

ISA – International Sociological Association
RC51 on Sociocybernetics

SCIO OPEN EVENT
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CHANGE IN A COMPLEX ORGANIZATION
- From Max Weber to Fluid Organizations -

A Case of Participant Observation

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WHAT MAKES IT SOCIOCYBERNETIC AND SYSTEMIC?

A Reminder

- **Matter/Energy**
- **Information**

- **Events**
- **Processes**
- **Structures**
- **Hierarchy of systems, subsystems ...**
- **Emergence**

- **Multi-causality / multi-effects**
- **Circular causality**
- **Feedback**
 - **Positive feedback**
 - **Negative feedback**
 - **Control loops (information processing)**

MAX WEBER AND BUREAUCRACY

A rational organization is a bureaucratic organization. Bureaucracy in a good sense makes sure that:

- a) an organization (a commercial enterprise or a government agency) functions independently from specific persons.**
- b) each activity and each decision is reproducible (can be audited) and**
- c) responsibilities are clearly regulated.**

Rational Organization

PRACTICAL AND LEGAL KEY REQUIREMENTS FOR ORGANIZATIONAL ACTION

- **Responsibility**
- **Accountability**
- **Traceability**
- **Audit Trail**

GIESSEN AND MARBURG UNIVERSITY HOSPITAL GMBH - For Example -



- Hospital of maximum medical care
- 3rd largest university hospital in Germany
- 2 locations – Giessen and Marburg
- 80 medical departments
- 9 700 employees
- 2 230 beds
- 426 000 patients per year of which are
- 92 000 inpatients

WHAT MAKES AN ORGANIZATION WORK?

Finance

Materials

Energy

Technology
(machinery)

Information

Know-how
Skills



Patients
(sick)

Input

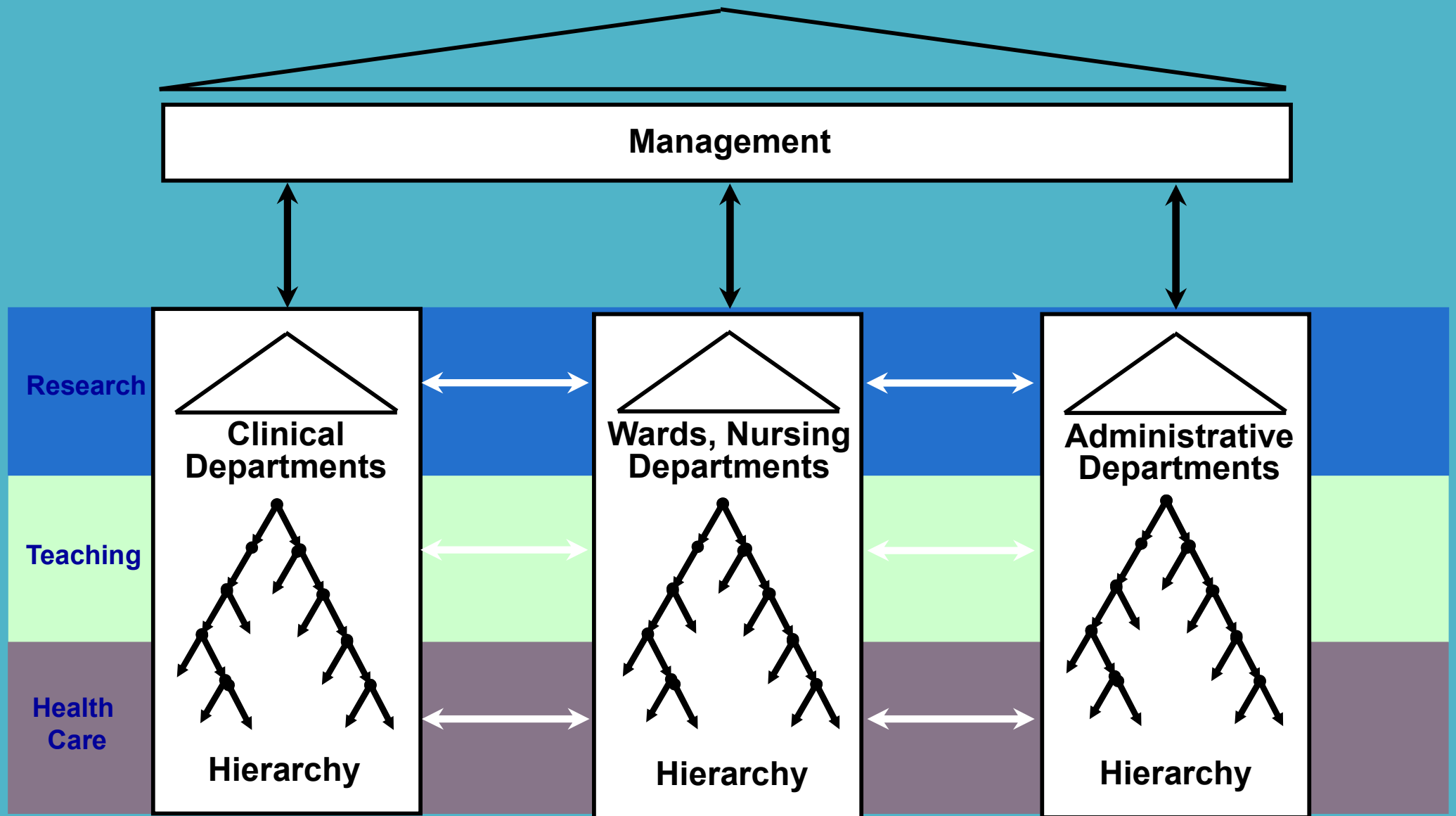
Throughput

Output

Patients
(healthy,
hopefully)

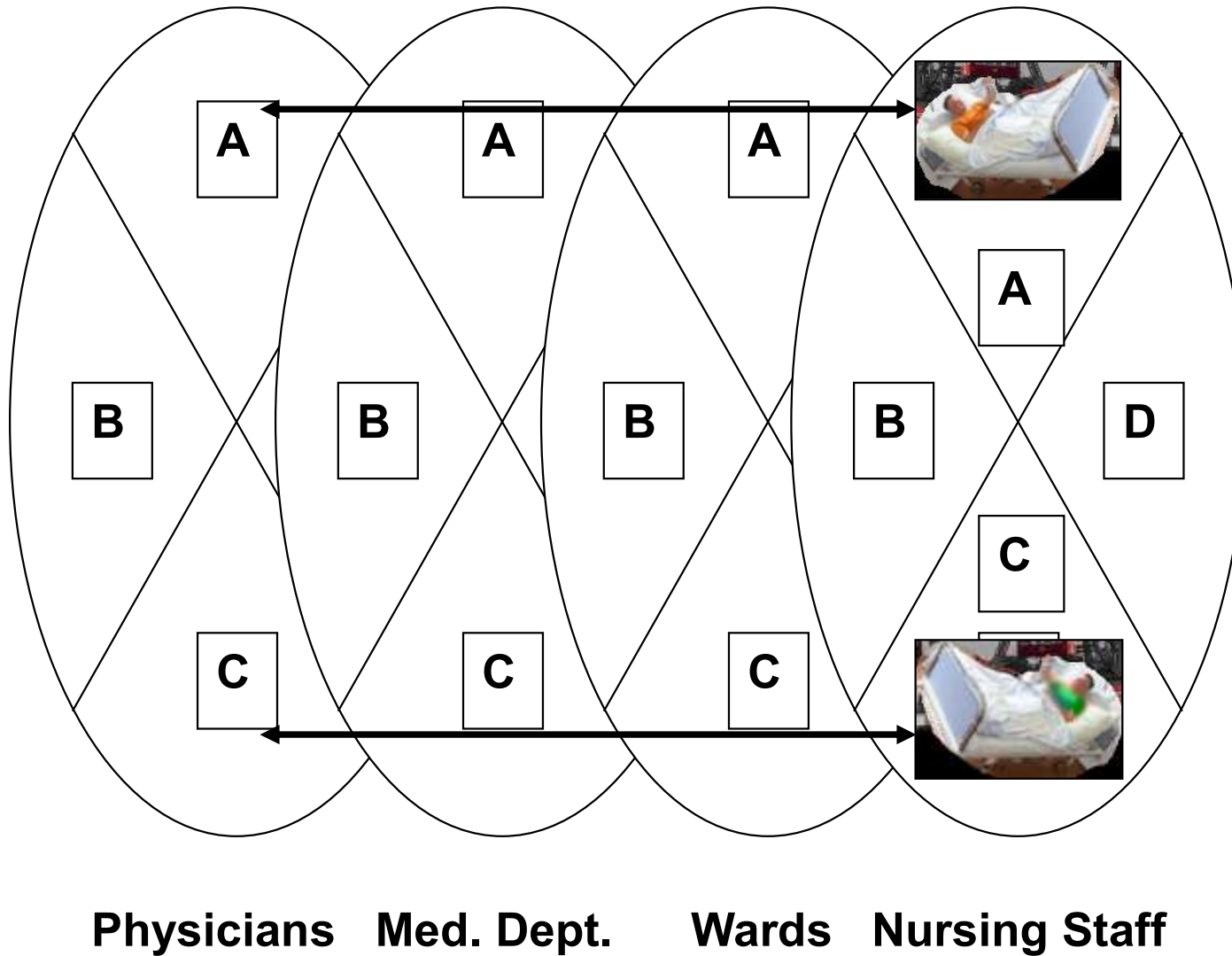


THE INTERNAL STRUCTURE OF A UNIVERSITY HOSPITAL



Multi-levels, Multi-systems, High Complexity, High Dynamics

WELL-DEFINED STRUCTURES IN A HOSPITAL



ONCE A HOSPITAL STARTS ROTATING

- The Patient in the Machinery -



Physicians

Med. Dept.

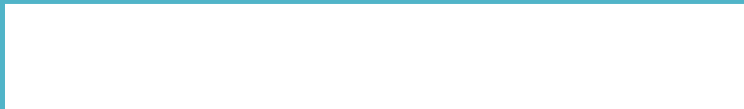
Wards

Nursing Staff

TEN STEPS OF MOTIVATION AND DE-MOTIVATION

Example from the Life of a University Hospital

- 1) **Routine and Alert: A healthy institute shifts gear**
Organizing 2 national conferences in one year
- 2) **Routine and Alert: A healthy university hospital shifts gear**
Introducing a Hospital Information System (HIS)
- 3) **High Speed Continued: Routine testing the HIS**
- 4) **High Speed Becomes Chronic: We have to consolidate the system**
- 5) **Crisis: Being good sports – Two university hospitals are merged and sold to a private holding**
- 6) **The Gods from the Mountains: We know everything better and you are stupid (we are not – we are still good sports but dislike outsourcing and lowering the salaries)**
- 7) **Management by Hearsay: Anticipatory obedience, yet staff gets tired**
- 8) **Paper Tigers Cooking with Water: We do know how to do things, and many things still work well – in spite of management**
- 9) **Self-Sacrifice for the Patients: Moving two university hospitals and maintaining patient care in a rotating environment**
- 10) **A Glimpse of Hope and Professionalism: Addressing the staff, communicating, and taking concerns seriously**



TO BURNOUT AND REVOLUTION

Ultimate Motivation – Carry the War to the Mountains

- 11) A Victory against the Gods: The Federal Court rules the sale of employees illegal, they have the right to return into Government Service
- 12) Destroying Bridges – by Carelessness? Overload of work and announcing the reduction of 500 staff positions create resignation and despair
- 13) The Crash and Ultimate Loss of Trust and Confidence: The entire Holding (with more than 50 hospitals) is to be sold to another trust – A founder scheming for more money

STAFF, WORKS COUNCIL, PATIENTS, AND THE PUBLIC MOBILIZE

An "autopoietic" organization? – Or a multistable system?

EFFECTS AND COUNTERMEASURES

INDIVIDUAL BEHAVIOR

- **Voting with the feet: Top management completely left**
- **At the somewhat lower level many important persons left**
- **Important clinical doctors and researchers left**
- **Increased sickleave (absenteeism), also psychological - burnout**
- **Increased presenteeism (sick staff working – esp. physicians)**
- **At lower levels increased willingness to return into Government Service, even if conditions are bad too**
- **Domino-effect: If you leave, I have to do your work too, so I better also leave**
- **Burnout cases**
- **Sometimes patients are sent away to other clinics**
- **Staff sends own relatives to other hospitals**

EFFECTS AND COUNTERMEASURES 2

ORGANIZATIONAL BEHAVIOR:

- Projects which have received much input are discontinued
- Neglect of documentation (legal requirement)
- Neglect of (timely) reports to external physicians
- Intolerable waiting times for (seriously ill) patients
- More mistakes
- Requests to block patient information (esp. by staff as patients)
- Mobbing (???)

POLITICAL BEHAVIOR:

- Demonstrations and manifestations
- Daily (negative) reports in newspapers and other media
- Request by Unions, staff, University, Municipality, and citizens' organizations that the State Government take back the privatized hospitals.

Marburg University Hospital Greets SCiO !



THE END

