Organisational Framing within the Health Context: a tool kit for adoption – Part 2

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Abstract

Purpose

The first part of this article identified a limitation in the range of options being considered by healthcare professionals when problem-solving or making decisions. Part two of the article builds upon this idea and describes a process where these limitations can be overcome through the use of multiple framing.

Methodology/Approach

Masters students, who are also healthcare managers, were asked to undertake multi-framed analyses of different decision-making scenarios.

Practical Implications

The exercise enabled the healthcare managers to recognise weaknesses of seeking solutions within a predominantly structural frame, to challenge this narrow application and to explore the benefits and utility of multiple framing.

Originality/Value

The development of a technique used to enable 'reframing' of problems, contexts and potential solutions is outlined. A strategy is proposed which firstly, enables the current management frames to be identified and secondly, adopts a multi-framing approach to problem-solving.

Key words: **healthcare; mental models; reframing; change; problem-solving.**

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Introduction

In part one [1] we argued that, traditionally, managers look at the world in one way or 'frame'. They try to solve most problems with logic, control and structure, seeking to avoid complexity: 'one of the most basic problems of modern management is that the mechanical way of thinking is so ingrained in our everyday conception of organisations that it is often difficult to organise in any other way'. [2, p.6] By doing this, managers are limiting their ability to diagnose the causes of problems and fail to consider alternate possibilities for solutions. Hence, we are proposing a 'tool kit' to reframe, understand and solve organisational problems.

We propose that if managers undertook the 'reframing' of a problem by using other 'frames' to view the situation, they would recognise that there is no 'one best way' for solving any problem. [2, 3, 4, 5] This change of perspective should facilitate the use of a contingency approach giving more possible solutions and enabling greater creativity. Increased innovation and creativity are recognised as being vital to organisations as they will enable a greater range of knowledge to be developed and implemented, [6, 7] which is widely accepted as being a major source of both competitive advantage [8, 9] and innovative problem-solving. [7, 10, 11] In this paper we outline one method to enable such reframing and argue that it has the potential to increase innovation and creativity within a health service organisation.

Methodology

This paper is based upon management development exercises undertaken with 17 Masters students in three different groups over a period of 18 months. All the students were healthcare professionals and undertaking the Masters course within a healthcare environment. They ranged from junior to senior managers, all having some form of both resource allocation and strategic responsibility. Each group undertook similar cases and scenarios in the same format and order, to ensure that the results were comparable across the three samples.

The research design chosen was an experimental one [12, 13] in that we were undertaking the research during a management development course. In this way it can be classified as action research, where the aim is to initiate change by enhancing critical self-reflection through an examination of one's assumptions, practices and political context. [14, 15] We were working within the critical paradigm where knowledge:

- is not discovered or grasped, but rather acquired through critical debate;

- requires reflection on how our thinking is socially and historically constructed, and how this limits our actions;

- enables people to challenge learned restrictions, compulsions, or dictates of habit; and

- promotes understanding about how to transform current structures, relationships, and conditions, which constrain development and reform; and therefore is emancipating and personally developmental. [16, p.49]

A design was needed that would enable the participants both to create their own understandings of the scenarios and to reflect upon those understandings, to be able to create new knowledge that would enable change. As indicated in part one of this article, [1] for there to be creative ideas there needs to be new knowledge. This is crucial as, without new knowledge, there cannot be changes in the world views of individuals or their behaviour, or innovation. [17] Therefore, we undertook workshops with the participants in which they learned about the different frames and discovered how they could utilise new understandings in their managerial practice.

It was decided to develop a process that would enable the management students to (a) identify their predominant frame or frames and (b) undertake the managed reframing of certain problem-solving situations for the purpose of letting them see the potential of the alternate approach.

Bolman and Deal's framework [3] was used to teach these students and it was the impact of framing over time that was noted for the development of this exercise. After an analysis of the decision-making data from the Masters students, it became clear that a structural frame was predominant. [1] Through self assessment, 13 of the 17 students indicated they instinctively used the structural frame. Four students identified the psychosocial frame as governing their problem-solving, citing the motivation of their staff to be a dominant factor in their decision-making. This was in keeping with previous findings from a large healthcare professional study discussed in part one. [1] Hence, the

techniques used with the Masters students were considered to be applicable (after some adaptation) with other healthcare professionals. Over time the Masters students learnt to use the other frames and agreed that, without the teaching of the frames in a managed way, their frame of analysis would not have changed. Students commented about how they initially clearly favoured one frame and learnt to work with other frames over time. Some students commented that changing their frame over time was one of the most important things they had learnt during their studies. The students felt that they were benefiting from the use of alternative frames, as they explained why their choice of strategy was not always working (especially the political frame).

The need to analyse the same cases from multiple frames became clear during our observations. However, experience taught us that this analysis needed to be separated out during the process looking at the case through one frame at a time. This was necessary since otherwise the impact of the differences was not apparent. From these observations a protocol was developed for the management development exercise.

It was important that cases were relevant to the daily work of the students in healthcare settings. Only realistic scenarios could lead to identifying real differences observed by both the educators and the participants themselves. Consequently, scenarios were developed from the data collected when undertaking a study of healthcare managers and how they made decisions. [1] For each scenario a specific decision point in the data was established and then the context developed around it. In some cases those managers involved in the decision-making or problem-solving were re-interviewed to clarify the details of the context. Where possible (and as there was 18 months worth of data this was possible in several scenarios) outcomes were written up so that not only the original decision-making could be analysed but also the possibilities that might have emerged if multiple frames had been utilised. That way, weaknesses that emerged subsequent to the decision taken could also be analysed and discussed to see if the weaknesses would have been avoidable if a broader analysis had been undertaken. We used the scenarios as well as other management and healthcare cases as the source of materials to be analysed.

The data came from two sources: field notes and post management development feedback. During the sessions, observational notes were taken by the facilitators about how the cases were used, how the analysis emerged, what phrases were used by the respondents and whether changes or new

knowledge creation occurred. These notes were analysed to establish whether the management development protocol was achieving the stated goal of enabling reframing to be used effectively. Students were asked to reflect at several stages in the process: during the development itself (see below), in formal feedback processes at the end of the program, and two to three months later. These reflections were analysed for the purpose of identifying if sustained behaviour change occurred.

Management development protocol

The way that students analysed cases was observed, particularly how they initially worked on case exercises, as it was this instinctive reaction that was important to the study. The attribution of the frame was made by noting what topics the students discussed, what was not discussed and the nature of the solutions that they gave. As indicated earlier, managers tended to show a preference for one, sometimes two frames when they analysed a situation. Hence, the first stage in using this approach is to determine which of the frames managers are favouring.

For example, a specific case about the use of quality data can be examined in its contribution to morbidity and mortality reviews. Initially, in the predominant structural frame, we would expect analysis of such quality data to lead to a focus on examining guidelines and protocols. However, when applying a symbolic frame, the history, behavioural patterns and entrenched practices can also be questioned, more deeply examining the quality and safety culture of the

hospital. Further, the use of a psychosocial frame may lead to better motivating a clinical team's performance in delivering quality of care. In the same way, analysis of data through a political frame may assist the Head of Surgery or Medicine in negotiating on behalf of management with consultants regarding their clinical practice.

We refined the order of the exercises and their content slightly over the three groups and the process outlined below is what we determined to be the most successful.

There are five phases to the protocol:

- Establishing the original frames;
- Teaching each frame in turn;
- Comparing the frames during an analysis;
- Applying the frames technique to problems; and
- Re-establishing frame usage after a period of time.

Each of these will now be discussed and analysed using the experiences of the Masters students to clarify the steps and learning points we established during this process.

Establishing the original frames

When teaching the multi-framed approach, a case should be given to all the participants in a decision-making team and they should be asked to undertake an analysis of it. Observation of the discussions that take place and consideration of the language used and the solutions chosen should enable the facilitator/team leader to determine which frames predominate (see Table 1).

Table 1: How to identify preferred frames

FRAME	CENTRAL CONCEPTS DISCUSSED	TYPES OF SOLUTION PREFERRED	FORM OF CONVERSATION
Symbolic	Culture, meaning, metaphor, ritual, ceremony, stories, heroes	Looks for the long-term ideas of how to change values and/or stories; looks to change individual behaviours through values and ideas	Why have people done this? What is the meaning of this? How is the history relevant? What do people value or believe?
Structural	Rules, roles, goals, policies, technology, environment	Process change, restructure, review rules, new rules and /or procedures	Around processes, looks for the root of the problem, ascribes faults
Psychosocial	Employee reactions, how to motivate, what will people like	Motivation for staff, development, rewards-focused, outcomes-oriented	How do people feel? What are the behaviours required or being rewarded?
Political	Power, conflict, competition, organisational politics	Changing balance of power, managing conflict, altering the status quo	If somebody wins, who is losing? What are the battle tactics?

Source: Adapted from Fitzgerald A, Blackman DA. Organisational framing within the health context: an argument for its use. Asia Pacific Journal of Health Management. 2008; 3(1): p.19-26.

Teaching each frame in turn

Once the preferred frame(s) are identified, the facilitators and team leaders should disclose to the participants what frame they are using, explain framing and re-framing and outline why it might enable more effective decision-making. This technique will only work if those involved come to it willingly and so the positive aspects of such ideas will need to be explained carefully. [3] Often the undertaking of the next stage helps to gain support for the idea over time.

A case analysis should be undertaken that specifically applies one frame and explores the issues and solutions within that frame. Once this is done for each frame a different frame can be applied to the same case. Again the focus should be upon one frame and solutions within it. Only when all of the frames have been used should a comparison of the answers be made. This can then be done for multiple cases, reinforcing the reframing utility and opportunities for different solutions. A table of the similarities and differences for each frame can be developed and then, from this, an overall set of decisions can be made. The differences between these outcomes and the original ones must be discussed.

Through reframing, the Masters students discovered that they almost never discussed the actual problem, but always immediately focused on potential solutions. By the end of the fourth frame they had frequently re-evaluated the problem in several different ways before they offered a solution, which was a significantly different approach than they had before.

It is important at this stage to undertake reflection with the group as to which frame they find easier, whether they think the order of the analysis matters and whether they are happy with the outcomes and decisions so far. We usually started with the structural frame as it was, firstly, the comfort zone for most students and, secondly, we found that if we did it later they would start to incorporate other ideas and the original impact of the differences could be lost. We also asked them to reflect upon how difficult it was to work with others whose instinctive frame was different from their own. This was interesting to discuss as we knew who favoured the psychosocial frame and could compare this with the structural frame. We asked for reflection after the first analysis and then after all the frames were applied to the case.

Comparing the frames during an analysis

The next exercise is undertaken with the participant group divided into four. Each group will apply a different frame to the same case. Once the initial frame analysis is complete,

all four can compare their findings, looking for similarities and differences. This exercise will develop and expand the way the ideas are explored and developed within and about the frames.

Applying the frames technique to problems

At this stage, and once the participants see the potential advantages in this technique, the group can be given further organisational problems to address. Often these arose from their own practice but the scenarios from the previous study [1] were also used to give contextual reality and to be able to compare the actions done with the participants' advice. The facilitators should ensure that the framing technique is used and that participants do not immediately try to place it in their preferred frame. If there are real differences between the advice of the participants and the actions taken, this is discussed. In our context, there were some considerable differences – especially in some of the more complex cases, where reframing led to a major shift in the understanding of the problem itself. In several cases, the actual solution was discussed during the participants analysis but rejected in at least one frame – often in the political frame where the solution was deemed to be unworkable.

Experience with current managers shows that once they perceive the value in developing the alternative perspectives, they manage their own decision-making processes to support using reframing in an ongoing way. The solutions are often more complex, but much more long-term and effective, especially in the areas of cross disciplinary team development and motivation.

The students were also asked to describe how they felt their analysis had changed over time in terms of how they used the frames (if at all). Although these managers were in a class environment during the exercises, their feedback discussions made it clear that the way that they responded in class mirrored how they responded in their work environment. Many conversations and formal feedback responses in end-of-course evaluations were about how the use of the frames within their workplace was changing how they were analysing problems and developing solutions and strategies.

Re-establishing frame usage after a period of time

As outlined above, we received formal feedback at two stages. We were interested in the self-reporting of participants as to whether they (a) had adopted new behaviours and (b) were sustaining their use. The need to evaluate is well understood and there are many models in existence. [18, 19, 20, 21] All of these aim to enable managers to gain empirical

evidence that their training and development activities have contributed to organisational accomplishments. Hence, when using this toolkit for management development, it will be important to review the results, not only at the end of the process, but also after a two to three month gap which will, hopefully, trigger self-reflection and thus knowledge creation once more.

Discussion

In most cases the predominant analyses of the managers' approach to problem-solving reflected one frame (usually structural) and so it was considered important to ascertain whether the possible solutions would change if alternative frames were explored. Traditional management thinking (as exemplified by our data) utilises only one or two frames (usually including the structural frame), uses logic and structure to solve problems and avoids ambiguity and paradox. The focus is upon finding the 'right' answer. It is our argument that expanded thinking by using alternate and additional frames, leads to a use of a multi-frame perspective, which guides the development of a range of options rather than one (often rules-based) solution. Creativity and experimentation emerges, as well as recognition that there is no one best way, rather a variety of alternatives, dependent upon a range of variables and contexts.

In this second part of our research, the use of the frames was demonstrated to enable the participants to reinterpret case studies and gain extra insights into theory and its impact upon practice. Each participant was asked to use specific frames to analyse a case. Sometimes different students were asked to analyse the same case from alternative frames and, occasionally, quite different strategies were explored. Frequently, whilst the analyses were similar, the chosen implementation was different as were the long-term outcomes. Some managers reported that they were employing such techniques in their workplace and indic-ative comments were: 'I take a bit longer making decisions but I think they are more likely to work long-term' (senior manager 1) and 'I have started getting my team to look at a problem from different frames; the conversations are much more interesting' (team leader 1). Overall, it became clear that the managers were finding application of different frames a useful tool for developing alternative views of the world.

Most of these healthcare managers, who were Masters students had instinctively favoured the structural frame when undertaking their analyses. Further, they had always initiated their analyses by offering a solution and not exploring the scope and aspects of the problem itself. Using the frames as sources of scrutiny and inquiry enabled the Masters students to step back from the issues under discussion and develop more complex and wide-ranging analyses of the problems under review. Complexity theories are concerned with finding order in apparently chaotic systems. Burnes describes such systems as 'systems which are constantly changing and where the laws of cause and effect appear not to apply'. [22, p.310] What complexity theories seek are 'patterns of behaviour which emerge in irregular, but similar form' and which enable some prediction of the apparently unpredictable through processes of self-organisation. [22, p.310] The objective is not to develop rules, as this would constrain an organisation's ability to survive within its environment, [23] but rather to find ways to understand and explain phenomena and be able to make informed decisions about the patterns that can be seen. In this way the frames enable students to manage complexity. The consideration of more significant elements is supported by providing a framework which makes the increased number of ideas useful. Increased ambiguity becomes a part of analysis to be sought and used rather than rejected, thus over simplification is reduced.

As a result of these reflections upon the learning and development experiences of these Masters students, bearing in mind the complexity of the health environment and the predilection for the structural frame, management development courses should include the concept of Bolman and Deal's frames. [3] This will demonstrate to managers why they should adopt the practice of multi-framing in their processes of strategic development, planning and implementation. Further, whilst Bolman and Deal's reframing of organisations is useful for forcing mindsets to include alternate frames, we are not rejecting the idea that there may be more frames in which problems may be analysed. Further research on frames not addressed by Bolman and Deal, such as an ethical frame, would therefore be an important contribution to existing knowledge.

Some limitations of this study include the apparent small number of participants and the possibility that healthcare managers, who are not students, use multi-framing. However, our discussions, observations and revelations of the participants lead us to think that a multi-framing approach to problem-solving is not as prevalent in healthcare organisations as it could be.

Conclusion

Our experience and analysis has shown that the different frames lead to a discussion about different elements of the health context. We have proposed that healthcare professionals should adopt the use of frames as a way of developing a managed discussion of their problems and challenges, in order to develop a greater understanding of increasingly chaotic and ambiguous situations. Individuals instinctively prefer one frame over another and have to be taught how to actively reframe in order to expand their conscious deliberations. We argue that, if this can be done via the process we have outlined, health services management decisions may move away from being rule bound and may start to reflect the wider issues affecting all the context members. Future research needs to track the training and utilisation of reframing techniques by healthcare professionals in order to determine whether decision-making practice changes and, if so, whether it is more effective.

Competing interests

The authors declare that they have no competing interests.

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