

The Advantages and Disadvantages of Bureaucratic Structure in Healthcare Organizations

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Abstract – This paper aims to examine the advantages and disadvantages of bureaucratic management in healthcare organizations, specifically how it affects healthcare practice. The paper identifies Max Weber's bureaucratic theory of management (1905), the structure of bureaucracy management, its limitation, and its constraints on today's management practices. The paper reflects on the fact that most organizations both in public and private sectors have been ineffective in management because the bureaucratic systems under which they operate are not flexible despite being confronted with a very dynamic working environment. Change in management practice can create long-lasting advantages and high performance and allows the organization to respond to internal and external opportunities, and use its creativity to include new ideas, processes, or products. It is recommended that organizations should have a well-shared vision and mission rather than being organized through hierarchy and fixed policy and procedures. By minimizing bureaucracy, healthcare employers will be able to provide a conducive environment for innovation within their organizations. Through management innovation, an organization can perform more effectively and efficiently, which provides it with a competitive advantage. Copyright © 2020 The Authors.

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I. Introduction

Bureaucratic Organizational Structure: Advantages and Disadvantages

Recently, healthcare systems have been dealing with a grown demand for providing patient-centered care and high-quality services. However, limited resources have often been barriers to sustainability development [1]. New needs and demands, and challenges are rising, connected with the increase of new and chronic pathologies and viruses such as the global COVID-19 Coronavirus Pandemic.

Moreover, the evolution of technologies, the aging of the population, people's emerging knowledge of their care and the scarcity of economic sources [1]. Additionally, healthcare systems globally encounter frequent reorganization and reform as this happens, there are competing norms driving change [2]. Simultaneously, health systems are under financial pressure to increase efficiency and contain expenses [3].

These often-competing imperatives are fundamental to the decisions actors in the healthcare system must make. Change efforts in the healthcare system seldom have an ambitious, whole system remit and seek to accomplish fundamental changes in norms and organizational culture rather than restructuring the service. Specifically, hospitals have frequently been considered as operational, organizational structures, in which similar areas of expertise are grouped into independently controlled departments to meet patient's needs [1]. However, the functional organization cannot usually provide workflow control across multiple departments and, thus, the coordination and communication of the care activities within health care trajectory [4] Furthermore, resources tend to be duplicated in the functional organization which leads to waste, and the autonomy in utilizing the specialty's resources typically dominates over accountability, limiting the effectiveness of treatments.

Moreover, to the complicated external interdependencies structures confronted by many organizations, health care systems are faced with vague inputs and outputs that create challenging to determine nonfinancial performance and goals. Health care organizations must regulate the actions of several workforces that involve various professional teams [5].

Healthcare systems are usually organized as professional bureaucracies' structure, where healthcare managers often have limited decision control [6]. Because of these complexities, and the fact that many health care systems are distinctively positioned to adapt solutions that will lead to better care, it is crucial to understand and explain the relationships between the provision of care, and these organizations. Furthermore, system leaders need to learn how to improve services and enhance the organization's functions [5]. Bureaucracy is sometimes viewed as an ideal form of formal

administration with the characteristics of a hierarchy of authority structures, a division of labor, rules and regulation, technical competence, and impersonality of social relationships. The nature of bureaucracy allows big companies to be managed and be more responsible and accountable to the people, to achieve efficiency and effectiveness [7], [8]. Bureaucracy is a useful tool in management, in particular, in healthcare management. However, it is not a perfect management tool due to its limitations [9]. This paper will review the bureaucratic organizational structure in healthcare and describe it is advantages and disadvantages to the healthcare system. There is a long chain of command under the bureaucratic form, which makes it challenging to predict or determine the point where poor decisions are made. Consequently, bureaucracy management creates a sense powerlessness amongst employees, who tend to become the blame bearer because usually, they remain the lowest level in the hierarchy [9].

Additionally, there is a diffusion of responsibility inside the bureaucratic organization, which leads to subsequent refusal to decide. For instance, to complete an action, several approvals are required in different forms to ensure proper checks and balances. However, under the bureaucracy, management each approval requires approval from the previous one, which leads to delays. Furthermore, it is challenging to determine the individual contribution specifically to successful patient interventions and outcomes. Healthcare professionals work synergistically, and the outcome is usually considered as the combined effort of the whole group against one individual effort. Under bureaucracy management, one particular person's works can hardly be noticed and appropriately acknowledged. The top-down bureaucracy does not engage a functional lower level to make decisions related to their specialty, restrain individuals from using common sense, employees, therefore must comply with the written rules and regulations as well as decisions and commands only come from the top management [9].

Bureaucracy structure is too rigid to accomplish required changes effectively and efficiently. In the bureaucratic organization, it is challenging to change the policies, procedures, rules, and regulations that have already been distributed within the hierarchy, making it resistant to change for development and improvement when needed. Further, overspecialization makes people not conscious of the larger consequences of their actions. Individuals tend to become overconfident and disrespectful of their roles after a period spent on the job, which makes them overlook warning flags that need to be recognized, which increases the opportunity for errors to be committed either intentionally or unintentionally.

Healthcare bureaucratic management can be utilized to enhance health care services. As a universal notion, bureaucracy is subject to numerous challenges and might be linked to many disadvantages of the healthcare system. Nevertheless, they can be managed effectively to ensure the possibilities of this system [9]. This paper will

review the bureaucratic organizational structure in healthcare and describe it is advantages and disadvantages to the healthcare system.

II. Max Weber's Six Features of the Bureaucratic Theory

The German sociologist Max Weber (1864–1920) was one of the foremost theorists of bureaucracy. He described the ideal characteristics of bureaucracies and explained the historical development of bureaucratic organizations. For Weber, bureaucracy has particular features that clearly differentiate it from other types of organizations. He noted that the benefit of bureaucracy was that it was the most technically proficient structure of an organization, continuity, certainty, unity, possessing specialized expertise, and it emerges when money-based societies take on complicated tasks.

At the end of the 19th-century, Max Weber (1905). The author of The Protestant Ethic and the Spirit of Capitalism was the first to describe and use the word bureaucracy. Additionally, identified as the Max Weber theory, bureaucratic management theory, or the bureaucratic theory of management [10]. Weber held that bureaucracy was more satisfying than traditional structures and the most effective way to set up an organization, and administration. In a bureaucratic organization, everybody is treated similarly, and the division of work is clearly portrayed for every employee [10]. Max Weber criticized organizations from running their company Like a family. Un Weber bureaucracy, there is no room for inherited leadership or popularly elected managers. He believed that such an informal organization repressed the possible success of a business because power was lost. Each aspect of the organization focuses on rational efficiency. According to Weber, bureaucracy is the foundation for the well-organized establishment of any organization and is outlined to guarantee that financial matters are productive and viable. It is a typical model for the management to bring an organization's structure into the attention. Weber places the fundamental standards of bureaucracy and emphasizes the hierarchy, division of labor, impersonal relationship and rules [10]. The six bureaucratic management principles (Mulder, 2020), as indicated in Table I are as follows:

- 1. Task specialization (division of labor and specialization).
- 2. Hierarchical layers of authority.
- 3. Formal selection.
- 4. Rules and Regulations.
- 5. Impersonal (personal indifference and impersonality).
- 6. Career orientation.

II.1. Task Specialization

Duties are divided into basic, routine categories based on competencies, skills, and specializations [10]. Every employee is focused on his/ her area of expertise. Thus, trained employees can accomplish their jobs efficiently. By dividing work based on specialization, the organization benefits directly. Each department has specific powers, resulted in a description of responsibilities, and supervisors can approach their employees more quickly if they do not follow their assignments [10]. All employee knows what is expected of them and what is their strengths are within the organization [10]. However, the disadvantage of task specialization is that bureaucrats frequently refuse or cannot work outside the scope of their services [11], [12].

II.2. Hierarchical Layers of Authority

Hierarchical layers of authority. In bureaucratic structures, there are many hierarchical layers and positions. Each layer has clearly defined authority and responsibilities. Managers are arranged into different hierarchical levels, where each level of management accountable to top management for overall performance and staff supervision. The chain of command is a structure in which various positions are linked in order of preference or rank on the ladder has tremendous power,, while the bottom layers are continuously subject to supervision and control of higher layers, this chain of command indicates lines of bureaucratic the degree of delegation, communication, and illustrates how responsibilities and powers are divided [10]. However, the downside of hierarchical levels of authority is that the excessive delays in completing an action, and the slow decision-making process, and sometimes impossible when facing some unusual situation as several approvals are required in different forms [9], [11], [12]. The Structure of a Bureaucratic Organization. In a bureaucratic organization, numerous levels management exist. It all begins at the top management with the president of the Chief Executive Officer of the organization. They are at the top of the organizational pyramid. Followed by the vice presidents who report to the Chief Executive Officer; then the directors who report to the vice presidents; after that, the managers' who report to the directors; finally, the supervisors who report to the managers; and employees report to the supervisors. This composition is a pyramid with a greater number of employees at every level down the pyramid. This hierarchy is essential to the functioning of a bureaucratic organization [11], [12], [13].

Administration of a Bureaucratic Organization. Administrative policies, procedures, and rules command in all bureaucratic organizations. Each employee will follow up on some managerial tasks periodically. All policies and procedures are carefully designed with a bureaucratic organization, they are thoroughly distributed throughout the organization, and every employee is expected to follow them [11], [12], [13].

Formal selection. Each employee is chosen based on technical skills and competences, which have been obtained through education, training, and practice [10]

Organizational rules and requirements determine their contract terms, and the employee has no ownership interest in the organization. One of the basic principles of the bureaucratic organization is that the salary is based on the position and employees are paid for their services [11], [12], [10].

Rules and regulations. A fixed set of rules and regulation are needed to guarantee harmony so that all employees know exactly what the organization expectation is. In this context, the rules and regulations are predictable. The rules and regulations are approximately steady and continuously formalized in so-called official reports. All regulatory forms are indicated within the official rules. By implementing strict rules, the organization can effortlessly obtain consistency, and all employee endeavors can be way better facilitated [11], [12], [10].

Impersonal. Regulations requirements generate impersonal relationship and distant between employees, with the more benefit of avoiding nepotism or feelings, emotions, and personal involvement [10]. These impersonal relationships are a noticeable feature of bureaucracies. Furthermore, managers depend heavily on rules and regulations to regulate the actions and to guarantee uniformity of employees. Thus, rules and controls are applied to lead to impersonality in interpersonal relations and withdraw nepotism and favoritism. Decisions are exclusively made based on rational reasons instead of personal reasons [11], [12], [10].

Career orientation. All employees of a bureaucratic organization are chosen based on their ability, which helps deploy the right person with the right skills in the right positions and, therefore, optimally utilizing human resources. In a bureaucratic organization, managers are professional administrators instead of owners' units they oversee. They work for a settled compensation, continue a career inside the organization, and build a career based on their expertise and experience. As a result, it provides a lifetime employment [11], [12], [10].

III. Advantages and Disadvantages of the Bureaucratic Organizational Structure

Bureaucratic organizational, just like any other type of organization with pros and cons, the following are the advantages and disadvantages of bureaucratic organizational structure.

III.1. Advantages

Usually, the term bureaucracy has a negative meaning and is usually attached to big organizations and the government [14], [10]. Nonetheless, the most significant advantage of bureaucracy is that the big organizations with multiple hierarchical layers can become organized and work efficiently due to the formation rules, responsibilities, and reporting relationships within a chain-of-command hierarchy that enables high

performance and consistent execution of work by all employees. Such a structure creates more job security; it emphasizes equality and discourages favoritism. Furthermore, it encourages specialization within a specific field; by promoting specialization, a bureaucracy encourages cost-effectiveness and problem-solving simultaneously. The most qualified individuals placed in the best jobs [8],[10].

Additionally, a measure of objectivity and rationality is guaranteed by planning earlier the standards for decision- making in everyday situations-moreover, the specialization, structure, and regulations, import predictability. Thus, guarantee organization stability. Compliance with rules and regulations in the structural framework brings about order to adopt with complexity. It provides an opportunity for employees to become experts within one specific area, improving the efficiency and effectiveness throughout the organization [15], [8], [14]. Further, bureaucracy advocates look at formalized rules to accomplish predictability and efficiency in results. Thus, in this system, employees and leaders follow procedures and instructions step by step in managing situations and tasks, and the results will be within the particularized range. In addition, it leaves no place for favoritism. The advocate of bureaucracy states that with the procedure and regulations to be followed to obtain outcomes, the risks of favoring some people over others will be minimized if not none.

For Weber (1964), the modern bureaucracy had the benefits of effectiveness, equity, and predictability. Research of bureaucracy in moderately developing countries have indicated that no number of rules limits corruption [16]. Though, government and in public organizations, the Weberian bureaucracy endures the favored model mostly because its persistence on formality and rule-following is viewed as a vital protection against prejudice and discrimination.

Bureaucracy provides an opportunity specialization within one area of the organization. The bureaucratic management assured that skilled and qualified individuals who have the appropriate experienced could perform to the best. In addition, as a management tool, bureaucracy can motivate professionals within the health care system to work efficiently and effectively, and it provides a feeling of security to the employees as bureaucracy protects them from any unfair decisions from managers [9].

Many health care clinicians who help patients are subject to increasing numbers of fragmenting directives from above and are forced to devise workarounds to cope with ineffective problem-solving systems. According to Hamel and Zanini (2017), numerous organizations across industries fight bureaucracy by explicitly designing their leadership systems to connect everybody in the organization to the problems that the frontline managers are facing daily. They carefully outline the roles of each level of leadership to include supporting the rapid solving of frontline problems and developing those under them to do the same. Planning and actively managing

their systems of daily management, operation, and improvement to fight the wastes generated by bureaucratic management becomes the core of their competitive advantage. Additionally, every leader has specific work that they must do every day to improve opportunities; daily management makes essential objects and strategies clear for everyone in the organization and ensures that leadership support, rather than hinder [7].

III.2. Disadvantages of Bureaucratic Organizational Structure

Bureaucracy is growing, bureaucracy is destroying value in many ways, including slowing problem solving, discouraging innovation, and diverting large amounts of time into politicking and working the system, top management is much less likely than frontline employees to see bureaucratic obstacles in their organizations [17]. The most significant disadvantage of a bureaucratic organization is slow communication due to its many hierarchical layers. Bureaucracy is also extremely dependent on rules, regulations, and policies compliance, which often rigid, inflexible, and restrict innovative ideas and creativity. Therefore, there is less freedom to make independent decisions or actions. In a bureaucracy, those who do not follow the policies or procedures face the consequences even if it is the right thing to do; they may still face imprisonment or job termination. Moreover, t is challenging to maintain high morale within a bureaucracy; employees may start to get irritated by many rules and requirements, which may lead to avoiding or violating these rules and standing up to the established order or even may provide a cover to avoid responsibility for failures [10]. A bureaucracy promotes praise due to how a task is accomplished rather than the quality of the fulfillment. Thus, the purposes of the employee become a priority than the purposes of the bureaucratic structure. Further, bureaucracy demands excessive paperwork, as each decision needs to be placed into writing. All documents must be kept in their original and draft forms, which leads to a significant waste of space, stationery, efforts, and time. Moreover, other rules and regulations can be included at any time, entangle the workloads that employees need to persevere, such as new filing regulations or evaluations or additional forms to fill out, limiting the true productive potential of people and departments. Additionally, bureaucratic procedures include excessive delays and frustration in the performance of tasks. One of the problems with bureaucracy is that people tend to use their positions, power, and prestige to perpetuate their agenda. For instance, a few people advantage from basic benefits and social roots like a prevailing race, dialect, or culture to which a few other people may not have get to [14].

Bureaucracies have formations where employees are paid fixed salaries, and benefits, it is not easy to define the particular employee contribution to a successful outcome. The top-bottom chain of command does not

utilize a functional lower level to make decisions in the area of their expertise, which might lead to the potential of incompetence is as high as the potential for competence. Additionally, bureaucracy makes huge wage gaps as people from the top of the hierarchy are typically paid more. Another problem with bureaucracy hierarchal structures is that employees are continuously raised until they reach a place where they are incompetent and stay until they retire since there is no emphasis on generating additional or new competencies. Nevertheless, the bureaucratic structure continues to function because competent employees are trying to achieve positions with more power. Further, the bureaucratic structure budget cycle is an annual event. Money is available for a limited time. In case the money is not utilized, then the expenses will not be considered for the following budget cycle, which makes a policy where departments and people spend money so they can have it within the following budget [18]. It is an excuse to waste money by spending it on unnecessary things to guaranteed budget increases. It is not very easy to adapt to changing circumstances quickly; such a structure that is dependent on rules and regulations, moves to an international governmental or business landscape can be challenging.

Another disadvantage in bureaucracy, changes in the method must go through the chain of command for several approval and signatures then go back down the chain for adoption, which makes the process slow, low morale, and can affect efficiency. It is not easy to decide who is accountable for making the decision, creating a sense of powerlessness amongst employees, passive and rule-based human beings.

Additionally, there is less competition since hiring, and promotion are based on qualifications and merits, once an employee is promoted, they work on specialized tasks with a fixed salary and cannot function outside the scope of their area. Furthermore, the bureaucratic structure limits a democratic approach to problemsolving. Employees find it hard to challenge the decisions of managers and executives. Eventually, they may be unaware that an issue exists a few levels down the chain of command.

IV. The Professional Bureaucratic Organization

The power resources are salient in the professional bureaucracy, which means that the professional employees have considerable freedom and autonomy to perform their work based on their experience, knowledge, and skills [6], [19]. The professional model bureaucratic organizational differs from Mintzberg's (1983)definition of the machine bureaucracy, the traditional model consistent with Max Weber's (1964) classical definition. The machine bureaucracy is a hierarchical model of organization with a tight vertical structure. Decision-making is centralized and functional departments group tasks, in which employees and managers clearly define duties and

coordinate work processes. Additionally, professional bureaucracy relies on highly trained professionals with complete control over their work, meaning that the managers usually have a hidden role in the organization's goals [6].

Mintzberg (1983) indicated that in the professional bureaucratic organizational form, the manager's role is originally to support professional employees. The institutional norms or scripts and the work standards that the professional employees follow come from outside the organization, for instance, from other universities, and workplaces or self-governing organizations or are determined by other authorities, which also affects managers' power to conduct their work, especially their ability to direct professional employees. The power of professional organizations relies on the authority of expertise and professions more than on top-down steering [6], [20], [19].

In the case of health care, professionals are highly trained specialists with well-defined skills and learned how to control their work professionally and in a specific manner [6], [21], [20]. In the professional bureaucracy, it can be challenging to implementing new ideas [19]. The professional bureaucracy decision decentralized. Both strategic managers and independent professionals must agree to recommended changes, which makes the professional bureaucracy a rigid structure that functions well in producing standardized outputs but is slow to adapt to change and alter production methods [19]. Moreover, that makes professional bureaucracy organizations hard to change because of the rigid structure, power and authority are spread down through the hierarchy [19]. According to Mintzberg (1983), the power to change organizations dependent on the manager's ability to involve employees development work. Further. the manager's understanding of change management is essential for the opportunity of working with organizational development [22], [6], [20], [23], [19].

A goal the management can implement as a part of a general reform movement is organizational change [24], [25], [26], [27]. An institutional study has shown that organizations reflect their environments because they encounter pressure from the institutional environment to design new ways of work to increase their legitimacy [6], [28]. Lean management principles have become popular to implement in numerous public organizations and industries such as health care [6], [21], to improve their institutional legitimacy in the environment. Additionally, organizations can sometimes successfully implement improvements if they do not disturb daily routines and core activities or interfere with the professional employees' often established work routines [6], [25], [29].

IV.1. The Health Care Manager

Studies of health care managers in Sweden indicated that multiple administrative duties, high workload, and complexity characterize their work conditions, which means they have challenges making decisions independently and have limited time to address improvement issues. Also, problems with sickness absence, stress [22], [30], [31].

Such an environment affects health care employees, creating challenges in motivating health care managers to work on organizational change and development [32], [30]. The frequency of tasks delegation from health care manager to professional employee is usually high in health care organizations [22], [6], [31]. Yet, significant decisions are made top management in the organization [6], [33]. Thus, health care organizations simultaneously become both hierarchical and non-hierarchical through these mechanisms [6], [33]. Consequently, health care managers lose some of their power to manage and control their employees and work conditions [22], managers trying to implement new methods or strategies in daily operations often create resistance, especially the relative independence of professional employees such as nurses and doctors [6].

Power to Change. The main task of health care managers is to empower and motivate professional employees to contribute to the improvement of work [22], [34]. Further, health care managers need to use management skills to engage employees in the proposed change and to guide them through the process by applying a coaching approach and respect the professional employees' skills, avoid micromanaging, giving them the freedom to act independently and established work routines [22], [6], [23], [35].

Studies show that health care managers' positive attitudes to change can help create a change-friendly work environment and influence their employees to have more positive attitudes toward change management [36], [37]. Studies also show that some health care managers delegate developmental responsibilities and tasks to professional employees without verifying whether they have the required knowledge to undertake the delegated tasks and without following up on the outcomes [22].

Support from top management and management colleagues, support from the professional employees in the organization, and organizational resources, shown to be essential factors for health care managers' ability to implement change [6], [38], [39], [40]. Thus, positive support from colleagues and managers can increase the chances of implementing actual change as well as motivate and influence all involved in the change process [6], [41]. Organizational support, such as people strong enough to implement the change or access to people skilled in change management, has also been linked with performance and quality improvement in health care [6], [38], [39], [40]. In a large clinic or hospital, being a health care manager can be a decisive factor when implementing change management. As the managers can manage most patient needs within their organizations, making it easier to control and develop the patient processes with resources available within their organization. Consequently, they can modify the

processes as needed without negotiating with other clinics or organizations with a higher degree of autonomy [22], [6]. In short, in professional bureaucracies implementing new ideas poses many challenges.

V. Who Holds the Power in a Bureaucratic Organization?

In a bureaucratic organization power rests with a small number of people. Typically, these are the 'c-level' executives, including high-level management, the chief operating officer, the chief financial officer, and the chief executive officer. These high-ranking executives control all decisions about the organization's objectives, whether policy-related, human resource-related, and financial. Further, every decision must go through the chain of command to the highest-ranking administrators. This decision-making process can slow a change, and the implementation of change as all feedback and directives must travel through all levels of the hierarchy between the destination and source [42], [13].

Legal Responsibility

According to, Max Weber, bureaucratic theory three types of authority can be found in organizations: traditional power, legal power, and charismatic power [10]. Weber, (1922) states that all majority rule government perspectives are organized based on laws and rules, making the rule of established locale win [10].

The following three components support bureaucratic management:

- 1. Within a bureaucracy all regular activities are assigned as official duties;
- 2. Management has the power to impose rules;
- 3. Rules can be respected based on established practices.

VI. Conclusion

The benefits and drawbacks of a bureaucracy indicate that a well-structured bureaucratic environment can overcome obstacles that limit productivity and enhance efficiencies. As in a stable environment, bureaucracy rigidity is not an issue. However, the nonstructural environment can be ineffective and waste more money on financial resources and time than it will save. In unstable situations, though, the incapacity to quickly change directions can create problems with the rigidity in making decisions. Also, making slow or even impossible when facing unusual circumstances—thus delaying change and evolution. The bureaucratization of healthcare makes it challenging to induce immediate and suitable change when the changing needs require it. Researchers are debating that with the specific steps needed to perform assignments and the need to follow the hierarchy to proceed, time-consuming, particularly if decisions are needed immediately, for example, the bureaucracy of large structures prevents organizations from moving quickly. As this paper demonstrated,

bureaucratic. may be a viable organizational structure. If the bureaucracy limitations are mitigated and rule expansions are limited to necessity, bureaucratic model may function as an effective system that governments and corporations can use.

References

- [1] Fiorio, C. V., Gorli, M., & Verzillo, S. (2018). Evaluating organizational change in health care: the patient-centered hospital model. BMC Health Services Research, 18(1). doi: 10.1186/s12913-018-2877-4
- [2] Luzeaux, D. (2013). Engineering Large-Scale Complex Systems. Large Scale Complex Systems and Systems of Systems Engineering: Case Studies, 1–84. doi: 10.1002/9781118601495.ch1
- [3] Javanparast, S., Freeman, T., Baum, F., Labonté, R., Ziersch, A., Mackean, T., ... Sanders, D. (2018). How institutional forces, ideas and actors shaped population health planning in Australian regional primary health care organisations. *BMC Public Health*, 18(1). doi: 10.1186/s12889-018-5273-4
- [4] Gorli, M., Liberati, E. G., Galuppo, L., & Scaratti, G. (2017). The Patient Centered Organizational Model in Italian Hospitals. *Healthcare Ethics and Training*, 290–308. doi: 10.4018/978-1-5225-2237-9.ch012
- [5] Hearld, L. R., Alexander, J. A., Fraser, I., & Jiang, H. J. (2007). Review: How Do Hospital Organizational Structure and Processes Affect Quality of Care? *Medical Care Research and Review*, 65(3), 259–299. doi: 10.1177/1077558707309613
- [6] Andreasson, J., Ljungar, E., Ahlstrom, L., Hermansson, J., & Dellve, L. (2018). Professional Bureaucracy and Health Care Managers' Planned Change Strategies: Governance in Swedish Health Care. Nordic Journal of Working Life Studies, 8(1). doi: 10.18291/njwls.v8i1.104849
- [7] Parkin, F. (2014). Max Weber. doi: 10.4324/9781315822280
- [8] Serpa, S., & Ferreira, C. M. (2019). The Concept of Bureaucracy by Max Weber. *International Journal of Social Science Studies*, 7(2), 12. doi: 10.11114/ijsss.v7i2.3979
- [9] Kauer, L. (2016). Long-term Effects of Managed Care. *Health Economics*, 26(10), 1210–1223. doi: 10.1002/hec.3392
- [10] Mulder, P. (2020, February 14). What is Max Weber Bureaucracy theory? Definition & examples. Retrieved from https://www.toolshero.com/management/bureaucratic-theoryweber/
- [11] Gerald, E. C. (2018). Excessive Bureaucratization: The J-Curve Theory of Bureaucracy and Max Weber Through the Looking Glass. *Handbook of Bureaucracy*, 29–40. doi: 10.4324/9781315093291-3
- [12] Rockman, B. (2019, September 30). Bureaucracy. Retrieved February 16, 2020, from: https://www.britannica.com/topic/bureaucracy
- [13] LaMarco, N. (2019, March 1). What Is a Bureaucratic Organization? Small Business - Chron.com. https://smallbusiness.chron.com/bureaucratic-organization-20379.html
- [14] Godoi, A. F., Silva, L. F., & Cardoso, O. O. (2018). Ensaio Teórico Sobre A Burocracia Em Weber, O Conflito De Agência E A Governança Corporativa: Uma Reflexão Sobre A Burocracia Profissionalizante. Revista De Administração De Roraima -RARR, 7(2), 426. doi: 10.18227/2237-8057rarr.v7i2.4034
- [15] Ritzer, G. (1975). Professionalization, Bureaucratization and Rationalization: The Views of Max Weber. *Social Forces*, 53(4), 627. doi: 10.2307/2576478
- [16] Bruce, S., & Yearley, S. (2006). The SAGE Dictionary of Sociology.

- doi: 10.4135/9781446279137
- [17] Hamel, G., & Zanini, M. (2017). Busting Bureaucracy. London Business School Review, 28(1), 6–9. doi: 10.1111/2057-1615.12147
- [18] Krause, G. A. (2013). Bureaucratic Ambition: Careers, Motives, and the Innovative Administrator. By Manuel P. Teodoro. Baltimore: Johns Hopkins University Press. 2011. 240p. \$45.00. Perspectives on Politics, 11(3), 962–963. doi: 10.1017/s1537592713001758
- [19] Mintzberg, H. (1983) Structure in Fives. Designing Effective Organizations. Engelwood-Cliffs, CA, USA: Prentice-Hall.
- [20] Glouberman, S., & Mintzberg, H. (2001). Managing the Care of Health and the Cure of Disease - Part I: Differentiation. *Health Care Management Review* 26(1),56–69.
- [21] Berlin, J., & Kastberg G. (2011). Styrning av hälso- och sjukvård [Governance of healthcare] Liber, Stockholm.
- [22] Andreasson, J., Dellve, L., & Eriksson, A. (2015). Healthcare manager's views on and approaches to implement models for improving care processes. *Journal of Nursing Management* 24(2): 219–227. doi: https://doi.org/10.1111/jonm.12303
- [23] Kotter, J.P. (1996). Leading change. Harvard Business Press.
- [24] Brunsson, N. (2006). The Organization of hypocrisy. 2 nd edn. Liber, Stockholm
- [25] Brunsson, N., & Olsen, J. P. (1993). The Reforming organization. Routledge.
- [26] Czarniawska, B. (2008). A Theory of organizing. Edward Elgar.
- [27] Czarniawska, B. & Sevón, G. (Eds.). (1996). Translating organizational change. Walter de Gruyter.
- [28] DiMaggio, P. J., & Powell, W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48(2), 147– 160. doi: https://doi.org/10.2307/20951201
- [29] Meyer, J. W., & Rowan, B. (1977). Institutionalized Organizations: Formal Structure as Myth and Ceremony. The American Journal of Sociology 83(2): 340–363. http://web.unitn.it/files/download/12401/americal_journal_of_sociology 83 1977 meyer.pdf
- [30] Skagert, K., Dellve, L., Eklöf, M., Ljung, T., Pousette, A., & Ahlborg, G. (2008). Leadership and stress in public human service organizations: Acting shock absorber and sustaining own integrity. *Applied ergonomics* 39(6): 803–811.
- [31] Tengblad, S. (2003). Den myndige medarbetaren- Strategier för ett konstruktivt medarbetarskap. [The employee authoritativestrategies for a constructive teamwork]. Malmö: Liber Ekonomi
- [32] Ohlsson, Ö., & Rombach, B. (1998). Res Pyramiderna. [Raise the Pyramids] Svenska Förlaget. [Swedish publisher]. Stockholm
- [33] Edling, C., & Sandberg, Å. (2013). New Management and Good Work? A Swedish Experience. In Sandberg, Å. (Eds.) Nordic lights, Work, Management and Welfare in Scandinavia (pp. 384– 405). SNS Förlag [SNS publisher].
- [34] Cummings, G.G., MacGregor, T., Davey, M., Lee, H., Wong, C.A., Lo, E., Muise, M. & Stafford, E. (2010). Leaderships styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies* 47(3), 363–385.
- [35] Vesterinen, S., Suhonen, M., Isola, A., & Paasivaara, L. (2012). Nurse managers leadership styles in Finland. *Nursing research and practice* (2012). doi: https://doi. org/10.1155/2012/605379
- [36] Damanpour, F. (1991). Organizational innovation: A metaanalysis of effects of determinants and moderators. *Academy of Management Journal* 34(3): 555–590. doi: https://doi. org/10.2307/256406
- [37] Mathena, K.A. (2002). Nursing manager leadership skills. *Journal of Nursing Administration* 32(3): 136–142. doi: https://doi.org/10.1097/00005110-200203000-00006
- [38] Lachinger. H. K. S., Purdy, N., Cho J., & Almost J. (2006). Antecedents and consequences of nurse manager's perceptions of organizational support. *Nursing Economics* 24(1): 20.
- [39] Plsek, P.E., & Wilson, T. (2001). Complexity science: complexity, leadership, and management in healthcare organisations. BMJ: British Medical Journal 323(7315): 746.

- doi: https://doi.org/10.2307/2095101
- [40] Skytt, B. (2007). First-line nurse managers preconditions for practise: The important Interplay between person and organization (Doctoral dissertation, Uppsala University).
- [41] Demerouti, E., & Bakker, A. B. (2011). The job demandsresources model: Challenges for future research. SA Journal of Industrial Psychology 37(2),: 01–09. doi: https://doi.org/10.4102/sajip.v3 7i2.974
- [42] Burnham, J. (2009). Restructuring Bureaucratic Organizations. Politicians, *Bureaucrats and Leadership in Organizations*, 24–44. doi: 10.1057/9780230233829_2

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