

# **IMPROVING COMMUNICATION-COORDINATION-COLLABORATION BETWEEN PRIVATE HOSPITALS AND THE SYNDICATE OF PRIVATE HOSPITALS IN LEBANON (SOPH)**

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## **ABSTRACT:**

This research aims at evaluating the 3 Cs of SEAM in the Syndicate of Private Hospitals in Lebanon: communication-coordination-collaboration. Individual meetings are held with stakeholders. Dysfunctions in the 3 Cs are identified, reflected back to interviewees (mirror effect). Recommendations are drawn with stakeholders interviewed.

The results of the research will be used to improve Syndicate of Private Hospitals in Lebanon process and status. Thus, it will serve at improving the relationship between the Syndicate, board members and Syndicate employees. This research project will focus on the improving relationship between the Syndicate and member hospitals.

**Keywords:** SEAM, Hospitals, Syndicate, 3Cs, Coopetition

## **INTRODUCTION**

In Lebanon, most hospitalization services are provided by the private sector. Only 14% of hospital beds are governmental [1]. Private hospitals are represented by an association named Syndicate of Private Hospitals in Lebanon (SOPH). Since its establishment in November 1965, SOPH has strived to establish itself as the leading spokesman for private hospitals in Lebanon. It is believed that it has succeeded in that respect thanks to the energy and determination of its founder and succeeding presidents as well as the members of the Syndicate.

All private hospitals that have paid their dues are members in the Syndicate of Hospitals. This includes the various types of hospitals: the very small to the large teaching or university owned hospitals. Thus membership of the syndicate is not homogeneous. All hospital members are kept together due to positioning vis a-vis the issues that concern their business. This has been restricted to bargaining for tariffs with public funds, lobbying for

reimbursement, public information, accreditation issues and legislation to safeguard the interests of its membership.

SOPH overlooks contracts and rate setting with third party payers. Most guarantors in Lebanon are public. The Ministry of Public Health and the National Social Security Fund together provide health coverage for the majority of the population. Public and private guarantors sub-contract with private hospitals to render healthcare services for their population. In this process, the guarantors try to get contract conditions and rates that make the hospitalization bills the cheapest possible. In contrast, the hospitals negotiate with guarantors to get better conditions and tariffs. The Syndicate of Hospitals act as a mediator that represents hospitals as a collective bargaining body. Guarantors make their best to break the attempted solidarity bond between hospitals to mitigate the hospitals and the Syndicate faces some gaps that work to the favor of guarantors.

One of the main strength of the SOPH is that it is the only organization that includes all the private hospitals of the country. This syndicate has a mechanism to communicate with them all. Therefore, it is important that members stay in contact with each other for better coordination. Sometimes, a link is missing that creates disruption in coordination and communication. It is important though that this body remain united in its objectives and activities. Otherwise, it could lose its primary strength.

On the other hand, the Syndicate discussed its constitutional status in 1994 that was put before 29 years. After several discussions, the Syndicate amended its constitutional status in the same year. Since then, the relationships between the private hospitals, the Syndicate Board members and the employees of the Syndicate were not developed. The collaboration link is disrupted at many levels.

Most important is that issues related to hospitals concern are most of the times raised by board members. These concerns might be due to contracts with third party payers, relation with policy makers, application of new rules or law, response to a union that acts against the benefit of hospitals... The process of studying these concerns with the board members of the Syndicate takes time. It needs internal and external consultations with legal advisors and experts in the field. Meanwhile, many hospitals might not be aware of their presence or their consequences. Some hospitals fall in the trap of accepting to go with these issues. The results might damage the solidarity and collective bargaining power of the Syndicate.

In summary, the SOPH has an immense reservoir of professional competencies that has been largely untapped. It has distinct advantages that make it a unique spokesman for hospital care primarily as well as health care in general. Improving communication, collaboration and coordination between hospitals, board members, and SOPH employees yield better results for the favor of member hospitals.

## **PROBLEM STATEMENT**

In Lebanon, 86 % of Hospital beds are operated by the private sector. Private hospitals are represented by an association named Syndicate of Private Hospitals in Lebanon (SOPH). Since its establishment in November 1965, SOPH has

strived to establish itself as the leading spokesman for private hospitals in Lebanon.

SOPH overlooks contracts and rate setting with third party payers. Most guarantors in Lebanon are public The Syndicate of Hospitals acts as a mediator that represents hospitals as a collective bargaining body. Guarantors make their best to break the attempted solidarity bond between hospitals to mitigate the hospitals and the Syndicate faces some gaps that work to the favor of guarantors. On the other hand, many times hospitals do not perceive the added benefit of coalition and act individually which may jeopardize the collective bargaining efforts exerted by the Syndicate board of Administration.

Example of losses for not cooperating is many: they include lower rates while contracting with thirds party payers, losing the benefit of group purchasing ...

As a result, hospitals lose some of the solidarity impact that their membership to the Syndicate is supposed to give them.

## **AIMS**

This area of research has never being studied. The only attempt to strengthen the relationship between SOPH and hospitals dates back to 1994 when SOPH amended it statuses in participation with more than 2 quarters of the private hospitals at that time. Several attempts were done by the Executive Board to align the decisions of hospitals and address coepetition issues. All these attempts were without deep exploration of the root causes and put improvement plans accordingly.

## **HYPOTHESIS**

The performance of private hospitals that ate members in the Syndicate of Hospitals in Lebanon might be beneficial on the collective efforts of its members and their unity. A better cooperation might discover compatibility ways based on analysis of hidden cost.

- Descriptive Hypothesis: We observe lack of cooperation between hospitals which results in many dysfunctions and a lose-lose game.

- Explicative Hypothesis: Actors are not aware of loss of learning through non-cooperation.

- The project will demonstrate the added-value of cooperation through the economic balance of the project design with the Syndicate of hospitals in Lebanon

## **RESEARCH FIELD**

This research project shall be conducted in Lebanon. It starts with SOPH and it include all executive board members of the Syndicate of Private Hospitals in Lebanon, all employees of the Syndicate and a sample of hospital directors (outside the board of directors of SOPH). The sampling of hospital executives takes into account the ownership, the geographical distribution of hospitals and bed size. It is worth mentioning that private hospitals are distributed all over Lebanon. Moreover, they vary in size from 20 to 420 beds. Some hospitals are owned by charitable organizations or private owners; others are

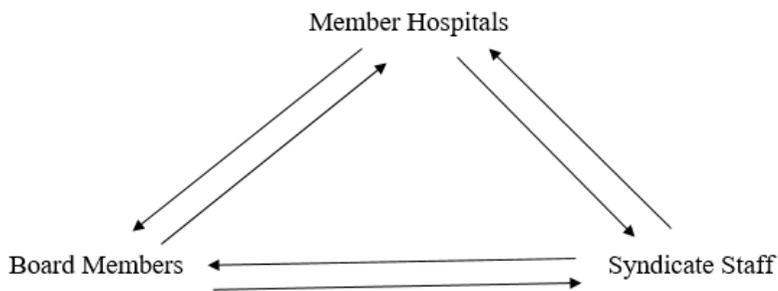
teaching/university hospitals. The focus group will take this diversity into account.

## RESEARCH METHOD

This research assesses the 3 Cs (communication, collaboration and collaboration) under the Socio-Economic Approach to Management (SEAM) of the Syndicate of Private of Hospitals in Lebanon. SEAM was introduced by Professor Henry Savall and ISEOR in 1973. The main goal of SEAM is to accelerate organizational transformation in the era of globalization. This method uses the qualimetric approach for assessing dysfunctions [3].

This assessment will be done at 3 levels:

1. Member Hospitals: A sample of different size and ownership hospitals are selected and interviewed. The sample includes small and large hospitals. It will also take into account the profit versus the not-for-profit hospitals.
2. SOPH Board members: A selected sample of the 12 board members will be interviewed and will participate in the evaluation.
3. SOPH staff: The Syndicate employs 4 administrative staffs. All of them will be interviewed.



### Communication Assessment Model

In this research, the following definitions [2] are used for the 3 Cs:

**Communication:** “the act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else.”

**Coordination:** “the process of organizing people or groups so that they work together properly and well.”

**Cooperation:** “a situation in which people work together to do something.”

### Communication-coordination-cooperation

The 3 Cs will be examined both vertically and horizontally. The vertical approach refers to hierarchical relationship e.g. imposed by organizational structure. The horizontal assessment will look at the interface between processes that relate different parties together.

### **Communication**

Evaluation of communication will take these dimensions into consideration

- Scope of work
- Personnel input
- Clarity of message and goals
- Means of communication: written, fax, emails...
- Broadcasting information
- Expected performance measures (quantitative and qualitative)

Clarity of the 3 Cs assessments will be done in these dimensions:

- A hospital to all hospitals
- A hospital to the Syndicate board members or staff
- A hospital to a hospital
- A board member to a board member or to a hospital
- Broadcasting information

### **Coordination**

Coordination facilitates tuning of collective efforts. The results of this assessment will come up with a matrix that shows existing coordination relationships.

The following questions will be answered:

- Who is required to do what?
- What is the timeframe for activities?
- Who approves what? And when?
- Who is responsible for which results?
- What relationship lines are required?

### **Cooperation**

The structure of cooperation will look at the following:

- Level of support required
- Positive implications of cooperative efforts
- Undesirable consequences of lack of cooperation
- Serious implication of cooperation to achievement
- Structural effect of cooperation
- Timelines respect

The SEAM methodology will use the qualimetric approach. It comprises quantitative and qualitative measurements. A semi-structured interview is conducted to identify dysfunctions in the 3 Cs. A meta-narrative presentation of the findings quoting the clients is presented. Then, a “mirror effect” exercise is carried out.

At the end of the assessment, all assessed stakeholders will come out with a priority action plan.

The plan shall include goals, objectives, actions, responsibilities and timeframe.

## **RESEARCH QUESTIONS**

Based on the above, the research questions for this research project are:

1. What are the difficulties that hinder Communication-Coordination-Collaboration between Private Hospitals and the Syndicate of Private Hospitals in Lebanon (SOPH)?
2. What kinds of strategies enable effective Communication-Coordination-Collaboration?
3. What kinds of mechanisms can be applied to improve the internal organizational performance inside SOPH?

## **RESEARCH OBJECTIVES**

1. Explore the dysfunctions in the 3Cs between the Syndicate of Hospitals, board members and hospitals.
2. Establish a basis for amending the strategies and constitution of SOPH in order to improve the 3Cs.
3. Create a productive work environment inside SOPH while improving the employees' competence and wise utilization of time.
4. Create an atmosphere of openness about problems and their root causes.
5. Establish confidence between SOPH and Hospitals.

## **BIBLIOGRAPHY AND POSITIONING**

3Cs exist in literature since decades. Communication was seen as obstacle to the way people and businesses convey ideas with each other.

On the hospital association side, many articles encourage the enrollment and membership in professional or business associations. On the other hand, to the best of my knowledge, no one has studied the relationship inter and intra the professional or business associations. Likewise, no one has studied these relationships intra and inter SOPH.

At the end, the challenge is to achieve openness so that SOPH is better positioned to manage effectively.

## TIMELINE OF THE INTERVENTION

Task	2016		2017												2018												2019					
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4		
Finalize Research Questions																																
Update Literature Review																																
Finalize Research Design																																
Develop interview questions																																
Select Sample																																
Collect Data																																
Analyze Data																																
Generate findings																																
Mirror Effect																																
Thesis write-up																																
Submit Thesis to the University																																
Readiness for presentation																																

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