Do All Staff Members Need to Share the Same Purpose?: The Case of Kaizen in a Japanese Hospital

Masami Abe

Abstract: It is said that when an organization embarks on a new activity, the entire organization needs to be on board with the organizational purpose of that activity. However, in the case of Hospital X, which implemented kaizen, even though the purposes of kaizen differed across workers, the usefulness of these new activities was communicated as being shared purposes (a) among workers in the same division where superiors and subordinates work closely together and (b) among workers performing the same jobs but in different divisions. Thus, the new activities were adopted by the entire organization without having a common organizational purpose.

Keywords: resource mobilization, legitimacy, process innovation, professional, hospital management

a) Graduate School of Economics, University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo, Japan, i04125mg@gmail.com
A version of this paper was presented at the ABAS Conference 2018 Summer (Abe, 2018).
© 2018 Masami Abe. This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.
Introduction

When an organization adopts new ideas or activities, it may encounter resistance from stakeholders inside and outside the organization. Because of this, studies have noted that several patterns are common to make changes in the behavior of stakeholders affected by the new activities (Yamaguchi, 2015), and an increase in the ratio of people supporting these activities is effective in gaining legitimacy for them (Kikuchi, 2018).

On the other hand, Van de Ven (1986) held that it is necessary for an organization to have shared purposes in order to mobilize stakeholders for new activities, while Takeishi, Aoshima, and Karube (2012) asserted the importance that an organization’s members have shared purposes from the top of the organization or down. Shein (1980) and, in the more distant past, Barnard (1938) also asserted the importance of members from the top to the bottom of an organization having a shared purpose for their activities so as to continue the organization’s activities.

In an organization with many divisions and positions, however, it is not a simple matter for members of the organization to continue sharing purposes. Members in different divisions within an organization usually have different orientations (Lawrence & Lorsch, 1967), and even members of the same division may have different roles and purposes depending on their position (Kanai, 1991). Also, Takeishi et al. (2012) recognized that, when members have diverse purposes, it is not easy to generalize reasons for doing something.

In fact, at Hospital X, which is the subject of this case study, nurses did not have shared purposes when the new activities began, and thus, there was no overarching reason requiring these new activities. Yet nurses in several wards and at several positions went along with the new activities.
Case Study

Hospital X is a large general hospital in Tokyo that provides acute care to patients in emergency or critical conditions. In 2013, Hospital X was confronted with the risk of having its nursing staff cut down due to medical policies if by 2018 it was unable to produce data showing that the nurses in its wards were specialized in acute care. At the time, the hospital was experiencing high levels of job turnover and overtime among nurses, and it thus needed to quickly review its nursing practice. Ms. A, the Deputy Director of Nursing and an Executive in the Nursing Service Department, visualized the work of the nurses and wanted kaizen to be implemented in the nursing structure within the hospital’s wards.

At the time, however, Hospital X did not have any knowhow regarding visualization. Ms. A therefore enlisted the help of a field innovator (Fler)¹ from Fujitsu Limited for visualization. The Fler proposed conducting quantitative and qualitative surveys to visualize the work situation.

In the quantitative survey, floor nurses filled in a time study sheet in order to check how much time they were spending on various tasks. The Fler presented a sample time study sheet to Ms. A, who felt that it needed improvement. She enlisted help in making those improvements from Ms. B, the Head Nurse in the Medical Information Division, who normally worked with several hospital wards, her subordinates, as well as the head nurse of the first hospital ward, who agreed with kaizen activities.

The qualitative survey was done by two researchers stationed at nurse stations full-time to survey the movements of people and things throughout the wards. This information, combined with the results of the quantitative survey, enabled for a detailed

¹ A member of the Field Innovation Unit who supports visualization at many hospitals and is experienced in leading successful kaizen activities.
understanding of conditions in the wards. The qualitative survey was conducted by the FIer and Ms. B in the first hospital ward, and by Ms. B and subordinate nurses in the other wards. The FIer analyzed that data from both surveys, and nurses in each ward used the results of that analysis to propose and implement improvements.

From personal experience, medical industry literature, and academic conferences that she had attended, Ms. A was concerned that the usefulness of the kaizen activities and tools may not be recognized by all the nurses even after she explained it to them. This is because, as shown below, even nurses have different purposes, concerns, and background knowledge, depending on their positions and their wards.

**Differences of purpose among positions**

Ranked in order of hierarchy, the positions of the nurses in the hospital are executive nurse, head nurse, assistant head nurse, leader nurse, and floor nurse.

*Executive nurses*

Executive nurses oversee the hospital’s nurses and prevent interference by management that could hinder nursing work and support the head nurses so that they can provide high-quality care in each ward.

*Head nurses (and assistant head nurses)*

Head nurses create an environment for the facilitation of high-quality care in each ward. They find out about the trends of the hospital’s management from the executive nurses and share the status of ward operations with each other at a monthly meeting of head nurses. The head nurses then decide whether to adopt better ways to run the wards from what they learned about at these meetings. They also mentor the leader nurses and leader nurse
candidates under them as they gain leadership skills. When appropriate, a head nurse may be assisted by an assistant head nurse.

**Leader nurses**

Leader nurses act as go-betweens with the head nurses so that the floor nurses can focus on providing high-quality care. Floor nurses who have developed a sufficient ability to respond to patient needs are promoted to the leader nurse position, but leadership skills alone are not enough. New leader nurses and leader nurse candidates participate in year-round training for that role and improve their leadership abilities through classroom learning, hands-on experience in their wards, and reporting to their class about their experiences.

**Floor nurses**

Floor nurses are involved in direct operations by visiting patients,
as well as in such indirect operations as record-keeping, handovers, and medication preparation. Floor nurses are to focus on direct operations as much as possible. Nurses who have a high level of nursing skills can meet the individual needs of each patient because they are able to respond creatively to changes in patients’ physical and mental conditions. Nurses receive training to enable them to do this and are interested in improving their personal nursing skills.

In other words, as summarized in Figure 1, the purposes of nurses’ activities may vary by their position (the various colored ovals) or may also be shared with adjacent positions (the portions in red). Although Ms. A explained the need for kaizen based on her own action purposes, she knew that she would not obtain a common understanding from all the nurses, given their differing positions and interests.

**Preparation for kaizen**

Ms. A believed that the purposes of kaizen and effective kaizen measures would vary across wards, so she left room for changes in the items on the quantitative survey to deal with differences between the wards. She also asked Ms. B to follow up with kaizen being pursued in each ward, and gained her consent. Kaizen was first implemented in one of Hospital X’s wards, and based on that kaizen process, it was then rolled out to the other wards.

**Kaizen at 1st ward (Gastroenterology Ward)**

Ms. A first got the agreement of the head nurse in one of the hospital’s busiest wards by explaining how kaizen would help make the ward environment easier to work in. In the visualization survey, the head nurse and assistant head nurse explained to the leader nurses how kaizen would allow nurses to focus on direct operations, such as pre- and post-operation bedside care. In addition, the head nurse and FIner usually explained
the kaizen procedure and visualization method. Floor nurses conducted the quantitative survey across five days, and the F1er and Ms. B conducted the qualitative survey over two days, after which the F1er analyzed the data obtained. The analysis found that it was possible to reduce the time spent on record-keeping and nurse handovers, so the F1er reported this to Ms. A, Ms. B, and the head nurse.

At the kaizen program’s proposal stage, the head nurse told the leader nurses who were well-versed in floor operations and could discuss ward management with the head nurse that taking leadership in kaizen by acting as intermediaries between the floor nurses and the head nurse would be a good practice for the leader nurse training, thereby obtaining the leader nurses’ agreement. Next, the leader nurses told the floor nurses that if kaizen measures were proposed and implemented based on the data under visualization, the floor nurses would be able to focus on direct operations. Agreeing to this, the floor nurses considered ways of reducing the frequency of and the time spent on handovers as well as the time spent on record-keeping. The leader nurses then compiled the results. However, because the leader nurses did not have much leadership experience, the head nurse and assistant head nurse help the leader nurses when necessary. The upshot was a reduction in the number of handovers from six times a day to three times a day, along with a reduction in the time spent on record-keeping.

**Diffusion of kaizen into other wards**

The kaizen process in the first hospital ward and feedback from the workers were made known to the other wards at the head nurse meeting, leader nurse training sessions, and internal nursing research presentations.

In the head nurse meeting, the ward’s head nurse, who was involved in the visualization, spoke for about ten minutes on their
efforts, at the behest of Ms. A. She then reported on results and impressions. Other head nurses, hearing such feelings as “It was not as difficult as I expected,” and “Kaizen on our own would take years, but now we can get the help of the Fler,” began expressing interest without even being asked by Ms. A.

In addition, as was the case for the first ward, some wards were able to work on practical issues in training leader nurses. At training sessions, leader nurses from other wards heard about the role that leader nurses played in kaizen and how it helped develop their leadership capabilities. These leader nurses then thought of kaizen as a good opportunity to sharpen their leadership skills. Leader nurses thus learned about kaizen ahead of time, so that when they were told by their head nurses that they would be implementing kaizen, they readily accepted the idea of acting as intermediaries between the head nurse and the floor nurses.

**Table 1. Summary of kaizen in each ward**

| Disease region of each ward | Gastroenterology | Nephrology | Cardiology | Hematology | Respiratory | Palliative Care | Executive |
|-----------------------------|------------------|------------|------------|------------|-------------|----------------|-----------|
| Purpose of Kaizen           | reduction of recording and reporting time | reduction of overtime hours | reduction of ECG monitoring time | coping with low ES, high turnover rate | reduction of overtime hours | fact-finding of 3 shift work system | responding to individual needs of patients |
| Actively involved members   | HN, AHN, LN | HN, AHN | HN, AHN | HN | HN | HN | HN, LN, FN |
| Improvement measures        | optimize contents and frequency of record/handover | reviewing medicine related work between work shifts | reviewing ECG attachment standard | work sharing with doctors | only visualization | only visualization | introducing supplementary staffs |

*Note: ECG: Electrocardiogram, ES: Employee Satisfaction, HN: Head Nurse, AHN: Assistant Head Nurse, LN: Leader Nurse, FN: Floor Nurse.*
Moreover, Ms. A came up with the idea of having floor nurses who had gone through kaizen present the results of the kaizen process and its success in reducing administrative workloads and increasing time spent on direct operations at the internal nursing research presentation held every six months and attended by all nurses. This way, floor nurses with no experience in kaizen could get an overview of kaizen and learn about the attractiveness of its results, so that they were not resistant to kaizen when their head nurses brought it up with them.

As can be seen in Table 1, kaizen purposes, active implementors, and programs differed across wards. However, as has been noted, kaizen was implemented in six other wards by using the existing meeting structure and training sessions as forums for conveying information on kaizen and its impact.

**Nephrology Ward**

Kaizen was implemented here to reduce the amount of overtime. The head nurse, with the cooperation of the assistant head nurse, explained to the leader nurses and floor nurses about the necessity of kaizen and made them visualize it. The results were that overtime was being caused by the large amount of work related to medications. With the help of the leader nurses, the floor nurses thus became involved in coming up with kaizen measures, and medication-related work was redistributed between the day and night shifts to reduce the amount of this work done during the day shift. At the same time, the distribution of labor with pharmacists for medication-related work was altered. As a result, total overtime in the ward was reduced by 160 hours per month.

**Cardiology Ward**

The head nurse of this ward was concerned about the lengthy durations of time that floor nurses spent monitoring patients’
Abe

electrocardiograms at nursing stations. With the cooperation of the assistant head nurse, she explained the need for kaizen to the leader nurses and floor nurses and conducted a survey on work volumes by monitoring the items visualized. The results showed that the ward was spending a lot of time monitoring, which was reducing the time spent on direct operations. Thus, through the assistant head nurse and leader nurses, the floor nurses became involved in deciding the criteria for removing electrocardiogram equipment in consultation with the physician. This reduced the number of patients being monitored by more than half, allowing the nurses to spend more time performing direct operations.

Hematology Ward

This ward faced problems like low level of job satisfaction and high turnover rate. When performing the visualization, they added the following two points: (1) blood disease-related tasks were added to the survey items and (2) because the floor nurses were concerned that the amount of time spent at visualization would reduce the time they could devote to their usual tasks, Ms. B, who had supported kaizen in several wards, got the floor nurses to agree after conveying to them the importance of preparation and practice in visualization. As a result of the visualization, the nurses found out that they were spending large amounts of time on medication-related tasks and especially on clinical trials, so the head nurse and assistant head nurse, in consultation with the physicians, decided to have the physicians help nurses take blood samples. This allowed for better relations between physicians and nurses.

Respiratory Ward

The head nurse of this ward expected large amounts of overtime, so medication related to pulmonary medicine was added to the survey items during visualization. However, the results differed from the
head nurse’s expectations, as the ward had little overtime and the nurses were performing well. Accordingly, there was no need for kaizen, but the atmosphere in the ward became more relaxed after the efforts being made by the floor nurses were visualized.

**Palliative Care Ward**

At the time, this ward worked on a three-shift schedule, while all the other wards used a two-shift schedule. The ward was planning to change to a two-shift schedule, and the head nurse wanted to visualize the current work flow to get raw data for a new workflow. However, when kaizen was explained to the floor nurses, some expressed concern that the kaizen process would not give them sufficient break time because a three-shift schedule has less break time per shift than a two-shift schedule. Ms. A and Ms. B explained that the other wards that had implemented kaizen had seen no major increases in overtime, and this allowed the visualization to move forward with the understanding of floor nurses.

**Executive Ward**

This ward is made up completely of private rooms and provides care to those who desire individual attention. Thus, the head nurse of this ward predicted that a large volume of work was being done to respond to individuals’ needs. At the request of the FLer, this ward implemented kaizen only with the involvement of ward employees and the FLer. Unlike other wards, because Ms. B was not involved, floor nurses in all positions proactively worked on visualization and proposed kaizen measures. The visualization concluded that not as many changes as expected were necessary. However, it became clear that nurses were handling tasks that did not require nursing knowledge or techniques, and this spurred change in the form of considering the use of support staff.
Discussion and Conclusion

This paper analyzes the process of diffusion of new “kaizen” activities over three years based on visualization among nurses in seven wards at Hospital X. At this hospital, the purposes of workers that participated in the visualization differed by position and ward. Unlike the assertion of Van de Ven (1986), a shared purpose was not all that mattered. In addition, there was no creation of a common reason to convey the usefulness of kaizen (Takeishi et al., 2012).

In this hospital’s wards, however, the usefulness of kaizen was conveyed as being all nurses, regardless of their position or division, working toward a shared purpose. As shown in Figure 2, the usefulness of kaizen and specific procedures involved were thus transmitted from Ms. A to the head nurse of the first ward, and within the ward, from the head nurse to the leader nurses, and from the leader nurses to the floor nurses. Then, because the different wards had the same purposes and positions, implementation details and feedback could be communicated between those in similar positions in different wards at head nurse meetings, leader nurse training sessions, and internal nursing research presentations, and this allowed for the smooth implementation of kaizen. In other words, contrary to the assertions of prior studies, new initiatives can spread throughout an organization, even if the employees do not all share the same purpose.

In addition, Ferlie, Fitzgerald, Wood, and Hawkins (2005) and Freidson (1970) focused on differences in action goals and interests by type of professional when examining factors that promote or impede new initiatives in professional organizations. In the case discussed in this paper, members involved in implementing the new activities were aware of kaizen’s usefulness, although Kosuge (2017) made it clear that, although a high market orientation and high kaizen awareness among members are correlated, kaizen awareness may be high even when market orientation is low.
Do all staff members need to share the same purpose?

Acknowledgments

Because of confidentiality issues, the name of Hospital X, which responded to interviews for this study, and the names of individuals, who responded to interviews at Hospital X and at Fujitsu Limited, cannot be revealed. The author is deeply grateful to those individuals at Hospital X and the Field Innovation Unit at Fujitsu Limited for assisting in this study. This work was supported by JSPS Grant-in-Aid for Publication of Scientific Research Results, Grant Number JP16HP2004.

References

Abe, M. (2018, June). Do all staff members need to share the same purpose?: The case of kaizen in a Japanese hospital. Paper presented at ABAS Conference 2018 Summer, University of Tokyo, Japan.
Barnard, C. I. (1938). The functions of the executive. Cambridge, MA: Harvard University Press.
Ferlie, E., Fitzgerald, L., Wood, M., & Hawkins, C. (2005). The nonspread of innovations: The mediating role of professionals. Academy of Management Journal, 48(1), 117–134.
Freidson, E. (1970). *Professional dominance: The social structure of medical care*. New York, NY: Atherton Press.

Kanai, T. (1991). *Henkakugata midoru no tankyu: Senryaku kakushin shiko no kanrisha kodo* [In search of the transformational middles: A strategy and innovation managerial behavior]. Tokyo, Japan: Hakutoshobo (in Japanese).

Kikuchi, H. (2018). The legitimacy acquisition process of Shinkansen speeding up. *Annals of Business Administrative Science, 17*, 133–143. doi: 10.7880/abas.0180509a

Kosuge, R. (2017). Market orientation and kaizen readiness in the automobile dealership context. *Annals of Business Administrative Science, 16*, 115–124. doi: 10.7880/abas.0170201a

Lawrence, P. R., & Lorsch, J. W. (1967). *Organization and environment: Managing differentiation and integration*. Boston, MA: Harvard University Press.

Shein, E. H., (1980). *Organizational psychology* (3rd ed). Upper Saddle River, NJ: Prentice-Hall.

Takeishi, A., Aoshima, Y., & Karube, M. (2012). *Inobeeshon no riyuu: Shigendouin no souzouteki seitouka* [Reasons for innovation: Legitimizing resource mobilization for innovation]. Tokyo, Japan: Yuhikaku (in Japanese).

Van de Ven, A. H. (1986). Central problems in the management of innovation. *Management Science, 32*(5), 590–607.

Yamaguchi, M. (2015). *Inobeeshon no gensen toshiten seitouka* [Legitimation as resource of innovation]. In K. Kuwada, N. Matsushima, & M. Takahashi (Eds.), *Seidoteki kigyouka* [Institutional entrepreneurship] (pp. 205–235). Kyoto, Japan: Nakanishiya-Shuppan (in Japanese).