Leaders in hospital-based social work

The roles and functions of directors of social work in the case management model

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Abstract

Purpose – The purpose of this research is to provide an overview of the management skills and competencies required by a director of social work as they perform their multiple roles and functions in order to effectively manage a medical social work team to better serve the needs of patients through the new hospital-based case management model.

Design/methodology/approach – This is a conceptual paper that reviews the literature on managerial roles, management functions, and skills and competencies of directors of social work. Management frameworks that are applicable under the case management model are discussed. Interviews with five directors of social work and their perceptions are described.

Findings – Managing a department that is going through continuous changes is often difficult.

Practical implications – This paper has practical implications for general health care managers and specifically, directors of social work, to develop skills and gain competencies to be successful in today's evolving health care environment. This research also has practical implications for social workers to gain insight into productive and effective ways to collaborate with members of an interdisciplinary team.

Originality/value – This paper is original and of value to those working in social work and in the health care field to develop their skills and competencies as they perform new roles and functions in the complex health care environment.

Keywords Management roles, Skills, Competences, Social services, Leaders, Hospitals

Paper type Conceptual paper

Introduction

The involvement of social work within the health care system has become more intrinsic today than ever before due to the changing needs of patients and the evolving pressures in the health care environment. This is especially so in an institutionally-based setting, specifically, that of the hospital. In particular, the roles and functions of leaders in social work, such as the director of social work, in a hospital setting are very different from that of the same position in a more traditionally-based community setting. In fact, various changes including government regulations, managed care, competition, and increased focus on quality, heavily impact hospitals and necessitate the amplification of traditional roles and functions of directors of social work in hospital settings.

A director of social work is expected to work with administrative and clinical department managers and line supervisors, physicians, nurses, other clinical staff, and social workers who together integrate the hospital's mission to meet the health care

Leadership in Health Services
Vol. 20 No. 2, 2007
pp. 124-133
© Emerald Group Publishing Limited
1751-1879
DOI 10.1108/17511870710745448

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needs of a community. This director must wear many different hats in order to accomplish their objectives. Social work directors must work in an environment of increasing uncertainty and multiple, sometimes even conflicting, goals as hospitals adopt the case management model. This model is designed to improve quality of care by streamlining the process of patient care through the use of interdisciplinary teams, rather than social work functioning alone. Although there is a plethora of research on social work, there are few studies that address management issues in social work. Furthermore, there is even less research that focuses on the contribution of social work in a hospital setting. A few studies have examined the impact of social work on chronically ill patients through disease management (Sommers *et al.*, 2000). Thus, it is especially timely and beneficial to explore this topic, particularly to describe the effect of social work on patient care from a managerial perspective in hospital settings, given the volatile nature of the hospital environment. Specifically, this research focuses on the importance of leaders in social work taking on greater roles and performing more functions than ever before as they argue for the critical need of social work in the provision of care. Management frameworks that are applicable under the case management model are discussed. Interviews with five directors of social work and their perceptions are described. The intent of this research is to provide an overview of the management skills and competencies required by a director of social work as they perform their multiple roles and functions in order to effectively manage a medical social work team to better serve the needs of patients through the new hospital-based case management model.

The evolving role of social work in hospitals

Health care management research studies have shown that under intense competition, hospitals are struggling to survive by developing multiple strategies to improve patient services through increased access, better quality, and lowered costs. One strategy is through hospital reorganization or restructuring (Burke, 2004; Guo, 2003; Wynne, 2003). This method often focuses on ways to decrease costs while continuing to provide more efficient services. In restructuring, hospitals attempt to make significant reductions in various management and clinical staff, as well as outsource particular functions and departments. Specifically, in the area of social work, restructuring has led to the unfortunate downsizing and reduction in the social work staff and department in hospitals. Moreover, the role of social work is perceived as minimal, and frequently ends in the demise of social work teams (Globerman *et al.*, 2002). Thus, social workers in management and leadership roles must become more involved in the decision making and policy development process to argue the indispensability of social work in the overall care of patients.

In a study examining social work teams, twelve Canadian hospitals were evaluated (Globerman *et al.*, 2002). This study found that of the twelve hospitals, only one operated in a traditional structure by maintaining a director of social work. In the other eleven hospitals, social workers were held accountable for their own actions, did not report to a director of social work, and executive support systems were not available. In fact, when social workers were interviewed, they perceived the change as negative to the organization and for themselves, since they lacked guidance and direction.

To further describe and outline the importance of leaders in social work, Edwards *et al.* (1996) conducted an analysis of the effect of health care changes on the role of social work, and more critically, the influence of leadership in social work. They

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examined historical data and compared the role of social work leaders prior to drastic changes in the health care environment with the present. They found much ambiguity within the social work profession due to evolving changes. To successfully perform their leadership roles, directors of social work must be cognizant of challenges and be able to overcome these obstacles through rapid decisions, strategic maneuvers, and skillful actions while maintaining the organization's mission.

Challenges for leaders in social work: roles and functions performed, and skills and competencies required

One of the major challenges for directors of social work is to maintain their hospital mission while adapting and anticipating changes in the health care market (Mizrahi and Berger, 2005). Leaders have difficulty preserving their social work mission and values as the service sector becomes more market-oriented. Thus, they must seek to balance between hospital and social work missions and the demands of the market. Too much of an emphasis on the market-driven economy that aims to reduce costs adversely affects patient care. With fewer social workers staffed in hospitals, the continuum of care is jeopardized and results in poorer patient outcomes. This also undermines social worker morale and lowers their self esteem. To overcome this challenge, leaders in social work must effectively perform the staffing function through motivation and empowerment of their staff and use employee assistance programs (Berridge, 1996). Here, managers serve in the advisory and consultancy roles to enable employees to confidentially discuss their needs. In this way, leaders in social work can advise their staff. This approach is viewed as beneficial to both management and social workers, since leaders are able to address the needs of employees, and employees feel that they have become a part of the communication loop.

The second challenge that social work leaders face is the ability to influence the external while strengthening the internal (Mizrahi and Berger, 2005). Leaders in social work must be able to operate at the community or external/macro level and the internal department or organizational level. For instance, research on a typology of leaders in health care suggests that there are three types of leaders who are needed to bring about stability and transform organizations through a balance of the external with the internal (Guo, 2001). Type 1 is "a strategist" who is responsible for exploiting opportunities and employing various strategies at the macro and external level of the hospital. The director of social work performs strategic planning functions and must be skilled in assessing environment conditions to gain the competitive edge.

A Type 2 leader is "a communicator" who straddles both the external and internal environment by building networks externally and monitoring activities internally (Guo, 2001). The director of social work must possess interpersonal skills to communicate with subordinates. These skills are necessary for the performance of essential functions of coordinating and organizing the tasks and responsibilities of interdisciplinary work teams (Longest *et al.*, 2000).

The third type of leader is "a delegator" whose primary role is to allocate resources and makes sure that operations run smoothly in the internal organization (Guo, 2001). To be skilled in delegation of duties, directors of social work must delegate responsibilities to their immediate subordinates who are middle managers. Middle managers are essential in the communication process, can aid in generating new ideas, develop plans, and direct the work of social work staff, while the director of social work

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is involved in strategic decisions (Pappas *et al.*, 2004). By delegating to middle managers, the director of social work can engage in strategic planning to achieve hospital goals and promote social work within the hospital.

Guo (2001) recommends that leaders must be able to function as all three types of leaders in order to optimize their strategies under varying conditions. Specifically, the skills needed to perform these functions including cultivating staff leaders, redesigning functions, prioritizing goals, and promoting internal communication with the intent of instilling a sense of professional pride (Mizrahi and Berger, 2005).

A third challenge for directors of social work is their ability to respond rapidly in the volatile, fast changing health care environment. Change is a major theme in health care and is the most influential on leadership style within the social work environment (Stepanovich and Uhrig, 1999). As the environment becomes more volatile, a director of social work needs to be skilled in making quick decisions. According to Stepanovich and Uhrig (1999), decision making in high-velocity environments involves strategic planning. In particular, the most successful managers should possess five essential skills. The first skill is to provide an analysis in a real-time system for the purpose of gaining adequate information in a timely fashion. That is, a manager must be able to readily access information prior to making decisions. In the role of liaison, a manager is responsible for building networks of contacts which can provide useful information to the manager (Mintzberg, 1973).

A second skill is having the ability to derive multiple alternatives instead of the traditional two or three (Stepanovich and Uhrig, 1999). A wide range of options helps a manager to evaluate, prioritize and choose the best alternative under time constraints and finite resources. The third skill is to groupthink, where a manager should not be an autocratic leader and should seek out knowledgeable experts to provide advice and counsel. In addition to groupthink, a fourth skill is to arrive at consensus with qualification. That is, consensus is agreed upon based on expertise and knowledge, and just based on the sole opinion and judgment of the director. The final skill is the ability to separate or differentiate tasks among all disciplines and all levels within the hospital. A skilled leader is able to structure the hospital accordingly to enable precise distinctions among functions. Therefore, the role of social work is clearly delineated and thus becomes more significant to patients and the hospital, so that elimination of this important function becomes an impossibility.

Another major challenge is managing in a multicultural environment. The USA is a multiethnic and multicultural nation. As communities become even more diverse, recognition, understanding, and acceptance of diversity is crucial. In the hospital setting, employees and patients come from many different ethnic and cultural backgrounds. Especially in South Florida, where the interviews with directors of social work were conducted for this study, there are staff, patients, and other stakeholders from all over the world who hold different values, customs, and beliefs. A director of social work must be culturally competent to understand his/her staff and effectively interact with the diverse patient population (see Table I).

Aries (2004) studied the impact of diversity on patient care among managerial staff of five hospitals. The results show that managers must be concerned with developing positive relations with those communities surrounding the hospitals, creating a physical environment to accommodate patients' cultural beliefs, adapting hospital policies to be culturally sensitive, and hiring a diverse workforce comparable to those

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Table I.
Roles functions, skills and competencies of directors of social work

Directors of Social Work			
Roles	Functions	Skills	Competencies
Interpersonal: leader, liaison	Strategic planning	Interpersonal: communication	Technical/business/ management
Negotiator	Decision making	Assessment of environment conditions	Clinical
Advisor	Organizing Identify multiple alternatives	Cultural	
	Staffing	Groupthink	Quality customer service
Consultant	Coordinating Budgeting	Evaluation	

of the communities being served. When patients were asked about the quality of care they received, they generally compared it to the care they obtained in their homeland. They felt most comfortable in hospitals that had more employees from their ethnic origins. Thus, possessing cultural competence is necessary as hospitals are faced with more diverse populations.

Cultural competence is important not only for the diversified population of patients, but also for overall customer satisfaction. In the current hospital environment, most hospitals are heading toward a more customer-oriented system (Ford and Fottler, 2000). To achieve greater customer satisfaction, there are several functions that managers must perform (Scott, 2001). The first is to increase awareness for improving service. For directors of social work, their role is to evaluate patients and staff. This can be accomplished through verbal and written formats. The second strategy is to set step-by-step service expectations and standards of behavior. The director of social work serves as role model for his/her staff. These standards can be addressed through scripts and guidelines related to each individual job. The third strategy is to identify and eliminate barriers and obstacles, such as removal of cumbersome policies and procedures that inhibit patient satisfaction. Effective communication by the director to subordinates is vital. The fourth strategy is to train and develop staff skills, such as communication and problem-solving skills and cultural competence. The fifth strategy is to listen to customer needs through patient visitation and targeted exit questions. The final strategy is to reinforce and support continuous improvement through staff meetings and building team spirit. As the director of social work encounters more diversity among patients and staff, strategies to develop and maintain cultural competence are necessary to achieve greater patient satisfaction with the staff of the social work department and other departments in the hospital.

As the functions of social work are incorporated into a case management model in hospitals, it is imperative that the director of social work is able to balance the market side of the hospital with the clinical and staff side. If the leader of social work only focuses on the technical/business management side of the hospital, this will have a direct, negative effect on patient care in the long run (Mizrahi and Berger, 2005). Thus, the director must possess both business management or technical skills and clinical expertise or competence. Health care managers must maintain their own clinical

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expertise in order to ensure their own credibility. They must participate in direct or indirect care activities and develop strategies to implement clinical practice and management roles (Liebler and McConnell, 2004). Technically competent directors of social work recognize the impact of the external market system on the internal hospital environment. They utilize strategic planning functions and engage in interpersonal roles, such those of the leader and liaison roles to build networks of cooperative work teams to achieve their goals (Guo and Anderson, 2005). When they gain clinical competence, directors of social work are better able to evaluate environment conditions, experience the realities of the practice management, function as role models, and are more visible and accessible to their staff so that they obtain staff acceptance, participation, and agreement.

Management frameworks in hospital settings: its applicability to social work

Hospitals are using a case management model as a method to cope with the multiple challenges in the health care environment. Case management uses interdisciplinary teams to improve quality of care and other patient outcomes through efficient and effective reorganization processes. Case management models address the assessment, treatment, planning, referral, and follow-up of patient, which, until now, have been mostly a social work function (White *et al.*, 2005). In the implementation of the case management model in hospitals, leaders in social work have found two management frameworks to be particularly applicable to social work. These are total quality management (TQM) and reengineering (Edwards *et al.*, 1996). They are relevant to social work since they are compatible with social work values and can facilitate the reorientation of social workers to their new roles in the rapidly changing hospital environment.

The TQM design helps health care organizations to direct their efforts on quality. Monitoring and evaluating standards of care are shifting toward team-oriented problem-solving techniques (Liebler and McConnell, 2004). In the case of social workers employed in hospitals, social workers work as a team with a common goal and purpose. They find their new roles that concentrate on offering patients a continuum of care through the team approach are emphasized and well integrated in the case management models utilized by hospitals. TQM does not work without total commitment from leaders. Leadership commitment is a prerequisite to the success of TQM efforts (Liebler and McConnell, 2004). The director of social work is responsible for chairing committees, distributing information, creating subcommittees, and providing guidance to promote TQM. The TQM model is especially beneficial for directors of social work since it allows for continuous improvement for all processes to produce high quality services for patients (Edwards *et al.*, 1996).

A second framework that complements TQM and is compatible with social work values is reengineering (Edwards *et al.*, 1996). Reengineering goes beyond TQM, and is the fundamental rethinking and radical redesign of processes to achieve dramatic improvements in critical, contemporary measures of performance, such as cost, quality, and service. Reengineering fundamentally changes an organization and addresses basic questions about values, missions, and work in relation to the needs of the customer. Since reengineering entails fundamental changes, not only must organizational leaders be ultimately responsible for determining the type and extent of

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changes, but they must also invite the participation of all staff (Guo, 2004). Using the reengineering approach, the director of social work acts more like a mentor or coach to their employees and less like a supervisor. A more flexible governance structure is created and enables employees to more readily adapt to changes (Edwards *et al.*, 1996). TQM and reengineering have been successful in redesigning work processes and helping the profession of social work to manage change. As the director of social work utilizes these approaches, this has resulted in more efficient social work teams who are more responsive to patient needs (see Figure 1).

Interviews with directors of social work

In writing this paper, the researchers met and interviewed with five directors of social work employed in five for-profit and not-for-profit hospitals in the South Florida area. These directors have worked in their present positions ranging from five to 22 years of experience. In that time period, they witnessed multiple changes including:

- reductions in hospital reimbursement which caused recruitment and hiring freezes;
- implementation of centralized scheduling which led to over- and sometimes understaffing;
- institutionalizing electronic information systems;
- managing Medicare and Medicaid compliance issues; and
- maintaining patient confidentiality under the new federal regulations outlined by the Health Insurance Portability and Accountability Act.

The roles and responsibilities of these directors were diverse and changed over time. They conducted various functions for their departments. They oversee the overall daily operations within their departments, such as hiring and firing of all employees within the social work team. They also managed both the operational and capital budget, and were held accountable for all monies spent on department and patient needs. Additionally, these directors indicated that they also serve as negotiators. They negotiate with managed care companies to achieve a balance between monitoring reductions in patients' lengths of stay and discharging them safely within the guidelines of the hospital's mission. They also negotiate to resolve conflicts between social work staff and interdisciplinary teams.

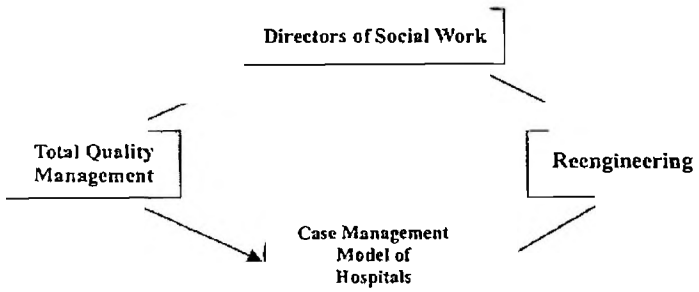

Figure 1.
Management frameworks used by directors of social work in the hospital case management model

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In addition to their regular responsibilities, they serve on a number of committees internally and externally, which help to build their networks of contacts. Committees such as those that focus on patient satisfaction, ethics, quality control, strategic planning, community relations, and accreditation are important for them to assess environmental conditions and make rapid decisions. Overall, one of the most important roles described by these directors of social work is their participation in policy development for their hospitals. These were achieved through their roles on various committees. For instance, becoming involved in committee work enables them to advocate for social work within the hospital. In the case of the ethics committee, members from different departments and professions argue for and support their own positions. This is crucial for the director of social work to participate and emphasize the importance of the social work department in the planning, treatment, and overall caring for patients on issues such as the living wills and end-of-life concerns. Another example is the directors' function in hosting various hospital events to establish community relations which enhances and brings greater exposure of the vital role that social work plays for patients, the hospital, and community.

A further area of importance cited by these directors of social work is the department's goals for increasing patient satisfaction through total quality management. Here, these directors believe that the first step to improving patient satisfaction is training of the social work staff. After training and services are delivered by the social work team, directors are responsible for implementing quality measurement tools, which include chart reviews, surveys, and interviews with patients and families upon discharge. These techniques establish standards of care. Results from these quality reviews are processed, and feedback is necessary to improve functions of the social work team.

One of the most challenging issues for these directors is applying the case management integrated model. With this drastic change in the hospital setting, social work staff were often uncertain and unsure of their new tasks. At this critical time, these five directors of social work felt that they should be especially supportive and encouraging. They believe in participative management and saw themselves as "hands-on managers". They consider positive attitudes as essential in times of difficulty which help their departments to stay focused. They further encourage open communication and participation in decision making by their staff, and view their interpersonal roles as critical to their success. The most commonly performed interpersonal roles are those of the leader to better motivate their staff and liaison role to establish communication networks (Mintzberg, 1973). These roles allowed their staff to communicate freely to address their individual needs and enabled them to work more cooperatively toward the department's goals.

Conclusion

This paper has practical implications for general health care managers and specifically, directors of social work, to develop skills and gain competencies to be successful in today's evolving health care environment. This research also has practical implications for social workers to gain insight into productive and effective ways to collaborate with members of an interdisciplinary team. As directors of social work in hospital settings face multiple challenges demanded by the turbulent changes in the health care environment, they take on various roles perform various functions to

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ensure organizational viability and growth. Challenges, such as hospital restructuring, managing in multicultural, volatile external and internal environments, have heightened the need for directors of social work to sharpen their skills and become competent in new and different areas. As hospitals struggle with intense competition, increased government regulations, decreased reimbursement, and scarce funding, they seek numerous ways to better their strategic position. In particular, with increased use of case management in hospitals, the duties of social workers are integrated into interdisciplinary teams. It is essential for directors of social work to participate in the hospital's policy development process to argue for the critical need of social work in the provision of patient care. Managing a department that is going through continuous changes is often difficult. Since the social work staff are operating in uncertain times, directors must provide support, motivation, and open communication. Furthermore, they should encourage staff to participate in training, skills building, and the decision making process. A director must possess various skills to meet the goals of the market-based hospital, and the needs of the staff by a being competent leader. As shown by this study, through a combination of performing new roles and functions, and acquiring new skills and competencies, a director of social work can meet the threats posed by the environment and eliminate these barriers to attain growth in the social work department and impact the overall success of hospitals.

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