

醫院麥當勞化了嗎?

莊漢宗、謝易達、李怡真**

中文摘要

英文摘要

I. Introduction

II. The Similarities and Differences

III. Scientific Management Theory in a Hospital and McDonald's

IV. Conclusion

Reference

* 感謝兩位匿名審查委員的審查。

* 莊漢宗，慈濟技術學院醫務管理系講師；謝易達，慈濟技術學院通識教育中心助理教授；李怡真，昆士蘭科技大學健康學院公共衛生系

醫院麥當勞化了嗎？

莊漢宗、謝易達、李怡真

中文摘要

醫院和麥當勞一樣都是屬於服務業，都是以人服務人的行業。麥當勞可以成功的成為全世界最大的連鎖企業之一，必有所獨特的管理方式。本篇藉由麥當勞的成功例子，將醫院的特性與其相比較，並試著探討是否可以利用麥當勞的成功管理方式－科學管理，帶入醫院之中。另外，在醫院中有其獨特的特性是其他服務業所沒有的，例如：高度專業人員及醫療管理和行政管理的並行方式，因此並非全醫院的各部門管理均可以利用麥當勞的管理方式，因此本篇也將探討在醫院中不同部門的應用科學管理程度。經由本篇的分析中可見：由於目前醫院的經營管理一直朝向著有效率的管理，以達到資源有效利用，故麥當勞的管理方式已經可以在醫院中隱約可見，最明顯的即是 DRG's 的出現，然而如此的利用科學管理方式，對醫院、病患及醫療資源三方面是否達到一定的效果仍是一個值得探討的問題。

關鍵字：科學管理，醫院管理，麥當勞

Will Hospitals be McDonaldized?

Han-Tsung Chuang 、 Yi-Ta Hsieh 、 Yi-Chen Lee

Abstract

A hospital and a McDonald Family Restaurant (McDonald's) are service industries, and they are labour-intensive industries. That the McDonald's can become one of the biggest chains has its own specially managing art. The paper is going to introduce hospitals' characters by comparing with the McDonald's. Moreover, it tries to bring the scientific management theory into hospitals, which is successfully used in the McDonald's. However, hospitals have the characteristics which are different from other industries, such as highly specialized and the triumvirate. Therefore, the scientific management theory cannot be applied on all departments of a hospital. This paper is also discussing the different applications in different departments of a hospital. In short, having an efficient management is one purpose of a hospital management. Hence, the health resources can be used better. Many part of hospitals' management are having the same management way as the McDonald's, such as DRG's. However, that the use of the scientific management in hospitals is good or bad for hospitals and patients is still a question mark.

Key words : Scientific Management Theory, Hospital Management,
McDonald

I. Introduction

A hospital is a service industry which is using people to serve people. Because of the National Health Insurance (NHI) hospital management is harder than ten years ago in Taiwan. It can be seen from the decreasing numbers of hospital institutions during the previous ten years (DOH 2007). Hospital management is a part of management, but it is different from general management. That is why hospital management can become a special field. Many hospital management skills imitate from general management skills. A McDonalds Family Restaurant (McDonald's) is also a service industry, and that it can become one of the biggest chain shops in the world relies on its successful managing skills. Therefore the successful managing skills of the McDonald's may possibly suitable for hospitals.

Clweer and Perkins (1998) have shown that the requirements of health services are economy, effectiveness and efficiency. A Hospital is unique because it is ruled by a triumvirate: chief executive, medical superintendent and principal nursing officer (Lloyd & Boyce, 1998, p.8). Each one has its own specialty and works cooperatively. Lloyd and Boyce (1998) quoted from Fottler (1987) who pointed out that health care organizations have their own characteristics:

- *The difficulty of defining and measuring outputs and outcomes;*
- *The highly specialized, complex and non-routine nature of work requiring a high degree of coordination across professional groups;*
- *The occurrence of emergency or unplanned events which are non-deferrable and difficult to accommodate within standard management approaches;*
- *The enhanced status and authority of health professionals, particularly*

doctors, which may conflict with managerial authority;

- *The complexity of the political, legal and financial regulatory environment impacting on the health industry;*
- *The intense human emotions generated in health care which may override rational administrative concerns.*

That McDonald's can become one of the biggest chain shops in the world relies on its successful managing skills. From the McDonaldization of Society (Ritzer, 2000), the reason why McDonald's has become one of the biggest shops is that it has achieved efficiency, calculability, predictability, and control through nonhuman technology.

From these two opinions of what McDonald's have achieved and what the requirements of health services, the two different kinds of industries seems have some similarities and differences. Because of hospitals' features, hospital management is more complex than other service industries, and it is not developed in as mature an industrial way as them. However, a hospital still has the characteristics of a service industry, so it may be possible for it to learn from the successful McDonalds' experience. The following is going to introduce the similarities and differences between a hospital and a McDonald's. Moreover, from their similarities and differences, how current hospitals learn from McDonalds' successfully applied scientific management will be shown.

II. The Similarities and Differences

The customers in Hospitals and McDonald's have the same hopes, which are economy and efficiency. The difference is that most people, patients and their family members, in hospital are un-willing and unhappy. When a patient

is sick, it is not a happy thing for him and his family. Therefore, as consumers in hospital, they do not like to walk into there, and they are worried. However, more customers in McDonald's are willing and happy. A McDonald's is a place where people can chat and eat and children can play. When consumers walk into a McDonald's, they are merry. Because consumers have different moods when they get into a hospital or a McDonald's, the same service quality might receive different feedback. Patients do not have good moods to face their medical personnel, and these people need to be more forbearing for their patients.

The customers in McDonald's have full information about the cost and products; however, the customers in hospital lack of information and experience, information asymmetry (Hall, 2001, p.320-331). The true consumers in the health care market are not patients. Doctors could be the consumers by acting as patient's agents. The reason that doctors can be the agents of their patients is that *consumers lack the expert knowledge to translate their demand for health into their demand for health care* (Hall, 2001, p.320-331). In health service industries, there are so many specialists, such as physicians, pharmacists, nurses, and dentists, so that nobody has the full information about what he really needs for his disease. Therefore, doctors have stronger information to induce upon demand and decide the price of a service. In McDonald's, people can decide what they want and know how much they will spend there.

When people purchase health services from a hospital, they meet much uncertainty. When a patient is purchasing a service, he does not clearly know what service he will buy, and how much the service will cost. Therefore, when purchasing types of health services it is uncertain. It is not like the services

that people can get from a McDonald's. Efficiency is one important element of McDonald's success (Ritzer, 2000). When people walk into a McDonald's, they know they will get the service in a few minutes. Moreover, they know that they will get what kind of services and products there, which is the predictability of McDonald's. In McDonald's, the products are simple, and the processes of making products are highly routine. When a manager figures out the best way to do something, he can train his workers as robots. However, the products in hospital are un-predictable. For example, two patients have the same operation on their appendixes. They have the same doctor and nurses, and use the same equipment at the same day. One may have an infection, so he needs more surgery and stay in the hospital more than ten more days, while the other one may become healthy in three days. This is because individuals' reactions to the service are different. Therefore, the purchasing quality and quantity of health services are also uncertain and un-predictable.

The numbers of the substitutes for McDonald's and hospital are also different. A substitute good is a good that can be used in place of another good (Jackson et al., 1998, p.3-20). For McDonald's, there are many substitutes such as KFC, Hungry Jack's, or Pizza Hot. Even though, a Chinese restaurant can be a substitute for McDonald's. When the price of a "Big-Mac" hamburger in McDonald's is increased, the demand of it is decreased, and people can buy a "Whopper" hamburger in Hungry Jack's instead of it. However, in health services, if a person needs an operation, it is hard to find a substitute instead of it. Even if a patient knows the surgery requires enormous investment of money, he rarely gives up.

Some people may argue that they still have options among nursing homes, private hospitals and public hospitals. In nursing homes, they take

care of patients who do not emergency, who are stable in their diseases and who need long term care such as some chronic diseases. Therefore, nursing homes have different responsibilities from hospitals (Yeh, Sehy and Lin, 2002, p.13-21). Since the National Health Insurance (NHI) was launched in March 1995, the most important rule of the public hospitals were disappeared, which were to care poor people. Almost everyone in Taiwan is included by NHI.

Hence the medical cost is control by NHI. In order to save medical resources, patients need to pay co-payment when they go to a clinic or a hospital. It means that under the principal of the NHI, if a patient goes to a public hospital or a private hospital, he pays the same between them. However, there are still some different charges among different hospitals. For example, patient can pay by themselves to get the newer operations or medicines which are not paid by NHI. Therefore, it is unknown that if there are more doctors in private hospitals who suggest patients pay for the new operations or medicines.

A hospital needs not only efficiency but also effectiveness. The quality of health care is also important. However, McDonald's focuses on quantitative aspects of products and services offered, which is calculability (Ritzer, 2000). When a manager looks at two McDonald's restaurants' accomplishments to compare these two McDonald's, the total quantity of products were sold is an important index for him. Nevertheless, the two operations of appendicitis patients, which were described above, cannot be counted as the same quantity. The effectiveness for the two patients is quite different.

It has been pointed out that a hospital is ruled by a triumvirate: chief executive, medical superintendent and principal nursing officer (Lloyd & Boyce, 1998, p.8). However, the rulers are sometimes conflicts among them.

A very typical example can show why the triumvirate causes problems. There is a budget for a hospital to buy new machines, but for different managers' points of view the decision will be differences. If the hospital spends a lot of money in a brand new medical machine which can possibly save people's lives in a special time, but the machine may be used once few months in this hospital. Should the hospital spend so much money on it? Or, should the hospital spend the money in buying the other cheaper machines and using them on more patients? From a doctor's and a nurse's point of view, the hospital should spend money to purchase new expensive medical machines to save any patient's life and to improve their capabilities. However, the executive manger of the hospital thinks more than saving lives. He or she needs to consider about the cost benefit of the purchase. Usually, in a hospital the medical superintendent and nursing officer has the same power as the chief executive, and they need to find out the balance among them. In the contrary, there is not the triumvirate in McDonald's. The chief executive has biggest power in the McDonald's.

III. Scientific Management Theory in a Hospital and McDonald's

The successful McDonald's is because it uses the classical management school tool, scientific management (Ritzer, 2000). Scientific management was established by Taylor, F.W. (1856-1915), who is the "Father of Scientific Management". Taylor pointed out that the principal object of management is "maximum prosperity" for the employer and each employee. The two objects seem in confronting positions. However, by creating the largest output of each employee, the employer can get the greatest profit at the lowest labor cost, and then each employee can get what he/she most wants, high wages (Taylor,

1998). Under this “maximum prosperity” principal, Taylor developed scientific management, also called task management. The objectives of scientific management are using scientific selection, to analyze work to develop first-class workers for each job, develop hearty cooperation between workers, and divide the responsibility among managers and workers equally (Santayana, 2004). Taylor’s framework for organizations was *clear delineation of authority, responsibility, separation of planning from operations, incentive schemes for workers, management by exception, and task specialization* (Employee Motivation, the Organizational Environment and Productivity, 2005).

That McDonald’s has wonderfully applied scientific management in its organization can be seen in many places, including its efficiency, calculability, predictability, and control through nonhuman technology (Ritzer, 2000). One of the main principles of scientific management is using standard processes to make the organization’s outcomes efficient (Len, 2003 p.5-7; Lloyd & Boyce, 1998, p.141-171). In McDonald’s, every service has its standard process, and every product, such as a Big Mac hamburger, fired-chicken and chips, has its standard manufacturing process. Moreover, McDonald’s also uses task specialization, responsibility, separation of planning from operations to each person and each task. The same people use the same process to make sure that its food service is efficient and predictable. When a customer walks into a McDonald’s, a smiling seller speaks with the same intonation and the same words, so its service is also efficient and predictable.

Therefore, a question arises: if McDonald’s can use scientific management to achieve efficiency and predictability, could a hospital also use the same management theory to become efficient or predictable? That a

hospital has many differences from a McDonald's is discussed above. Patients go to hospital because of different health problems. Doctors and nurses cannot use the same produce for them. This is why hospitals cannot use totally the same process on different patients, even though they have the same problems, and patients' outcomes cannot be predicted. Moreover, the measurement of health care service is not as simple as the service in McDonald's. A hospital has many specialized, complex and non-routine nature jobs, but there are not many of these kinds of jobs in McDonald's. As a result, McDonald's can have a standard process to service every customer coming into this shop, but this is almost impossible in a hospital. Thus, scientific management theory seems hard to apply into hospitals.

However, scientific management theory is applied in areas of hospitals. It has been pointed out that a hospital is a highly specialized, complex and non-routine place. However, except for the medical processes, many tasks can be developed to have their standard processes, such as the registration, records, or laundry departments. Many hospitals are using scientific management in these departments in order to give patients better services. For example, in the laundry department of a hospital, the main objective is to serve patients' clothing and sickbed sheets in an efficient and effective way. The process of collecting the dirty clothing and sheets, and the process of dispensing the clean ones are important. It is needed to consider how to separate the dirty and clean ones, the manpower and the space. When a manager uses scientific management in this department, he will use the manpower in the most efficient and effective way. In short, scientific management also can be used in other hospital departments which include more non- specialized and routine tasks.

It has been discussed that scientific management is hard to apply in medical processes such as surgery. However, when case-mix was commonly used in the health market, many medical processes turned to “assembly line medicine” (Ritzer, 2000). The Diagnosis Related Groups (DRGs) which is one kind of case-mix system is used by some American insurance companies to determine the payments to hospitals (Collyer & White, 1997, p.344-363; Duckett, 2005, p.87-93). Because a group of medical surgeries will be paid in the same amount of money in certain criteria, many hospitals have developed a standard process for these patients. They have tried to find the standard use of equipment, standard procedures, and standard of using manpower in order to achieve the lowest costs. As a result, the patients look like products in a hospital. They are on an invisible assembly line to accept a standard process, which was developed by the hospital. This is also a function of scientific management.

IV. Conclusion

Because of the requirements of economy and efficiency in hospitals and the McDonald's, a hospital can learn some managing skills from McDonald's and then become economically stronger. However, because of the information asymmetry, uncertainty, unpredictability, and no substitution in hospital, so when applying the managements from McDonald's, hospitals have to know that hospitals cannot copy them totally. It is sure that many hospital departments can be standardized, which are some non-specialized and routine departments. In medical departments there are DRG's as an application of the scientific management. Some people may say that it is cruel when patients are treated as products. Life is priceless, if a life can be saved by money, people

should spend as much as they can. However, from the economics' aspect, the health care resources are limited. The managers in governments or hospitals need to consider how to use the resources in the efficient and effective ways. Moreover, from the experience of Medicare in U.S.A., the DRG's may not stop the increasing of medical cost and saving medical resources (Kahn, Rubenstein, Draper and Kosecoff, 1990; Jenks, 1998). Although a hospital should not be a for-profit industry, it still needs to be an independent industry. Finding the balance between quantity and quality within a budget is a very high challenge for each manager in any hospital and government.

Reference

- Accel-Team.com (2005). Scientific Management, *Employee Motivation, the organizational Environment and Productivity*, Retrieved October, 2006, from http://www.accel-team.com/scientific/scientific_02.html
- Clweer, A. and Perkins D. (1998). *Economics for Health Care Management*. London: Prentice Hall, 8-10.
- Collyer, F. and White, K. (1997). Enter the Market: Competition, Regulation and Hospital Funding in Australia, *ANZJS*, 33(3), 344-363.
- Duckett, S. (2005). Private Care and Public Waiting, *Australian Health Review*, 29(1), 87-93.
- Department of Health (DOH), Executive Yuan, R.O.C. (2007). Retrieved February, 2007, from <http://www.doh.gov.tw/statistic/data/醫療服務量現況及服務結果摘要/94摘要表/表1.xls>
- Fottler, M. (1987). Health Care Organizational performance: present and future research, *Journal of Management Studies*, 13(2), 367-368.
- Hall, J. (2001). Policy Forum: The Economics of Health and Health Policy Health, Health Care and Social Welfare, *The Australian Review*, 43(3), 320-331.
- Jackson, J., et al. (1998). "The Mechanics of Individual Prices: Demand and Supply", in *Microeconomics* (5th ed) Sydney: McGraw-Hill, 3-20.
- Jenks, S. (1998). Rising Hospital Medicare Costs Defy DRG Control, *Medical News*, 29(6), 50-55.
- Kahn, K.L., Rubenstein, L.V., Draper, D., and Kosecoff, J. (1990). The Effect of the DRG-Based Prospective Payment System on Quality of Care for Hospitalized Medicare Patients, *JAMA*, 264(15), 1953-63.

- Len, N. (2003). Management Theories - An historical perspective, *Business Date*, 11(4), 5-7.
- Lloyd, P. and Boyce, R. (1998). Management: Theory and Practice, In M. Clinton & D. Scheiwe (Eds.), *Management in Australian Health Care Industry* (2nd ed). South Melbourne, Vic.:Longman, 141-171.
- Ritzer, G. (2000). *The McDonaldization of Society*, California:Pine Forge Press.
- Santayana, G. (2004). *The Scientific Management Era*, "Sanity is Just Madness Put to Good Use", Retrieved October, 2006, from <http://faculty.ncwc.edu/toconnor/417/417lect03.htm>
- Taylor, F.W. (1998). *The Principles of Scientific Management*. N.Y.: Dover Publications, Inc.
- Yeh, S.H., Sehy, Y.A. and Lin L.W. (2002). The Quality of Nursing Home Care in Taiwan, *Journal of Gerontological Nursing*, 28(8), 13-21.