

International Institute of Health Management Research (IIHMR), Delhi

Term Examination 2016-18

Principles of Management (CC-602)

Time: 3 hours

Max. Marks: 70

I. Answer *all* the questions:

(10 X 1= 10)

1. According to _____ principle, the whole work of a concern should be divided amongst the subordinates on the basis of qualifications, abilities and skills.
a. Functional b. Span of control c. Specialization d. Scalar chain
2. In _____ structure characterized by a wide span of control and relatively few hierarchical levels, loose control, and ease of delegation.
a. Tall b. Flat c. Centralization d. Decentralization
3. The _____ technique used by managers to study the relationship between sales volume, costs and profit pattern of an organization.
a. PERT b. Delphi c. Budget d. Break even analysis
4. Every organization has three primary interpersonal roles i.e., decision, supervisory and _____ that are concerned with interpersonal relationships.
a. Figure head b. Entrepreneurial c. Negotiator d. Disseminator
5. Adding a new service line to the existing patient care, a manager may analyze the advantages and risks in doing so and make a recommendation to the board of directors, who make the final decision, is an example of _____ skill.
a. Diagnostic b. Conceptual c. Analytical d. Technical
6. Customer satisfaction is the main motive of the employees in a _____ culture.
a. Baseball team b. Bet your company c. Normative d. Pragmatic
7. Elements of micro environment are organization, supplier, market, _____, intermediaries and customers.
a. Competitors b. Technological c. Demographic d. Socio-Cultural
8. A _____ is a formal statement of an organization's primary values and the ethical rules it expects employees to follow.
a. Vision b. Strategy c. Code of ethics d. Mission
9. A _____ attitude is the view that the managers in the host country know the best work approaches and practices for running their business.
a. Ethnocentric b. Polycentric c. Geocentric d. Wealth centric

10. Intuition can be trained and in its highest level leads into a conscious contact with non-incarnated beings, a process usually called _____.
a. Bounded rationality b. Cognitive c. Channeling d. Judgmental

II. Answer any *three* questions. Each carries 5 marks (3 X 5 = 15)

1. Briefly discuss steps in strategic human resource management approach. In your opinion, which is the most crucial step?
2. How can SWOT analysis be used as a tool to strengthen the healthcare set up?
3. What is scientific in scientific management?
4. 'Planning is a continuous process' and 'planning facilitates control'. Comment
5. Does structure follow strategy or strategy follow structure? Give reasons.
6. Compare and contrast traditional goal setting and MBO approach?

III. Answer any *two* questions. Each carries 10 marks (2 X 10 = 20)

1. How would you turn an unhealthy (weak) organization culture into a healthy organization culture? Illustrate with an example.
2. In what way does McClelland's three fundamental needs differ from Maslow's need hierarchy. Do you think that there is any relevance of McClelland's three fundamental needs towards healthcare system? Give reasons.
3. Briefly discuss quantitative and qualitative methods of forecasting.
4. Are good leaders born or made? Do you subscribe to the contingency theory of leadership? Why and why not?

IV. Mini Case Study (1X25= 25)

Carrie Wilson, a registered nurse with more than 10 years of active supervisory experience, was hired from outside as nursing manager for the emergency department of Country Hospital. It was Carrie's style to develop insight into how to manage a given operation by putting herself where the action was and becoming totally immersed in the work. She quickly discovered, however, that her tendency to become deeply involved in hands-on work drew reactions from staff members ranging from surprise to resentment. She also discovered that her predecessor, who had been in the position from several years, had been referred to as 'The Invisible Nurse'. As someone said about the former manager, 'I think she was very pleasant person, but that's hard to say because we also most never saw her'.

In spite of the legacy of The Invisible Nurse, Carrie provided a constant management presence and seemed determined to remain deeply involved in the work of the department. She was also determined to improve vastly the level of professionalism in the department, a quality that had struck her from the first as decidedly lacking. In a short time Carrie had moved to reinstate and

enforce a long ignored dress code for the department, eliminate personal telephone calls during working hours except for urgent situations, curb chronic tardiness on the part of some staff members, bar food and drink and reading materials from work areas (also a reemphasis on long-ignored rules), and curb the practice of changing scheduled days of work after the time limit allowed by policy.

Carrie found her efforts frustrated at every turn. As she said to her immediate superior, 'I can't understand the reaction. All I've done is insist that a few hospital rules be followed- mostly rules that have been there all along but were being ignored – and added a few twists unique to the emergency department. Just that, and yet the bitterness and lack of support and even resentment are so strong I could slice them. I'm getting all-out resistance from a few people whom I would still have to describe as good, professional nurses at heart'.

Carrie's boss, the Vice-President for Nursing Service, said, 'Do you suppose you may have been pushing too hard, hitting them with one surprise after another without knowing how they felt and without asking for their cooperation?'.

'That's possible', answered Carrie, 'but now I'm committed on several fronts and I can't back down on any of them without looking bad to the department'.

'Don't think of this as a contest of wills or a game', said the Vice President. 'It may be necessary for you to back down temporarily in some areas or at least hold a few of your improvements up in the air for a while. It may not hurt to fall back and involve a few of your staff in looking at the apparent needs of the department'.

With a touch of impatience in her voice, Carrie said, 'Oh, I've heard all this stuff about participative management and staff involvement in making decisions. That may be the way for some, but that's never been my style. I'm paid to make decisions so I make them- I don't try to avoid responsibility by encouraging employees to make my decisions'.

Discuss:

- i. What are the weaknesses, if any, in Carrie's final statement about decision- making responsibility?
- ii. What has essentially been wrong with Carrie's approach to raising the level of professionalism in the department?
- iii. How has Carrie's behavior altered or otherwise affected the environment within which she expects her decisions to be implemented?
- iv. Ideally, how should Carrie have initially approached her plan to improve the emergency department?
