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The voice of public health physicians, guardians of the public's health

Preventive Services ToolKit Project

Instructor's Manual

Module6 – Power Structure Analysis

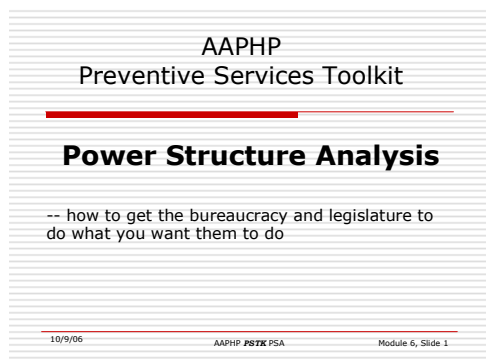
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Slide 1 – Title

In organizational settings, power is often not related to the chain of command. All of us have been in situations in which the nominal boss or supervisor had little or no control of what was going on, and lower level staff – sometimes secretarial staff actually ran the organization or program.

▪Power structure analysis is a form of stakeholder analysis – figuring out where people stand relative to any given issue, why they stand there – and how to use this knowledge to move your agenda forward. In the 20 to 30 minutes available for this

presentation, we will briefly present the major theoretical underpinnings of PSA, as listed on the slide, and teach you how to use them.

▪Not everything you would like to do in your organizational setting may be possible, at least at this point in time. When faced with that situation, PSA will provide into what must change for your proposal to move ahead so that, if and when such changes occur – you can rapidly take action. Sometimes it may be a matter of waiting for one individual to die or retire. Other times it may relate to a change in external environment – relative to federal policy, reimbursement or accreditation guidelines, or other. Results of a PSA analysis, with regard to such barriers is often surprising – and brings to light options you might not otherwise have considered.

▪**As we go through the slide set, please be thinking about proposals you would like to present in your home institution. After the presentation, I will solicit proposals from the audience to serve as the basis of one or more power structure analyses during the discussion period.**

▪PSA is a skill, not a didactic exercise. In the discussion period we will try to quickly move through one or more PSAs on proposals suggested by members of the audience.

▪Finally – I think it important to share with you the source of the material in this module. It is based on a lecture given by Dr. Abraham Fishler, of Nova University, in 1974 – to students in the Doctor of Public Administration Program. Dr. Joel Nitzkin, Principle Investigator and Project Manager of this Preventive Services Toolkit Project was one of the students in that class. Over the past 30 years, Dr. Nitzkin has successfully used PSA on a number of occasions, and taught it to others in public health and health care settings. To our knowledge, with the exception of one paper published by Dr. Nitzkin – we know of no literature or published descriptions of this procedure. It is, indeed a quintessential “trick of the trade.”

Comment:

Nitzkin, JL: Doing the Impossible, How the Louisiana Office of Public Health Revitalized its Safe Drinking Water Program. Journal of Public Health Management and Practice. Vol. 1, No. 2, Spring, 1995.

Slide 2: Power

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▪Having a high level administrative or supervisory position is but one of many ways to secure power within an organization. Some do it by charm, some by skill, and others by playing roles and games – some positive, others destructive.

▪In this module, we will outline certain elements of the anatomy and physiology of a complex organization, as if it were a living organism (which it is) – and present some very useful tips for using this knowledge to get your organization to do what you want it to do.

Slide 4: PSA Rapid and User Friendly

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Slide 5: PSA – Teaching Objectives

PSA - Teaching Objectives

- Describe concepts and tools of Power Structure Analysis (PSA)
- Address mindset-related barriers to preventive services
- Conduct a Power Structure Analysis

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Describe concepts and tools of Power Structure Analysis including the issue of multiple sides to every issue, character types in organizational settings, hierarchy of domains, Federalism, and use of the sunburst diagram.

▪Address barriers to preventive interventions that had previously been considered "off limits" because they were considered "political" or "administrative" or organizational culture domains and therefore inappropriate for the organization.

▪Conduct one or more Power Structure Analyses in the workshop session on problems brought up by audience members.

Slide 6: PSA: Concepts and Tools

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These are the topics to be addressed in this slide presentation.

Slide 7: Stakeholder

Stakeholder

- -- any person or interest group that cares enough about an issue or proposal to either support or oppose it
- -- any person or group with an interest in the success of the enterprise

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(the second bullet on the slide is from Webster's New World College Dictionary, Fourth Edition 2004)

- Some potential stakeholders may not even realize they have an interest in the proposal, until their "stake" is pointed out to them.
- An example could be the marketing department in an HMO not realizing the potential of a newly proposed program to either be of value for marketing – or, if oriented toward extremely ill individuals – result in adverse selection

(encouragement of high cost patients to transfer into the plan)

Slide 8: Mindsets

Mindsets

- Personal
- Technical
- Administrative
- Policy/Political
 - Personal idiosyncrasy
- Organizational Culture
 - Universal
 - Idiosyncratic
- (Graham Allison: *Essence of Decision*)

10/9/06 AAPH PSTK PSA Module 6, Slide 8

A mindset (or domain as Allison called it) is a field or sphere of activity or influence (per Webster's New World College Dictionary, 4th ED 2005).

Technical -- what you learned in school – science and evidence

Administrative – rules and regulations

Policy/Political – value orientation – who pays, and who gets the benefits

Personal idiosyncrasy, organizational culture

and personality types – what feels good to me (us)

▪ Most of us (as medical or public health staff) are so deeply engaged in the domain of medical science that we have great difficulty dealing with issues in administrative and political domains – even though we understand that we need the support of decision-makers in those domains if we are to provide high quality medical care and if our ideas for new programs and projects are ever to see the light of day.

▪ Even worse – our focus on the domain of medical science often leads us to the impression that decisions by administrators and politicians that conflict with our impression of good medical care represent either ignorance or possible evil intent. We can easily become so focused on technical correctness in medical science that we lose sight of the possibility that there might be such a thing as administrative or political excellence in its own right – a form of excellence that sometimes might legitimately overrule our notion of medical excellence.

▪ As physicians, nurses and public health workers (to be modified by audience) most of us live most or all of our professional lives in large organizational structures, and with the support and limitations of state and national law and regulation. It therefore behooves us to better understand how these bureaucratic and political systems really work.

▪ Organizational decision-making can generally be done in one of four domains – technical, administrative, policy/political and personal idiosyncrasy/organizational culture.

- The **technical** domain reflects science, technology, and what we learned in school. For instance – determining the correct dose of the correct antibiotic to treat a specified infection is a decision in the technical domain.
- The **administrative** domain reflects budget, personnel and standard operating procedures. For example – the decision on which positions to fill and which to leave vacant represent administrative decisions.
- The **policy/political** domain is the domain of elected public officials in government, and the Board and CEO in the private sector. The decision by a healthcare system whether it will be dedicated to serving the medically underserved, or it will pursue maximum profit – is a decision in the policy/political domain.
- The issues to be addressed within the policy/political domain are as follows:
 - The mission and vision of the organization.
 - Who pays, and who receives the benefits.
 - Hires and fires the major administrative leaders – personnel and finance directors, department heads, etc.
 - Liaison with the outside world.
 - Elected public officials and Boards of Directors are clearly, and mostly purely operating in the policy/political domain.
 - Chief Executive Officers are hired to translate the goals of the elected officials and Board into daily practice. As such, they have one foot in the policy/political domain, and the other in the administrative domain.

Finally there is the domain that reflects **personal idiosyncrasy/organizational culture**. Decisions in this domain often conflict with the stated mission of the healthcare system or what would otherwise seem to make administrative sense. For example – decisions in healthcare settings relative to which cases of sexually transmitted illness get reported to public health authorities or go unreported often reflect the personal idiosyncrasies of the attending physician. Decisions within a hospital system relative to whether given leadership positions are filled with physicians vs. nurses vs. administrators may reflect local custom and organizational culture.

Slide 9: The Hierarchy of Mindsets

The Hierarchy of Mindsets

- Personal Idiosyncrasy /organizational cultural
- Policy/Political
- Administrative
- Technical

10/9/06 AAPH PPTK PSA Module 6, Slide 9

Here is where things get messy.

- The **list of domains is upside down** – with technical correctness at the very bottom.
- There is a **universal and inflexible hierarchy** of decision domains.
- Let's work our way from the bottom to the top.
- When an **administrative** guideline or standard operating procedure conflicts with what **is technically** best – the

administrative guideline or standard operating procedure holds sway. For example – if, when setting up a new high-volume primary care clinic, it becomes clear that the most cost-efficient way to manage some of the patients would be with a physician assistant or nurse-practitioner – rather than a physician and the personnel office has no classification for nurse practitioner or physician assistant – the clinic manager, if unable to convince the personnel department to create the new job slot – will have to either leave the position vacant or fill it with an RN or MD.

- Another example – more direct – if, when evaluating a closed head injury, it becomes clear that an MRI would be the best means of evaluating the patient – and the facility has no such machine – the doctor and patient will simply muddle through without it.

- Yet a third example deals with the conflict between physician productivity and needs for patient counseling. While all profess a commitment to quality of care – in most places, the pressure for productivity will simply eliminate any thought of any such counseling.

- Perhaps the clearest example of destructive **conflict between the administrative and technical domains** comes into play during times of major budget shortfalls – when staff must be fired to reduce costs. Under these circumstances, in most public and private organizations – the rule of seniority holds sway. Rather than fire the least productive and least energetic staff – the old ones are retained and the new ones are fired. Sometimes this is the functional equivalent of pruning your garden by cutting off all the vigorous green shoots – and leaving only the dead wood.

- Given those circumstances, the physician or nurse seeing the problem, if unable to convince their supervisor or personnel department – has but two choices: 1) live with the unsatisfactory situation; or 2) go over the head of the supervisor and appeal **to yet higher (ie political/policy) authority**. This latter step is likely to be effective. It is also likely to cost that physician or nurse his or her job.

- **Personal idiosyncrasy and organizational culture often hold the secret as to why things go wrong in organizational settings – or why entire organizations are or become grossly dysfunctional.**

- **Personal idiosyncrasy**, in this context, is a value or strongly held belief by a person within an organization that conflicts with what that organization is supposed to accomplish. For example, a hospital administrator, in a public hospital dedicated to serving the poor and underserved may have, as a personal idiosyncrasy, the desire to make his or her hospital the largest and most respected facility in the community. To do so, he or she may institute policies that fill the beds with paying patients, thus blocking access to the poor and underserved – largely negating the mission of the facility.

- One of the most destructive aspects of a personal idiosyncrasy is that, more often than not, it is invisible to the person with the idiosyncrasy. In his or her heart of hearts, he or she sincerely believes he or she is doing the job he or she was hired to do in the best possible manner. Others can see it, but the person involved cannot – making any appeal to reason all but impossible.

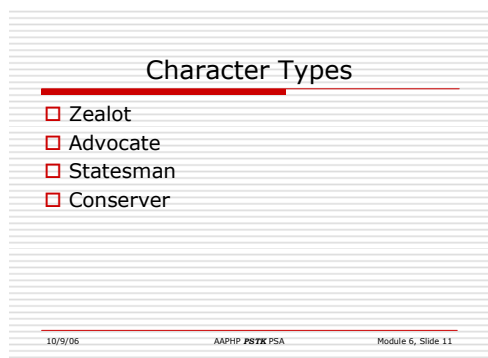
- **Organizational culture, when dysfunctional – can be the equivalent of personal idiosyncrasy writ large** – and affecting many, if not all the key people in an organization. A shared unwillingness to consider new ideas or take chances with new approaches often reflects such a dysfunctional organizational culture. The “entrenched bureaucracy” syndrome where key leaders, often reinforced with solid job security and an almost paranoid sense that others are out to get them, or diminish their privileges can create an atmosphere in which everyone else in the organization just goes along with the way things are, rather than suggest new ideas or advocate for change. Another variant of this theme – most recently demonstrated by FEMA’s response to Hurricanes Katrina and Rita – was the change in organizational culture induced by a change in administration and reorganization inadvertently resulting

in a situation in which lower level staff had to choose between task competence and loyalty to those higher up within the organization. Under these circumstances, lower level staff who desire to stay employed within the agency obsessively “follow the rules” (to try to assure their continuing employment) rather than do what makes sense in serving the people devastated by the hurricanes.

Slide 10: “Out of the Box”

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Slide 11: Character Types



A **zealot**, in this context, is an individual so passionately committed to a certain idea or course of action that he or she is willing to put their job on the line to fight for what they believe. Sometimes this may be a department head just trying to make his or her department bigger or more prominent. Sometimes it is someone at a lower level fighting for a new program or piece of equipment. The zealot is the bureaucratic equivalent of the suicide bomber – with a pretty good chance of getting what he or she is pursuing, and an even better chance of loosing his or her job in the process.

- An **advocate** is a zealot with softer edges – with strict limits as to how far they will go to advocate their position – but with a strong commitment for positive change.
- Next down the line is the
- **Statesman** (or stateswoman or statesperson). This is an individual whose passions are evenly divided between creative change and a desire to maintain smooth and high quality relations with all involved.
- **Mixed Motive** – most of us are “mixed motive,” in that we will be willing to stick our necks out for some proposals, but not for others. Finally, the
- **Conserver** is a person who is totally unwilling to even consider any changes -- out of comfort and laziness, or out of an overwhelming desire to maintain the status quo. Persons often become conservers over time as they approach retirement – or if they have been promoted into a role in which they are now incompetent – and just want to hold on. They will sometimes act covertly and behind the scenes to thwart change proposed by others.
- Zealots most often know they are zealots and recognize the role they are playing and (usually) recognize the chance they are taking with regard to their own continuing employment. For all the others, however – people are truly blind to their true personality type – with almost all considering themselves advocates or statesman – when many are really conservers.
- **The point to this exercise, in the context of PSA – is not to classify others within the workplace, but to honestly consider what may be your own true personality type, as reflected by your actions and decisions in the workplace.**
- **An individuals character type will vary over time, and vary with the proposal in question**

References

The character types model presented in this slide is drawn from Downs, Anthony: Inside Bureaucracy – a 1967 book published by the Rand Corporation (Library of Congress Catalog Card No. 67-18259)

While not addressed in terms of character types in an organizational setting – the concepts implied in these character types are reflected in a trilogy of books by Peter M. Senge – The Fifth Discipline (1990), The Fifth Discipline Fieldbook (1994), and The Dance of Change (1999) – all by Doubleday

Slide 12: Games

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Slide 13: Games People Play – Technical

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Slide 14: Games People Play – Administrative

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Slide 15: Games People Play – Policy/Political

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Slide 16: Games People Play – Personal/Organizational Culture

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Slide 17: Government, American Style

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Slide 18: Sunburst Diagram

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Slide 19: Personal Domain

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Slide 20: Professional Culture (Technical) Domain

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Slide 21: Administrative Domain

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Slide 22: Policy/Political Domain

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Slide 23: Leverage

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Slide 24: Examples of Leverage

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Slide 25: Group Exercise

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Slide 26: Stepwise PSA Process

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Slide 27: The Magic of PSA

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Slide 28: True or False

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Slide 29: Q and A

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