

Chapter 12

Intensive Care

Eric Van Genderen

Institute of Management Technology (IMT), UAE

ABSTRACT

Customer-centric organizations are those firms that seek to gain a strategic advantage by focusing on the customer (as opposed to the firm, product line/service(s), processes, financial statements, etc), thereby more effectively offering goods/services that meet the needs and wants of the customer. As an industry, healthcare has the added challenge of needing to offer customized products/services that not only address the needs/wants of customers, but must also do so in an ethical and sensitive way. Patients availing the products/services of healthcare professionals, more-often-than-not, require psychological support in addition to the requisite physical care and/or treatment. It has been well established that one's psychological state has dramatic impact on the physical and vice versa. This case is set in the Middle East, and centers around the two main concepts of: 1). Customer-centric business practices, and 2). ethical healthcare behavior, respectively. The case, itself, is closely based on the author's first-hand experience. Identifying information has been modified so as not to reveal the identities of the institution, managing enterprise, or employees.

ORGANIZATION BACKGROUND

The Royal Women's Infirmary is located in a major city in the Middle East and has been operating for more than three decades with a current labor force of over 1,000 employees (nearly 20% of which are doctors and nurses). The Royal Women's Infirmary specializes in the areas of obstetric and neonatal care. With the capacity to handle well over 200 inpatients, a large ICU, outpatient care, and specialty clinics, the infirmary is viewed as being large by Middle East standards. As is common for hospitals seeking to maintain international standards, the Royal Women's Infirmary

is a jointly commissioned venture, owned by the local government, and managed/operated by a Western specialist organization. Due to growth, the Royal Women's Infirmary recently expanded its Neo-natal and Urgent Care units, in addition to its ambulatory services.

SETTING THE STAGE

Like most organizations, the Royal Women's Infirmary has *mission* and *vision* statements, which they proudly display to the public. These statements

DOI: 10.4018/978-1-4666-6339-8.ch012

speak of *compassion* and *family centeredness*. The infirmary further declares *core values* including:

- Care and compassion,
- Ownership and accountability,
- Respect and cultural sensitivity,
- Integrity,
- Commitment to quality,
- A holistic and patient-centered approach,
- Quality, and so forth.

The Royal Women's Infirmary maintains memberships in several international healthcare organizations, not the least of which is the University Healthcare Consortium (UHC). The UHC was formed in 1984 (Chicago), for the self-stated purpose of:

Providing the lens through which the organization assesses all it does, UHC's mission is to create knowledge, foster collaboration, and promote change to help members succeed.

Moreover, the UHC's vision maintains an objective to:

...help members attain national leadership in health care by achieving excellence in quality, safety, and cost-effectiveness (About university hospital consortium, n.d.)

Although the international healthcare industry represents great potential for profitability; especially in the private sector, Western healthcare professionals have been guided, for centuries, by a code of ethical conduct known as the *Hippocratic Oath*; see the sample of a modern version in Box 1.

Like many professional codes of ethics, the Hippocratic oath is not legally binding to those who have taken it, but rather represents an ethical and philosophical framework for the healthcare industry, within which healthcare professionals can practice, whilst recognizing certain limits to their skills, abilities, and knowledge, as well as maintaining focus on their overall professional objective—the health and well-being of the patient.

Box 1. Sample of the Hippocratic Oath (Lasagna, 1964)

I swear to fulfill, to the best of my ability and judgment, this covenant:

- I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
- I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- I will prevent disease whenever I can, for prevention is preferable to cure.
- I will remember that I remain a member of society with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- If I do not violate this oath, may I enjoy life and art, be respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

8 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/intensive-care/116216

Related Content

Artificial Intelligence in Medical Science

Shashwati Mishra and Mrutyunjaya Panda (2019). *Intelligent Systems for Healthcare Management and Delivery* (pp. 306-330).

www.irma-international.org/chapter/artificial-intelligence-in-medical-science/218126

A Serious Game for On-the-Ward Infection Control Awareness Training: Ward Off Infection

Ian Dunwell and Steve Jarvis (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 1306-1319).

www.irma-international.org/chapter/a-serious-game-for-on-the-ward-infection-control-awareness-training/116279

Mobile Communication in Hospitals: What is the Problem?

Terje Solvoll (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 688-702).

www.irma-international.org/chapter/mobile-communication-in-hospitals/116240

Recent Evidence on the Changing Mix of Providers of Healthcare in England

Greenwell Matchaya, Pauline Allen, Simon Turner, Will Bartlett, Virginie Perotin and Bernard Zamora (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 1383-1397).

www.irma-international.org/chapter/recent-evidence-on-the-changing-mix-of-providers-of-healthcare-in-england/116284

Concept and Types of Organizational Cultures of Hospitals

ukasz Sulkowski and Joanna Sulkowska (2015). *Healthcare Administration: Concepts, Methodologies, Tools, and Applications* (pp. 1279-1305).

www.irma-international.org/chapter/concept-and-types-of-organizational-cultures-of-hospitals/116278