

Polarity Management in Healthcare System - Challenges and Opportunities

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ABSTRACT

Polarity Management™ is a brilliant and simple model, developed by Barry John, Ph.D. that helps individuals and groups work with naturally occurring polarities. Problems have solutions that can be considered an end point. They require either/or decisions and once the decision has been made, the inherent tension within the problem is released so that people can get to work. Effective leadership requires the ability to distinguish between problems that are solvable and polarity issues which are both unsolvable and unavoidable. Polarity management allows us to identify and assess the strength and weakness of multiple sides of an issue, so that we can find a balance and work accordingly. Integrated health systems are confronted with numerous functions that have to be managed. Many of these functions are an inherent part of the system's structure, given the co-location of multiple competing hospitals, medical groups, and (sometimes) health plans under one organizational roof. Simply put polarity management can be very often noticed between objective & subjective.

Introduction

An early morning sun gives us a change from the dark night, The comfort of change from a comfy bed to a leathered seat in the car to the revolving chair in the office we change so much of ourselves and the surrounding in our lives without considering the probability of the polar changes of our mind, our feelings, our lives and basically everything under the sun. we work in organizational environments of constant change. Responding to change, inducing change, or managing change, we can safely say that the current health care system requires all the basic survival instinct and adaptability for survival. Change means to evolve from the current condition. What was the standard and accepted

before is quickly ignored and set aside for some result oriented directions. Integrated health systems are confronted with numerous possibilities of practical ideas, problems and solutions and organizational structures that must be, can be, and will be managed.

Many of these dilemmas are a question and answer or both build as a DNA of the healthcare system's structure, given that multi level corporate hospitals competing with single specialty and other forms of medical groups and healthcare delivery systems, all under one basic umbrella "The healthcare system".

All the changes that happen in an organization is not a piece of cake, it is a rose with thorns changing organizational climate and structure for

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the benefit of the management, the organization, the people associated with it directly or indirectly all get to play their roles as and when required- Evolving and transforming.

In this paper we will see some of the basic polarity changes that affect and transform the complex working atmosphere of the healthcare system. The Challenges faced by the Healthcare system and the opportunities provided for the change.

“Stretch your well-disciplined strength between opposing poles

For it is inside human beings that God wants to know...” - Rilke

Polarity A Reality

When there is a change there will always be persons supporting the change or voicing against it. The current scenario in the healthcare sector in clinical, non-clinical and administrative part changes rapidly as a wink of an eye. Previously it took a lot of effort and practice to implement a new system or style of organization both internally or in the community, nowadays from changes in the administration from a physician centered to specialty centered, Quality centered or heritage centered horizontal organization or vertical organization. Thus there is always an inconsistent change that looks in to the future with blurred look and clear goals.

“Polarity is the loom on which reality is strung...” Spilsbury and Bryner

Polarities are part of life and are found everywhere, they are omnipresent and unavoidable. They are present in our personal preferences, groups, organizational issues, and almost everywhere.

Some of the polarities we say in our day to day life are

Yin	yang
Heat	Cold
Night	Day
Active	Rest
Brain	Heart

Looking into Integrated Healthcare system, we find some of the complex polarities present all through the system

- Quality and Care
- Organizational benefits and Customers/ Clients benefits
- Vertical organization and Horizontal organization
- Physician centered and specialty centered care
- Integrated performance and Individual performance

Polarities are interlinked pairs of different, challenging or different points of view or paradoxes, each trying to solve the same puzzle in a different way.

The healthcare system is so complex and full of paradox that it needs an integrated system as an answer to its problems. There are some universal solutions that are considered as answers to solutions and help the decision makers in the integration of the healthcare system. These models which work well with one system may provide a different result in a different organizational structure.

Competition, innovation, shortage of staff, rising cost and increased customers needs have increased the immediate need for more effective and efficient use of resources through integrated service delivery models. Integrated health systems are widely considered to provide superior performance in terms of quality and safety as a result of effective communication and standardized protocols, although these outcomes have not been fully demonstrated (Gillies et al. 2006). Despite the growing enthusiasm for integration, information related to implementing and evaluating integration-related initiatives is discrete and not easily handy. There is little guidance for planners and decision-makers on how to plan and implement integrated health systems. With evidence-informed decision-making as an expectation in healthcare management and policy (Cookson 2005), there is a need to seek out and apply current knowledge on health systems integration to advance effective service delivery. Systematic reviews can serve as a tool for evidence-based decision-making for health planners and policy makers (Cookson 2005; Fox 2005; Lavis et al. 2004; Moynihan 2004).

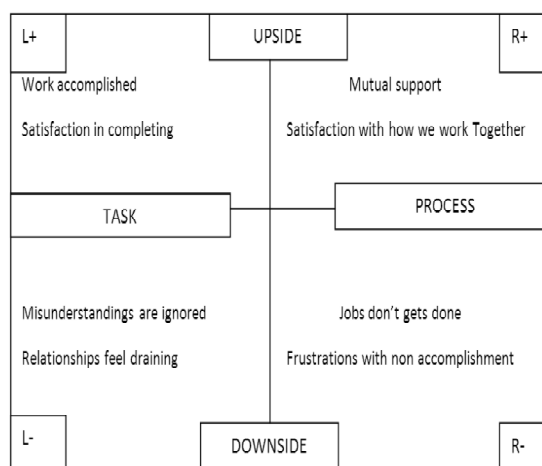
Transformation

Organizations are characterized by rational-deductive thinking, with stable conventional patterns of management. With proper experience and knowledge and expertise we find that matters become less tangible and predictable. The organization must be able to confront change, ambiguity and contradiction. The choices may not be between good and bad, but between one good and another, or perhaps between two negative alternatives. The solutions are got from the unwritten and as in when required situation of the organization. The successful manager must apply elastic frames of situation to deal with the

uncertainty, leading to apparently inconsistent behavior.

Some analysts refer to the changing scenario as transformation and divide it into four phases. The initiation phase begins when an individual or a group require a need for change or improvement. This is where a plan is developed. This juncture makes it a very special area of consideration since feedbacks are collected and some review and resistance are seen for and against the proposed plan. The fear of failure or anxiety about the opposition may kill the plan at the start, resulting in stagnation, the status quo. If the plan fails at this point it all depends upon the leader's personal outlook of his view about how he moves forward making the word "failure" into a target and achieves "success"- all said and achieved by sheer determination, consolidation, mental strength, experimentation and exposure.

The ability to live with uncertainty, opposition and contradictions is essential to surviving the uncertainty phase. In the transformational phase, the organizational team "re think" its thought process. This is the point where the solution emerges, overcoming anxiety and doubt, where excellence develops.



The team then provides solution and re organizes and understands the situation. If a solution does not fit with the new protocol, the organization is likely to try to re-interpret the problem in order to make it work.

Task and Process Polarity Map

Steps in Creating Polarity Map

1. Identify a key polarity. Agree on names for the poles. Write them into the map. A map structure is provided on the back of this sheet.
2. Brainstorm together the content for each quadrant.

Tips for Using Polarity Maps

1. Remember that to pursue the benefits of one pole, you must also pursue the benefits of the other pole. The solution is not static.
2. You may want to identify indicators for each pole which will let you know when you are experiencing its downside. Putting feedback mechanisms in place aids in managing the polarity.

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Some polarities in an organization

Activity	Rest
Being Expansive	Being Focused
Candor	Diplomacy
Conditional Respect	Unconditional Respect

Tight Leadership

Managerial

Plan/Study

Critical Analysis

Individual

Responsibility
for Work

Organizational
Responsibility
Work

Organization

Traditional Care

Local Focus

Centralized

Program Identity

Autonomous
Business Units

Operations

Stability

Support

Individual

Focus on
Relationships

Uniqueness

Work Life

Loose Leadership

Transformational

Do/Act

Encouragement

Individual

Responsibility for
Home

Organizational
Responsibility for
Home

Customer

Innovative Care

National Focus

Decentralized

News Identity

Integrated
Business Units

Services

Change

Accountability

Team

Focus on
Productivity

Uniformity

Personal Life

Ten key principles for integration

Comprehensive services across the care continuum

- Cooperation between health and social care organizations
- Access to care continuum with multiple points of access

- Emphasis on wellness, health promotion and primary care

Patient focus

- Patient-centred philosophy; focusing on patients' needs
- Patient engagement and participation
- Population-based needs assessment; focus on defined population

Geographic coverage and rostering

- Maximize patient accessibility and minimize duplication of services
- Roster: responsibility for identified population; right of patient to choose and exit

Standardized care delivery through interprofessional teams

- Interprofessional teams across the continuum of care
- Provider-developed, evidence-based care guidelines and protocols to enforce one standard of care, regardless of where patients are treated

Performance management

- Committed to quality of services, evaluation and continuous care improvement
- Diagnosis, treatment and care interventions linked to clinical outcomes

Information systems

- State of the art information systems to collect, track and report activities

- Efficient information systems that enhance communication and information flow across the continuum of care

Organizational culture and leadership

- Organizational support with demonstration of commitment
- Leaders with vision who are able to instill a strong, cohesive culture

Physician integration

- Physicians are the gateway to integrated healthcare delivery systems
- Pivotal in the creation and maintenance of the single-point-of-entry or universal electronic patient record
- Engage physicians in leading role, participation on Board to promote buy-in

Governance structure

- Strong, focused, diverse governance represented by a comprehensive membership from all stakeholder groups
- Organizational structure that promotes coordination across settings and levels of care

Financial management

- Aligning service funding to ensure equitable funding distribution for different services or levels of services
- Funding mechanisms must promote inter professional teamwork and health promotion
- Sufficient funding to ensure adequate resources for sustainable change

Finding the possibly conflicting goals is the prior goal. Polarities in an organization are a reality in any area of commotion. Polarities range from the extreme of Traditional Care & Innovative Care on the one hand and the conflict between cost and quality on the other. Physicians, on the other hand, want to be able to spend more useful time with each patient and not to be moved rapidly from one patient to another. Administration has the target of maximizing the patient turn around per physician ratio which in turn maximizes in profits. This was the organizational situation where polarity management comes into play which is worked effectively by experienced and talented administrators and healthcare managers. Applying Polarity Management In bringing together representatives of the healthcare organization , patient base, and staff of physicians, the aim is to work on a relative understanding between these groups and achieve some level of agreement on key issues such as how appointments and still permitting physicians flexibility in determining how long they spend with their patients.

A major polarity confronting the healthcare organization centers upon the degree to which the organization will set policy which will then be accepted by clients or patients. This will require negotiating between the doctors group and the management. It is likely that there will always be conflict in such situations because medicos are often required to move appointment times to accommodate emergencies. Patients on the other hand will always expect to receive the utmost care and treatment at a viable cost with no compromise on the quality of the care provided. Here the customer relationship becomes the focus of interest and the organizations point of view towards the delivery of care with stability. In the case of a health care organization, polarities

between service costs and service quality may exist along with polarities between autocratic decision making on the part of the healthcare organization and participation on the part of the patients.

In a healthcare organization if a patient agrees upon the doctor's considerable time towards consultation rather than as in the appointment schedule it might provide a better doctor- Patients relationship and make it a pleasant atmosphere for the organization as a whole. It is the duty of the organization to understand and agree upon the number of patient each doctors see each scheduled day as in appointment and in emergency situations. An organization must view and address polarities not in the anticipation that they will be eliminated, but rather that they will be managed. Polarity map- The polarity issue chosen for the present case is Stability and Change, which represents an effort to accommodate the needs of patients for timely service at a reasonable cost, of physicians for flexibility in serving patients, and of administration in ensuring that a proper patient/doctors ratio are maintained. Accepting the existence of polarity and using flexible solutions can do much to reduce the antagonisms between the different groups.

Bottom line

All challenges are polarities to manage, rather than problems to solve. Polarity management involves moving from focusing on one pole as the problem and the other as the solution, to valuing both poles. Good polarity management gets the best of both poles while avoiding the limits of either.

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