Strategy as Practice: Reflections from University Hospital

Fulya Almaz and Beykan Çizel

Abstract—Strategy-as-Practice has provided important insights into the tools and methods of strategy-making (practices), how strategy work takes place (praxis), and the role and identity of the actors involved (practitioners). For practice theorists, practices is defined as a concept indicating the acceptable ways of fulfilling shared organizational activities among operating actors within the organization, organizational routines, norms, traditions, rules. Practices refer to the various tools, norms, and procedures of strategy work. Praxis refers to the activity involved in strategy-making, for example, in strategic planning processes or meetings. Practitioners are all those involved in, or seeking to influence, strategy-making.

The aim of this study is to examine the strategic decisions and the actions of top management team of university hospitals from the perspective of “strategy as practice”. Researchers investigated university hospital’s strategic implementations within micro level via investigating practices and praxis of related practices of top management team for achieving university targets.

The finding of this study has made it possible to draw some conclusions about current practices and implementations of a university hospital for achieving the basic strategic objectives determined by the top management team of the hospital. It is considered that this study can go further by analyzing the intercourses between strategies, practices and implementations for the basic objectives of a university hospital practically in the terms of strategic approach.

Index Terms—Strategy as practice, hospitals, organizational and social practices.

I. INTRODUCTION

Our review covers studies related with Strategy-as-Practice (SAP). We overview some general characteristic features of SAP research that distinguish it from traditional strategy research. Practice-based analyzes which has their special capacity to understand how organizational action is enabled and constrained by prevailing organizational and societal practices are becoming increasingly widespread in the strategic management disciplines. There have been many studies focusing on activities and practices in strategic management literature under the label of SAP [1], [2], [3], [4].

The aim of this study is to examine the strategic decisions and the actions of top management team of Akdeniz University hospital located in Antalya/Turkey from the perspective of “strategy as practice”. This study built on three levels of analysis;

1) Analysis the strategic objectives of university hospital in Antalya.
2) Analysis of practices and praxis according to top management teams’ reaching the stated targets in the terms of strategy approach.
3) Analysis of common organizational and social practices which are embedded in top management team decision and action.

The issue of this study is possible to be answered in the light of the data obtained from the real world. Therefore, a qualitative approach was selected for this study because this research was more concerned with understanding individuals’ perceptions of the world and seeking insights rather than statistical analysis [5]. A qualitative approach with a single case study was selected for this study. It was conducted to top management team working in Akdeniz University hospital working with Turkey Ministry of Health license. Population of the study consisted of 15 managers.

Semi-structured individual and focus group interviews, participant observations and document analysis were used to collect data. Data collected from interviews and focus group were transcribed and merged with the observation notes. In the next step the qualitative content analyses was conducted on the whole data set. There are certain aspects which need to be considered in order to increase the reliability of the content analysis results [6]. The first one is that the analysis process should be described in more detail. At the beginning of the content analysis the coding categories are defined and named. At this level one two researchers read the provided transcripts couple of times and, with the support of the related texts, created the coding scheme. With the guidance of the created scheme transcripts were again analyzed. These processes were done by each researcher independently after which the results were compared and discussed. At the end of the conceptual abstraction process categories and sub-categories were derived. The second indicator of reliability was the fact that the coding was done by each researcher and that the derived categories and sub-categories were results of discussion and consensus obtained among the researchers. Additional method used to increase the reliability of the research was usage of direct quotations from the analyzed texts that were used to provide connection between data and results. Direct quotations from the participants in the research were presented in the result section of this paper. Emerging themes and patterns by the help of content analysis was
explained and interpreted in accordance with SAP perspective.

II. LITERATURE REVIEW

As one of the most recent studies, strategic approach is based upon practical theory which was founded by researchers and writers like [7], [8] and developed by the contributions of philosophers [9], sociologists [10], [11], anthropologists [12], ethnomethodologists [13], action researchers [14], [15] and discourse researchers [3], [4], [16]. When the relevant body of literature analyzed, it appears that practical theory points out that human actions and individual behaviors are settled in practical system and focuses on the relationship of social structures and individuals with each other while interpreting the human actions [17].

As becoming popular in strategic management discipline the practice-based analyses which enable us to understand how organizational activities are enabled or limited by the spread of organizational and social practices and within the scope of strategic management, it can be seen that studies which focus actions and practices under the label of strategic approach as practice are done [2], [4]. The approach at issue provides us to understand how strategies are formed or will be formed and that the interactions of individuals and social structures while interpreting the strategy formation actions [3], [18] by whom strategies are implemented and which tools are used in process [1]. It has been considered as a remarkable subject to open up the discussion about strategic approach which is relatively a new approach and practical for bringing a new breath to the strategic management discipline.

Within the scope of related approach, implementing praxis to organizational practices in other words strategic decision actions and closeness of the decision makers or implementers are emphasized [4]. Practices are described as the term that indicates the acceptable ways of fulfilling organizational activities which are shared between operating actors, organizational routines, norms, customs and rules [17], [19]. Praxis is defined as implementation of practices includes decision maker’s covered actions as well as written document actions in other words strategy forming activities [3], [20], [21].

Within this approach, decision makers or practitioners are social beings which play an important role during decision making and considered as a whole with their socio-political standing, abilities, gender, national cultures and differences [3].

Strategic approach practically includes both eventuated strategic outputs and strategy forming activities based on organizational practices that affects strategic process and focuses on activating social practices settled in practitioners’ decisions and actions [3]. Related studies indicates that practically strategic actions are can be defined as an approach which enables to analyze subtle discourses in organizations and the roles of practitioners during decision-making process in a particular corporate context.

III. METHOD

Finding out answers to the basic and supplementary aforesaid questions makes essential that practitioners need to be associated with focusing on the targets or about to be targets and practices and praxis according to be achieved targets by top management team by well defining them. Therefore, relevant study is built on three levels of analysis; 1) Determining the top management teams and its actors. 2) Analysis of the strategic objectives of the organization. 3) Analysis of practices and praxis according to top management teams’ reaching the stated targets in the terms of strategy approach.

In this context, it necessary to use qualitative research method which provides a more in-depth research in all aspects of the basic and supplementary questions and offers powerful clues about understanding why, when and how social events and facts happen as a subjective research method [5].

In this study, as one of the sub-pattern of case study from qualitative research designs; integrated single-case design is applied. Case study is a qualitative research method that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used [22]. Relevant method results can reveal determinants of causes and consequences, interactions of cases and the determinants of the real context of human relationships and other factors. In integrated single case design that was preferred in this study, can be used for the study of specific cases [23].

Working group, center and the scope of the study is chosen as a university hospital in Antalya and population of the study constitutes of 15 people who are in top management team of this hospital. In this context, selection is made on the basis of criterion sampling as one of the purposeful sampling methods. According to [24], purposeful sampling provides absolute statements about practices and praxis by allowing an extensive evaluation of cases which are thought to have extensive knowledge [25]. Population criterion of this study which aims to provide a further thought about hospital’s top team management’s available practices and praxis is determined by the researcher. Therefore, actors who work in hospital and constitute top management teams are taken as the criterion to this research. Research sample consists of 8 actors who work there and are member of top management team in this university hospital affiliated to Turkish Republic Ministry of Health. This number is sufficient for the validity of research on the basis of obtained data’s quality, similarity and repetition of them.

Interviews were held via semi-structured interview forms and interviews were recorded by using a tape recorder during the process with the permission of participants. The interviews of participants who refused tape recorder were recorded by taking notes. Recordings obtained in either method were written again in the context integrity to be subject to analysis. After performing descriptive analysis and content analysis, obtained themes and patterns were classified in parallel with the aim of the study for explanation and interpretation.

A. Research Findings

As a result of the obtained data analysis, university
hospital’s strategic targets, practices of top management team for achieving these targets and praxis of related practices are determined (see Table I).

**TABLE I: MAIN TARGETS OF THE ORGANIZATION, PRACTICES, AND PRAXIES**

<table>
<thead>
<tr>
<th>Main Targets of the Organization</th>
<th>Practices</th>
<th>Praxies</th>
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<tbody>
<tr>
<td>To achieve the best in medical education and research</td>
<td>To create a good faculty member staff.</td>
<td>• To accredit medical education</td>
</tr>
<tr>
<td></td>
<td>To create a good medical education system.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To follow the developments in the medical field</td>
<td></td>
</tr>
<tr>
<td>To achieve the best in service quality</td>
<td>To increase patient satisfaction</td>
<td>• To shorten the length of hospital stays.</td>
</tr>
<tr>
<td></td>
<td>To engage in activities for performance improving</td>
<td>• To install Kiosk and internet appointment system.</td>
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<td></td>
<td>To receive consultant support.</td>
<td>• To make surveys for identifying complaints.</td>
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<tr>
<td></td>
<td>To revive health tourism.</td>
<td>• To implement quality standards.</td>
</tr>
<tr>
<td></td>
<td>To increase recognizability.</td>
<td>• To provide training for employees.</td>
</tr>
<tr>
<td>To increase hospital income</td>
<td>To strengthen the hospital infrastructure.</td>
<td>• To solve the parking problem.</td>
</tr>
<tr>
<td></td>
<td>To increase the service quality</td>
<td>• To establish paraphernalia park.</td>
</tr>
<tr>
<td></td>
<td>To increase hospital income</td>
<td>• To build advanced technology infrastructure.</td>
</tr>
<tr>
<td></td>
<td>To improve the effectiveness of organ transportation.</td>
<td>• To build facilities for children.</td>
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1) **Strategic objectives of associate organization**

The first question of the semi-structured form used during the interviews with 8 department managers is aimed at to determine the objectives of organization. Managers were asked to describe the objectives briefly. Interview findings indicate that all actors who constitute the management team internalized the objectives. When Table I analyzed, it can be seen that actors states the basic strategic objectives of organization as to achieve the best in medical education and research and in service quality and to increase hospital income quotations related relevant objectives are as follows:

... you should have a good faculty member staff. Then, with this good staff you should create a good medical education system. Then by following the developments in this regard, you should create configuration that serves well both in medical education and in research. We are trying to work from this point of view (7).

By increasing patient satisfaction and patient number and shortening the length of stays we can provide rapid cash flow. We also do not want to increase risk of infection because of outstaying. We want to increase the number of ambulatory care services and shorten appointment periods. These are objectives for both increasing satisfaction and income (5).

If you increase patient satisfaction, the number of ambulatory care services and surgeries, shorten waiting time and length of hospital stays, you see more patients, admit more patients to hospital and operate more thus you earn more and more money. Consequently these are target-specific actions for both increasing service quality and earning more money by maintaining the quality and increasing the number of patients (3).

2) **The practices of top management teams for attaining the objectives**

During the examination process towards identifying the each teams’ practices for basic strategic objectives, it is discovered that actors determined practices like “to create a good faculty member staff and a good medical education system and to follow the developments in the medical field” for objectives. Also, it can be clearly seen that for achieving the best in service quality, actors determined and implemented the practices like “to increase the patient satisfaction and service quality, to strengthen the hospital infrastructure”. Also, on the purpose of increasing hospital income, “to engage in activities to for performance improving, to receive consultant support, to revive health tourism and to increase recognizability” practices are determined. Quotations related relevant objectives are as follows:

..... you should have a good faculty member staff. Then, with this good staff you should create a good medical education system. Then by following the developments in this regard, you should create configuration that serves well both in medical education and in research. We are trying to work from this point of view (7).

A good faculty staff also means the personnel that can administer the best treatments in service (7).

There are CAPA (corrective and prevention action) forms on the basis of quality. We are reported over these forms about inconveniences and problems. After analysis of these forms, we argue about what can be done for solutions (4).
We want to provide comfort for children patients. It is important for patients who have oncologic problems. We are trying to deploy organ transportation so as to provide better service (2).

3) Praxis of practices for attaining the objectives

The last question of the interview is asked for identifying the available practices. In this context, practices “to create a good faculty member staff and a good medical education system, to follow the developments in the medical field” are implemented via “to accredit medical education” practice. Quotations related relevant objectives are as follows:

...we accredited medical education until the year 2017. We applied to Turkish Standards Institution and got the quality system certification. Dean’s office, personnel, departments and the whole of deanery infrastructure conforms TSI standards. For instance all university hospitals are certified by TSI and that means all of them have certain quality standards. It indicates that our country maintains a quality in service, education and management (7).

It is discovered that “to increase the patient satisfaction” practice is implemented by shortening the length of stays, installing KIOSK and internet appointment system, making surveys for identifying complaints, meeting the quality standards and providing training for employees. The other practice “to strengthen the hospital infrastructure” is implemented via solving the parking problem, establishing paraphernalia park, building advanced technology infrastructure and facilities for children, improving the effectiveness of organ transportation and also the practice “achieving the best in service quality” is implemented through having quality standards, making surveys for identifying complaints, reducing the infection rates, increasing employee satisfaction.

In this regard, a part of quotations directed from interviews are as follows:

To provide the best services to our patients. ...to provide all kinds of medical services. To provide all kinds of services in the best way (6).

Studies are carried on increasing the patient satisfaction and to manage this, the reasons of the biggest complaints are studied. One of the serious problem was giving appointments to the patients. Patients were used to come their appointments and wait for long hours. To overcome this problem we applied kiosk system. By getting numbers from kiosk, it is provided for patients to be treated without waiting long hours (4).

We have internal quality examination processes and owing to this processes we get beneficial findings. We get complaints and satisfaction rates of employees from questionnaires (3).

Because of having ISO certificate, we make internal auditing in all units every year (2).

By making questionnaires to personnel and faculty members about their satisfaction, it is aimed to identify the problems and their solutions. In this way, quality and satisfaction processes are tried to be improved (1).

It is determined that as another basic strategic objective, “to engage in performance improving activities for increasing the hospital income” practice is implemented by increasing ambulatory care services and the usage rate of operating rooms, the number of patients, the outpatient surgery effectiveness, preventing material wastage, performing stock controls and stopping the personnel recruitment, “to receive consultant support” practice is implemented by preparing a payment scheme, “to revive health tourism” practice is implemented by developing cooperation with agency and institutes like WMDA and “to increase recognizability” practice is implemented by improving the effectiveness of organ transportation. Quotations related relevant objectives are as follows:

Operating rooms and intensive care units are already very active places. We are planning and practicing projects to use these places as the most effective ways as possible (6).

We want to increase the usage rate of operating rooms, their effectiveness and productivity (5).

We are aiming at reducing the infection rates and it is a sign for service quality (3).

We had a meeting with WMDA about the organ transportation and talked about how can we make progress in medical tourism and what kind of projects can be done (2).

We want to reduce infection rates. We have objectives for increasing organ transportation incomes (5).

We have a financial adviser who is assigned from faculty of economics and administrative sciences. As a consequence of all managers’ educational background is about medical science, they don’t have much information about financial affairs. Our adviser plans activity account in a professional manner on a monthly basis. We do payments according to his plan and the order of priority of payments is organized considering our financial difficulties (4).

Projects for reviving medical tourism is on the current agenda (4).

For example, while we used to have operations till 4 am, now we have operations till 9 pm (1).

We used to see patient only during the working hours, now it is possible for a patient to be treated at 8 or 9 pm. In other words, by increasing the patient number, we try to increase the hospital income (1).

The personnel recruitment costs are reduced. Absolutely there is no unnecessary recruitment (1).

There is an attempt for reducing the expenses (1). Materials are used more effectively (1).

IV. Conclusion

The finding of this study has made it possible to draw some conclusions about current practices and implementations of a university hospital for achieving the basic strategic objectives determined by the top management team of the hospital. It is considered that this study can go further by analyzing the intercourses between strategies, practices and implementations for the basic objectives of a university hospital practically in the terms of strategic approach.

Analysis of such data led to the identification of three levels of analysis which are pertinent to an understanding of top management team engagement in strategy as practice.

First, the top team process of strategic thinking and acting. Secondly, the structuring characteristics of organizational
context. Thirdly, the strategy processes which form the interplay between top team actors and organizational context in the practice of strategy. These levels of analysis were arranged in an explanatory framework. This framework shows how top management teams engage in strategy as practice through the use of situated and distributed practices which mediate between their behavior, the organizational contexts in which they act, and the strategic activities which are pursued. In short, strategy-as-practice offers a different solution to the tangled problem of the relationship between strategy research and practice in the context of university hospital. In place of the gap between strategy research and practice, it proposes research on practice.

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