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## Managerial Roles for Health Services: Quinn's Competing Values Framework (CVF) Model

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### ABSTRACT

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*The Competing Values Model developed by Quinn (1988) defines eight roles or behaviours that are required of managers in any organization. The eight roles are innovator, broker, producer, director, coordinator, monitor, facilitator and mentor. While managers may have strengths in certain roles, main goal is to achieve balance using each of the eight roles. The aim of this study is to understand the managerial roles within health services, to determine the factors, which influence these roles, and to explain skills and knowledge required these roles. It can be suggested that based on Quinn's model, studies which defined the differences managerial roles of medical, administrative and support personnel in health care institutions, determined managerial roles according to the ownership of health care institutions and uncovered the factors affected the managerial roles, should be done.*

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## **INTRODUCTION**

When the historical process is examined, it is seen that the health services and health services management has shown a great change and developed rapidly. Many factors play a role in this development. Hospitals grow and become complicated, health spending and competition in the sector increase, health policies are updated, reimbursement practices are changing and community expectations are increasing. All these changes are changing the role of health care managers and new roles installed to managers (Leggat et al., 2006: 25-28). Quinn's Competing Values Model is one of them. This model includes new roles for managers. It seeks to determine how management theories and approaches, which are too numerous, can be used together (Celik, 2012).

The competing values framework (CVF) was developed by Robert Quinn at the beginning of the 1980s to increase organizational effectiveness. (Vilkinas, Cartan, 1997; Kalliath et al., 1999). CVF has been widely used in health organization studies and researches to identify managerial roles for effective health services (Black and Oliver, 2004; Morais and Graça, 2012; Kalliath et al., 1999: 143-144; Tregunno et al., 2004; Helfrich et al., 2007; Viitanen, Konu, 2009). This model, which is one of the managerial tools used by managers, executives can analyze the organization and environment around it. Many factors, such as the type, size, resources, and environment of the managed organization, are important in terms of which administrative role will be fulfilled (Celik, 2012).

Competitive values model has been seen as an aid in understanding the organizational context. In the "paradox", "contradiction" and uncertainty" cases, competing values framework helped managers to rationalize and evaluate leadership roles. It helps to understand organizational reality. The Quinn framework shows areas where they feel comfortable and other areas that do not attract their attention to the managers (Hotho and Dowling, 2010).

In this study, firstly Quinn's CVF Model is examined. And then this model's eight managerial roles (innovator, broker, producer, director, co-ordinator, monitor, facilitator, mentor) and these roles' skills are described and exemplified with health services managers.

### **1.The ComputingValues Framework**

Competing values framework is specifically designed for complex and dynamic organizations, such as health care (Lamond, 2002: 48; Helfrich et al., 2007: 2). It was formulated on the basic assumptions about who and how organizations should be managed (Cameron et al., 2014: 30).

As shown in the Figure 1, Quinn's model of managerial roles is based on two axes. These two axes represent two dimensions. These are structure (flexibility-control) and focus (internal-external) (Viitanen, Konu, 2009: 110).

The structure dimension of CVF emphasizes the control over the organizational processes of an organization. So, it shows the organization's flexibility and decentralized levels. Control is the most used concept in management. Decisions are taken centrally. Policies and processes are clearly expressed. There is a constant control. In flexibility, participation in decisions is important. organizations that are flexible are open to adaptation and innovation (Morais, Graça, 2012: 3; Celik, 2012).

The focus dimension emphasizes the relationship of an organization with the external environment and with external stakeholders such as regulators, suppliers, competitors, customers or its own internal environment and process (Morais, Graça, 2012: 3). Organizations that give importance to the external environment can be defined as market-oriented organizations. They conduct market research to better understand customer needs. In organizations that give importance to the internal environment, efficiency is important. Efforts to increase productivity are emphasized (Celik, 2012).

The axes create four quadrants. Each quadrant represents one of the four major models in organizational theory (David, 2011: 6; Tregunno et al., 2004: 774; Lamond, 2002: 48, 49; Viitanen, Konu, 2009; Ancarani et al., 2009):

- The first quarter represents the "human relational model" which emphasizes commitment, morality, employee development and teamwork. This model reflects the view that organizations are effective when they think about their employees. It uses cohesion and morale to achieve human resources development.
- The second quarter represents an "open systems model" that focuses on flexibility, growth, creativity and innovation. This model reflects the view that organizations are successful when they can predict the economic-socio-political changes that take place in the external environment. At the core of this model is survival in a turbulent environment. It pursues resource acquisition and growth by means of learning, adaptability and readiness.
- The third quarter represents the "rational model" that emphasizes planning, goal setting, productivity and productivity. This model is based on the fact that organizations are effective when they achieve their goals. The need for structure and direction is the basis of this model. It adopts planning and goal setting as means to achieve productivity and efficiency.
- The fourth quarter represents the "internal process model" of stability, control, knowledge management and communication. It stresses stability trying to minimise interactions with the external environment by means of vertical communication and formal rules.

Figure 1 summarizes the focus points of organizational theories.

**Figure 1: Organizational Theories of CVF Model**

Human Relations Model	Open Systems Model	Internal process model	Rational Goal Model
<ul style="list-style-type: none"> <li>• Teamwork</li> <li>• Participation</li> <li>• Empowerment</li> <li>• Concern for idea</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Growth</li> <li>• Innovation</li> <li>• Creativity</li> </ul>	<ul style="list-style-type: none"> <li>• Centralization</li> <li>• Control</li> <li>• Formulization</li> <li>• Stability, contunuity</li> <li>• Predictable performance outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Task focus</li> <li>• Goal clarity</li> <li>• Efficiency</li> <li>• Performance</li> </ul>

Source: Kalliath et al., 1999

For each organizational theories in the model, there are two managerial roles. As a result, there are totally eight managerial roles. These roles are innovator, broker, producer, director, coordinator, monitor, facilitator and mentor (Vilkinas, Cartan, 1997: 130; Govender, Parumasur, 2010: 1). The innovator and broker roles represent the values of the open system model. The producer and director roles are positioned in the rational model. The monitor and coordinator roles are the part of the internal process model. Mentor role and facilitator role represent the values of the human relations model (Figure 1).

The CVF provides a framework for managerial success. It is a basis for the development of managerial skills and managers. In this context, the following eight roles play a critical role in corporate management (Govender, Parumasur, 2010: 1).

**Figure 2: The Competing Values Framework Model**

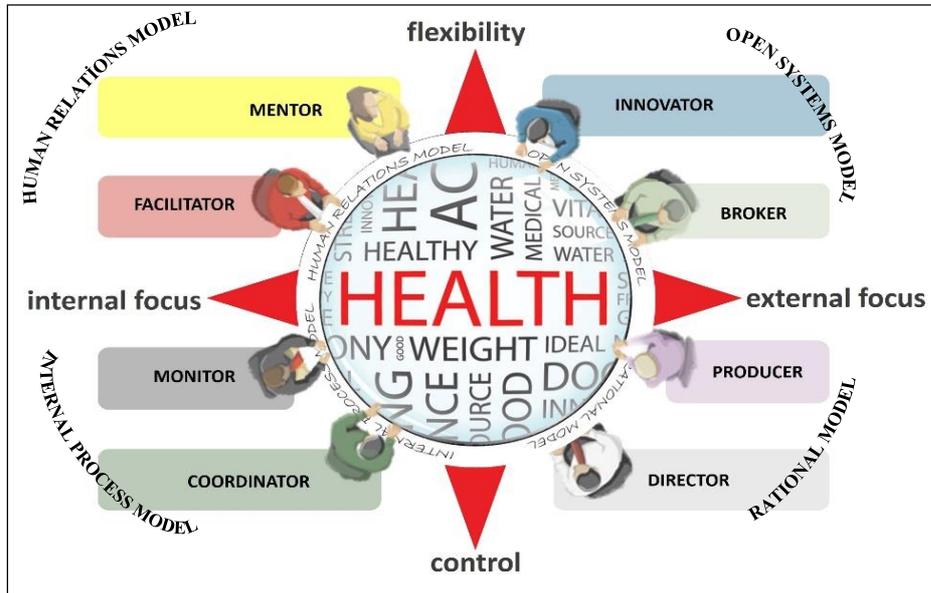


Table 1 summarizes Quinn's managerial roles' characteristics.

**Table 1: Managerial Roles' Characteristics**

Roles	Skills	External / Internal	Flexibility/ Control
<b>Innovator</b>	<ul style="list-style-type: none"> <li>▪ Live with change</li> <li>▪ Manage change effectively</li> <li>▪ Think creatively and encourage creative thinking</li> </ul>	External	Flexibility
<b>Broker</b>	<ul style="list-style-type: none"> <li>▪ Create and maintain a power base</li> <li>▪ Negotiate for agreements</li> <li>▪ Present and encourage ideas with enthusiasm</li> </ul>	External	Flexibility
<b>Producer</b>	<ul style="list-style-type: none"> <li>▪ Work efficiently to upgrade performance</li> <li>▪ Promoting a productive working environment</li> <li>▪ Managing time and stress</li> </ul>	External	Control
<b>Director</b>	<ul style="list-style-type: none"> <li>▪ Share vision</li> <li>▪ Identifying goals and objectives</li> <li>▪ Organize using vision and strategy</li> </ul>	External	Control
<b>Coordinator</b>	<ul style="list-style-type: none"> <li>▪ Managing workflow and projects</li> <li>▪ Designing business design strategies effectively</li> <li>▪ Cross-functional management</li> </ul>	Internal	Control
<b>Mentor</b>	<ul style="list-style-type: none"> <li>▪ Understand self and other employees</li> <li>▪ Communicate effectively</li> <li>▪ Empowering employees giving authority</li> </ul>	Internal	Control

<b>Facilitator</b>	<ul style="list-style-type: none"> <li>▪ Create teams</li> <li>▪ Provide participatory decision making</li> <li>▪ Manage conflicts</li> </ul>	Internal	Flexibility
<b>Monitor</b>	<ul style="list-style-type: none"> <li>▪ Manage information effectively</li> <li>▪ Develop problem solving and decision making processes</li> <li>▪ Manage core competence effectively</li> </ul>	Internal	Flexibility

**Source:** Cameron et al., 2014; Vilkinas, Cartan, 1997; Morais, Graça, 2012; Viitanen, Konu, 2009; Govender, Parumasur, 2010

According to Quinn, competence development in any field represented by the Model is desirable. Each area may have positive and negative aspects. This model integrates contrasts. These contradictions can exist mutually in an organization or in a manager who fulfills various roles (Blair, 1999: 29). Table 2 summarizes the positive and negative domains of each managerial role.

**Table 2: Negative and Positive Zones of Managerial Roles**

<b>Managerial Roles</b>	<b>Positive Zone</b>	<b>Negative Zone</b>
<b>Mentor</b>	Commitment Morale Human Development	Extreme Permissiveness Uncontrolled Individualizm
<b>Director</b>	Direction Goal Clarity Planning	Undiscerning Regulation Blind Dogma
<b>Facilitator</b>	Participation Openness Discussion	Inappropriate Participation Unproductive Discussion
<b>Producer</b>	Productivity Accomplishment Impact	Perpetual Exertion Human Exhaustion
<b>Monitor</b>	Information Management Documentation	Procedural Sterility Trivial Rigor
<b>Broker</b>	External Support Resource Acquisition Growth	Political Expediency Unprincipled Opportunism
<b>Coordinator</b>	Stability Control Continuity	Habitual Perpetuation Ironbound Tradition
<b>Innovator</b>	Innovation Adaptation Positive Change	Premature responsiveness Disastrous Experiments

**Source:** Blair, 1999: 30

A good leader should be able to use different areas for different situations. When managers adopt only a certain management style, they can lose effectiveness. In fact, overloading into a field often becomes a weakness. For example, excessive use of the productive role leads to continuous effort and exhaustion. Overuse of the monitor role leads to procedural infertility and insignificance. A deep understanding of roles and models within competitive values can be valuable for management. Failure to understand opponents can prevent the development of effective leadership. Applying this model to management can help administrators achieve higher performance levels (Blair, 1999: 29).

## 2. Managerial Roles of Quinn's CVF Model For Health Services

Health care providers are responsible for planning, organizing, conducting and controlling the resources needed to achieve the health care goals. Unlike most other manager groups, health services managers work in a wide range of organizations and also act coordinators of defined areas, such as quality improvement, casemix or organizational development (Alexander, Morlock 1997: 259- 261).

The Competing Values Framework (CVF) is often used in studies, researches and surveys of healthcare institutions to improve quality, to survive by adapting to changing environmental conditions and to provide patient and staff satisfaction (Morais, Graça, 2012: 3). According to this framework, there are two dimensions: Flexibility/Control (F/C) and Internal/External (I/E) for health services too. The F/C dimension shows the way to manage the internal components of the institution while meeting external challenges such as competition, adaptation and growth. For example, developments such as technological changes and legal arrangements in the health sector can cause internal restructuring in health institutions. The I/E dimension shows how well the institution manages change demands from its environment. For example, a health care institution should harmonize the changes in the external environment with the mission that is the cause of existence. So that the organization will be able to respond to the external environment and increase its effectiveness by reaching its mission (Kalliath et al., 1999: 144-145).

According to the dimensions of the CVF model, managers of different levels of health care institutions require different knowledge, skills and roles. (Leggat et al., 2006: 28). In this chapter, these eight managerial roles (innovator, broker, producer, director, coordinator, 88onitör, facilitator and mentor) individually described and examined for health services managers.

**Innovator:** This role includes managing and living with change, thinking creatively and encouraging creative thinking (Govender, Parumasur, 2010: 3). In health sector, as a result of government regulatory policies, technological inventions, new service offerings of competing institutions, policy changes of insurance companies regarding repayment, increasing pressures of change occurs. So, health services managers must envision change and generate hope to others. Addition to this, they always must follow innovation and adaptation (Leggat et al., 2006: 30).

The health systems are different but consist of employees who perform the related tasks. Even if each of these employees is independent, most of the tasks can not be completed without the contribution of another employee. In this complex collaborative system, managers have multiple interdependencies that create the quality of health innovation. The role of health care managers in creating innovation by mapping the relationships, communication and results between employees and their activities is important (Thune, Mina, 2016: 1545, 1556).

Researches 88oni that innovation in health organizations is a topic of extreme importance to not only managers, employees and management but also patients and community. Because in health care, the quality of life of patients and life expectancy of public are important issues (Morais, Graça, 2012: 8). The probable reflections of the new paradigms, approaches, technological developments and diagnostic and treatment facilities effect hospitals. To follow these innovations will improve the efficiency, ensure cost effectiveness, and facilitate the fight against competitors (Karafakioğlu, 1998: 22). Viitanen and Konu (2009) highlight the characteristics of innovation, creativity and competency in management, especially in the private health sector. Private sector managers are expected to demonstrate a spirit of entrepreneurship, high motivation and responsibility. On the other hand, the results of their research showed that the innovative role is more common among female managers.

**Broker:** This role is about ensuring the external continuity of the organization and obtaining external resources (David, 2011: 6). So, it involves creating a power base, negotiating for agreements and encouraging ideas with enthusiasm (Govender, Parumasur, 2010: 3).

Managers can obtain power from the organisation (position power) and other people (personal power) (Yukl 2002). In health institutions, there is one more power base: expertise power. This power is caused by a 88onitör job-related knowledge, skills, experience and skills. In health care, doctors are central power in terms of expertise. So, they have also a power about controlling critical resources (Alexander, Morlock 1997: 259- 261). The broker also links the organization externally, with a focus on networking and establishing strategic alliances and partnerships with other organizations (Viitanen, Konu, 2009: 111). Negotiation for separate health 88onitör88gies and problems, focusing on interests, gathering various possibilities

before decisions and developing new ideas to build support, overcome any resistance and ensure implementation of the innovation are important, especially in health services.

**Producer:** The competencies of the producer role are working productively to optimize performance, fostering productive work environment and managing time and stress (Govender, Parumasur, 2010: 3). A producer is task-oriented, work focused while striving to accomplish stated goals (David, 2011: 6).

The time concept becomes more important for health care management, since it is very sensitive in health care services. Health professionals are also responsible for effective use of time during the institution goals fulfilment (Kıdak, 2011: 159). Role ambiguity, role conflict, long working hours in health institutions are shown as a source of stress in health services too (Karahana vd., 2007: 27). So a manager, who can manage time and stress, work productively, undertake the producer role.

Viitanen and Kanu (2009: 113)'s research which applied on a university hospital in Finland, shows that the senior expertise and clinical management of medical doctors are best suited for producer role. In the same study, it was concluded that the managers of the private branch hospital were more suitable 89onitör role of producer.

**Director:** This role involves communicate vision, setting goals and objectives and designing and organising using vision and strategy (Govender, Parumasur, 2010: 3). A director makes the role of service very clear; clarifies the priorities and directions of service (Morais, Graça, 2012: 4). Morais and Graça (2012)'s research which applied on five health organizations in Portuguese and Spanish, shows that public hospital's director role values were found higher than private hospitals'. It can be based on that public sector managers are more controller, while private sector managers are more flexible. Ancarani and others (2009) have emphasized that director role that emphasizes efficiency and performance evaluation may have a negative impact on patient satisfaction.

**Coordinator:** The competencies of the coordinator role are managing work flow and projects, designing effective job design strategies and managing across functions (Govender, Parumasur, 2010: 2). A Coordinator maintains structure, schedules, organizes and coordinates staff efforts (David, 2011: 7).

Health services have complex goals. So, it is important that health service manager should be a coordinator and use people management skills such as communication and leadership. Researchs 89oni that in health services the highest values between managerial roles were seen in coordinator role. The coordinator role stresses implementation on the upper decision-making level and coordination of administrative affairs within the units and this role is also one of the 89onit components of strategic health care management process (Viitanen, Konu, 2009: 113, Govender, Parumasur, 2010: 2). A strategic health care manager, must have ability to anticipate, envision, maintain flexibility, think strategically and work with others to initiate changes that create a viable future 89onitör organization (Uğurluoğlu, Çelik, 2009: 121, 122).

**Mentor:** This role is associated with activities such as understanding self and others, communicating effectively and developing employees through delegation (David, 2011: 6, Govender, Parumasur, 2010: 2). As a 89onitör, a manager is expected to know what is going on in the unit, to determine whether people are complying with the rules and to see whether the unit is meeting its quotas. The 89onitör knows all the facts and details and is good at analysis (Morais, Graça, 2012: 4, Viitanen, Konu, 2009: 113).

Mentors are knowledgeable people who guide less experienced employees (Govender, Parumasur, 2010: 2). For example, nurses may need an expert and a guide to support them. To be effective and productive 89onitör89 is due to coaches to guide them. Persons who are well-educated, expert, experienced and called as coach spend time and effort to adopt nurses work and system. They give feedback by observing nurses' correct and defective sides. So they contribute to their personal and 89onitör89gies developments (Ünsar, Ünsar, 2008: 1).

A research was made in health services; 900ni that mentor role is more common among woman. Especially nurse managers are more often mentor compared with other managers (Viitanen, Konu, 2009: 113, 118).

**Facilitator:** The competencies of the facilitator role are building teams, ensuring participative decision-making and managing conflict using collaborative approaches (David, 2011: 6, Govender, Parumasur, 2010: 2). A facilitator is expected to foster collective effort, build cohesion and teamwork and manage interpersonal conflicts. In this role the manager is process oriented (Viitanen, Konu, 2009: 113, 118; Morais, Graça, 2012: 4).

Interdisciplinary team work in the health care has become increasingly important in recent years. The multidimensional 900nitö of health care and health services requires an interdisciplinary team approach to develop cooperation (Karahan, 2008: 27-30). Especially, there can be conflicts between the health care managers and doctors. So, in health services, managing teams and their conflicts, negotiation between health professionals and overcoming any resistance with collaborative approaches are significant (Thomas, 2003: 655).

**Monitor:** This role is about managing information effectively, reducing problem-solving and decision-making and managing core processes effectively (Morais, Graça, 2012: 4, Govender, Parumasur, 2010: 2). The mentor is engaged in the development of people through a caring, empathetic orientation. In this role the manager is helpful, considerate, sensitive, approachable, open and fair.

Health care management needs information so significantly. If the information don't achieve accurate, timely or fully, the hospital activities cannot be fully controlled and increase the risk of administrative errors (Işık, 2013: 3). However, Viitanen and Konu (2009)'s research, which was made in a hospital, shows that the 900nitör role has taken the lowest value in among the eight managerial roles.

## CONCLUSION

As organisations face an increasing number of challenges, their future depends largely on increasing organisational performance, increasing market share and gaining a competitive advantage. One way to accomplish this is 900nitö the management cadre drive all strategies aimed at goal accomplishment. This means that management development is an effective vehicle for organisational effectiveness.

Managerial roles are effective vehicles both non-profit and profit organizations, if they use these roles correctly (Govender, Parumasur, 2010: 10). Health organizations, whatever their purpose, need to know how to manage resources, seeking to satisfy their customers and getting adequate returns. It is, regardless of the importance of new health services, associated with new 900nitör9ogies and important to combine the different knowledge so that patients and all actors of the hospitals have an adequate level of satisfaction (Morais, Graça, 2013: 8).

As a result, scholars have credited (or faulted) organizational culture with contributing to significant differences among healthcare facilities in organizational performance, quality improvement implementation, patient-care quality and efficiency, effectiveness of provider teams, healthcare provider job satisfaction, and patient satisfaction (Gifford et al., 2002: 13; Helfrich et al., 2007: 2).

The aim of this study was to assess the extent to which managers display the managerial roles outlined in the Competing Values Framework (mentor, facilitator, 900nitör, co-ordinator, director, producer, broker and innovator) and to identify areas for health services management development. Health services managers who are able to deliver the different managerial roles required by each of these different relationships will be perceived to be more effective than those who are not able to deliver the required managerial roles. So, it can be suggested that health service managers achieve balance using each of the eight roles and they use these eight roles at the right place and at the right time.

Health managers of the future will have to deal with irregular demands and pressures that are variable, complicated, and at the same time very aggressive, which take place in the external environment. In addition to keeping up with the changes in the outside environment, they will

have to fulfill important duties in relation to the structures and processes related to the internal environment of the organization in order to realize the organizational goals and to preserve the values that are important to the organization.

This study only underlines a theoretical framework about managerial roles. It can be also suggested that studies which defined the differences managerial roles of medical, administrative and support personnel in health care institutions, determined managerial roles according to the ownership of health care institutions and uncovered the factors affected the managerial roles, should be done in the future studies.

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