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## **Competition and Coherence: Creating a new Balance between Economic Change and Social Identity in Health Care Organizations**

The rapid changes in the basic economic conditions of the health care system have over the years led to a generally apprehensive climate in the health care organizations: the endeavour to offer high quality therapy conflicts with economic constraints to save costs and ensure a good rate of return. The general consolidation of work threatens familiar free spaces and leads to increased stress, the work relations between management and staff become more and more tense.

The demand for quick *changes* collides with the distinct need for *stability* in health care organizations – this corresponds to a *structural dilemma*: because of the nature of work in helping professions, which may be defined as "stabilization of destabilized systems", and because of many helpers' personal history and psychological structure, we can frequently find that the prevailing values in health care teams are continuity, stability and orientation within their organization. This relates to the fact that people working in organizations have a basic need for *coherence*: to identify sufficiently with one's own role, task and organization. They might try to fill this need primarily by maintaining stability of familiar structures and processes. On the other hand, they often underestimate the need for orientation by the demands of the environment that is by *context and change*.

While work teams in commercial profit-organizations are used to the fact that their survival is linked directly to the economic success of their product or of the service they offer on the *market*, health care teams tend to define themselves rather by their therapeutic success with the *clients* they care for, and by their colleagues' appreciation.

The institution's *economic context*, the mechanisms of the market and the increasing influence of *competition* on the other hand appear to be an annoying and irritating factor in the face of the "real" helping activity. In view of the economizing aspects within the health care system, as well as the increasing pressure through competition and cost saving, and the resulting need to actively integrate economic thinking, such attitude becomes increasingly dysfunctional – a *one-sided economic* orientation, which does not take into account the specific way of working in "helping professions", has an equally destructive effect by breaking up meaningful work coherence!

Helpers appear to be strangely afraid to apply such aspects of *organizational dynamics* to *balance* influences of different dimensions – instead, especially the members of *mental health*

*care teams* tend to rely on what they know and usually do well in relating to their clients. They show empathy, they take a long time deliberating and are suspicious of any quick action. This leads to an *over-stretching of the standard psycho-social repertory* dealing with organizational problems and challenges from the environment: The helpers act as if there was no *difference* between direct client contact and the cooperation and management in an organization and between organizations. This frequently results in avoiding defined responsibilities, clear assignment of authority and power as well as in the fear of taking decisions. Group phenomena like *competition* and *envy* get projected into the "bad world of business and finances" or into the management.

Yet when an organization succeeds in *balancing* the need for developments forced by *competition* with the need for *coherence* and social identity, and bringing both together in the shared *vision* to develop an evaluation of the *financial needs*, but also of what is their own *tradition* - that is keeping an eye on the client and support their own staff -, then there is a chance of finding a *new balance* for the dilemma described above.

The paper outlines the conditions for such an *integrating organizational basic attitude* which tries to balance the different influential entities. Psychoanalytic and social-analytical concepts are used to explicate the development of *self-management* at the different organizational levels. The *change of values* within the society and its influence on the *culture* of *organizations* is discussed in a *historical perspective*. Examples from the author's consultation work with mental health care organizations illustrate the working hypotheses of the paper.

**Key words:**

Competition, coherence, social identity, economic change, self-management, authority, power, mental health care organizations, organizational culture