

# The Management Challenge of the 70's

Ben Miller

In this decade the chief technologist is confronted with an immense challenge that results from the accelerated growth of nuclear medical technology during the sixties.

The demands that have developed arise from the almost unique triple role that the manager in nuclear medicine technology must perform. The three parts of this role include:

1. The *professional* demands to further develop skills and to acquire some of the knowledge accumulated in this fast-growing branch of medical science. Additional demands also arise from the need to acquire skills in applying new techniques for diagnosis and therapy. Perhaps of greatest significance, the need to maintain professional standing in the nuclear medical community generates the requirement to *share* knowledge so that the profession can advance in its service to humanity.

2. The *patient care* demands which, on a day to day basis, drain the energies of the technologist as the need for patient care continues to outstrip the availability of nuclear medical resources. Since there seems no evidence of a reversal of this state of affairs, the technologist will continue to perform under the stress of being overworked to the point of exhaustion in some of the smaller departments.

3. The *management* demands that have been added to the chief technologist's duties. This part of his role requires that the most effective use of nuclear medicine resources result in the highest level of patient care.

One result of this "triple threat" of demands on the chief technologist is to induce a reaction of being overwhelmed by the immensity of the job. Quite the contrary, these three roles are not *competing* for the energies. Rather, the delight of this three-part challenge is that more effective managing can *facilitate* the performance of the *professional* and *patient care* roles.

Now, managing, of course, refers to the selection of facilities and equipment; of course it means purchasing supplies and materials; of course it means planning and scheduling activities in the department; of course it means maintaining data on the number of patients served and procedures completed, patient records, financial data, and personnel records; of course it means representing the department in hospital-wide discussions but—all of this will come to nought unless it is recognized that *MANAGING IS MOTIVATION*.

This may not be so in the literal sense but simply because *equipment* doesn't offer patient care, *materials* do not provide patient care, *schedules* do not serve patient's needs and, least of all, *money* doesn't deliver patient care. It's *people* that provide patient care so the major emphasis of managers should be to achieve the most effective effort on the part of *all* staff technologists that they begin to share *your* commitment to the highest level of patient care. As a result, motivation of your people becomes so compelling that the greatest success in managing is through the motivation of others to accomplish the patient care goals of your department. On the other hand, the most conspicuous evidence of *poor* managing is the lack of motivation.

A basic symptom of this lack of motivation

---

Dr. Ben Miller, former Dean of the Graduate School of Business, St. John's University (N.Y.) is what one corporation president recently described as "a practicing, practical educator" who has a broad-based background in management in many fields—including medicine. In this role, he has designed and teaches the graduate offering in Hospital Management at St. John's University. As author and lecturer, Dr. Miller also serves as Education Development Advisor to the Education Division of Dun-Donnelley Publishing Corporation, a subsidiary of Dun & Bradstreet Companies, Inc.

This is the first in a series by Dr. Miller on administrative problems that affect *you*. He hopes for strong input from *you*—in the form of experiences and problems which he can include as the starting point for future articles. So, as he says in these pages, *be motivated*—send in your ideas and questions.

could be described as a "feeling" that there's a greater concern for managing *work* than for managing *people*. There certainly is no agreement on what constitutes poor motivation but here are a few signposts that may hint at a motivation problem.

1. Failing to complete work assigned.
2. Errors in procedures.
3. Excessive waste of materials and careless use of equipment.
4. Discourtesy or insensitivity to patients.
5. Excessive absenteeism or tardiness.
6. High rate of turnover.
7. Individuals leaving at quitting time with the attitude, "my job is finished".
8. Quarrels and conflicts among technologists.
9. No interest in learning other procedures or continuing education in the field.
10. Low quality of work or other evidence of poor job performance.
11. No sense of pride in the work done.
12. Complaining to others.

Regardless of whether these "gripes" exist, it may well be there's still some room for improvement in the level of motivation. With that in mind, let's take a look at the workings of motivation and perhaps develop some guidelines that would help increase motivation among staff technologists.

### The Ingredients in Motivation

The first thing to appreciate is that motivation is subject to four ingredients which act as forces—sometimes conflicting—that help shape an individual's motivation. These include:

1. *Your own motives and needs* as well as your strengths and limitations which set the stage for the way you will deal with subordinates.
2. The *needs and wants* of each staff technologist.
3. The motivation requirements of each job being performed. It is necessary to appreciate what human needs the job of staff technologist serves. Moreover, certain tasks serve special needs for each individual. The role of the manager is to be sensitive to matching the needs of each individual with tasks that are likely to fill those needs—as much as is possible.
4. The general attitude or climate of the hospital because it forms the atmosphere in which the nuclear medicine department operates. Such conditions as formality or informality in the organization and the general

attitude towards higher authority is bound to have an influence over individuals in your department.

### Fundamentals of Human Behavior

Some background on human behavior is helpful in setting the scene for a review of some keys to individual motivation. Each of us behaves as we do because of two major thrusts, the things *unique* to each of us and the things we have in *common* with all others.

The unique components that make each of us very special are drawn from hereditary factors and from our environment. Heredity establishes our physical, intellectual and, to a certain extent, our disposition towards some emotional or personality characteristics. Our uniqueness is further shaped by the series of environmental experiences such as family, school, neighborhood, and other cultural and social ingredients.

The other component which helps determine "what makes us tick" is that which we share in common with all other beings. These include drives, needs and wants directed at an object, and tension or frustration that results when the quest for the object is blocked. Adjusting to or overcoming these tensions forms the completion of a cycle which all of us share in what is called "the adjustment cycle". It is usually in the *way* in which we seek to relieve tension that we differ from one another as individuals and thus draw upon our uniqueness and upon our assessment of the motivation climate we face.

### The Keys to Individual Motivation

The most significant view of motivation regards it as an outgrowth of filling human needs on a hierarchy basis. When the most basic drives or needs are unsatisfied, such as hunger and shelter, it takes very little to stimulate someone. However, as the lower order of needs become filled and survival is no longer in doubt, the individual seeks to satisfy higher needs such as social and esteem needs. Finally the highest need, for self-fulfillment, is brought into play when other needs are sated.

This condition is of interest to the manager because it deals with the individual's feelings about the value and satisfaction of the work he or she does. It also helps to explain why some technologists are, apparently, "ungrateful" for the abundance of fringe benefits, salary, and other amenities their job provides.

Other needs and motives that affect the individual are social in nature. This includes the affiliation need or the need to be with other people; the achievement motive or the need to strive for a goal

which varies widely; and the power motive which finds some people with a need to control or influence others.

The importance to the manager in understanding these needs is to try to match the particular set of needs of each individual to the job best able to satisfy those needs. Having said that, let's examine some of the do's and don'ts of motivation that may help result in a desired matching of needs and jobs.

### **A Manager's Guide to Motivation**

Without pretending that there are pat answers, here are a few areas worth considering when applying some of the concepts of motivation to the "real world".

**Be particularly conscious of the things that can de-motivate and try to avoid them. For example:**

1. Not going "to bat" for subordinates in a crisis or in pleading their case for a raise or promotion.
2. A work load that is unreasonable and overtime excessive and where compensation for overtime is inadequate. In dealing with this situation it's mildly palatable when *you* try to correct the situation by making a workload analysis that would justify additional personnel, by distributing the workload evenly, or by making other *real* gestures of understanding.
3. Not providing honest feedback on how the individual is doing on the job.
4. By practicing "close" supervision.
5. By showing excessive obedience to the physician in charge (Director of Nuclear Medicine) often to the disadvantage of the staff technologists.
6. Using threats of punishment in order to gain compliance.
7. Losing control of a situation and heaping abuse on others.

**Create a feeling of involvement wherever possible.** This can include inviting participation in some department decisions such as selecting or

determining work assignments and vacation or time off. It may even include asking for the opinion of the staff technologists. Whatever you do, don't engage in deceit by feigning involvement.

**Learn how to handle younger employees who have not, as yet, developed a commitment to the field of nuclear medicine as you have.** To some it may be just a job. The conversion to commitment may be dependent on how you conduct yourself in your *professional* as well as your managerial role.

**Motivate toward specific goals rather than for its own sake.** You should stress the need for achieving results by identifying clear targets for performance. Let them help set some of these goals.

**Try to expand and enrich the job so that advancement can take place even though it may not include an actual promotion.**

I've briefly covered some areas of motivation that might hit a responsive cord and help, in a small way, to ignite the spark we all look for among our people.

In succeeding issues of the *Journal* I'll be examining other areas of the chief technologist's responsibility as a manager. In every article actual examples of how specific departments are being managed will be presented to provide you with insights from your fellow professional that will help to ease the massive burdens of your job.

But there's another way that relief can come. That's by committing yourself to *give a little* in the way of information. Anything to do with your day to day problems and how you've solved them. Anything on the *how* of activities in your department such as data on staffing, on job titles, on salaries, on procedures performed per staff technologist.

What's needed is the commitment to share data on *management* to the same degree it is shared on scientific and patient care matters. Remember the more effective application of nuclear medicine to the patient is the job of managers and the staff technologists they motivate.

Keep the questions and the problems as well as the answers coming!!