

No. of Printed Pages : 8

MS-10

MANAGEMENT PROGRAMME (MP)

Term-End Examination

June, 2022

**MS-10 : ORGANISATIONAL DESIGN,
DEVELOPMENT AND CHANGE**

Time : 3 Hours

Maximum Marks : 100

(Weightage : 70%)

Note : (i) *There are two Sections A and B.*

(ii) *Attempt any **three** questions from Section A. Each question carries 20 marks.*

(iii) *Section B is compulsory and carries 40 marks.*

Section—A

1. Explain the meaning and purpose of organizational design. Describe the basic principles of good organizational design and discuss the key factors which affect an organizational design.

P. T. O.

2. Briefly discuss and describe universal perspectives of an organizational design and their relevance in the present day context.
3. What are the factors to be taken into consideration for effective job design ? Explain any *three* approaches to job design and their merits and demerits with reference to present day context.
4. Describe and discuss the emerging trends in work organization and how it helps in improving quality of work life.
5. Write short notes on any *three* of the following :
 - (a) OCTAPACE
 - (b) Workshop methodology
 - (c) Adhocracy
 - (d) Assessment centres
 - (e) Zero-based budgeting

Section—B

6. Read the following case carefully and answer the questions given at the end :

Winthrop Hospital is located in a medium-sized suburban community. A general hospital,

it serves a large portion of the surrounding area and is usually operating at, near, or sometimes beyond its capacity. Each floor of the hospital has its own particular structure with regard to the nurses who staff it. This formalized hierarchy runs from the supervisor (who must be a registered nurse) to Registered Nurses (RNs) to Licensed Practical Nurses (LPNs) to students and nurses aides. Professionally, there are some duties that are supposed to be performed only by the RNs : these are spelt out in the hospital manual. In practice, however, the LPNs do much of the work that is supposed to be done by the RNs. The RNs are glad for the help because they are very busy with other duties. Through time the work done by the RNs and the LPNs has meshed so thoroughly that one just does the work without thinking of whose job it is supposed to be. The hospital is normally so crowded that, even with everyone performing all types of work, there never seems to be enough time or enough help.

The procedural manual used at Winthrop Hospital was first used in 1947 and has not been revised. Everyone connected with the hospital realizes that it is extremely outdated, and actual practice varies so greatly as to have no similarity to what is prescribed in the manual. Even the courses that the student nurses take teach things entirely differently from what is prescribed in Winthrop's manual.

The vacation privileges for nurses at the hospital show extreme differences for the different types of nurses. RNs receive two weeks' vacation after nine months on the job, whereas LPNs must be on the staff for ten years before receiving their second week of vacation. The LPNs believe this to be extremely unfair and have been trying to have the privileges somewhat more equalized. Their efforts have met with little cooperation and no success. The hospital superiors have simply told them that the terms for vacation are those stated in the hospital manual and that they saw no need to change them.

Some of the individual nurses at Winthrop then began to take matters into their own hands. The LPNs on the fourth floor of the hospital decided that if they couldn't have the extra vacation because of what was written in the manual then they would follow the manual in all phases and go strictly according to the book. Difficulties surfaced as soon as the LPNs began to behave in this manner. The RNs now seemed to have more work than they could handle adequately and the LPNs were just as busy doing solely their "prescribed" duties. The same amount of effort put forth previously was being exerted, but less was being accomplished because of the need to jump around from place to place and job to job in order to work strictly according to the book. An example of this wasted effort occurred in the taking of doctors' orders. Doctors phone in the type of treatment that a patient is to receive-medicines, times for dispensing such diet, and so forth. These doctors' orders are supposed to be taken by an RN, but in practice whoever was nearest the

phone had taken the order. If an LPN took the order she had it signed by the supervisor (stationed at the desk) as a safeguard. This procedure saved the time and effort involved in getting an RN to the phone for every order. Now, however, the LPNs refused to take the doctors' orders and called token RN. The RN had to leave the work she was doing, go to the phone, take the order, then go back to her unfinished work. This procedure wasted the time of the doctors, the RN, and the LPN who had to locate the RN. The LPNs' practice of going by the book brought about hostile feelings among both groups of nurses and among the doctors who had to work on the floor. The conflicts led to a lessening in the high degree of care that the patients had been receiving.

The conflict initiated by the difference in vacation privileges brought about more complaints from both parties. In the manual the categories for vacation privileges listed : "supervisors", "RNs", "lab technicians", and "others". The LPNs resented being placed in the

“others” category. They felt that they deserved a separate listing, especially because they had the same amount of training as other groups, such as the lab technicians. Adding further fuel to the fire was the fact that the lab technicians got a second week of vacation after only one year on the job. Another item of controversy was the fact that RNs were allowed to sign themselves in on-the-job when they reported, whereas the LPNs were required to punch in. The LPNs felt that the RNs thus could hide any incidents of lateness, whereas the LPNs has strict account kept of their time and were docked in salary for any time missed.

The RNs now complained to the hospital superiors more vehemently than ever about being understaffed. They felt that they simply needed more RNs on every floor on every shift to meet what was required of them; this was a demand they had been voicing even before the conflict began. The shortage was especially acute at nights, when unfamiliarity with individual patients often led to mix-ups in the treatments.

The ill-feelings led to arguments among the nurses. The LPNs felt that they were always doing more work than the RNs, that they spent more time with the patients because the RNs had more to do at the desk, and that they knew more about treatments because they more often accompanied doctors on their rounds. They now voiced these opinions. The RNs argued superiority on the basis of a longer period of formal training.

All these factors combined to bring about a tremendous drop in morale and a marked decrease in efficiency, and the conflict was in danger of spreading to the other floors in the hospital.

Questions :

- (a) What are the issues involved in this case ?
- (b) Why is there such conflict between these groups ?
- (c) What could be the consequences of this conflict ?
- (d) What might be done to alleviate the problem ?