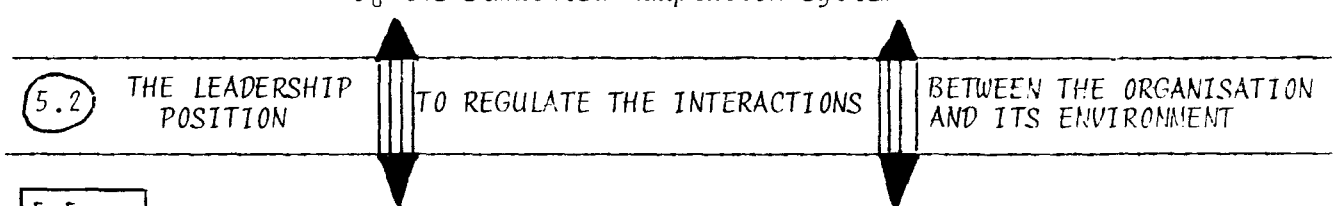
5.3.6 - Step 5 : To identify the ROLE SET OF PEOPLE within and outside the Pharmaceutical Organisation who are needed to PERFORM THE TASK SYSTEMS THROUGH THE VEHICLE OF TRANSACTIONAL TASK SYSTEMS

5.3.7 STAGE 2 ANALYSIS OF THE AREA PHARMACY MANAGERS OPERATIONAL BOUNDARIES

OBJECTIVES FOR STAGE 2 : To reveal the scope of the managers' operational boundaries within the organisation framework of his responsibility, accountability and authority

5.3.8 - Step 6 : Objective for stage 2 should be achieved by using R.O.E.M.

5.4 How was R.O.E.M. seen to fit into the overall pattern of the Simulated Adaptation System



5.5 STAGE 3 : AN OPERATIONAL PERSPECTIVE AND MODEL OF ROLE
Stage 3 Objective: to determine role profile and reveal the role content

5.6 An Operational Perspective and model of role: A description of the main characteristics.

- Step 7 : Role consists of a cluster of federated events belonging to a specific status

- Step 8 : Within a place of work, these role events can be seen as the vehicle used to conduct those transactions found necessary to perform and complete tasks related to task systems

- Step 9 : or to make provision for task systems and transactional task systems to be performed in the future by designated people.

- Step 10 : Role Events are also used to maintain and develop the performance of those tasks systems, designed to process tasks within an organisation.

- Step 11 : Role events normally remain in a dormant state, until they are activated by more than one person who need to interact together in order to conduct transactions of exchange. Therefore, role happens only at the point of interaction between people.

- Step 12 : The role profile of a position can be determined by identifying systematically the whole network of role events belonging to a specific position.

- Step 13 : The role content can then be revealed by establishing the task purpose for each role event, dormant or active, by defining the specific quantitative result(s) expected from each role event with those people who need to activate each event.

- Step 14 : The sum total of all Role Event purposes should then portray the integrated role content.

- Step 15 : The Role Event purposes will specify the nature of relationships required between people who are part of each Role Event.

CHAPTER 5 : THE DEVELOPMENT OF THE THEORETICAL MODEL OF A POSSIBLE SOLUTION TO THE PROBLEM

5.1 Introduction

The purpose of this chapter is to describe how all the concepts, assumptions and models described in chapter 4 were organised together to form the Simulated Adaptation System as an operational model. To help with the explanation given in this chapter, references will be made to Ref: SAS 1 which outlines, in sequence, the concepts, assumptions and models used. In addition, the 'Operational Perspective and Model of Role' which forms the core of the whole Adaptation system is described in more detail. This operational perspective of role also shows how the author thought it is supported by the views on role given by different role theorists together with some other organisation concepts and models, which are all described and drawn from chapter four.

This chapter finally describes the theoretical framework used to structure the programme to allow the Area Pharmacy Managers to work through the Adaptation System.

In this description, reference will also be made to those parts of the Adaptation System which were used by the Nurse Managers after the Area Pharmacy Managers.

5.2 The starting point

It was suggested to the Area Pharmacy Managers that the Adaptation System was designed to be thought about and used from a leadership view point. This brought in the concept of leadership; it primary task and position as it had been explained in chapter 4 (4.8, 4.9) The concept of 'leadership - the primary task' says, that the primary task of leadership is to manage the relations between the organisation and its environment to permit optimum performance of the organisation's primary task. The concept of the 'leadership position' continues by pointing out, that because the primary task of leadership is to regulate interaction between the organisation and its environment, the function of leadership must be located on a boundary between them.

The leadership position is shown on Ref SAS 1 (5.2) and is meant to represent the leadership position of managers working through the Adaptation System at the stage where they need to relate the organisation concepts of the Adaptation System to the operational perspective of role.

5.3 A description of the way the Adaptation System was designed to be used

STAGE 1: consists of 5 steps and the objective of this step is to 'identify the people (inside and outside) the organisation with whom the manager needs to form and build a relationship' . The people, when identified collectively, are called the 'Role Set'. They may also be known as the

managers' 'stake holders'. The reason for this additional label for these people is because each of them, individually and collectively would or should have an interest in the success or failure of the Area Pharmacy Manager, because, in theory, the stake holder's performance and survival should depend, to some extent, on the performance of the Area Pharmacy Manager. In this way, the people forming the role set may be seen 'to have a stake in what happens to the Area Pharmacy Manager and his organisation'.

5.3.1 Identifying the Role Set

Steps 1 - 5, in different ways identify the important people and each step is designed indirectly to cross-check that all the people have been identified. The manager would be wasting his time if he moved onto step 6, unless he was confident that he had identified his Role Set.

5.3.2 The Primary Task of the Organisation

Step 1 asked for the identification of the Primary Task of the Pharmaceutical organisation. The Primary Task is described in Chapter 4 (para 4.7.4), as the task the organisation must perform to survive. In other words, the Primary Task represents the very reason for the existence or being of the organisation. It is therefore, critical for the manager to identify the Primary Task accurately for the survival of his organisation and its parts.

For the Area Pharmacy Managers, it was critical that they identified the Primary Task for the new organisation, because it had not been done before. On the other hand, with the Nurse Managers, the Primary Task had to be re-defined by the Nurse Managers, called Directors of Nursing Services: Mental Illness and Mental Handicap. This had to be done because the purpose of their organisation needed to change from a custodial and institutionalised form of patient care, into a much more Community based Patient Care Organisation.

Therefore those groups of managers, whose organisation was new, or whose organisation had to change its purpose, found this exercise useful as a platform to build on.

5.3.3 Task Systems

Step 2: Once the Primary Task had been confirmed with confidence, the managers could move on to identify all the (Primary) Task Systems. which collectively were needed to perform the Primary Task.

Task Systems were talked about in Chapter 4 para (4.7.6) These are 'systems of activities plus the human and physical resources required to perform the activities'. The Area Pharmacy Managers took care in identifying these for the first time. Their Task Systems tended to be more complex than other professions because of the 'productive' aspects of their organisation, which are outlined in chapter 6 (para 6.3). For Nurse Managers, again the Directors of Nursing

Services re-defined their Task System. The Nurse Managers at this stage began to realise how much larger their new role set of people had become. Chapter 6 (para 6.5) describes the Pharmaceutical Task Systems identified to perform the Primary Task.

5.3.4 Key Result Areas

Step 3: invited the managers to identify their Key Result Areas. This concept is introduced in Chapter 4 (p111 (iii). This concept was heavily used by all senior managers, because it helped them recognise and organise their priority areas.

i It helped the managers identify the relatively more important people of their role set who would be able to help the managers achieve their Key Result Areas. Therefore, at this time, these selected role set people were seen by the manager to be crucial.

ii In another way, the Key Result Areas seemed to capture the imagination of the managers because they thought this model helped them focus their attention and energy on the most important parts of their work process. Without the Key Result Areas, the managers thought they could easily spend their time on less productive areas.

iii For new managers, it helped them establish the areas which were more likely to give more results where it counted most

and would be seen to count with the 'stake holders'.

iv It also was thought to enable new managers achieve early success, which tended to raise their morale and the morale of people working in their organisation, which could be built on.

In conclusion, the identification of Key Results mattered to the new managers, because this instrument was designed to help them avoid wasting time on unproductive issues and also at the same time, it helped managers identify those areas which were more likely to give the results they were looking for.

5.3.5 Transactional Task Systems

Step 4: This concept is described in Chapter 4 para (4.7.10). The author thought this concept to be of major importance to the Simulated Adaptation System. This was because it was the Transactional Task Systems which made it possible for Task Systems to transact with each other, when it was required. This was required when a Task System could not be comprehensively performed, unless it interacted with one or more other complementary Task Systems inside or outside the same organisation.

Therefore, at this point, the manager needed to first identify the Task Systems owned by his organisation, which needed to transact with other complementary Task Systems, which operated inside or

outside his organisation. When these had been found, the manager could then identify the number of Transactional Task Systems, required to perform the transactions between the complementary Task Systems.

The quality of performance of the Task Systems depended on the conduct of the Transactional Task Systems, and, therefore, on the ability of those people who performed the Transactional Task Systems. It was therefore important to choose these people with care.

For the Pharmaceutical Organisation, their Transactional Task Systems turned out to be more complex because the Pharmaceutical Task Systems were heavily dependent on many other Task Systems owned by other organisations. The relative complexity of the Pharmaceutical Transactional Task Systems are indicated in Chapter 6 para (6.6).

In practice, the Area Pharmacy Managers found the identification of the Transactional Task Systems and the people required to perform them, a rewarding process, because the managers then knew how far the boundaries of their organisation stretched. In addition, the number of people they had identified through the process of identifying the Transactional Task Systems, would not have been located so quickly, had this exercise not been done.

5.3.6 The Identification of the Area Pharmacy Managers 'Role Set' members

Step 5: This was the step that pulled together all the information

gathered from conducting steps 1 - 5. This was the time when the Area Pharmaceutical Manager new the makeup of his role set. He also knew why each role set member was required . This was critical information to him to initiate a process of forming and building relationships with his role set members.

The question posed was, did the steps 1-5 as described, manage to find all the required role set members? The answer was, that all the immediately most important people were found, but some others were identified and included later on, when the need arose. That is to say, these other people, who were not included in the first round of identification, were so far out in the environment in relation to the organisation, that it took time to 'dig' them out. Some other people joined the role set as a result of continued functional and organisational change.

In conclusion, steps 1 - 5 worked surprisingly well for the Area Pharmacy Managers and for the Directors of Nursing Services groups, who were surprised when they discovered their new role set had nearly trebled in size.

5.3.7 Analysis of the Area Pharmacy Managers Operational Boundaries

STAGE 2: consists of step 6 and the objective for this step is to 'reveal the scope of the manager's operational boundaries within the organisation framework of his Responsibility, Accountability and Authority.

Refer to SAS 1 Stage 2, step 6.

Step 6: to achieve the objective for step 6, the operational model known as R.O.E.M (1985) was used. A full description of this operational model is given in Chapter 4 (4.13). Because a description of this operational model exists, it will not be repeated at this point.

In practice, the Area Pharmacy Managers said they found this model useful for the purpose it had been designed. It revealed the scope of their operational boundaries in relation to each of their role set members, within their local management Health Authority, through the process of negotiation. The use of R.O.E.M. also gave the Area Pharmacy Managers, they said, the confidence they required to operate within the Responsibility, Accountability and Authority boundaries, initially set, and also to convey the scope of their operational boundaries in a more clear form to their Health Service colleagues.

The Nurse Managers, who followed on from the Area Pharmacy Managers, said that conflict often arose over disputes, over their boundaries of operation, which tended to mar their working relationships, which interfered with their performance. Therefore R.O.E.M. also benefited the Nurse Managers, who found themselves in operational boundary disputes.

5.4 How was R.O.E.M. seen to fit into the overall pattern of the Simulated Adaptation System.

R.O.E.M. was clearly seen by the author to be firmly grouped with the concepts of how organisations work. However, R.O.E.M., it will be remembered, was designed to be used by the Area Pharmacy Managers, and it was thought it could be used to help the Area Pharmacy Manager to bridge the mental gap between the set of concepts belonging to how organisations work and the concept Role, as it is perceived for the purpose of the Simulated Adaptation System. R.O.E.M. was seen as a useful stepping stone for this purpose, because the process of working through R.O.E.M. was similar in many respects to working through the exercise and process for analysing and clarifying role. In addition, the product of the R.O.E.M. exercise, gave the Area Pharmacy Managers the foundation they needed to enable them to achieve the objective for stage 3 of the 'Simulated Adaptation System', described in ref SAS 1. The objective for stage 3 was 'to determine the role profile and reveal the role content'. The foundation the Area Pharmacy Managers needed to work through stage 3 of the Adaptation System, consisted of all the information they had realised by working through stages 1 and 2. All this information from stage 1 and 2, was required to complete stage 3 and therefore the total Adaptation System

5.5 An Operational Perspective and Model of Role

STAGE 3: The objective of stage 3 was 'to determine the role profile and reveal the role content'

The steps 7 - 15, making up stage 3, are outlined again in Ref SAS 1. Steps 7 - 11 are meant to give a summary description of the operational perspectives of role and steps 12 - 14 are meant to describe how the Area Pharmacy Managers could determine their role profile and then reveal the content of their role profile, consisting of the sum total of role events belonging to their position. In Chapter 4 it was argued by the author, that for the purpose of this study, it would be more helpful to Area Pharmacy Managers to equate the concept 'Transactional Task System' with the notion of 'Role Event . Step 15 suggests that, when all the role event purposes had been revealed, these will specify the nature of relationships that Area Pharmacy Managers would be required to develop with those other people he needed to take part in those Role Events belonging to his position.

The operational perspective and model of role is described in more detail under the next heading. This description also shows how the perspectives of role was thought to be supported by the views of different role theorists and, also, by some other concepts described in Chapter 4.

5.6 An Operational Perspective and Model of Role : A description of the nine characteristics

Stage 3 consists of working through the 'Operational Perspective

and Model of role' ref para (4.18) in nine steps numbering 7 - 15 corresponding with the numbers given in ref SAS 1.

Step 7: A role consists of a cluster of federated events belonging to a specific status

The view taken here was that a role is not a single and separate entity occupied by a single position or person in an organisation. Role is seen as consisting of many related role events which are owned by a position or status. It may be also owned and shared by other positions which take part in the same role events. A role is therefore seen by the author as taking place within a cluster of federated events to be performed as expected.

The idea for this first characteristic was mainly influenced by the thinking of M Banton, Elliott Jaques, R K Merton and L Lawrence in the following way:
"A single status in society involves not one role, but an array of associated roles relating the incumbent to other role players with whom he needs to deal in fulfilling the obligations of his status" Merton (1971). This statement expresses the idea that status does not equate to just one role. Therefore, the thought that some people might have of one person in a formal position occupying a single role, does not fit. Jaques it is thought by the author, supports this view when he states "roles are not separate social entities, but are always parts of role relationships (1977).

In this statement he goes further by suggesting that role is always part of a relationship. Therefore, it seems that without relationships there is no role. From the same source Jaques seals this thought by stating "no role can exist by itself" (1977).

The idea of role being incorporated as parts of events was further influenced by G Lawrence et al (1975) when it is stated "but roles are not performed in isolation. At least one person is involved". This statement confirmed to the author the impression that role, as the agency of relationships, does not take place in isolation but in, and as part of, events, where people relate for a specific reason(s) or purpose(s).

Banton influenced this characteristic with his thought "these clusters of rights and obligations constitute role" (1965).

Step 8: Within a place of work, these role events can be seen as the vehicle used to conduct those transactions found necessary to perform and complete tasks related to task systems

This characteristic, together with characteristics three and four focuses on what role can be used for in a place of work. The source of influence for this characteristic is to be found within the explanation of how organisations work: the Open Systems Approach in Chapter 4, as explained by Rice, (1966). Rice says that organisations, and their parts, must make exchanges with other

organisations in order to survive. Rice goes on to point out that tasks in an organisation are performed by 'task systems' and that tasks can only be completed through the required number of exchange processes taking place through transactional task systems to complete the task within, and between, the different task systems. Therefore, an organisation and its parts can be seen as a network of task systems, which are designed to perform tasks and transact exchanges with each other, as the need requires. The exchange process between task systems is known as 'transactional task systems' and they are conducted through the agency of people who are appointed to take charge of all transactions that are necessary to take place across the boundary of each task system. Therefore, it follows that, for each transaction event, at least two people are involved. These transactions are, therefore, considered to be the same in form and process as what is known for convenience as 'role events', which are used as vehicles to conduct transactions. In this way role events only happen while the transactions are actually taking place and not at any other time. When role events are not in action, they are lying dormant waiting to be reactivated.

Step 9 : Role exists to make provision for Task Systems or Transactional Task Systems to be performed in the future by designated people

As it as already been explained, the source of influence for this third characteristic also comes from the Open Systems Approach and in particular, Rice (1969). In this case, transactional

role events are used to prepare the way for people to take charge of the conduct of transactions taking place between Task Systems and across the boundaries of organisations. This means that the organisation must choose people whom they can trust to represent the organisation and also the Task System(s) designated to perform the required transactions competently. Because the business of conducting transactions can be complex in nature and can expose the organisation(s) concerned to vulnerability and uncertainty, choosing the appropriate people to conduct transactions can be difficult in new organisations.

For many reasons, therefore, appropriate people must be chosen, briefed, trained, controlled and supported to perform this exacting process.

In the situation where the organisation is new and, therefore, has equally new Task Systems, then exacting arrangements need to be made between the different parts of the organisation that own those complementary Task Systems that must transact with each other for the purpose of performing and completing tasks. In other words, ground rules have to be agreed and established in new organisations before transactions take place.

The way that provisions are made for transactions to take place between complementary Task Systems, as explained, need to be conducted through the vehicle of transactions between those people in charge of the organisation parts that own, perform and control the

complementary Task Systems in question.

To illustrate the point about making provision for Task Systems to be performed in a new organisation, a summary analysis reported in Chapter 6 shows that six Task Systems were owned by the Area Pharmaceutical Organisation, which, in total, would perform the 'Primary Task' identified for the Pharmaceutical Organisation. To make provision for these six Task Systems to be performed and completed, the analysis clearly indicated that the Area Pharmacy Managers needed to transact with a minimum of thirty six different people in charge of those organisations which owned the complementary Task Systems, which would relate to the Area Pharmaceutical Task System.

Step 10: Role Events are also used to maintain and develop the effectiveness of those Task Systems designed to process the tasks within an organisation

People in charge of organisations are seen to rely on role events both to maintain and, also, to increase the performance level of their organisation. Basically the performance of an organisation is directly attached to the performance of all people connected with the organisation. This includes the people who operate the tasks, the people in charge of the Task Systems and transactions, and the people in charge of the organisation. Within this context, role events used in this way, are concerned with how people in charge of organisations relate to those other people and about what issues, in order to maintain and increase performance.

The major influence underlying the use of role events to maintain and develop the performance of task systems, comes from J Humble's (1972) concept of 'Key Result Areas', already outlined earlier in this chapter. Essentially, this concept is concerned with how time is spent in order to produce desired results. It will also be remembered that the assumption made about the Key Result Area concept, is that, when people who are in charge of organisations choose to spend their time in those role event areas, which are likely to produce significant results in relation to actual time spent, then their organisations are more likely to be known for maintaining a high level of performance on task systems. In contrast, those people in charge of organisations, who do not spend their time wisely or effectively, are thought less likely to be known for high performance and standards.

It is therefore suggested that new managers need to select carefully the role events in which they spend their time, to ensure the performance of Task Systems are maintained at the required level. To identify the appropriate role events, the person in charge first needs to identify the Key Result Areas for his organisation. Seven significant key areas were initially identified for the Area Pharmaceutical Organisation and are described in chapter 6. It was those role events, connected with the Key Result Areas where the Area Pharmacy Managers needed to concentrate a prominent part of their time, to provide the desired results.

With Key Result areas it is important to remember that their nature

would need to change in time in accord with the perceived changes in demand and expectations placed on the organisation and the manager in charge.

Step 11: Role Events normally remain in a dormant state, until they are activated by more than one person who need to interact together in order to conduct transactions or exchanges. Therefore, role happens only at the point of interaction between people.

Three characteristics are considered to form the core to this perspective of role. They also attempt to clarify the nature, conduct and process of role within the context of 'role events'.

The first characteristic is that role events are not activated continuously and, therefore, when they are not needed, they become dormant.

The point about Role Events being dormant or active is worth considering, because it raises the question about the frequency of their use and importance to the total organisation. In practice, the Area Pharmacy Managers could not make any assumptions about the importance of Role Events, based on the frequency of use, because the less used Role Events may have been more critical to the performance and survival of the Pharmaceutical Organisation. Yet it was easier for the Area Pharmacy Managers to give too much attention to frequent Role Events, at the expense of the infrequent one, because the frequent Role Events were more visable. This can be applied to organisation meetings, where the less used meetings could be the most critical to the organisation performance, but less preparation

and attention may be given to their actual performance.

Eric Berne (1961 Chapter 2) makes an indirect point on dormancy and activity when he says that all parts of the personality are equally important to a person, but only one part of the personality can be used at one time. But this does not mean that the dormant parts of the personality are less important when they lie dormant.

The view that role in practice happens only at the point of interaction between people, has been influenced by numerous recognised theorists on role, including G Lawrence et al (1975). already quoted. 'But roles are not performed in isolation. At least one other person is involved'.

The third characteristic states that role events are activated by more than one person, who need to interact together in order to conduct a 'transaction of exchange'and is supported also by the results from testing this specific charactertistic in Chapter 6, but it is useful to summarise some of the important results at this point, which support the need for people, like the Area Pharmacy Managers, to interact together, with others, to conduct transactions of exchange. The analysis indicates the heavy dependence that Area Pharmacy Managers, and their organisations, had on thirty one other identified organisations and also on the eighty two frequent, and infrequent, transactions required to perform, and complete, the variety of tasks processed by the six named task systems. Therefore, eighty two different role events were required for transactions to take place at

different times, at different frequencies and for different reasons. Without those transactional role events, no interactions could take place and, therefore, tasks would not be progressed or completed. This analysis also strengthened the view that the concept role only happens as part of working relationships, formed for the purpose of interacting. This, in turn, laid the foundation for the next major view concerning role. This view was that the conduct and process of role events or transactional role events are seen to be the same process. Therefore, this perspective of role rejects any idea that role can be conducted by people in isolation form other people. This belief is contrary to what some recognised theorists and others on the subject of role might have implied by what they have said. This view it was found, led many Area Pharmacy Managers in the Health Service, after the 1974 reorganisation to attempt to analyse, and adapt to their role in isolation. This action on their part, often led them to have beliefs about the nature and content of their role and job which was not shared by other 'peer group' managers.

This situation represented a serious mismatch of expectations and caused the managers concerned to become 'locked into conflict' with their colleagues and, at the time, it seemed that there was no way to unlock themselves out from this position.

Therefore, the author felt it reasonable to think that role cannot be clarified or performed in isolation and in addition, to think of role as an integrated part of role events. These ideas were mostly

influenced by Elliott Jaques, A K Rice and R K Merton in the following way.

Elliott Jaques (1977) states that 'roles are not separate entities but also parts of role relationships'. This gave support to the idea that role cannot be performed in isolation and that role is also part of a relationship event. Elliott Jaques again says 'relationships are not relationships, unless they are activated by people forming and performing the relationship' (1977).

The notion of the need for role events to have definable directions and boundaries, which are formed and activated when required for people to interact and transact for recognised purposes and mutual benefits, comes from Elliot Jaques (1977) and A K Rice (1969).

A K Merton (1971) it was thought by the author, supported the view that role cannot be occupied by one person and that role is part of relationships: 'a single status in society involves not one role, but an array of associated roles'.

Step 12: The role profile of a position can be determined by identifying systematically the whole network of role events belonging to a specific position.

Under the previous heading, it was explained how the concept role is perceived to be totally integrated with role events. Therefore, role and role events may be seen as the same, with role events having relationships, boundaries, direction and purpose(s).

Therefore, in order to determine the role profile belonging to a specific position, it would be necessary to identify systematically the whole network of role events in which the position (person) in question is expected, or required, to take part. This search for role events should be done systematically with each 'role set' member. Once the different role events have been identified, it should be possible to draw a mental line joining all role events together, in a network which forms the role profile belonging to that status or position.

Analysis results in Chapter six show that the role profile of Area Pharmacy Managers consists of at least sixty nine Transactional Role Events.

Step 13: The role content can then be revealed by establishing the task purpose of each role event 'dormant or active' by defining the specific quantitative result(s) expected from each role event, with those people who need to activate each event.

Under the last heading, it has been stated that the role profile belonging to a status or position consists of a whole network of role events belonging to a position. Under this specific heading it is suggested that the role content belonging to a position, can also be revealed through the activity of establishing for each Transactional Role Event belonging to a role profile, both the task purpose(s) and the quantitative result(s) expected, when each event is activated. Underlying the suggestion is the assumption that people who have actually identified the role profile belonging to their positions are clear about two further points: They know the purpose why they need to transact with those people, who are part of each role event,

and also what they expect the outcome, or results, should be for them in each event. If these points are not clear to them as they should be, then the assumption is, with such people, they will soon become clear. This clarity will come through the processes of building role relationships and becoming part of the role events when the purposes and outcomes must be clarified for the role events to be continued to be performed. Within this context, it is believed that both task purpose(s) and specific quantitative results expected out of each role event will be clarified by the Area Pharmacy Managers using R.O.E.M. as described in Chapter 4. The use of R.O.E.M. at this time should be contained only to the 'Expectations' part of the model. This would be the time when Expectations are negotiated with each member of the 'Role Set' about the need for role events and transactions to take place, together with the specific quantitative results required of each transactional Role Event. When such expectations have been determined and accepted by those concerned, these expectations may be seen as taking on the status of Obligations, which need to be met at specific times and in the form expected. The 'Rights' part of the R.O.E.M. as already explained, can then be established by the position holders in order to meet the confirmed obligations. Such 'Rights' include the authority to form, or become part of, role events or make provision for role events to take place with designated people.

This perspective of how the role content can be revealed is supported again by the results from the anaylsis reported in Chapter 6.

The results show that Area Pharmacy Managers needed to reveal the content of their role profile consisting of at least sixty nine different role events.

Under this heading it has been indicated how R.O.E.M. may be be blended in with the Operational Perspective and Model of role.

Step 14: The sum total of all role event purposes should portray the integrated role content

This part is regarded as an extension from the last part. This heading suggests, that, when all role event purposes belonging to a role profile has been revealed in the way specified, then, in practice, the integrated role content belonging to a position should be specified in enough detail for the manager to gain a clear mental picture of his role profile and also of the main demands this will make on him.

Step 15: The event purposes will specify the nature of relationships required between people who are part of each role event

When the event purposes had become clear to the manager then he should be able to clarify the number and nature of role relationships he needs to form and build (within the context of role events) in order to perform his role events.

5.7 Structuring the implementation of the Simulated Adaptation System

When the Adaptation System had been designed, the PMP group started to think about how the solution should be implemented.

The Adaptation System would need to be introduced to and used by a possible 96 Area Pharmacy Managers simultaneously. Therefore, for this to happen, detailed and complex logistical arrangements would need to be made.

It was thought that after preparation, the time required to implement the solution would be twelve months plus.

The implementation of the solution needed a structure. It was agreed with the PMP group that the structure should be a development programme. This left the question of what would be an appropriate framework to implement the Adaptation System within the context of the twelve month development programme. For this, a theoretical framework to implement the solution was designed.

5.8 A theoretical framework to implement the solution: The Simulated Adaptation System

The conceptual framework designed to implement the solution, could be described as having four separate and distinct cornerstones to mark out the boundary of the framework. The cornerstones will be known as parts.

5.8.1 Part 1: would focus on two issues throughout the time when the Area Pharmacy Managers work through the Simulated Adaptation System. The first issue was about explaining the Adaptation System, its component parts and the sequence in which it should be used. The second issue would concentrate on providing the Area Pharmacy Managers with enough active help and support to make individual plans to implement the Adaptation System at their place of work. The plans would be made during the diagnostic module and progress on their implementation would be reported back during the follow up modules.

5.8.2 Part 2: was concerned with helping the Area Pharmacy Manager to identify the actual demands which he could expect to be made on him in order to work systematically through the adaptation process to the point where he felt established in his position. Part 2 also included checking whether each manager had the appropriate range of core skills and knowledge to meet all the actual demands made on him. Where there were perceived gaps in his knowledge and skills, then planned provision needed to made for him to acquire this knowledge and skill in phases during the time and parallel with the time they worked through the Adaptation System during the five follow up modules.

5.8.3 Parts 3 and 4: Both parts 3 and 4 were seen as the activity required to implement the content of parts 1 and 2 already outlined. In other words, parts 3 and 4, by design, represented the time when the Area Pharmacy Manager worked through the Adaptation System in sequence and in the individual way they planned to implement the stages during part 1. More specifically, part 3 was the time when each manager

implemented the Adaptation System at his own pace, with active support and help when required. During part 4 the Area Pharmacy Managers paid special attention to building the required network of relationships with those people they would depend on, both to become established in post and to perform within the context of their role events.

CHAPTER 6

A PILOT-STUDY FIELD TEST OF THE SIMULATED ADAPTATION SYSTEM

CHAPTER 6 : A PILOT STUDY FIELD TEST OF THE SIMULATED ADAPTATION SYSTEM

6.1 Introduction

When it came to the time to devise the Simulated Adaptation System, the author has mentioned in Chapter 2 that the PMP group members would take an active part in the formation and testing of the possible solution and its different parts. The PMP group members' involvement took place through frequent meetings between individual sub-groups and the total PMP group when the study demanded such meetings take place.

Throughout the period when the solution was being formulated and tested, the PMP group members were continually involved.

When the Adaptation System had been devised and tested in parts, the whole PMP group then spent three days equalling four work days in time testing the total Adaptation System again in sequence. At the end of the three days the PMP group felt the solution was ready to be implemented.

The purpose of this chapter is to give a summary of the results from the field tests. The general purpose of the field tests was both to test whether the parts of the Simulation Adaptation System worked and also to give a general idea on what to expect when the Adaptation System was implemented by the 96 other Area Pharmacy Managers.

6.2 Applying the features of the Open Systems Approach on how organisations work: to compare how the Pharmaceutical Organisation before 1974 was perceived to work within hospitals

This is how the 'Open Systems Approach' was seen to apply to the Pharmaceutical and Hospital organisations. The Open Systems Approach is based on the description given in Chapter 4 and the article "Individual, Group and Intergroup processes"Rice (1969).

"Institutions like hospitals, or part of an institution such as a Pharmaceutical organisation, should be treated as an 'Open System'. Open Systems must exchange materials with their environment to survive, like any living organism" (1969). Applying this feature to the hospital and its parts: hospitals were seen as being highly dependent on their ability to accept sick people, treat them for recovery, then return them back to society. Sometimes they return to society in other than recovered states. The hospital Pharmacy, as an integrated part of the hospital organisation, imports medicines and chemicals, converts these into forms for treatments, then exports the products ready for consumption by patients. The next feature related to the Open Systems Approach states 'that every organisation has many intakes, conversion-export processes, which must be performed to ensure survival of the enterprise and its parts' (1969). Hospitals in reality have many less obvious import-conversion-export processes which must be performed to ensure survival. For example, a hospital has 'to import and consume power and stores and exports the waste' (1969); it also collects data

about population growth, age distribution and illnesses, then converts this data into plans, decisions and designs, to make provision to manage the medical treatment demands predicted for the future.

It was estimated there were over fifty less obvious import-conversion-export processes being performed between the many parts of any hospital to ensure survival.

The next concept of the Open Systems Approach indicates that 'it is the nature of the many processes and their intakes and outputs, that reveals the actual variety of relationships that an institution, or part of it, makes with different parts of its environment and within itself, and between the different parts' (1969). This was considered perhaps the most important contribution which the Open Systems Approach offered to identify and locate those positions with which the Area Pharmacy Manager must form and build a working relationship.

This principle also acknowledges that each input-conversion-output process is in fact highly inter-dependent on other processes to survive. It was also found in practice that the large network of processes in a hospital and its parts needed to trade, exchange services and/or provide products, or transact with each other to survive. When the process of transaction took place between the different input-conversion-output systems in a hospital, it was recognised that the actual point of interaction of each exchange or transaction was critical. This was considered so because the

actual point of inter-action between the systems revealed the true variety of relationships between the different parts of the hospital. In reality, those transactions found necessary to be performed could only happen through the agency of people. In connection with this point, because transactions between parts of the hospital were considered important to the hospital parts as a whole, only certain people were appointed with authority to perform this critical function. For the Area Pharmacy Managers, the reason why such people were important was that the Area Pharmacy Managers needed to identify and locate them knowing that they and their organisation needed to transact with them. When this location activity had been done, relationships then needed to be formed and developed. From another point of view, the outputs of an Area Pharmaceutical Manager and his organisation were seen to be the input of another hospital part, in the same way that the Pharmaceutical organisation was heavily dependent on the intakes from other hospital parts: one hospital department fed off the other parts as a matter of survival.

To illustrate how the input-output processes were found to be inter-dependent and how they revealed relationships and the nature of these relationships, the medical profession is seen as being charged with both the diagnosis and treatment processes for sick people who enter hospital. In practice the medical profession cannot perform these two processes in isolation. The profession's activity needs to relate to 'para-medical' professions such as Radiology and Pathology to diagnose the nature of illness, and at least the Nursing and

Pharmaceutical professions to perform the prescribed course of treatment. Each of the named professions has its own system and processes to relate to other disciplines, with regard to the medical diagnostic and care treatment processes. It is important to recognise, therefore that although the medical profession own both the diagnostic and treatment processes, it cannot perform these in isolation. These processes can only be performed through the many transactions that need to take place through the agency of people representing those different professions required to work the diagnostic and treatment processes.

This can be illustrated together with the nature of inter-dependence that is perceived to exist between medical, nursing and pharmaceutical systems. The hospital Pharmaceutical department in order to relate to the medical treatment processes, first needs the Doctor and a Pharmacist to relate or interact with each other over a 'treatment prescription', before the pharmaceutical organisation can prepare the required medicine in the prescribed form. The medicine is then transferred to the nursing profession for the treatment process. The nursing procession is geared directly to the care and treatment of patients prescribed by the medical profession. In this way patients receive the prescribed treatment and care.

This example of the inter-dependence processes, therefore, can reveal clearly the many relationships that require to be made between the many parts of the hospital, within each part itself and also relations between the people who are charged with performing the

necessary transactions between the systems.

In this way, a clear mental picture could be drawn of the pharmaceutical organisation both working and surviving as a whole, by making many vital transactions within itself and with its environment both within the hospital and outside the hospital boundary. The vital transactions were conducted through the agency of the Hospital Chief Pharmacist and other selected Pharmacists who were also charged to perform the transaction functions across the pharmacy boundaries. The nature of these transactions was found to be both services/or products.

All the other significant people were also clearly revealed to perform transactions across the pharmaceutical organisation boundary. In addition, the nature and content of the relationships required to perform transactions were also clearly revealed.

As a whole, the hospital could, therefore, be seen as a large network of highly inter-dependent and joined 'input-conversion-output' systems which were designed to exchange services or products with each other. It was noted by the PMP group that those part organisations of hospitals which had difficulty with the exchange processes already described were considered incompetent. If difficulty over the exchange processes became too much for the other organisations, then sometimes the person(s) in charge was replaced. This only occurred very rarely because preventative measures were usually taken before such situations could normally develop.

In a hospital, those systems which were designed to perform the many processes, all have recognised boundaries and, therefore, can be differentiated from each other. A K Rice (1969) defines "that complex of activities which are required to complete the process of transforming an intake into an output" as "a system of activities". He further defines "a task system as a system of activities plus the human and physical resources required to perform the activities". The last definition is most important, because it gives clear recognition to those people who perform the different systems and includes those other people who are charged with the control and regulation of the Task Systems. The most important function for those in charge, was understood to be the boundary control of the systems: this function was known as 'Task Management'. This essentially means (I) the definition of boundaries between the different task systems, and

(II) control of transactions of exchange across the recognised boundaries system. A K Rice (1969) refers to this control of transactions taking place across boundaries as Transactional Task Systems. Applying the principles of both Task Systems and Transactional Task Systems to the pharmaceutical function prior to 1974, it appeared there were many Task Systems owned by the pharmaceutical organisations, required to perform many exchanges with complementary Task Systems, belonging to other professions through Transactional Task Systems.

The recognition of the concept of Task Systems and Transactional

Task Systems was considered important to the foundation of the proposed Simulated Adaptation System. This is thought to be because the two concents combined could be used to provide an accurate way to identifying and locating those significant people with whom the Area Pharmacy Managers needed to form and build a working relationship. It was considered that when the Area Pharmacy Manager was related in practice to those other people a 'role-set' was formed. The way in which the Area Pharmacy Manager would identify the relevant people would be to:

I Identify all the Pharmacy Task Systems that, as a sum total, would perform the whole Area Pharmaceutical function.

II Identify all other Task Systems belonging to other professions which would be required to transact with the Pharmacy Task Systems through those people appointed to perform the Transactional Task Systems. These were the occasions where Task Systems were joined for the purpose of exchanging 'input-output' products or services. As it was understood that Task Systems could not operate in isolation, a perspective of the Health Service as a whole could be seen as a network of related Task Systems which were joined when required through Transactional Task Systems services through people. In this way people were seen to be joined within a 'role set'.

With regard to the concept called the Primary Task of the organisation it was considered that it would not serve a useful purpose to

identify what the Primary Task of the Pharmaceutical organisation was considered to be prior to the 1974 re-organisation. Instead it was thought more important to define the Primary Task of a Pharmaceutical Organisation after 1974 within the context of a hospital and its specialties. The purpose of producing a Primary Task for the Area Pharmaceutical Organisation was to make an initial attempt to identify those Task Systems required to perform the Primary Task of the Area Pharmaceutical Organisation.

6.3 The perceived Primary Task of the Area Pharmaceutical Organisation within the context of the hospital and specialties

The Primary Task of the Area Pharmaceutical organisation was perceived to be: 'to provide a comprehensive Pharmaceutical service to hospitals and clinics managed by Area Health Authorities and also to coordinate and cooperate with Pharmacist contractors to ensure the overall effectiveness of the National Health Service Pharmaceutical services'. From this Primary task, six Task Systems were initially identified. The Task Systems were:

i Drug purchasing

ii Drug distribution

iii Sterile and non-sterile manufacturing

iv Product quality control of all drugs (including those drugs manufactured by well known drug houses) used and distributed to and from clinics and hospitals

v Collection of drug information in order to promote the safety and cost effectiveness in the use of drugs and medicines

vi Coordination and cooperation with Pharmacist contractors over the provision of adequate pharmaceutical services coverage, to include privately licensed homes and clinics.

When the six named Task Systems had been initially identified it was then realised in practice how much these Task Systems would heavily depend on other Task Systems belonging to other organisations both within and outside the Health Service to be performed. A general analysis was therefore conducted with the PMP group to identify those other organisations and also to gain a general idea of the nature and frequency of transactions required to take place between the complementary Task Systems of those other organisations and the six named Pharmaceutical Task Systems.

6.4 The perceived Primary Task of a General Hospital as a whole

When the Primary Task and the complementary Task Systems of the Area Pharmacy Organisation had been clarified as a working model, the Primary Task concept was then applied to a General Hospital. It is emphasised that the concept of Primary Task was applied to a General Hospital as a whole, as against a specialised hospital, such as a Hospice.

The Primary Task of a General Hospital was perceived to be 'to receive patients who need specialised medical care unavailable elsewhere and to make them well enough to return them to society'. This Primary Task as it stood was considered to belong to the Medical Profession. It was recognised however, that a General

Hospital had many Medical specialities such as Ear. Nose and Throat (known as ENT), Orthopaedic and Gynaecology, as well as General Medicine. Therefore, to perform the Primary Task of a General Hospital it was assumed that many Task Systems were required to transact with each medical speciality system geared to the medical problem of patients passing through the hospital.

Each medical speciality Task System is similar in many respects, but they are all different enough to warrant the recognition of separate Task Systems. The difference between the Medical speciality is revealed by the different interactive inputs made by the Medical, Nursing and other professional organisations.

Throughout a hospital speciality the PMP group could see how highly dependent each part of the hospital was on each other. Therefore, General Hospitals may be pictured as a huge network of Task Systems plugged into one another when required, through the process of Transactions.

6.5 The Area Pharmaceutical Organisation after 1974: An analysis of the six identified Task Systems required to perform the Primary Task of an Area Pharmaceutical Organisation and its general level of dependency on other organisations within and outside the Health Service

The six Task Systems were confirmed by the PMP group as: task system one: drug purchasing; task system two: drug distribution; Task system three: sterile and non-sterile manufacturing; Task System four: product quality control; Task System five: drug information to promote safety and cost effectiveness in the use

of drugs and Task System six: coordination and cooperation with Pharmacist contractors.

Out of the 6 Task Systems labelled above, both the Task System for sterile and non-sterile manufacturing and product quality control work was considered to be mainly self contained within the Pharmaceutical organisation. That meant that these two Task Systems were not heavily dependent on task systems belonging to organisations outside the Pharmaceutical organisation. In contrast, the other Task Systems depended heavily on other systems and organisations outside the Health Service. The general analysis showed just how dependent these Task Systems were thought to be.

6.5.1 Task System 1 : Drug Purchasing

To perform this system, 6 points of direct transactions were required with the Area Pharmacy Manager. The transactions were classified as frequent in nature. In total 15 different and frequent transactions were required with 4 other different organisations both within and outside the Health Service.

6.5.2 Task System 2 : Drug Distribution

19 points of transaction with the Area Pharmacy Manager were identified. 14 out of the 19 transactions were classified as frequent and 5 as infrequent. In total 19 transactions were required to perform the system with17 different organisations.

6.5.3 Task System 3 : Sterile and Non-Sterile Manufacturing

15 transactions were required involving the Area Pharmacy Manager. 10 transactions were classified as frequent and 5 were infrequent. In total, 18 different transactions were required to perform the system. With this system 13 parts of the Area Pharmaceutical Organisation were involved.

6.5.4 Task System 4 : Product Quality Control

The purpose of this system is to control the quality of drugs manufactured by the many drug houses, including household names. 5 transactions were identified as involving the Area Pharmacy Manager and all 5 transactions were classified as frequent. 5 transactions were required to perform the system and out of the 5 transactions 4 parts of the Area Pharmaceutical Organisation were involved.

6.5.5 Task System 5 : Drug Information to Promote Safety and Cost Effectiveness in the Use of Drugs

14 transactions were found to involve the Area Pharmacy Manager. Out of the 14 transactions, 12 were classified as frequent and two as infrequent. To perform this system, 14 different transactions were required and 12 different organisations were involved.

6.5.6 Task System 6 : Coordination and Cooperation with Pharmacist Contractors

10 transactions involved the Area Pharmacy Manager and all 10 transactions were considered to be frequent. 9 other organisations were also involved in performing the system.

6.6 Task Systems Transactions : A Summary of the Analysis

This consists of a summary of the transactions and of the other organisations on which the six identified Task Systems depended on to be performed and completed.

The six Task Systems demanded a total of 82 transactions which were classified as infrequent and frequent. The six Task Systems also depended on thirty one other organisations within and outside the Health Service to be performed. These 31 other organisations were required to perform fifty nine different transactions out of the total 82 transactions with the Area Pharmaceutical Organisation. This meant that only 23 transactions were required to be conducted within the framework of the Area Pharmaceutical Organisation, between the Pharmacy staff.

The actual dependency of the six Task Systems on other organisations is illustrated under figure 6. This tabulation shows the number of organisations on which each Task System was dependent.

Figure 6

i Two Task Systems were each dependent on 4 organisations

ii One Task System was dependent on 9 organisations

iii One Task System was dependent on 12 organisations

iv One Task System was dependent on 13 organisations

v One Task System was dependent on 17 organisations

6.7 Summary of Transactions required to be performed between the Area Pharmacy Manager and others over Task Systems

The Area Pharmacy Manager's transaction role profile consisted of 69 transactions with 31 different organisations. 57 transactions were classified as frequent and only 12 were infrequent. The analysis also showed that the Area Pharmacy Manager needed to build a minimum of 36 relationships in 31 organisations. This left only a minimum of 6 people within his organisation with whom he also needed to build a role relationship. The analysis also showed that a minimum of 23 transactions were required to take place within the framework of his own organisation with the 6 people.

6.8 Initial conclusions drawn out of the general analysis

i That the Area Pharmacy Managers transactional role profile

consisting of 69 different sets of transactions with a minimum of 36 people in 31 different organisations was considered to be thinly spread. This was thought so because 53% of transactions were concentrated with only 8 other organisations leaving 47% of transactions spread over the other 23 organisations.

ii The PMP group reasoned that it would be more likely to take the Area Pharmacy Managers longer than initially thought to adapt to their positions, because of the wide scatter of their 69 transactional events which they were required to perform.

iii In considering the role relationships required to perform the Task Systems; 4 out of the 6 Task Systems had role sets, numbering 19, 15, 14 and 10. The PMP group was led to think that these 4 task systems could be more difficult to manage than the remaining Task Systems with role sets numbering 6 and 5 respectively.

iv That the Pharmaceutical Organisation transactional profile was spread much more outside the organisation than within. 72% of transactions were required to take place across the pharmaceutical organisation boundary. This compared with only 28% of transactions required to take place within the Pharmaceutical organisation.

6.9 The Key Result Areas believed to relate to the Area Pharmacy Managers

It was assumed that the transactions for the Key Result Areas were already included within the 69 transactions.

The reason why Key Result Areas were considered important to Area Pharmacy Manager was given in chapter 4 (Para 5.3.4).

When the PMP group came to consider the Key Result Areas, they were understood to be:

i Information/data collection and interpretation

ii Service planning

iii Formulating and maintaining operational policies

iv Delegation linked to the coaching of staff

v Staff development

vi Control of expenditure

vii Transactions with those people who make major contributions to the named Task Systems and Key Result Areas.

When the PMP group had confirmed what they felt to be the Key Result areas, they turned their attention to see how the Key Result areas could possibly blend with the Task Systems.

6.9.1 Information/Data Collection and Interpretation

To make the most effective contribution to the patient treatment systems, the PMP group thought that the Pharmaceutical profession had to rely more heavily on current information about the development of drugs and their application to patient treatment. The volume of drugs and treatment world wide, had exploded in line with the rapid development of new drugs. The collection and interpretation of information was seen by the PMP group to help both the medical profession in hospitals and in General Practice. Information about the prescribing habits of Medical Practitioners also contributed to the improvement of patient treatment. The prescribing habits of General Practitioners could only be collected through the contractor chemists who dispensed the prescriptions. The Area Pharmacy Manager was considered to be the critical link in making the necessary decisions on how information/data could be collected, interpreted and used to achieve the aim for this specific Key Result area.

The Key Result Area was linked with two Task Systems:

i Collection of drug information to promote safety and cost effectiveness in the use of drugs

ii The coordination and cooperation with Pharmacist contractors

It was seen that there could be potential overlap between the task system known as 'collection of drug information to promote safety and cost effectiveness in the use of drugs', with this Key Result Area 'information/data collection and interpretation', but at the same time it was recognised that the Task System had a more specific purpose.

The major people involved with this Key Result Area would be the same position holders involved with the two named Task Systems including the Medical profession.

6.9.2 Service Planning

This activity was considered a Key Result area for two reasons. In the re-organised Health Service, the only way that the Health Service organisation could receive an annual budget to operate was to produce and submit annually what was known as 'one-three' year 'rolling plan' with attached financial and cost implications. The term 'rolling' meant that the plan for the first year was much more detailed than for year two and three, but when year one had been completed the second year plan became the first year plan and therefore the more detailed plan.

The PMP group was led to believe that the actual amount of revenue the Pharmaceutical Organisation would receive depended

on the quality of their annual plan and its ability to persuade that the recommendations for the organisation should be agreed.

The second reason which needed to be considered, was when the Area Pharmaceutical Organisation was created with the re-organisation it consisted of separate hospital district pharmaceutical organisations, chemist contractors and specialised services such as manufacturing, quality control and information services. All parts of the organisation needed to be integrated into one Area Pharmaceutical organisation. Service planning seemed to be the most rational and effective way of achieving the aim. Service planning was also seen as another way to assist the process of Task Management on a longer scale of time.

6.9.3 Formulating and Maintaining Operational Policies

Within the activity of service planning, the PMP group saw that planning was the important vehicle to integrate the organisation. For the actual process of integrating the parts of the Area Pharmaceutical Organisation to the point where the Task Systems of each Pharmaceutical service could be effectively regulated, controlled and serviced, the PMP group believed it was vital to design carefully thought out operating policies for each Task System in a form that would show their interdependence with other Task Systems, both within and outside the Pharmaceutical organisation.

6.9.4 Delegation linked with the Process of Coaching Staff

Delegation was seen as the process where responsibility for specific performance was given to a subordinate when the expected level of performance had been agreed between subordinate and supervisor. Delegation was therefore considered an important process for the Area Pharmaceutical Organisation in view of the size and diversity of all the speciality services operating within it. On examining this idea further the PMP group saw the delegation process as the time when the Area Pharmacy Manager agreed with their senior staff, mutually expected performances, related to the Task Systems belonging to each speciality. The senior staff were initially identified as:

i The Principal Staff Pharmacist at District Hospital level who was charged with the responsibility of the day to day management of hospital dispensing services.

ii Principal Pharmacists who were responsible for the effective operation of speciality services such as drug information, quality control and manufacturing.

Therefore this Key Result Area was considered critical to the standards and performance of the Area Pharmaceutical Organisation.

Delegation and coaching were also seen by the PMP group as an

important method to help the Pharmaceutical staff in their organisations to become established in post.

6.9.5 Staff Training and Development

With the rapid changes reported to be taking place in the Pharmaceutical profession, a higher level of Pharmaceutical practice was required at all levels, both technically and managerially. Therefore, carefully thought out ways to both train and develop staff to perform to the new demanded levels of standards and performance were required. By linking this Key Result area with the performance of Task Systems, it was thought, would bring the desired results.

6.9.6 Control of Expenditure

The important part of this Result Area is tied with the expenditure and control of drugs, because drugs accounted for by far the heaviest revenue expenditure. Therefore, this area had to be tied in with the drug information Task System.

The drug information task system could provide the Medical profession with information about the cheaper alternative medicines available. The only way the Area Pharmacy Manager could influence lower cost medicine being used was to persuade Medical Practitioners to consider their prescribing habits and also to consider using cheaper alternative medicines where possible.

The revenue expenditure of the Area Pharmaceutical organisation was particularly heavy because the cost of drugs and medicines was part of the organisation budget. Therefore, this Key Result Area was considered vital, even though the expenditure on drugs and medicines was not altogether under the direct control of the Pharmaceutical organisation.

6.9.7 The Testing of R.O.E.M.

The major dimension of R.O.E.M is the expectations element which is also the basic element of the Expectations Approach developed by John Machin (1980). It was understood that the Expectations Approach had already been tested adequately and was known to work. Therefore the author was confident in the knowledge that the expectations dimension of R.O.E.M. was sound enough to be used by the Area Pharmacy Managers. In the time available it was not possible to test in practice the other dimensions of Obligations and Rights but the author had no reason to think that these would not work as designed.

6.10 Concluding the General Analysis of the Simulated Adaptation System

It should be remembered that the purpose for conducting this general analysis on transactions and role events required to perform a Task Systems and Key Result Areas was only to give Area Pharmacy Managers an outline indication on what to expect related to their role

profile. The analysis indicated:

i People within their role set (within and outside the Pharmaceutical organisation) with whom they needed to build a relationship to perform the different Task Systems: 42 people were identified.

ii The number of organisations they relied upon to perform the Task Systems owned by the Pharmaceutical Organisation: 36 organisations were identified.

iii The number of role events required to perform the Transactional Task Systems of exchange across the boundaries of the Pharmaceutical organisation.

(a) The general analysis indicated the organisation Role Profile to consist of 82 role events.

(b) The analysis indicated that the Role Profile for the Area Pharmacy Manager consisted of 69 role events.

6.11 A summary of the way the Concepts and Models were designed to blend together to form the Simulated Adaptation System

To complete the task of testing the concepts, assumptions and models used to construct the Simulated Adaptation System, the PMP group checked how the models, assumptions and concepts were designed to blend into becoming the Adaptation System. In chapter 4 and 5 the properties

of the system were identified and in chapter 5 a description has already been given on how the different parts fit together and work as an operational process and system. Therefore this will not be repeated again. The purpose of this part however, is to give a summary outline of the system.

The Adaptation model can be categorised as three main dimensions.

i The concepts, assumptions and models related to the Open Systems Approach on how organisations work.

ii R.O.E.M. designed to enable Area Pharmacy Managers to reveal the scope of their operational boundaries within the organisation framework of their Responsibility, Accountability and Authority.

iii An operational perspective and model of role: Key Characteristics.

In chapter 4 two points have been made about the 3 dimensions of the system. The first point was that R.O.E.M. could provide a mental bridge between the concepts of how organisations work and the concept role. The second point made is concerned to achieve operational congruence between how organisations work and the working model of role.

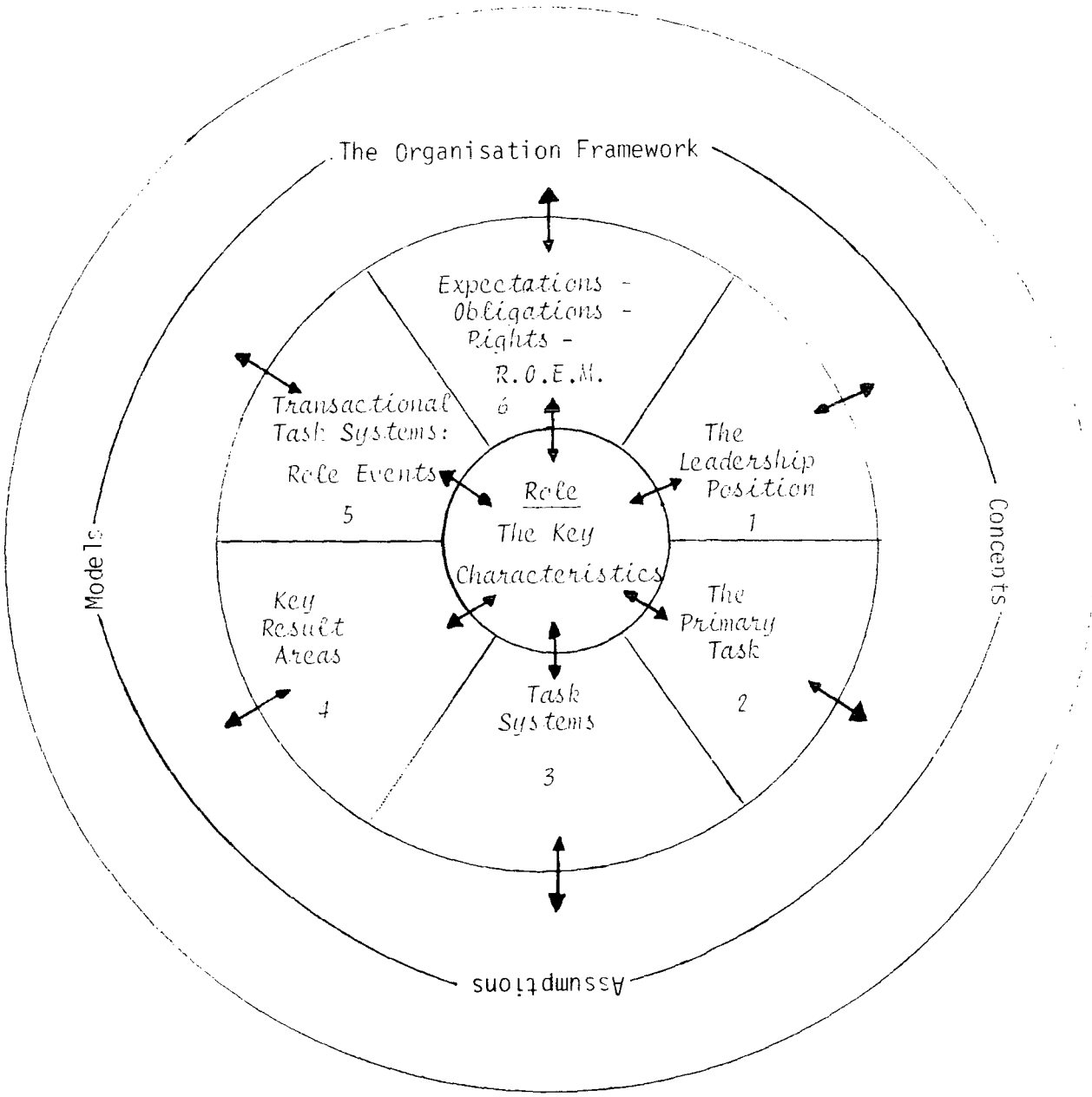
6.12 A summary of the working design of the Simulated Adaptation System

The description of the working design of the Adaptation System is supported by ref: SAS 2. This is designed to show (different from

chapter 5) the way the system was designed to hold together as a coherent process, and how the operational perspective of role fits into the framework of how organisations work.

Ref: SAS 2 portrays the Simulated System as a wheel. The symbol of a wheel has the base and rim representing the concept, assumptions and models of how organisations work. The core hub of the wheel represents an operational model of role. The wheel struts represent different concepts, assumptions, models and characteristics of how organisations work and how these are integrated in sequence with the devised perspective of role, to form a complete system.

Diagram : SAS 2



The composition of the Simulated Adaptation System was designed to blend in the following way and is summarised thus:

A The Area Pharmacy Managers first needed to identify and establish the people both within and outside their organisation with whom they needed to build a working relationship. This would be done by working from the Leadership Position of the organisation to:

i Establish the Primary Task of the Pharmaceutical organisation

ii Determine the Task Systems required to be performed

iii Identify the Key Result Areas related to the Task System

iv Identify the Transactional Task Systems

B When the Pharmacy Manager had identified these organisational elements he would be positioned to identify and locate the people with whom he needed to interact and transact. Therefore, he could identify his'role set'.

It was critical for the Area Pharmacy Manager at this stage to be certain and confident in the knowledge that he had identified all the people he needed to build a relationship with. These people collectively known as the 'role set' should be also known as the Area Pharmacy Managers 'stakeholders'. The reason for this

additional label for these people is, that each of them individually would have a very real interest in the success and/or failure of the Area Pharmacy Manager because their performance and survival would depend on the performance of the Area Pharmacy Manager. In this way these other major people may be seen as having a stake in what happens to the Area Pharmacy Manager and his organisation.

The Area Pharmacy Manager would be wasting time if he proceeded to the next stage, unless he was confident that he had identified all the important people in his set.

C The next suggested step for Area Pharmacy Managers was to reveal the time scope of his operational boundaries within the organisation framework of Responsibility, Accountability and Authority. He would use R.O.E.M. for this process.

It is again emphasised that the Area Pharmacy Manager can only use the R.O.E.M. in relationship to each of the individual members of his'role set'.

D Once the Area Pharmacy Manager has revealed the operational content of R.O.E.M. he then works through 'The Operational Perspective and Model of Role: key characteristics' in the sequence suggested.

When the PMP group had re-tested all concepts, assumptions and models making up the Simulated Adaptation System and also the

System as a coherent whole, the group was satisfied that the Simulated System was then ready to be applied and worked through by their colleague Area Pharmacy Managers. This process will be outlined in the next Chapter.

CHAPTER 7

IMPLEMENTING THE SOLUTION : WORKING THE ADAPTATION SYSTEM THROUGH WITH AREA PHARMACY MANAGERS

CHAPTER 7 : IMPLEMENTING THE SOLUTION : WORKING THE ADAPTATION SYSTEM THROUGH WITH THE AREA PHARMACY MANAGERS

7.1 Introduction

At the end of the testing phase described in Chapter 6, the PMP group said they now understood the composition of the Alternative Adaptation System in theory and they also understood how the system should be implemented in practice. This detailed knowledge of the Adaptation System was put to further use when the PMP group members agreed to help their remaining 82 colleagues implement the system under controlled conditions. This part of the project is described in this Chapter.

To implement the solution, 1* the theoretical framework outlined in the chapter 5 for implementing the Adaptation System was used as the guide. This took 6 months to organise. This time was needed because the solution needed to be implemented with 82 Pharmacy Managers at the same time which presented logistic problems. The solution would be implemented through the vehicle of a 12 month programme, to be extended if necessary. This programme was known as the 'Development Programme for Area Pharmacy Managers'.

7.2 Format for the Development Programme

The programme was based at the NHS Training Centre and was divided into three schemes to be run concurrently, each accommodating 22 Area Pharmacy Managers. Therefore in total 80

parts 1,2,3 and 4 of the theoretical framework have been outlined in chapter 4 paragraph (5.8).

Area Pharmacy Managers would be involved in the programme, including PMP group members who volunteered to act in a new capacity as staff members on each scheme programme.

The format for each scheme included a 'diagnostic module' (part 1 and 2 of the implementation theoretical framework) which would be followed by at least five 'follow-up' modules, each separated by periods of two months and of three days duration (The 'follow-up' modules included parts 1 and 2 of the theoretical framework). Each scheme was sub-divided into 'learning' groups of seven to eight members, who were joined by one volunteer Area Pharmacy Manager and a *1 'learning specialist'. These two people linked to each learning group served as learning support resources. Although individual members remained within their group throughout the programme, large group sessions were used and at other times members worked individually, in twos and threes, as determined by the nature of residential parts of the programme.

There were six staff members attached to each of the three schemes. The three 'learning specialists' and one volunteer Area Pharmacy Manager were common to all three schemes, as was the author who was the director. The scheme members were selected for each scheme to provide a mix of Area Pharmacy Managers from teaching hospitals and non-teaching areas.

*1 - Learning Specialist - a person whose full time occupation was in education and training.

7.3 Plans to evaluate the effectiveness of the solution

It was decided to evaluate the effectiveness of the solution in two distinct ways. One evaluation process would start and continue throughout the programme. In practice the programme took fourteen months to complete. During each scheme, at the end of each of the five 'follow up' modules, the staff groups spent time evaluating the results against the specified objectives for the module. The knowledge gained from one evaluation stage would be used to make adjustments for that particular scheme programme if required. In addition the evaluation results would be fed into the other two programmes, by the staff members common to all three schemes. This evaluation method would be, it was thought both effective and flexible in use. The value of having this on-going evaluation process would enable major adjustments to be made without delay. Also by making the evaluation results available to all three programmes, the staff members felt more able to handle common problems affecting each programme.

The second evaluation process was planned to take place ten months after the completion of the last programme. This evaluation method would take the form of a questionnaire. The purpose of this questionnaire would aim to find out whether the Area Pharmacy Managers felt they had succeeded in becoming established in post.

7.4 Implementing the solution - the scheme programme incorporating parts one and two of the described theoretical framework for implementing the Adaptation System

7.4.1 The Diagnostic Modules : An Overview

The module was residential and in summary form, the programme consisted in sequence of:

i Inviting each Area Manager before the event to prepare their thoughts on their perceived problems related to clarifying and adapting to their role.

ii Initially, discussing with each member to:

(a) clarify the nature of the programme and the demands it would make

(b) help each member clarify what to expect and whether what they had heard felt credible enough for them to invest their effort over 12 months +

iii A detailed explanation of the Simulated Adaptation System and how it should be implemented in sequence.

iv Checking the members'understanding of the Adaptation System, its parts and how it should be implemented.

v Analysing potential problems in implementing the scheme and suggesting ways to overcome the problems.

vi Provision of time for members to make personal implementation plans on how the system would be implemented by each individual taking local conditions into account.

vii (a) The diagnosis of the members initial learning needs required to implement the Adaptation System and work their role.

(b) Agreeing with members how and when the learning needs would be met in phases throughout the duration of each scheme.

7.4.2 The Diagnostic Module : A description of the process

Four weeks before the Diagnostic Module of the three programmes, members were invited to prepare their thoughts individually on their perceived problems related to clarifying and adapting to their role.

At the beginning of the actual Diagnostic Module, discussion was focused on the members' perceived problems. These discussions were held in the learning groups, followed by individual discussion with a staff member attached to the group. During the individual session points about role difficulty and about the nature and conduct of learning methods to be used were clarified and scheme objectives were reviewed. The time taken for individual discussion allowed also for the opportunity to explore the individuals working.

situation, environment and in particular their perception of obstacles which interfered with their performance.

The object of these discussions was to initiate the process of building members' confidence in the staff members and to help the staff make a general assessment of the members capacity to cope with the demands and probable difficulties confronting them during the scheme.

It was also the time when members were able to clarify their expectations about the scheme and the demands the scheme would place on them; their part on the scheme and lastly, whether the scheme appeared to them to have enough credibility for them to invest both their confidence and energy over a period of 12 + months.

Having conducted the initial discussions, the staff were able to judge more accurately at what level to pitch the learning at the starting point, when the Adaptation System was explained to the members and how it should be implemented in sequence.

7.4.3 Explanation of the Simulated Adaptation System

The explanation of the Adaptation System was phased in the sequence already described in Chapter 5.

In essence the first dimension of the Adaptation System to be explained was 'how organisations work' with emphasis on the analysis

instruments to identify and locate those people with whom the Area Pharmacy Managers needed to build a relationship.

The second dimension to be explained was R.O.E.M. to enable the Area Pharmacy Managers to clarify the scope of their operational boundaries within the organisation framework of their responsibility, their accountability and their authority in the way already described in Chapter 4 (4.13).

The third dimension to be explained was the operational perspective and working model of Role: its Key characteristics, explained in Chapter 5 (5.6).

The congruence between R.O.E.M., the working model of role and how organisations work were explained and explored in detail as in Chapters 4 and 5. The explanation of the composition of the Adaptation System and how it should be used in sequence was followed by checking the Area Pharmacy Managers understanding of the system to ensure they felt competent to use it.

Once the Area Pharmacy Managers were satisfied they understood the Alternative system, the rest of the five days was devoted to the three remaining activities:

i Each Area Pharmacy Manager made detailed plans with support on how they would implement the Adaptation System, taking into account local conditions and possible constraints.

ii The Area Pharmacy Managers collectively explored potential difficulties that could interfere with the implementation of their plans and how these could be overcome.

iii The last activity invited the Area Pharmacy Managers individually and collectively to consider whether they had the appropriate skills and knowledge to handle the demands they now realised the implementation process would make on them. It was realised at this early stage not all deficiencies of skills and knowledge could be adequately identified. This would become more apparent to each Manager as the programme progressed. Nevertheless, time was spent on identifying their initial learning needs. When these had been identified a verbal contract was made with the managers to meet these initial learning needs during the succeeding five residential modules.

7.5 Findings and Outcomes from the Diagnostic Modules

The explanation of the Adaptation System and processes involved succeeded in giving the Area Pharmacy Managers a mental map, perhaps for the first time, of all the areas they legitimately needed to operate in and influence. This was their role profile. When this was achieved the Area Pharmacy Managers appeared to be relieved. It seemed that their role profile had given them a home and territory and this could be legitimised with other people. Their territory had tended to be a cause of conflict in the past, which

had caused them to be cautious and to stay in a mental corner in order to avoid further confrontation.

At the end of the diagnostic five day event, the realisation of the role profile helped the Area Pharmacy Managers several said, to feel more secure and sure of their future actions.

The Area Pharmacy Managers recognised the network of people with whom they needed to build relationships. The activity of building relationships was impressed on the Area Pharmacy Managers as a critical process. Therefore, they needed to consciously work on building relationships and not leave it to chance.

The time to plan in detail how they proposed to implement their individual Adapatation System, gave the Area Pharmacy Managers the security of knowing what they hoped to achieve and how they would achieve their goals and objectives. They also had a good idea of the demands that would be made on them.

The process of identifying the Area Pharmacy Managers (initial) deficit of skills and knowledge was conducted as planned and to the satisfaction of the majority of Area Pharmacy Managers. Once these 'learning needs' had been identified, agreement was reached with them on when these learning needs would be met and what methods would be used to meet them. Reaching agreement on how the learning needs would be met, was believed to be an important feature of the total programme, because the Area Pharmacy Managers would then

know what to expect and what they should 'get out' of the planned learning, scheduled throughout the scheme.

The Adaptation system appeared to make sense to the Area Pharmacy Managers, which indicated that the system had been planned and presented to them in enough detail.

It was interesting to note how the credibility of the staff members quickly built up. Gaining credibility with the Area Pharmacy Managers was critical to the success of the total programme. This caused the staff members to worry about their performance. The Pharmaceutical staff members especially gained the trust of their colleagues very rapidly. The Area Managers reported that the main value of having the staff members there was:

i Non-judgemental feed-back on the Area Pharmacy Managers' performance.

ii Support and advice was particularly helpful to the Area Pharmacy Managers in drawing up their implementation plans.

From the staff members point of view they started to become confident that the Adaptation System within the framework of the 12 month programme could succeed in helping the Area Pharmacy Managers become established in their position.

7.6 The Five Succeeding Events/Modules

As it has been stated, following the five day diagnostic event, the five follow-up learning events for each of the three schemes were planned stage by stage helped by the continuous evaluation process described in paragraph (7.3). The main purposes of these residential events was to meet the agreed learning needs of the Area Pharmacy Managers identified on the Diagnostic Module. These modules had other important functions which held each scheme together.

The format for each module generally followed similar patterns. The format could be summarised as having the following features:

i It gave the Area Pharmacy Managers the opportunity to report-back progress on the implementation of their Adaptation plan to their peer group colleagues. This provided a means for motivating and measuring the progress and change that had taken place.

ii It was planned to provide peer group support and stimulus for the Area Pharmacy Managers to continue through their programme.

iii It provided a forum for constructive professional discussion on pharmaceutical issues.

iv It gave the Area Pharmacy Managers the opportunity to reflect on their personal learning derived from working

through the implementation process: parts 3 and 4 of the programme.

v The Area Pharmacy Managers could seek professional advice from colleagues.

vi It provided a setting in which the Area Pharmacy Managers could find ways to overcome identified problems that interfered with their implementation plans.

vii The Area Pharmacy Managers would be encouraged to up-date their implementation plans

These modules, therefore, gave the Area Pharmacy Managers the opportunity to:

i Report-back on their progress and learning during parts 3 and 4 of the programme.

ii Find ways to overcome problems encountered .

iii Have their identified learning needs met in the way that had been agreed.

The appropriate allocation of time for the three day residential modules was:

i 45 - 55% for reporting-back, problem solving and other activities including adjustments to personal implementation plans.

With reference to the design of these modules, it was thought from the outset that the process of reporting-back should be regarded by the Area Pharmacy Managers to be a critical component of each module, which would form 'pillars' between 'spans' of experience, when the Area Pharmacy Managers worked through their Adaptation Systems. Therefore, as much time as could be afforded would be given to this activity and process. In practice, as each scheme progressed, the Area Pharmacy Managers indicated progressively that they appreciated as much time as possible to be devoted to the activities of reporting-back, problem solving and adjusting implementation plans. Therefore, relatively less time could be devoted to meeting their identified learning needs. Perhaps too little time was spend on formal learning activities to meet the managers' learning needs.

7.7 Findings and Outcomes from the Five Three Day Modules

The 'report-backs' were valued more by the Area Pharmacy Managers than they or the staff members had initially anticipated. It was also found that when the Area Pharmacy Managers felt they had not had enough time to report-back to colleagues or to share the report-backs from their colleagues, they were not able for

some reason to extract full value from the other scheduled parts of the module. In other words the Area Pharmacy Managers found invaluable the time when they could listen carefully to each other review and analyse what had been accomplished in their last 'span of experience', any problems they had, and what still needed to be accomplished. This was followed by developing further detailed plans to overcome foreseen difficulties during the next phase.

With reference to meeting the identified learning needs of the Area Pharmacy Managers in the agreed way, it was found that when the learning need consisted of skills, there was inadequate time to practice these skills, because members believed time was better spent on the reporting-back phase. This caused a dilemma on what proportion of time to spend on the different activities. This dilemma was not satisfactorily resolved.

During each follow up event, relatively more time had to be given to the activity of identifying the emerging learning needs of the Area Pharmacy Managers. As the managers progressed further with implementing their plans, the more learning needs appeared to emerge or to be realised.

At first the staff group felt that they could manage to identify learning needs in enough detail to be able to give a clear brief to a person or people who were chosen to meet the learning needs. In practice this process proved to be inadequate. It was found that no matter how accurately or detailed the analysis of the learning

need, there was a problem in conveying the ideas of learning needs to any other person who was not part of the original process when the learning needs were identified. Therefore, after the second follow up modules had been completed, the staff group changed this process: ie. the process of identifying learning needs. The staff group instead began to first identify the general area of learning need. When this had been clarified, the staff then approached the person or people who were thought best to meet the learning needs. These people were then able to first identify the learning requirements in more detail and then meet these during the next module(s).

To tighten up the process for identifying learning needs, one 'ground rule' agreed was that learning needs had to be related to helping the Area Pharmacy Managers either to implement their adaptation plan and or become established in their job. There was no problem in keeping to this group rule. The number of needs that emerged by the end of the three schemes surprised the staff group, because after the initial diagnostic events, so few learning needs had initially emerged. However, these needs suddenly jumped in number, on the third of the three day events. From this time onwards the dilemma over the use of time increased.

7.8 Obstacles that delayed progress in implementing the Adaptation System

These obstacles could be categorised in this way:

i Although people in the role sets were approached systematically,

the number involved made it a slow process. Also, even when these people had been approached by the Area Pharmacy Managers, many of them were found not to be in a position to cooperate or work with the Area Pharmacy Managers, before they had sorted themselves out. The Area Pharmacy Managers reported that they found many of the role set members were, or had been,in a similar state to themselves.

ii It was found that the process of negotiating agreed expectations was in itself slow and the pace could not be forced without danger of damaging fragile relationships in the formative stage of development. In many cases, the other role set people were not ready or prepared to respond to the demands of the Area Pharmacy Managers: more time was required.

iii Difficulties were encountered by the Area Pharmacy Managers in handling the growing mass of information arising from the process of negotiating the expectations. The information could not be ordered in a form to help Area Pharmacy Managers. This difficulty could not be resolved adequately within the context of the programme. This was unfortunate because the staff group felt that had electronic computer or data/information equipment been available to be used, it would have transformed the process of negotiating expectations into a more efficient operation. In practice the Area Pharmacy managers found the information handling of agreed expectations a hindrance to progress.

iv The Area Pharmacy Managers found there was no short cut to the process of building the appropriate relationships required for'transacting'within the context of role events; no matter how socially skilled they and the other parties involved were. The formation and building of relationships to the required level, took much more time than first thought.

v The Area Pharmacy Managers found the detailed process of working through the Adaptation System demanding and most of them also found that with the many other conflicting or competing demands, they were often blown off course. They found however, the discipline demanded of them to report back to their colleagues at frequent intervals, motivated them more to keep to their scheduled task.

vi With the many difficulties the Area Pharmacy Managers reported that they had encountered, they found the discipline of the follow up modules invaluable. Without these, many said they would have dropped out because of the pressures involved. It was interesting to find that the majority of Area Pharmacy Managers experienced the process of reporting back to colleagues by far the most important part of all follow up activities. They found they learnt most out of this process. Many reported they would have attended the follow up events even if they had spent the total time on problem solving, their adaptation plans and on reporting back on their progress.

vii In summary, the follow up events were valued by the Area Pharmacy Managers because it gave them the opportunity to analyse and plan ways to meet challenges and overcome the problems with the help of trusted colleagues and staff members. They were also able to measure their own progess and the progress of colleagues. The method used to identify and meet their learning needs was also considered by the majority of members to be an important part of the programme.

viii The theoretical framework (parts 1, 2, 3 and 4) designed to implement the Simulated Adaptation System was thought by the author to succeed. The framework was particularly helpful in keeping a connecting balance between the 'spans of experiences' parts 3 and 4 with the residential modules parts 1 and 2.

CHAPTER 8

MAJOR FINDINGS FROM THE IMPLEMENTATION OF THE SOLUTION

CHAPTER 8 : MAJOR FINDINGS FROM THE IMPLEMENTATION OF THE SOLUTION

8.1 Introduction

In the previous chapter it was said that the solution would be implemented through the vehicle of a 12 month programme, to be extended if necessary. This programme was divided into three schemes to be run concurrently. The scheme started early in September 1977 and because of logistical problems the programme did not finish until fourteen months later in November 1978.

Initially the author intended two forms of evaluation:

(a) The first was a continuous process during the development programme. This has been described in chapter 7. (7.3).

(b) The second was to be held 10 months after the completion of all the 3 development programmes.

The continuous evaluations for each programme ended with an assessment on how far the Area Pharmacy Managers had implemented their individual Adaptation Plans. This was done in the form of interviews between the Area Pharmacy Managers and a staff member attached to the programme. At these interviews the opportunity was also taken to hear the Area Pharmacy Managers reactions, having just finished the residential parts of the programme. Because this continuous evaluation ended with an assessment which took place after

a fourteen month period, in this chapter it is known as the 14 month evaluation.

In the same way, the last evaluation took place 10 months after the programmes had been completed as planned and 24 months after the programmes started. In this chapter it is known as the 24 month evaluation. The method used for the last evaluation was by the use of questionnaires (appendix C) which were posted to the Area Pharmacy Managers. The process started in late September 1979 and was completed in January 1980.

The format for this chapter will be first to share the outcomes and findings from the two evaluations, followed by conclusions on the usefulness of the Adaptation System and the development programme used to assist Area Pharmacy Managers implement the solution. The last part of this chapter consists of general views and reflections on the lessons and conclusions that came out of the implementation stage of this study.

The outcomes in the form of conclusions laid the foundation for planning and implementing further programmes for Principal Pharmacy Managers, Nurse Managers, Works Managers and managers from the Ambulance Organisation.

8.2 Summmary of the Fourteen Month Evaluation

From the questions asked of Area Pharmacy Managers at the end of

their programme:

i 52% of Area Pharmacy Managers felt they had virtually completed their Adaptation plan and were making rapid progress in establishing themselves in their role and position.

ii The remaining 48% of Area Pharmacy Managers had implemented more than 50 of their programme. Delays in their progress were said to be caused by one or more reasons already explained in the last chapter under the heading 'Obstacles reported to delay progress in implementing the Adaptation System Plans'.

8.3 Summary of the Twenty Four Month Evaluation

From the questionnaires which were sent to the Area Pharmacy Managers by post:

i 93% of Area Pharmacy Managers had now felt they had become fully established in their positions.

ii The remaining 7% of Area Pharmacy Managers were now making very rapid progress and felt very near to the position where they would feel established in their job.

8.4 Findings on the usefulness of the Adaptation System and the Development Programme used to help Area Pharmacy Managers implement their plans

8.4.1 Outcomes from the 3 Development Programmes

Both the Area Pharmacy Managers and the three staff teams alike believed the solution (the Adaptation System, the theoretical framework and Development Programmes) had exceeded the expectations originally held. However some useful points were made about features of the Scheme by those involved which could have improved it. The Area Pharmacy Managers felt that the programme had succeeded so well for them because of the mechanism built into each programme, which enabled themselves and the staff to correct faults or to make improvements quickly as all three programmes progressed. The only major problem, which could not be solved during the scheme was the problem of effectively handling and shaping the large amount of information that came out of the expectations negotiations. On reflection this problem might have been solved by use of a computerised system developed by J Machin (1980) for the Expectations Approach. One feature of this system was it ordered information on expectations for continual use by managers. The question of whether it would have been possible to use computers could not be easily answered at that time. There was no doubt however, that the Expectations Approach with the micro computers marketed in 1985 would have made a major impact on the implementation process of this solution.

The majority of Area Pharmacy Managers reported they found the Simulated

Adaptation System and its parts helpful. However, as already stated these instruments generated a sizable volume of information which could not be used as effectively as it should have been, because the information could not be handled or shaped quickly enough by Area Pharmacy Managers. Therefore, it was found that the information handling aspect was the weakest part of the solution.

8.4.2 Observations on the Simulated Adaptation System and the theoretical framework

There was enough evidence to suggest to the author that the composition of the Adaptation System within the context of the four part theoretical framework and the development programme, which formed the solution, contributed to helping the majority of Area Pharmacy Managers become established in their role and position. As for the Simulated Adaptation System there was enough evidence from the three programmes to indicate there was enough congruence between the three main dimensions of the system described in chapter five for them to work well together.

At this stage the author thought that nothing more could be gained in trying to establish more precisely the degree to which each of the parts of the solution were most useful. It was sufficient to note that the Area Pharmacy Managers had achieved their aim. Perhaps the value of the different parts of the solution would emerge gradually in time. The author, hoped however, that the working models R.O.E.M. and on Role: key characteristics, might make a contribution towards helping individuals and groups with the process of adapting to change

and the implications of change.

8.5 Observations on 'Role making' and 'Role taking'

The author would choose to make a number of observations concerning 'Role making' and 'Role taking' comparing his findings in this Health Service Study with those with the longitudinal study of Haga et al (1974) referred to in chapter 4.

8.5.1 On 'Role taking' or 'Role making'

With the concepts 'Role making and taking' the observations were that the process of adaptation for the Area Pharmacy Managers was that of 'Role making', because no one in the Health Service including the Regional Pharmaceutical Managers had enough idea about the Area Pharmacy Managers job or role in practice to prescribe what the role should be. However there was an observed element of 'Role taking' introduced by the Area Pharmacy Managers themselves. The process of 'Role taking' came about when the Area Pharmacy Managers, during the five follow-up modules happened collectively to discuss perspectives of their role either from a professional or management aspect. This type of discussion often led the Area Pharmacy Managers to come to common conclusions, views or understanding about elements of their role. As a result this common view on elements of their role tended to be implemented in practice. Therefore, from this point of view the 'Role taking' was strongly influenced by the peer group pressure.

8.5.2 On Role Behaviours

More can be said with reference to the question of 'role behaviour' in relationship to the Longitudinal Study findings. In the Health Service Study the same conclusion is suggested in that the behaviours accepted by the Health Service Organisation were the behaviours that the Area Pharmacy Managers began to develop and use as part of the Adaptation process to build those critical relationships required to perform the 'Transactional Task Systems/Role Events of exchange'. There were no observations or information to suggest 'fixed role modeling' prescribed or enforced by the Health Service Organisation or supervisor which might have been seen in the form of Regional Pharmaceutical Managers referred to in chapter 2. Again no one in the Health Service knew enough about the Area Pharmacy Manager's role to enforce anything.

8.5.3 On the characteristics of systems

There was enough evidence to suggest that the presence of the social systems including the Assimilation and Adaptation Systems identified in chapter 3 were not just part of the mental construct. There are observations to be made about these systems. For convenience they will be known as systems unless otherwise stated. It should be understood that social systems consist of groups of people and it is the members of groups that make systems work.

i The presence of the systems is only likely to be seen or felt

in organisations where the Primary Task, Task Systems, Transactional Task Systems together with the organisation objectives are clearly understood by those people working in the organisation. The power of the systems is therefore more easily identifiable when people in organisations are geared formally and informally in social terms to perform the Primary Task and objectives belonging to the organisation. In other words organisations with social structures have a need to organise themselves both formally and informally to perform the different activities and tasks required of them. Eg. the Trist and Bamforth Study referred to in chapter 4.

ii Where change occurs on a scale where the organisation's Primary Task and objectives are not understood or temporarily forgotten about by the people within the organisation, then the presence of the systems is not much in evidence. Where total re-organisation occurs, then the very foundation of the systems can be destroyed and it is unlikely to operate again until people within the organisation clarify the different purpose(s) of the organisation.

The other observations to make on the systems characteristics are:

iii The power of the systems is more easily identified when an organisation is in a 'steady state' and where the people working within it clearly understand and are committed to the Primary Task and objectives.

iv Two major characteristics of these systems are suggested, One characteristic is that they resist and react against change, but on the other hand they make changes work. To explain this further:

(a) It is suggested that members of groups belonging to the systems try to maintain a social equilibrium. In this context they can be seen to resist and react against change unless the change and the reason(s) for change are sold or introduced to the people within the organisation in such a way as to gain the understanding and commitment for the need for change. This can be overlooked, forgotten or avoided by change agents at the cost of everybody involved, including the change agents.

(b) Although the systems may usually be used to resist and react against change, when change has the understanding and commitment of people within the organisation, they can be used to enforce and encourage change to take place so that equilibrium can be regained as soon as possible. It also tends to enforce and encourage the setting and maintenance of standards, codes of conduct and ground rules. This latter characteristic was observed by the author during the process of implementing the solution.

v The system may be therefore seen as a powerful process that can be used against or for change, depending on how it is understood

and used by the change agents.

vi The author would predict from observations made during the study that all organisations would have similar systems in one form or another, because it is the natural tendency for an organisation to have these for reasons already described. But they can cease to work when changes are made which breaks up or destroys the group which has the knowledge to reactivate it. When destroyed or put out of operation, the systems cannot start again until the Primary Task, the Task Systems and the organisation objectives are realised again by the people within the organisation.

8.6 Initial conclusions drawn from the evaluation

i That these described characteristics of these systems offer a message to change agents and/or people who tend to regard or treat the concept of change as a special way or as a desirable way of life for its own sake. Such people who have a special commitment to the idea and culture of continuous change would have natural objections to organisations having any social roots which would make continuous change more difficult to achieve. Eg. Ex Chairman Mao of the Republic of China.

ii The characteristics of the systems might also have a message for change agents who are charged with making changes on any scale. It demands clarity about the need for change and also

the objectives that change will achieve. This is critical to swing the systems from being a force against change to becoming a force for change.

iii One of the objectives set for the solution was that the Simulated Adaptation System would produce stablished managers again, who would be motivated to start operating their own Adaptation System. At the time when the 24 month evaluation took place, it was reported that the Area Pharmacy Managers were already talking about and making plans to help their 'next in line' subordinates establish themselves in their role. These plans were implemented and continue to operate to date on a national scale. That meant that once the Area Pharmacy Managers had become established in post they turned their attention to operating their own Adaptation System again. They chose to operate the system at national level first, rather than locally, because they felt that this would lead to a more uniform role for the 'next in line' subordinates known as Principal Pharmacists.

iv The development programmes designed to help the Area Pharmacy Managers implement the Adaptation System turned out to be both complex and demanding to operate. Therefore, each programme needed to be managed by a staff group in a disciplined way. It is interesting to note that the Principles and 'ground rules' which were used to manage the implementation of the

Simulated Adaptation System for Area Pharmacy Managers were adopted and developed further to manage the development programme for Principal Pharmacy Managers.

v Reflecting on the sequence of how the solution should have been implemented, it was suggested to the Area Pharmacy Managers that they first reveal the scope of the operating boundaries of their responsibility, accountability and authority within the framework of their organisation, before analysing their role profile. Enough evidence came out of the development programmes to suggest that this sequence was helpful. The information on the operational boundaries helped the Area Pharmacy Managers go on to analyse their role profile.

vi After the 24 month evaluation had taken place the PMP group disbanded and many members went on to form the Project Group in 1981 which was made responsible for the planning, implementation and evaluation of the development programme designed to help Principal Pharmacy Managers become established in post. This Adaptation Programme was organised on a 'Inter-Regional' basis. Two to three Regions grouped together to conduct the development programmes. There were four Inter-Regional groups. This programme has continued throughout the years and will be completed at the end of 1985.

vii It can be seen how the original Adaptation Programme for Area Pharmacy Managers has progressed throughout the years to meet the demands of new managers in post today. The established

managers have taken the lead in planning and implementing and evaluating such schemes. The progress the Pharmaceutical profession has made demonstrates what professions can do for themselves and within the context of a large organisation, what they have achieved is an example.

viii One of the major features discovered in the Adaptation System used before 1974 was that it was operated and controlled at local level both by the established managers and new managers. This meant that the pace that the Adaptation System was implemented could be controlled. This feature was built into the Simulated Adaptation System. The majority of Area Pharmacy Managers gave the impression that they had enough control over the process and the pace at which it was implemented, although as already indicated, the implementation was slowed because:

(a) The difficulty of handling information.

(b) More time was required than thought initially to form the critical relationships with others required to perform the Transactional Task Systems/Role Events.

ix On reflecting on what had happened, the author's attention was drawn to a major element which was beginning to

emerge more clearly as a valuable contribution to the solution. To explain this more, the use of the instruments Primary Task, Task Systems and Key Result Areas, gave the Area Pharmacy Managers enough direction in order to formulate goals and objectives for which to aim. This process, it is proposed also provided the Area Pharmacy Managers a means to produce a shared vision of what the future should look like when the changes had been made. This theme in relation to the subject of change will be taken further in chapter 10.

One major feature to emerge from the work done with the Pharmaceutical profession working within the Health Service is the growth of a powerful and active network consisting of established Pharmaceutical Managers throughout the country who are able and motivated to help one another on role based problems. This is where the Pharmaceutical profession is now with its development, that is,looking forward to providing personal and consultancy help to new managers in post when called. There is also enough evidence to suggest that this network which is continuing to grow and strengthen also exists to help Pharmaceutical Managers with different aspects of their accountability and role.

In conclusion it was said at the beginning of this chapter that the outcomes from the 3 development programmes in the form of findings and conclusions laid the foundation for future programmes. These programmes were for Principal Pharmacists, Senior Nurse Managers,

Senior and Chief Works Managers and Managers from the Ambulance organisation. The programmes for Senior Nurse Managers are reviewed in chapter 9.

CHAPTER 9

FURTHER STUDIES WITH NURSE MANAGERS

CHAPTER 9: FURTHER STUDIES WITH NURSE MANAGERS

9.1 Why the study was extended to include Senior and Chief Nurse Managers

In 1978 the Nursing profession formally asked the author to help Senior Nurse Managers with their perceived challenges and problems related to their role within the context of the 1974 re-organisation and other re-organisations to follow. This request was closely followed by other approaches from the Works profession and Ambulance organisation. This situation presented an un-expected opportunity to re-test the ideas developed initially to help the Area Pharmacy Managers. To help these professions, different experimental schemes were mounted and the schemes for Senior Nurse Managers will be completed this year, 1985. By then approximately four hundred Senior Nurse Managers will have been helped to establish themselves in post. Including the other professions mentioned, over seven hundred Senior and Chief Managers will have been helped.

There were two reasons why the Nursing profession was specifically included in the study.

i There were three categories of Senior Nurse Managers needing help. This meant that there was more chance of the ideas originally developed for Area Pharmacy Managers being tested and developed in different ways.

ii The second reason was clearly a matter of national priority. The National Staff Committee for Nurses and Midwives made it clear to the author that, as Nurses numerically represented approximately 50% staff in the National Health Service, the Committee felt they had national priority. The author was persuaded to accept this argument.

With the Nurse Management Development programmes a similar structure and approach to that used for Area Pharmacy Managers was employed, with modifications made to take into account the variations and context of the Nursing profession.

To conduct and manage the different Nursing schemes over sixty Chief Nurse Managers volunteered for special training to serve staff members on one or more of the 19 programmes that will have been completed by 1985.

The purpose of this chapter is to share the findings from the Nurse Management Programmes with more specific reference made to the first two programmes which were formally evaluated. The other programmes were also evaluated but less formally. For these succeeding programmes evidence covered a longer time span for each programme and the source of information came from all those people involved, including the members' line manager.

9.2 Which Nurse Managers were included in this study

9.2.1 The Senior Nursing Managers

There were approximately 2,500 Senior Nurse Managers in the Health

Service and their perceived difficulty in establishing themselves in post was caused primarily by an unfortunate anomaly within the Nursing structure: a legacy of the 1974 re-organisation.

Many Senior Nursing Managers said the main reason why they found it difficult to establish themselves was because the Nurse Management posts above and below their position overlapped.

9.2.2 Directors of Nursing Services - Mental Illness and Handicap Specialties

Throughout the years large institutions for the Mentally Ill and Handicapped came under heavy criticism following official enquiries held for reasons of low standards of patient care and for patient abuse in different form. Most of these criticisms and enquires have been recorded in 'Hospitals in Trouble'. (1984). As a consequence of the official enquiries a report was published by the DHSS on the 'Organisational and Management Problems of Mental Illness Hospitals' (DHSS) 1980. The implication of this report meant that the role of Directors of Nursing Services would need to change from being custodially and institutionally based, to reach more out into the community where the majority of the mentally ill and handicapped patients would be eventually based and cared for. Therefore, the changes recommended also included organisation changes which would take years to plan and implement.

9.2.3 Directors of Nursing Services - General, Community and Midwifery Specialties

These new posts were created as a result of another re-organisation known as the Patients First Re-organisation (DHSS-CH(80)-1980).

The objective for mounting the three national programmes for Nurse Managers was to test the approach and then recommend the model to be used by the 14 Regional Health Authorities. In practice, because of the consistent changes that affected Senior and Chief Nurse Managers, the author was persuaded by the profession to continue personally to manage the national programmes.

9.3 The Evaluation Process applied to the Senior Nursing Managers

Forty four managers were involved in the formal evaluation covering the first two schemes. The succeeding schemes were also evaluated but less formally and over a wider time span. The method of evaluation used on the first two schemes was that of structured interviews. The method used for the succeeding schemes was that of formal discussion.

The author was interested to note the commitment shown towards the evaluation process and how the majority of all those concerned with each scheme continued to report at intervals on how the different programmes had continued to help the ex members in practice. This report back process gave a continuous assessment on what Nurse

Managers felt about the contents of the programmes and their application. The questions used to evaluate the first two schemes were similar to those used to evaluate the three Pharmaceutical schemes (appendix C). The purpose for evaluating the Senior Nurse Management Programme was again to assess how far each Nurse member felt and believed they were established in post ten months after completing their programme. The same questions were also asked in the succeeding evaluations during the formal discussions.

9.4 Findings from evaluating the first two Senior Nurse Management Development Programmes

From a general point of view, within six months of the two formal evaluations taking place, 19 of the 44 Nurse Managers were promoted by open competition to the next Senior Management position in different Health Authorities from those where they were Senior Nurse Managers. When the 19 managers were informally questioned about their promotion, it was made clear to the author that the development programme had succeeded in helping them become clear about their own role and the role above them. This realisation led them personally to conclude that promotion was the next natural step and they were prepared to take that step. They also said that the programme content was then helping them to succeed in establishing themselves in their new posts more quickly than they first anticipated.

The National Staff Committee for Nurses and Midwives, which was the national sponsoring committee, was more impressed when 6 of the

same 19 managers became Chief Nurse Managers within 12 months of the two evaluations taking place. This additional news although welcomed by the National Staff Committee was at the same time slightly embarrassing because the Committee did not wish the programme to become known as a 'promotional' scheme.

From the evaluation of the first programme: 10 months after completion.

i 91% members had or nearly completed their Role Adaptation Programme and all 91% members reported they felt and believed they had established themselves in post.

ii 9% members had implemented more than 70% of their Role Adaptation Programme and reported making rapid progress towards completing their programme. The majority of the 9% members believed they were almost established in post.

This compares with the second Programme Evaluation ten months after completion.

The findings were nearly the same as shown.

i 92% members had or had nearly completed their Role Adaptation Programme and the majority reported they felt they had become established in their position.

ii 8% had implemented more than 70% of their programme and were making rapid progress. The majority of these members felt they were already established.

For the first scheme, 88% of members thought that their Adaptation Programme was the major and distinctive influence in helping them establish themselves in post. For the second programme the figure was slightly higher, at 89.5%.

To the author these results were comparable with the Area Pharmacy Manager's 24 month evaluation.

From the two Senior Nurse Management Evaluations, the author could only deduct that the Nurse Managers also found the Adaptation Programme useful. The evaluation results for the succeeding nine Senior Nurse Manager Programmes were similar. As this series of programmes progressed however, the Nurse Managers took less time to establish themselves in their post.

When the members were asked about the parts of the programme, there were three dimensions they specifically mentioned.

i The diagnostic residential module similar to the Area Pharmacy Scheme Programme

ii The reporting-back time which was structured similar to the Area Pharmacy Scheme

iii R.O.E.M. : the majority of Senior Nurse Managers reported this model helped them clarify the scope of their operational boundaries.

The Operational Perspective and model on role was reported to be less useful to those Senior Nurse Managers who were not in completely new jobs. The perspective on role was expected to be less valuable to such people because they would have already identified most of their role set members and the Role Events making up their Role Profile.

Half way through the scheme for Senior Nurse Managers, the Nursing profession led the author to understand that it was firmly committed to what the programme design had demonstrated it could achieve.

9.5 Directors of Nursing Services - Mental Illness and Mental Handicap

The origins of this scheme has already been outlined. Because of the implications of change both to the organisation and role, the project group and author believed these changes could only be planned and implemented in the longer term. Therefore, each programme was designed to last a minimum of twenty four months. These programmes had been assessed less formally and the findings to date had been:

i The majority of Directors of Nursing Services have reported that R.O.E.M. has been helpful to them and because these managers are in completely new jobs the Operational Perspective

and Model has also been useful because the Directors have found their role set members have at least trebled in size.

9.6 Directors of Nursing Services - General, Community and Midwifery Specialties

These programmes like the programme for Senior Nurse Managers were approximately eight to ten months in duration. Sometimes they have extended for twelve months depending on the changing circumstances. The findings reported to date are similar in content to the eleven Senior Nurse Management Programmes already described.

9.7 Observations made from conducting the three different Nurse Management Schemes

On balance, the author's view is that the Adaptation System with the programme framework and format has in a different way been equally useful to Senior and Chief Nurse Managers as it was for Area Pharmacy Managers.

The author believes therefore, that the decision to extend this study to include Senior and Chief Nurse Managers was more than just worthwhile, because it allowed the Simulated Adaptation System with its framework to be further tested in three different Nurse Management situations. This added experience, has enabled the author to be more sure of the value of the system and its parts.

The general observations made by the author from conducting the Nurse Management schemes through the organisation changes that have

affected the Nursing profession since 1974 are:

(a) The more individual Nurse Managers said they felt threatened by change and how the change could affect their work lives, the more they were prepared and motivated to drive themselves hard to use the development programmes to learn more about how the changes affected their position and make individual plans to adapt to the new demands made on them to become established in post. The harder they worked on implementing their adaptation plans, the majority said they felt less threatened, because their plans helped them feel more in control of their future.

(B) It was observed that the more the Nurse Managers individually and collectively felt and believed that the programme content had been 'tailor made', to meet their change and adaptation needs, the more these managers were observed to identify with the programme as 'their programme'. This identification with the programme, made the managers, they said, determined to make the programme and content work for their benefit.

(c) Over sixty Chief Managers were trained to help conduct and manage the 19 programmes. From the author's observations and from what the majority of Chief Managers said, they benefited from the programmes in other distinctive ways. They said the programmes provided them an opportunity to 'take time out' and as a vehicle:

i To understand more about the nature, implications and demands of the organisation changes taking place as it affected or could affect Nurse Managers. This they said helped them considerably to:

ii plan how they intended to implement and manage the changes in their own organisations and also how they could best help the Senior Nurse Managers in their own organisations adapt to the changes and to their new positions.

9.8 Concluding thoughts about the extended study with Nurse Managers

The Simulated Adaptation System and its parts have now been tested over a range of management situations including changes to organisation structures and jobs. Each programme of the three Nurse Management Schemes, including evaluation time, covered periods from 18 months to two years depending on the nature of the scheme. For example, the Directors of Nursing Services - General, Community and Midwifery speciality programmes take approximately 24 months to complete and the Directors of Nursing Services - Mental Illness and Mental Handicap can take up to ten years depending on the organisation changes to be made. Ten years would be required if Mental Illness and Handicap institutions need to be closed and patients moved into the community.

The Simulated Adaptation System and its parts have demonstrated

flexibility in use, enough for the author to be more confident in using the system and its parts on a wider scale.

The author is interested to note that the Nursing profession having worked the system for many years now identify with the system, framework and format to such an extent that they own it and intend to continue to use it in modified form for other categories of Nurses, including Staff and Ward Sisters.

CHAPTER 10

CONCLUSIONS

CHAPTER 10 : CONCLUSIONS

10.1 Introduction

This chapter presents the author's conclusions, views and reflections on work which was undertaken with the study objectives set out in chapter 1 para (1.7). Consideration is also given to what these offer for the future. In more detail, the first part of this chapter considers how far the study objectives had been met. Each objective is then reviewed to draw out conclusions and reflections about each objective. The chapter ends by considering what overall conclusions can be drawn and what these, together with insights derived from the finished study, can contribute to the author and potentially others, in the future.

10.2 Assessment on how far the study objectives were met

The author's experience whilst undertaking this research, coupled with hindsight, led him to conclude that the nature of objectives affected the extent to which conclusions could be reached. Whilst objectives 2 and 3 (page 26) were certainly achieved, the author's significantly increased knowledge of the first objective has, if anything, shown him more clearly what more he still has to learn, particularly on the implementation stage of organisation restructuring within the context of large scale change.

However, there was no doubt in the view of the PMP group and the sponsoring Pharmaceutical Committee that the project task had been met (page 23).

10.3 Conclusions, views and reflections on the study objectives

This study took place within the context of a wholesale organisation restructure of the National Health Service HMSO (1972) and three major conclusions have been drawn from the study related to the first objective.

10.3.1 Difficulties experienced by the National Health Service Organisation during the implementation phase

i The method(s) used to make change dictate the way change is implemented. Therefore equal consideration must be given to both phases, to ensure that change is implemented and made to work as planned. This means that change methods should be able to be used and built upon by those expected to make it work in practice. This study has explored an example where the change method employed was not considered by the author to be congruent with methods required to implement it. Furthermore, evidence suggests (chapters 1 and 3) that the way change was made prevented appropriate implementation methods being used when they were required.

ii The National Health Service had developed mechanisms geared to accommodate and facilitate change (chapter 3) before 1974 and the organisation restructuring destroyed these mechanisms and the body of knowledge that worked them (chapter 3), which might have been employed to facilitate

the implementation of change. (Argyris and Bamforth 1951).

iii When social systems of organisations are suddenly destroyed (chapters 3 and 8) para (8.5) individuals experience difficulties more in isolation and find it difficult to adapt to radically new demands of Role (chapter 3) and Trist and Bamforth (1951).

Within the context of this study the author recognises that these three conclusions might not necessarily be applicable to different scales of change or, necessarily, to other organisations.

10.3.2 Views on the difficulties underlying the three conclusions

The contributors to the difficulties of the experience which led to the three main conclusions have been reduced to six sources.

A Choice of method to make and implement change

The arrangements for change relied on official documentation HMSO (1972), the circulars (appendix A) and Brunel Working Papers (1973), revised. On the subject of choosing a method(s) for change the author, with hindsight, is led to the view that, for senior managers who needed to make the changes work, too much reliance was placed on this one method. That is, the 'telling' method through formal documentation. From the literature on the subject of change Argyris (1972) and others, the tendency is to consider this method on its

own to be the least reliable and favoured method for large scale change, both to gain people's understanding and commitment for the change to work as planned.

B The choice of change agents who take the lead in making changes

The author noticed with interest that this reorganisation was an example of one distinct culture, the Civil Service, having a major influence on how another culture is changed and the way it is changed. The author is not certain whether the Civil Service, who took the lead as change agent, could use other methods of implementation, but the evidence has led the author to conclude that the method used was not the best one to promote and facilitate the implementation phase.

C The pressure of time to arrange and initiate large scale change

The decision for change was a political decision. This meant that pressure to get things done in the life of a Parliament was immense. The author's view is that from the National Health Service perspective, this pressure was experienced as considerable, with just sufficient time to make the changes.

D Implementing changes based on assumptions made in the absence of information or accurate information

After the 'telling' was over, the major difficulty experienced

by new senior managers was the absence of information (or certainly accurate information) on which to base their decisions or map out directions for themselves and the functions they headed. This forced managers to make their own assumptions and some of these assumptions led managers into areas which tended to inhibit, obstruct or delay the implementation phase of change. They were 'travelling down the wrong road' Pharmaceutical Committee Minutes (1976).

E The destruction of the Social systems developed before 1974 to accommodate, support and facilitate change

Much has been said on the systems in chapter 3 and chapter 8 (pages 225 - 228) and the author would argue that the sudden destruction of these mechanisms Trist and Bamforth (1951) opened the door to most of the difficulties discussed in this study and chapter.

F The state of personal resources of senior managers to implement the change

Banton (1965) and also chapter 4 (page 87) suggests that to succeed in new roles, new managers need to be trained. Like the others, the subject Area Pharmacy Managers of this study had not been specifically trained for the change or their new roles (chapter 1 (page 21). The new managers felt this to be a disadvantage and the evidence from chapter 8 and 9 would support the conclusion that the fact that they had no specific

training contributed to the difficulties experienced by new managers.

10.3.3 The Working Model of Role

Much of the author's research effort was spent on developing a working model of role. The process of developing this model forms the body of chapters 4 (4.14 - 4.18), chapter 5 with emphasis on paragraphs (5.5 - 5.6) and the model was tested as part of an integrated system described in chapter 6. The working model of role is of particular value to newly appointed senior managers in completely new jobs, as it was designed to be, chapter 9 (page 242). To such managers its distinctive feature and asset is that it first gives a clear theoretical profile of a role and also of all those people who are part of that profile. It is now known that the specific part designed to reveal the role content has become more efficient chapter 8 (8.4) with the use of micro computers as developed by J Machin (1980) for his Expectations Approach related to role identification. This is designed to achieve similar results, that is revealing role content in the form of perceived and actual expectations.

10.3.4 The development of collaboration as a method to assist large numbers of senior managers

A The collaboration method used with Health Service Professions

The initial arrangements made with the Health Service

Pharmaceutical profession for this project have been described in chapter 1 para (1.4, page 14) and the main reason for forming the PMP group is summarised in chapter 2 (2.1 - 2.3). When the brief for the project was agreed the author realised particular attention had to be given to developing an appropriate method to meet the given demands. Collaboration was initiated withthe formation of the PMP group (chapters 1 and 2) and this way of working grew from that point. The PMP group developed rapidly in importance as a representative group and as a resource for the project. On both counts the PMP group proved more than competent to deliver what was required. This collaborative venture began, and continued to develop so successfully, that the same method was adopted for the other professional groups mentioned in chapter 9 with equal success and advantage to both parties. This was exploited progessively. The distinctive feature of this method is that it succeeded in gaining people's commitment at the appropriate level demanded to both manage and complete the project. At this stage, based on personal experience, the author is confident of success in the next natural step for Health Service professions who need to work together to meet the future generation of demands made on them individually and collectively.

B <u>The collaborative method in developing a proactive approach and mechanism</u>

The collaborative method succeeded in promoting a proactive approach and with the PMP group it also developed a mechanism for role identification and implementation together

with adapting to radically new demands of role and becoming established in a new position. This way of working delivered results which exceeded the expectation of the official sponsoring bodies , particularly for the Pharmaceutical and Nurse role based programmes reported in chapter 7, 8 and 9. The nurse programmes served to reinforce the findings from the Pharmaceutical findings on the value of the Simulated Adaptation System and its parts. The parts have proved flexible enough to be used by different individuals and in a variety of situations. The process of development and refinement of the system and parts continues.

C The Evaluation Process

The programme evaluations conducted (chapter 8 and 9) have been used only to indicate the progress of managers becoming, and feeling, established. The author's first view on why there has been no 100% implementation of adaptation plans is that once managers feel confident they are near the point of establishing themselves (over 70% implementation of the individual adaptation plan) life pulls them in different directions. The second view is that role sets for Pharmaceutical and Nurse Managers are relatively large in size and have more complex political pressures to manage and are therefore subject to more continual change.

D What the study can offer others

The study offers others, particularly in large and complex organisations, a tested collaborative approach for helping

large groups of senior managers to adopt a proactive approach for role identification and implementation as a means to adapt to radically new demands of role and/or, a new position.

E Shared Vision

At the end of the last chapter, the author put forward the insights he had gained from the Role based programmes with particular reference to the Pharmaceutical programmes. A major element in the authors learning is the concept of 'Shared Vision' and the importance of this concept for change and the transition process through change. Beckhard and Harris (1977).

The author would argue that the process whereby the PMP group developed the programmes (chapter 5 and 6) and the participation of all the 96 Area Pharmacy Managers in the programmes (chapter 7) produced a shared vision of both role and the process by which role could/should be clarified and this was vital for the effective implementation of change necessary for the Area Pharmacy Managers to become established.

The conclusion is both supported by the outcomes and findings of the Nurse programmes (chapter 9) and by the activity found to be performed by the established managers before 1974 (chapter 3) when they shared with new managers how their jobs worked in practice and what it would take

> them to perform in the manner and with the output expected. Therefore the power of the achieved shared vision was the foundation to the new manager's role identification and also prerequisite to their adaptation to role. In addition, with large scale change, the more vivid the 'shared vision' is in its changed state and the more pulling power and personal meaning the 'shared vision' has for the managers concerned, it becomes relatively easier for them to move through the transition to adapt to dramatically new demands of role and/or a new position.

The author concludes with the hope that this dissertation offers the opportunity, however small, for expanding his 'shared vision' with others working in this field.

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Appendix B

ORGANISATION DESIGNS

i The Entrepreneurial Design

This design is thought to be mostly used in small organisations, and, usually, by organisations concerned with one, or very few, products or services. The distinctive feature about this organisation design is that it centres around one entrepreneur who acts as the nerve centre for decision-making. The division of work is based on functions, or product and emphasis is placed on the speed of thought and action alike by people working in the organisation. To summarise, people in the organisation are expected to give their allegiance to the entrepreneur, therefore the nature of the organisation may be seen to be highly centralised with a network of people focussing their personal attention more on the entrepreneur, than others working in the same organisation. Human relations within the organisation are conducted on an informal basis and the favoured way of communication is on a one-to-one basis. The major values of this organisation are based on 'affinity and trust' between people.

ii The Functional Design

This may be seen as an expanding entrepreneurial organisation, which has now more products or services to market. Therefore the growth of functions and people to work on the functions is expanded. It is not possible to centre anything around one person, so the organisation is structured formally into different functions, such as research and development, personnel, manufacturing, finance and sales. These functions service the different products, or services.

In this organisation design, human relations tend to be more formal than the entrepreneurial design, but control and power are still centralised.

iii Decentralised design by product line and geographical area

This may be seen as a large size 'functional' organisation design. The size of operation has meant that the organisation is structured, by functions and product lines in more than one geographical location. Human relations tend to be formal and organisation control is now decentralised.

These three designs just described seemed to come from the same functional design stable, but the author felt it important to include all three variations for the PMP group to see how the same classification of organisation design can be modified to cope with growth and size.

iv The Matrix Organisation

This organisation also tends to be based on variations of the functional design, but the distinct features of this organisation is in the way it operates. The organisation management is basically concerned with different problems, which need to be solved. In this way, the approach is sometimes termed as a 'task' centred organisation.

This organisation values expertise above most other things as the base for power and influence. Therefore, people who have

genuine ability, creativity and commitment to working jointly with others on different problem solving ventures and tasks are most likely to be found in this type of organisation. The system therefore prizes people who get on with the work without having personal ambitions to socially engineer or manipulate the social process of the organisation.

The matrix or 'project' organisations, as they are sometimes known, structurally consist of an overlay (to the formal structure) of project groups which overlap the functional divisions with product or regional coordinators linking the functions. 'These groups tend to be small, talented and task-orientated' . When the task or problem has been completed, project groups tend to disband. Therefore with a matrix organisation design, project groups are continually formed and disbanded according to the need.

It is understood by the author that the matrix design tends to be also used more when organisations are caught up with a high level of change of products and technology.

The major feature of project groups is that their authority straddles organisation boundaries of functions in order to get the work done. Davis and Lawrence (1977) defines Matrix as 'an organisation that employs a multiple command system that includes not only a multiple command structure but also related supported mechanisms'.

Argyris(1972) says that a project groups is 'composed of people representing all the relevant managerial functions eg, marketing, manufacturing, engineering and finance. Each member is given equal responsibility and power to solve the problem. Members are expected to work as a cohesive unit'. Argyris (1976) also draws attention to the tendency of some organisations who over use the matrix design and this over use can cause as many problems as the system is designed to overcome.

v The Bureaucratic Organisation Design

The major feature of this design is that people working in it are more subordinate to the needs of the organisations. Jobs, roles, procedures and expected ways of performing are firmly based on organisation requirements and not on personalities. Therefore, with this design, all prescribed organisational roles are held together by a whole set of rules and regulations, which people conform to under threat of sanction. The organisation values stability and predictability where everything and everyone has its place. In such organisations the human contribution tends to be ignored or discounted and the terminology used to describe people encourages this way of perceiving people and their efforts.

vi The Professional Bureaucracy Design

This is the preferred organisation design for members of professional groups such as Doctors, Architects, Barristers and Academics.

In all the other designs outlined, the individual is subordinate to the organisation. The professional bureaucracy design exists to support and help the individual achieve his purpose. Therefore, this design is distinctly different from the other designs. Structurally it may be seen as a cluster of individuals who are loosely federated as groups.

The main allegiance of the professional is to his professional statutory body, his colleagues and clients. The profession controls how things are done by the individual with rules and codes of conduct, which are backed by sanctions. Professions find it difficult to recognise the 'boss' because all professional colleagues are thought to be equal in the eyes of the profession. Therefore management is perceived as a low ranking activity and organisations, decisions and choices tend to be made collectively.

This design provides an ideal setting for professions where colleagues can be part of an organisation with administrative support, yet retain their independence as individuals.

Appendix C

THE NATIONAL ROLE DEVELOPMENT PROGRAMME

For

AREA PHARMACY MANAGERS

1977/78

SCHEME EVALUATION QUESTIONNAIRE

e of Member: _____

gramme No: _____

Please return by 30 November 1979 to:

John Ware
NHS Training and Studies Centre
The White Hart
Cold Bath Road
HARROGATE
HG2 0NF

The Second Evaluation

When the Scheme started, you will recall that it was agreed that it should be evaluated with your cooperation.

The first evaluation took place at the end of the last residential module when you were asked questions by members of the staff group. The questions asked were based on this questionnaire. For the second evaluation you are asked again to answer similar questions in writing and return the questionnaire to me by the end of November 1979.

1. How far have you implemented your Role Adaptation Programme. Please indicate a percentage where possible?

(a) below 50%, (b) 60%, (c) 70%, (d) 80%, (e) 90%, (f) 95%, (g) implemented

2. Linked to question (1) what factors have interfered with the implementation of your Role Adaptation Programme?

3. How established do you now feel in your position? Put an X in the appropriate box?

(a) I do not feel at all established in may position ☐

(b) I am just beginning to feel established in my position ☐

(c) I feel I am making good/rapid progress in establishing myself in my position. ☐

(e) I feel very near the position where I feel established in post ☐

(f) I feel I am now fully established in position ☐

3.(continued) Any comments you wish to make concerned with your progress in becoming established in your position ? Eg what helped or interfered with your progress.

4. What aspects/parts of the programme did you think helped you more than others to make progress in establishing yourself as Area Pharmacy Manager?

5. What aspects/parts of the programme did you think hindered you in making progress in establishing yourself?

6. Did the programme meet the important (knowledge and skills) learning needs you required to perform your job/role as it is now?

7. Any comments you wish to make on the scheme, its conduct or what the scheme meant to you in practice?

Signed: _____ Date: _____