

PROACTIVE MANAGEMENT v REACTIVE MANAGEMENT

Proactive management means thinking ahead, anticipating and planning for change or crisis. Reactive management means reacting to change or crisis after it happens. This means that reactive management is characterised by lack of planning.

Hospitals must move from a reactive management posture to a proactive management approach. Hospital managers must begin to anticipate, and even forecast, changing needs and wants rather than continuing to react to symptoms and emergencies. In those wonderful days when demand for health care exceeded supply, a hospital manager could make every mistake in the world and still remain in business. Journal of Health Care Marketing – Vol 2, No.3

There are three broad management styles:

1. pro-active management,
2. re-active management, and
3. crisis management.

Typical behaviours of a proactive management style:

This is the style of management where the possibility of problems or opportunities is examined, where the manager thinks ahead, initiates action and therefore takes the lead in preventing problems, creating possibilities and projecting the interests and needs of his/her staff and his/her areas of accountability and responsibility.

- Open to new ideas
- Trust among managers
- Open flow of information
- Support for people who show initiative
- Humanistic attitude toward staff and customers/service-users
- Clear and specific focus on staff and customer/service-user needs
- Higher level of staff satisfaction
- Participative and consultative decision making style
- Entrepreneurial in acquiring resources
- Careful coordination of new initiatives with existing commitments
- Confident about keeping other managers – and their own staff – aware of priorities and plans

Typical behaviours of a re-active management style:

This is the style of management where decisions are made absolutely and only in response or reaction to a problem or opportunity – where no action is taken to prevent problems or create opportunities, and very rarely is anything planned or initiated by the manager.

Suspicious of new ideas
Competition among managers
Restricted flow of information
Suspicion of people who show initiative
Swings between humanistic and custodial attitudes towards staff and customers/service-users
General focus on staff and customer/service-user needs
Lower level of staff job satisfaction
Less participative and consultative decision-making style
Internal initiatives are direct reaction to available resources
Sees each initiative as separate – could be poor at coordination
Selectively informs other managers – and their own staff – of selected aspects of priorities and plans

Typical behaviours of a crisis management style:

This is the style of management where nothing new or different is considered unless and until a situation of crisis proportions is reached, where the status quo reigns and problems or opportunities are ignored or bypassed until a crisis is reached, emotions are exposed and war is declared!

Closed to new ideas
Distrust among managers
Only a privileged few have access to information
Intolerance of people who show initiative
Custodial attitude toward staff and customers/service-users
Focus on staff and customer/service-user needs only when convenient or forced
Lowest level of staff job satisfaction
Closed decision-making style
Status quo is the norm – unless there is no option
Each initiative is kept separate – does not encourage coordination, as this could present a challenge to authority
Only informs other managers – and their own staff – of selected aspects of priorities and plans when formally requested or forced to do so.

Examples of the effect of the Department of Human Services, Disability Services, Disability Accommodation Services reactive and crisis management style:

1. Demonstrated attitude of senior management, insisting that consumers and their families provide detailed evidence of their service level and quality concerns, before their concerns will be accepted. Whereas, proactive management accepts feedback in any form, to provide them with a covert insight into the service.

2. Failure of management, above house supervisor, to accept responsibility and ownership for proactively and meaningfully solving the service level and quality concerns of consumers and their families.
3. Failure of management above house supervisor to proactively meet with consumers and their families, to proactively solve service level and quality concerns.
4. Failure of management, above house supervisor, to set monitor and maintain direct care staff work-value expectations to ensure services to consumers and their families receive consistent service within the direction, intention and spirit of departmental care policies, standards and values.