Strategische beslissingsprocessen in ziekenhuizen. Een casebenadering.
Postma, Theodorus Johannes Bernardus Maria

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Summary

This thesis deals with strategic problems in hospitals in The Netherlands. In the first three chapters, a theoretical (conceptual) framework is developed to study strategic problems, using the terms 'strategic', 'problems', and 'hospitals'. In the next two chapters, two practical cases of strategic problems in two hospitals are analyzed, to illustrate this conceptual framework. In the final chapter, conclusions and a number of recommendations are formulated.

Chapter 1 goes into two paradigms of economics relating to decision making. The discussion centers on the normative concept of 'rational decision making'. Rational decision making takes shape through prescriptions indicating in advance in what way a decision process must be passed through. This thesis starts from the paradigm of bounded rationality. For a definition of bounded rationality, Simon's specification of this paradigm was followed, who introduced the concept of procedural rationality. In this thesis, procedural rationality is defined as a prescription for the various phases distinguished within a decision process, and their connection (sequence). By interpreting the paradigm of bounded rationality in this way, however, no statement is as yet obtained about what takes place within the phases of one specific decision process. For this, an additional concept is needed, which is referred to as 'political rationality'. Political rationality contains prescriptions about the choice of decision procedures within the separate phases of a decision process. If that choice is made in advance on the basis of goals and considerations, this decision process is called political-rational. Two different approaches are distinguished to discover procedures and their connection: one that makes use of methods and techniques (the integral approach), and the ad hoc (partial) approach, which concentrates on the decision rules used in a specific case. In this thesis, the integral approach to political rationality is used. This implies that a model cycle is central, by means of which the relation between the various methods and techniques is established. The choice concerning phases (procedural rationality) and methods and techniques (political rationality) is set down in a decision strategy. A decision strategy may be supported by so-called decision support systems (DSSs).

The main objective of this study is, on the one hand, to work out the conceptual framework that can be used in dealing with strategic problems in hospitals, and, on the other hand, to illustrate this conceptual framework on the basis of two practical cases.

Chapter 2 focuses on strategic decision processes. In the literature, a distinction can be made between the approach of strategic planning or of formulating strategies, and the more empirically oriented research into strategic decision processes in
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Chapter 3 is about hospitals. Mintzberg is followed, who speaks of professional bureaucracies in this context. This implies, among other things, that in certain strategic problems, medical professionals play an important role in the decision processes. Strategic problems arise both in the internal and the external environment. In order to obtain a clear picture of the internal problems of organization in a hospital, the various aspects of the internal environment are dealt with. The most important developments in the external environment are also discussed. As the position of University hospitals is different, this subject is dealt with separately. The main conclusion of a literature search concerning the tackling of strategic problems in hospitals is that relatively little attention is paid to political rationality, both in Dutch and in foreign publications.

Chapters 4 and 5 deal with two strategic problems (cases). Each occurred and was solved in a different hospital. These cases must not be considered as representative random samples from which conclusions can be drawn for a population. This is exemplary research, carried out to check the occurrence and validity in actual practice of the concepts developed in chapters 1 and 2. The cases relate to the following strategic problems:

- The problem of the identification of the possibilities of the application of the nuclear magnetic resonance technology, set alongside the possibilities for the University hospital of Groningen to actually obtain this technology.
- The problem of the increase in the number of cancer patients for whom radiotherapy is necessary (an increase that is expected to continue), set alongside the possibilities for the radiotherapy department of the Catherina hospital in Eindhoven to treat those patients.

In chapter 4 the background studies are presented which are essential to providing insight into the complexity of the two cases. Each of these studies goes into the developments in the external environment of the hospitals concerned in relation to the strategic problem. Especially the role and the influence of the authorities become clear. Subsequently, attention is paid to the internal environment of the hospital and to the way the hospital deals with strategic problems.
Chapter 5 goes into the decision processes aimed at solving the two strategic problems mentioned above. The analysis of each case follows a fixed pattern. A case starts off with a reconstruction of the decision process seen in time. After that, the decision process is described on the basis of the following approaches: the phases passed through in the decision process (procedural rationality), the procedures used in each phase (political rationality), the degree of support and the manner in which this support was effected in each phase of the decision process, and finally a description of the participants in each phase of the decision process.

Finally, chapter 6 summarizes the main conclusions of chapters 4 and 5, and places them within the conceptual specifications of chapters 1 and 2:

- In neither hospital a system was available during the decision process, with which strategic problems and their connection could be approached in an integrated and systematical way. This means that the two strategic problems investigated (and others as well) were dealt with separately.

- The various phases of the conceptual model of the decision process can be found back as such in the two decision processes. The results of the literature search in chapter 2 and those of chapter 5 indicate that there is little cause to assume that procedural rationality is not accepted as a prescription.

- A limited number of procedures has emerged during the research. Those that were found are predominantly informal, i.e. they are not formally established in the organization. When viewed at large, both strategic decision processes are not political-rational.

- The support of strategic decision processes can be divided into organizational support and specific support such as methods and techniques.

On the basis of the foregoing, a modest attempt is made to fill in a decision strategy for dealing with strategic problems, including indications for each phase of how political rationality can be operationalized. It is presumed that the plausibility of procedural rationality is accepted in advance. In this context, the facilities of DSSs offer a good starting-point for supporting a decision process. It is presupposed in this that DSSs meet a number of requirements, e.g. supporting at least one phase of the decision process and rendering possible the use of a number of aids (viz. data and models). It must be noted that DSSs will not always be usable for every strategic problem in hospitals. Because of the major importance of strategic problems, a more frequent use of decision strategies and DSSs is to be recommended.

In filling in a decision strategy and in developing a specific DSS for strategic problems in a hospital, the following points, among others, will have to be taken into account:

1. The concept 'strategic' will have to be operationalized; a
point of consideration should be the dividing of responsibilities between professionals and the management.

2. It is proposed that at the level of the management a more systematical consideration of the various strategic problems be made, for example with the help of a corporate model. Further research into its set-up and application is advisable.

3. Certain strategic problems require a supporting structure on minimally two levels: that of the ward (medical professionals) and that of the management. For this, specific DSSs are required at both levels.

4. Within and outside a hospital, those concerned will have to be willing to cooperate in setting up, using, maintaining, and financing specific DSSs if the required support is to be realized. Also, users of specific DSSs will have to be willing to familiarize themselves with the new insights and skills involved.

In this final chapter, a case in point of a specific DSS aimed at capacity problems in the field of radiotherapy is worked out.