

Guidelines

for

the

Health

Administrator

JAMES R. SHAW, M.D.

The following is, in essence, the text of a memorandum written by Dr. Shaw, who is chief of the Division of Indian Health, Public Health Service, on the subject of basic considerations in health administration. Although the piece was composed specifically to guide new medical officers in charge of Indian health installations, health administrators in all fields may find that its philosophy strikes a resonant chord for them.

THE SUCCESS of any health operation depends in large measure upon the first impression it registers with the patient and his family on their initial contact with its employees. These first impressions set the pattern for future interpretations; they determine the lasting concepts of the operation formed by individual patients and the public generally. Hospitals and clinics take on personalities that are just as distinctive as those of any physician, nurse, or other staff member. The hospital personality, however, is the product of all of the personal traits of those who make up its human element.

Patients and visitors—adult or child, literate or unlettered, of the dominant culture or of a minority group—inevitably sense the underlying attitudes and motives which give the hos-

pital its personality. This consciousness does not require that they understand the professional terms, techniques, and procedures used in their behalf—or even that they understand simple English. But they feel and respond to a general spirit of warmth and sympathy, of understanding and support, when this is offered as the foundation of assistance.

A physician always will need assistance in the performance of his duties; around these duties all of the other activities of the hospital, clinic, office, or field program revolve to lend support. The physician must realize that his success does not depend entirely upon his own actions and ability. His success also depends in part upon the actions and abilities of others, and upon impressions made on the patient by these other individuals. The physician must never forget that he alone is responsible for the end result. Consequently, it is of the greatest importance that he be the true leader of the health team and that he accept responsibility for the personality of the health operation in the eyes of his patient, the patient's family, and the community. The public attitudes toward the operation—good or bad—will develop continuously on a progressively broader base in the direction determined by this concept of personality.

Not by Bread Alone

All of us have certain basic needs that must be met if we are to do a good job and maintain high morale. This is true of all of us—physicians, firemen, nurses, ambulance drivers, and others—and it is true regardless of remuneration received. While dissatisfaction with pay sometimes is the apparent cause of an employee's discontent and desire to change jobs, a good administrator will look first for a more probable "real" cause before considering the subject of remuneration.

Every employee must feel that the program in which he is participating is intrinsically worthwhile and that he is making a valuable contribution. Moreover, he must feel that his contribution will be recognized and appreciated. Each employee must feel that he is not at a dead end, and that progress or growth related to his work is possible within the limits of his desire and ability.

An employee has the right to expect to be consulted on matters pertaining to himself or to his position. He is entitled to reasonable leeway in adjusting to his position and responsibilities in his own way. Such a policy builds confidence and encourages initiative and acceptance of responsibility. The administrator's job satisfaction comes from the success of all, welded into a coordinated, aggressive, successful organization which shows evidence of growth from within.

Ars Medicinalis

The science of medicine continues to expand and become more exact with each passing day. However, there still exists an undiminished need for the practice of medicine as an art. In fact, the success of the scientific procedures may very well depend upon the successful practice of the art of medicine. There always will be broad vistas in the general field of medicine which have not been, and perhaps never will be, filled in by the scientific approach alone.

The practice of medicine as an art is essential because of the basic needs of patients over and beyond their requirements for the application of therapeutic agents and scientific procedures. A patient goes to a physician, or is brought to a medical facility, to get help. His need may lie in conditions which range all the way from acute illness or trauma threatening early death to a state involving no organic disease but requiring psychic support. Whatever the patient's condition may be, he and his family are seeking the physician's assistance in the solution of a problem which is of grave importance to them. Regardless of the exact nature of his problem, the patient can reasonably expect a warm, friendly, relaxed atmosphere and sympathetic understanding. He has, or he hopes to have, confidence in the advice given him so that he can make the decisions necessary for the solution of his problem.

The patient and his family expect to be consulted on all matters of importance so that they can make the necessary decisions—or at least participate in the decision making—after they have an acceptable understanding of the facts upon which the decisions must be based. The patient and his family can reasonably expect

stability and maturity on the part of the physician and his prompt attention as the circumstances warrant. They are entitled by law to the preservation of the confidentiality of personal medical information which becomes known to the physician or health facility, and they are entitled to the respect for their human dignity which is the right of all individuals in our society.

These considerations assume added importance when we remember that in acute and catastrophic illness or injury there may be some degree of self-accusation or guilt on the part of the patient, his family, or others concerned. This is particularly true when life and death hang in the balance. It may be manifested by complaints, acts of aggression, or just plain hostility. Such attitudes need never occur, or only rarely, if the basic needs of the patient and his family are met adequately in the practice of medicine as an art as well as a science.

Administration by Group

Administering a health facility or program is primarily a matter of conducting the routine activities in a way that meets the basic needs of patients, their families, and the employees.

The group method of administration is most effective in meeting these needs satisfactorily. In essence, the method permits broad participation in considerations and decisions and delegation of responsibility with commensurate authority. If the method is properly used, if the administrator makes really effective use of the potential and immediately available talent at his disposal, the administration will be sound even though the administrator himself has not had formal training or wide experience in administration. Of course, the administrator must possess personal stability and maturity and must be able to make a firm decision after an objective evaluation of recommendations from his staff and others directly concerned.

We occasionally encounter an operation that is achieving creditable results as a "one-man show." However, this requires exceptional capabilities on the part of the man who is administering it. Most men who have such capa-

bilities are sufficiently experienced to recognize that unilateral administration fails in at least two important respects. It does not provide for professional development of employees—the growth from within which insures the “organization in depth” essential for continuity in operations. It does not contribute to high employee morale, without which the operation cannot continue for long to achieve good results. Eventually, every one-man operation strikes a ceiling beyond which it cannot function satisfactorily.

Group administration requires mutual understanding of the problems, uniform direction of the program, and establishment of a common goal. Each member of the group must think not only in terms of his own specific functions but as well in terms of the relationship of his actions to common efforts to achieve the goal. Without this unity of purpose throughout the organization, its efforts will suffer.

This common approach toward clearly identified goals can be achieved with the help of frequent short meetings where frank discussion and exchange of ideas are encouraged. Such meetings, of course, should be limited to specific considerations. Subjects can be sufficiently broad to include problems of overall administration. In such meetings the administrator must direct the discussion toward the common objective, and he must draw from the participants their ideas relating to broader aspects of the program as well as to their own functions. Through this process the problems which sometimes arise in connection with jurisdictional lines will be minimized, mutual understanding will be fostered, and mutually supporting efforts will result. Many administrative problems will yield to the pooling of ideas and opinions, and others will be placed in proper perspective for further study. But equally as important, the members of the group participating will develop a real sense of teamwork. With firsthand information and broader understanding of program objectives, they will be able to make better decisions in the conduct of their own work.

This is the technique of sound health administration. It requires only a mature, understanding, and secure individual to put the process in operation.

The Good Health Administrator

A good health administrator is qualified in his profession, meticulous in his adherence to ethical practices, and possessed of high ideals and integrity. He is mature in judgment, emotionally secure, warmly human, and—in the eyes of his subordinates—understanding and helpful. The good administrator is a true leader, one who can encourage and inspire his subordinates. He makes friends readily, and he is unfailingly loyal to those who serve under him as well as to his superiors. He recognizes good work promptly, gives credit where it is due, and criticizes constructively and in private. He is both fair and firm, and he is willing to back up those who assist him in meeting program objectives. A good listener, he is able to gather all the facts upon which to act, and to act decisively and promptly without jumping to unwarranted conclusions. He has the ability to seek out the strong points in those who work under him, to cultivate these talents, and to create an environment that insures growth of his organization from within.

The good administrator never forgets that the conduct of his program is his responsibility and his alone. He recognizes that his subordinates to whom he delegates functions are helping him in carrying out his responsibility, and he earnestly appreciates their efforts. Routinely, the good administrator personally visits more or less regularly all of the areas and activities for which he is responsible. In this way he is closer to the problems, frustrations, accomplishments, and capabilities of his people. He establishes and maintains a clear-cut chain of command with properly delegated responsibility and authority. He insures that channels of communication are adequate, that they run up as well as down, and that they are adapted to the needs of the program. He establishes and maintains a fair procedure for dealing with grievances; he sees to it that this procedure is known; and he encourages its use in the interests of the employees.

This is the profile of a good administrator. The exact techniques and the specific approach will vary with the personality of the individual to whom leadership is entrusted. The principles, however, remain constant in all situations and in operations of all dimensions.

Signs

and

Symptoms

Desalting Water

Coalinga (population 6,000), Calif., will be the first community in the United States to obtain its entire supply of drinking water through electronic desalting of brackish water.

An \$80,000 apparatus will produce 28,000 gallons of drinking water daily at a cost of about \$1 per 1,000 gallons after the unit is paid for.

Coalinga has been carrying drinking water by railroad from Armona, 45 miles away, at a cost of about \$7 per 1,000 gallons. The city's well water contains approximately 2,000 ppm of salt.

Voluntary Admissions

A new provision in New York State's mental hygiene law reduces from 60 days to 15 days the maximum time a voluntary patient may be detained in a State hospital at the discretion of the director. It also reduces from 15 days to 10 days the time a voluntary patient may be detained after he has given written notice of his intention to leave.

Operation Cleanup

Sanitary conditions in Laredo, Tex., have been improved as the result of a 4-stage vector control project. To reduce the large rat population and vast numbers of flies and mosquitoes at peak season, the city attacked the breeding and feeding grounds (refuse dumps, privies, ill-kept garbage cans, and open, flat trucks used for refuse removal) as well as the vectors directly.

In cooperation with the city of Laredo, the Texas State Department

of Health and the Public Health Service began the project in 1954 with surveys of unsavory spots, sewage facilities, and waste disposal practices. Ten covered trucks were purchased to carry refuse to the new controlled sanitary landfills. Galvanized garbage cans, placed on elevated racks, were bought by 10,000 families in 1 month.

Since most of the privies were near sewer lines, nine different plans were applied to help small homeowners without funds to install modern plumbing. The city also began extending its sewer lines.

Warfarin reduced the proportion of rat-infested premises from 75 to 5 percent, with a consequent disappearance of typhus fever. Sprays cut down flies and mosquitoes, with a consequent drop in the incidence of diarrheal diseases. Insecticides and rodenticides, however, are only used as a supplement to the main work of eliminating breeding potentials.

The project continues with plans to create parks and playgrounds over landfilled areas.

X-rays Discontinued

The Christmas Seal mobile X-ray unit of the Buffalo and Erie County Tuberculosis Association was officially discontinued in July 1958. When special circumstances warrant, services for select groups will be arranged by the association with the Erie County and New York State Health Departments' X-ray units.

Appointments

The American Public Health Association has announced five new appointments: Dr. Thomas Hood,

associate executive director; Dr. James L. Troupin, assistant director assigned to the association's committee on professional education; Noble Swearingen, director of Washington, D. C., office; Robert Mytinger, director of western regional office, San Francisco; and Dr. Edward Wellin, who will study the relation between public health and the behavioral sciences.

Indian Self-Help

Indians are helping themselves to health. Ute tribal council financed \$100,000 water system to serve 100 homes in Towaoc, Colo. Navajo tribal council budgeted \$206,750 for 1959 for equipment in health facilities, emergency care for students, prosthetic appliances, hearing aids, and glasses. Navajos also offer free layettes for babies born in hospitals or brought to hospitals for examination in their first month.

Immunization

A complete immunization program, reported as a "first" in the State, has been set up for all patients and employees in Pennsylvania's State institutions.

Patients and employees will be immunized against smallpox, diphtheria, tetanus, typhoid, influenza, poliomyelitis, and tuberculosis.

Sanitarians in the Butte County Health Department, Calif., have inspected the operational safety of X-ray units of 59 physicians, veterinarians, and dentists at their request.

A health education show last August, the first to be held in New York City's Coliseum, attracted 40,000 visitors.

Burning discarded automobiles and parts in the open air has been banned in New York City. It is estimated that 200,000 cars had been burned annually in the city by automobile wreckers. Incinerators now on the market will take over the job.