

# INDEX

- Adaptation skills, 92
- Analytical diagram, 61
- Analytical models, 61, 105
  - of negotiations, 64–65
- Anchoring, 84
- Archives, 42
- Assessments based on initial value, 84
- Authority principle, 81
- Basic values, 98, 100–101
- Bottom-up model, 31
- Change, 49
  - learning and, 56
- Cognitive models, 63
- Communication, 17
  - information and, 57
  - model, 2
  - systems, 49
- Competitive tendering of health services, 18
- Complementary systems, 22–23
- Concrete, 94
- Conflict resolution in hospitals
  - analytical model of negotiations, 64–65
  - framing situations, 95–105
  - information processes, 72–95
  - negotiation, 61–62
  - negotiation theory, 62–64
  - problem-structuring, 65–72
  - reflections, 105–106
- Conflicts, 61
- Confrontation skills, 92
- Consensus principle, 80
- Consistency principle, 79–80
- Contrast principle, 78–79
- Cooperate-cooperate-imitate strategy, 90
- Cooperate-imitate strategy, 90
  - in negotiations, 89–90
- Coordination competence, 27–28
- Core competence, 28
- Cost effectiveness, 18
- Culture, 19–20
- Databases, 42
- Decision-making
  - competence, 28–29
  - function, 50–51
- Demand and supply of health services, 4–8
- Demographic trends, 4
- Design error, 55
- Deutero learning, 53–54
- Diagnosis-related groups (DRG), 12–15
  - creep, 15
- Digitalization of hospitals, 46
- Divisional model, 1–2
- Double-cooperate strategy, 90
- Double-loop learning, 53
- Electronic health records, 41
- Electronic patient record systems, 37
- Emotional intelligence, 93–94
- Emotions, 101
- Employees, 35
- Error, 55
- Ethics, 58
- Expectation mechanisms, 51
- Expert rule, 95

- External information, 49
- External media, 42
- Facts rule, 95
- Feedback mechanisms, 50–51
- Financial management system, 15
- First-hand information rule, 95
- Fourth Industrial Revolution, 7
- Framing situations, 95, 99, 105
  - building trust, 102–103
  - clarifying basic values, 98, 100–101
  - developing positive emotions, 101–102
  - explanation of model, 102–104
  - negotiation patterns, 104–105
- Funding system's consequences for leadership and organization, 12–15
- Game theory, 62–64
- Globalization of economy, 46
- Group-thinking, 74
- Health improvements, 31
- Health personnel management in hospitals, 32–33
- Health professionals, 11
  - performance, 7
- Healthcare personnel organization in hospitals, 27–29
- Healthcare-oriented management philosophy, 16
- Holistic causal understanding, 47
- Hospital management
  - models, 1, 3
  - organizational learning in, 54–58
  - system, 50
- Hospitals, 7–8
  - administrators, 11
  - digitalization of, 46
  - leadership, 1
  - memory function, 50
  - organizational learning in, 49–51
  - tacit knowledge in, 47–48
  - and value creation, 35–38
- Idealized system design, 93
- Influencing techniques in negotiation situations, 91, 93
- Information analysis, 50–51, 93
- Information and communication, 56–57
- Information coordination function, 51
- Information gathering, 74–77
- Information processes, 72–95
  - assessments based on initial value, 84
  - authority principle, 81
  - choice of alternatives, 93–95
  - comparison with similar cases, 84–85
  - consensus principle, 80
  - consistency principle, 79–80
  - contrast principle, 78–79
  - cooperate-imitate strategy in negotiations, 89–90
  - currently accessible information, 83
  - explanation of model, 86, 88, 91
  - goals, strategy and plans, 85–86
  - information analysis, 93
  - information gathering, 74–77
  - information to influence negotiation situation, 77–78
  - liking principle, 80
  - in negotiation situation, 73
  - principles guide everyday thinking, 78–81
  - prominent in memories, 83–84
  - reciprocity principle, 79
  - rules of thumb, 82–85
  - scarcity principle, 81
  - seven influencing techniques in negotiation situations, 91, 93
  - strategy, 88–89

- structure of message, 72
  - word 'because', 82
- Information technology (IT), 41
- Innovation, 41
  - tacit knowledge and, 45–47
- Institutional economics, 62–64
- Institutional factors, 20
- Institutional theory, 62–63
- Interest, 90–91
- Internal information, 49
- Interorganizational approach, 22–23
- Interpretative funnel, 18–19
- Knowledge. *See also* Tacit knowledge, 41, 47–48
  - economy, 35
  - knowledge-based growth theory, 25
- Knowledge-effectiveness
  - perspective, 25–26
  - background of research question, 26–27
  - detailed explanation of knowledge system 5 in relation to health sector priorities, 29–31
  - health personnel management in hospitals, 32–33
  - healthcare personnel organization in hospitals, 27–29
  - reflections, 33–34
  - theoretical considerations, 25–26
- Leaders, 35
- Leadership, 1, 9
  - complexity, 7
  - philosophy, 15
- Learning. *See also* Organizational learning, 49
  - models, 63
- Liking principle, 80
- Linear processes, 35
- Local information, 94
- Management model, 1–2
- Management philosophies in hospitals. *See also* Hospital management
  - contextual factors, 20
  - critical notes, 21–23
  - funding system's consequences for leadership and organization, 12–15
  - history, tradition and culture, 19–20
  - hospital leadership philosophies, 14
  - individual, 21
  - institutional factors, 20
  - management philosophies and interpretations, 16–21
- Management system, 11, 13
- Management training for all hospital employees, 57
- Market oriented management model, 16–17
- Negotiated-order, 63
- Negotiation
  - analytical model of, 64–65
  - cooperate-imitate strategy in, 89–90
  - effectiveness, 87
  - patterns, 104–105
  - seven influencing techniques in negotiation situations, 91–93
  - techniques, 61
  - theory, 61–64
- New Public Management (NPM), 16–17, 21
- Non-economic models, 63
- Nursing, 26
- Official stamp rule, 95
- Operational leaders, 16
- Organizational 'unlearning', organizational learning requires, 59–60
- Organizational learning, 49
  - Deutero Learning, 53–54

- double-loop learning, 53
- explanation of model, 55–56
- in hospital management, 54–58
- in hospitals, 49–51
- information processes in hospitals, 50
- management implications, 57–58
- management training for all hospital employees, 57
- management variable, 57–58
- requires organizational ‘unlearning, 59–60
- single-loop learning, 52
- types, 51–54
- Organizational management philosophy, 16, 18
- Permanence rule, 95
- Personal skills, 92–93
- Perspective insight, 71–72
- Planning skills, 92–93
- Plans, 85–86
- Positive emotions, 101–102
- Principal-agent thinking, 30–31
- Prisoners’ dilemma, 89
- Problem-structuring, 65–66, 72
  - context, 67–70
  - perspective insight, 71–72
  - setting boundaries of negotiation problem, 66–67
  - systemic structuring, 70–71
  - win-win situation, 69–70
- Process studies, 63
- Process-oriented approaches, 63
- Productivity, 18–19
- Professionalization, 5–6
  - of leadership processes, 16
- Professions model, 1
- Prospect theory, 68–69
- Quality of life, 31
- Quality-adjusted life years (QALY), 26, 31
- Reciprocity principle, 79
- Recursivity in hospitals, 29
- Rituals, 96–98
- Rules of thumb, 47, 82, 85
- Scarcity principle, 81
- Self-interest, 90–91
- Single-loop learning, 52
- Skills, 44–45
- Social dilemma, 89
- Socialization, 5
- Spatial rule, 95
- Status rule, 95
- Strategy, 88–89
  - function, 51
- Stress tolerance, 92
- Systemic structuring, 70–71
- Systemic thinking, 26
- Tacit knowledge, 41–42, 45
  - in hospitals, 47–48
  - and innovation, 45–47
- Technological changes in organizations, 41
- Technological opportunities, 4
- Temporal rule, 95
- Trained incapacity, 42
- Trust, 92
  - building process, 102–103
- Uncertainty, 31
- Value chain, 35
  - thinking, 22, 36–37
- Value community, 2, 23, 37
- Value creation process, 22–23, 35
  - hospitals and, 35–36, 38
  - in hospitals and examples of objectives, 38
  - reflection, 38–39
- Value dialogue, 2, 23, 37
- Value network, 22, 37
- Value workshop, 1, 22–23, 37
- Value-creation logic, 2, 6
- Viable system model (VSM), 26, 29
- Visual rule, 95
- Win-win situation, 69–70
- Worst-case scenario, 13