Consensus Management: Does it exist?

Commentary

As consensus is viewed differently in organizations, there is not agreement on a definition or on the value of consensus or on the concepts and dimensions making up consensus management. It is viewed as agreement on an organization’s goals and strategies, strategic management, means to achieve goals and on organizational objectives and decision making [1].

We ask what does consensus add to management in organizations? It is known that consensus management encourages multidisciplinary cooperation and collaboration and Floyd and Wooldridge [2] found that integration of organizational environment, structure and strategic consensus is needed for formulation of strategy, in turbulent environments. But conversely disadvantages identified by Harrison & Pollitt [3] includes low and lowest-common-denominator decision making, avoidance of controversy, or “hard” decisions due to powers of veto being held by just one or a few members of a team, lack of accountability leading to poor resolution of difficult decisions, reactivity where problems arising are dealt with on an ad- hoc basis and introversion where managers adopt an inward approach to managing that is self- serving.

In an effort to shed some light on the consensus subject, Carney [4] developed the ‘Consensus Management Model of Healthcare’ that incorporates the concepts of strategic involvement, organizational commitment and organizational culture. This Model resulted from her research undertaken amongst 860 middle manager health professionals in 60 acute hospitals in Ireland. She found that a multidisciplinary approach to health care management incorporates managerial, behavioural, professional and organizational dimensions and that this integrative approach resulted in professionals being committed to delivering excellent health care in the most effective and efficient way possible.

In recent years, other approaches to consensus management have taken place in the United States, Australia and New Zealand. In the United States, the Advanced Practice Registered Nurse Advisory Committee (APRN) [5] are utilising the LACE Consensus Model to regulate advanced practice nurses’. APRN’s represent a significant resource to meeting the country’s growing health care needs in the most effective way possible by positioned itself to assume a leadership role within the health care system and participating as an equal partner in redesigning health care in the United States [5].

In 2011, the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) [6] launched the Australian and New Zealand Consensus Statement on the Health Benefits of Work with the aim of bringing together a wide range of stakeholder’s who commit to promoting awareness of the health benefits of work through offering support to those attempting to access the health benefits of work. The Consensus Statement demonstrates that medical, nursing and allied professionals, unions, government authorities, business groups and other stakeholders are willing to work together but for this venture to be successful stakeholders need to speak with one voice and a shared purpose.

It is recognised that an organizations culture influences consensus [7]. The cultural influences found to be key determinants of strategic consensus, affecting healthcare delivery, are ethical values, excellence in care delivery, involvement in strategy development, professionalism, commitment to managing care in an efficient and effective manner and thinking strategically when planning care [8].

A further influence on how culture evolves within the health service is the presence of involvement in planning care delivery. Floyd & Wooldridge [2] in their study of 259 managers, in 25 for-profit organizations, found that middle managers were involved in strategy development and Carney [8,9] found that strategy development involved managers thinking strategically. Commitment to the organization influences strategic involvement [9]. If professionals are initially involved in the development of strategy they will exercise a higher level of commitment to the strategy being developed Floyd & Wooldridge [2]. This commitment allied with a strong organizational culture leads to understanding of, acceptance of and consensus of strategy leading to more effective and efficient delivery of services to consumers [9].

It appears that strategic consensus is possible in organizations but only if the notion of consensus is combined with other concepts and dimensions. These concepts are strategic involvement, commitment to strategy adopted and the prevailing culture in the organization. Cultural dimensions found to be key determinants of strategic consensus are ethical values, excellence in care delivery and professionalism. The “Consensus Management Model of Healthcare” if adopted is capable of enhancing consensus across healthcare organizations.

References

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