

# EHMA 2024

Shaping and managing innovative health ecosystems

# Exploring the alignment between Lean Management and Strategic Objectives

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#EHMA2024



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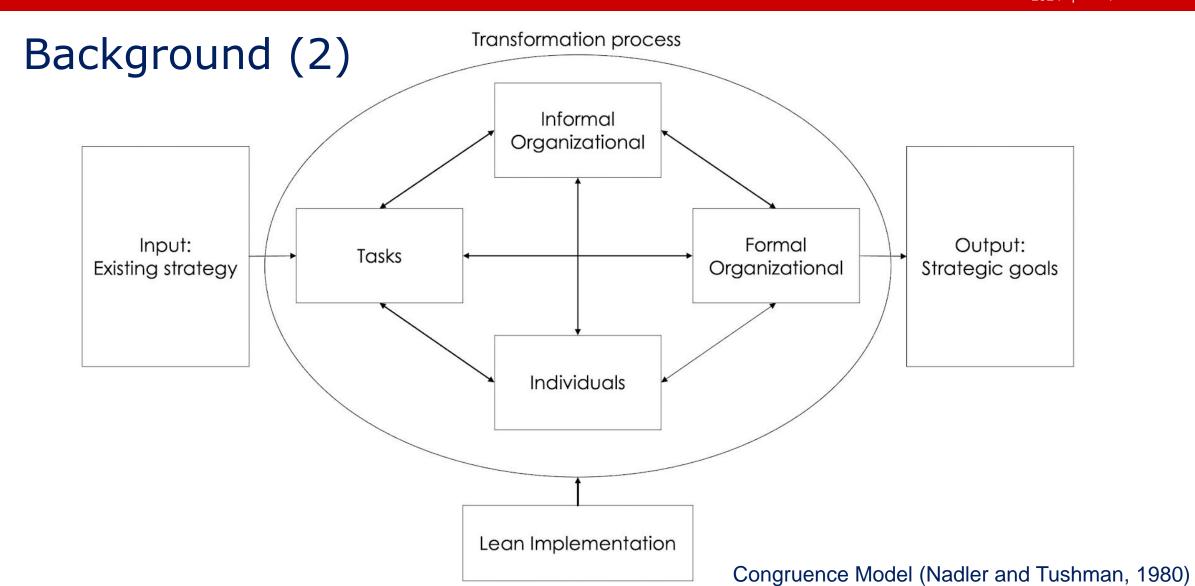
# Exploring the alignment between Lean Management and Strategic Objectives





- Lean Management (LM): an approach to continuous improvement that focuses on eliminating waste, reducing costs, and improving quality of care, and has become popular in healthcare organizations (Young et al., 2004; Murman et al., 2002; Sloan et al., 2014 & Tlapa et al., 2020 & D'Andreamatteo et al., 2015).
- Body of research that shows effects on healthcare processes, and highlights (cultural) barriers in adoption and continuation with the approach (McDermott et al., 2021; Hilverda et al., 2023; Kunnen et al., 2023).
- Research shows that LM results appear to be promising, however, findings so far do not allow to draw a final word on its positive impacts (D'Andreamatteo et al., 2015).
- In order to further understand the impact of LM on organizational performance, we explore an novel avenue and focus on the alignment between LM and strategic goals, and we adopt the Congruence Model (Nadler and Tushman, 1980) as a conceptual lens.
- Our study contributes to increasing knowledge, identifying both positive impacts and challenges, and providing practical
  insights that can enrich the research field and practice of LM in healthcare. The goal of this research is to get a better
  understanding of how LM could contribute to strategic objectives.
- RQ: How do Lean Management practices align and contribute to strategic objectives in a healthcare context?







#### Methods

- Case study in a division of a large university medical center (>1100 beds)
- Primary data: 22 semi-structured interviews, personal notes, on-site meetings.
- Respondents: 10# (coordinating) nurses; 5#management consultants; 5# team managers; 1# director; 1# educational advisor. Purposefully selected, informed consent.
- Secondary data: reports on the course of action, annual reports, policy documents, presentations, and exploratory on-site and online meetings.
- Analysis: Atlas.Ti, cyclical process and moves between three coding methods: open coding, axial coding, and selective coding (Williams & Moster, 2019 & Saldana 2021). Open coding with 52 open codes, Axial coding, seven axial codes were attributed, consisting out of the 52 open codes.





# Main findings, highlights (1)



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#### Factors that influence the contribution of LM practices to strategic objectives

#### **Positive influence:**

- •Positive experience with LM;
- Positive impact on healthcare quality;
- •A3's did contribute to strategic objectives;
- •A reward system (like appreciation or money) could contribute to the engagement of employees to foster a culture of continuous improvements.

#### **Negative influence:**

- Lack of time;
- •Lack of communication strategic objectives;
- •Minimal support management for culture of continuous improvement;
- •Receiving LM training from different institutes;
- •Lack of appreciation from management.



# Main findings, highlights (2)



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ELEMENTS CONGRUENCE MODEL	FACILITATORS	BARRIERS
Informal organization:	Fostering a culture of continuous improvement (this research found that a reward system could stimulate a culture of continuous improvement).	Lack of employee engagement (a nurse mentioned that the course felt as something that was obligated).
Tasks:	Provide adequate training (Green belt or Black Belt).	Limited knowledge of LM practices
		Not making resources available (there was no time available to work on the A3 reports).
Individuals:	Committed managers (most staff members indicated that they receive support from their management).	Lack of management support (most of the nurses missed support from their managers).
Formal organization:	No hierarchical structure	The nurses mentioned a lack of communication of strategic objectives.



# Discussion (1)

- Contribution to the literature by providing an overview of how LM practices (can) contribute to strategic objectives in healthcare organizations
- Contributes to the study of McDermott et al. (2021), a culture of continuous improvement in healthcare is considered critical. We found the same critical factor, a culture of continuous improvement, to achieve this, organizations should focus on managerial support, providing enough resources, appreciation and open communication.
- Reaffirms key success factors identified by D'Andreamatteo et al. (2015) and McDermott et al. (2021), emphasizing the significance of committed managers, strong leadership, and organizational readiness for effective LM implementation.
- Our study identifies barriers such as a lack of resources and support, as key impediments to realizing the full potential of LM in healthcare organizations. These barriers were also found in the study of Kunnen et al. (2023) who found barriers and facilitators for sustaining LM.





# Discussion (2)

Based on the findings, we recommend...

- 1. Managers should facilitate employees with support and time when implementing LM.
- 2. Healthcare professionals should be aware of the barriers and challenges that LM implementation entails and they should facilitate the organization and their employees with enough resources and time to foster a culture of continuous improvement.
- 3. Organizations striving for a culture of continuous improvement during LM implementation should prioritize managerial support, resource allocation, appreciation, and transparent communication, identifying and rectifying any incongruences among these elements.



### Thank you for listening

Would you like to talk more, share ideas (complaints), recipes?

Are you interested in this topic or related topics in the domain of care improvement and e-health, would you like to explore collaboration efforts?

Get in touch!

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