

The Exercise Of Hierarchical Control In Icus

Evangelia Michail Michailidou*, Efterpi Kosmidou & Periklis Giaglis**

**Consultant Anaesthesiologist- Intensivist, Intensive Medicine Department, Hippokration General Hospital of Thessaloniki / Senior Student in the Department of ICU Administration, University of Macedonia / Masters Degrees, International Medicine-Health Crisis Management, Greece / Member of Health Response team to Crisis Situations of G.H.T. Hippokration*

***Senior Nurses Intensive Medicine Department, Hippokration General Hospital of Thessaloniki*

Submitted: 25-05-2021

Revised: 31-05-2021

Accepted: 03-06-2021

Article Type: Opinion

Control refers to the process by which the operation of an ICU is monitored and regulated, ensuring that the behavior of the elements that make up the organization - mainly the human factor - is desirable towards the achievement of the goals of the organization, the optimal development of the patient. The need for control is reduced to an essential survival mechanism, due to the tendency of ICUS to detune and disintegrate and is a function of the size of the ICU, the specialization of its functions and the volume of patients and the peculiarities they may have.

Discipline and control ensure compliance with the rules and procedures, leading to the predictability of administrative and medical practice. Hierarchical authority and coordination contribute to the unity of administrative action and the best outcome for patients. The application of the hierarchical principle is linked to operational specialization and leads to the emergence of a top decision-making center and the formation of a single point of responsibility.

Coordination in the field of ICUs that organizationally cover the field of action is - as a rule - vertical and is carried out by a common hierarchical authority that directs the necessary instructions and supervises their implementation. Hierarchical control, therefore, contributes to maintaining the unity, continuity and coordination of administrative and medical work. The role of the director in the bureaucratic model, as presented, is limited to the transfer of orders, control and enforcement of orders and penalties.

Supervision and enforcement aims to maintain the desired performance of employees - especially at low hierarchical levels - and to achieve organizational goals. The audit, in this case, is carried out in compliance with the rules. The hierarchical relationship precludes any theory

of personal subordination or dependence: the behavior of superiors is determined in detail by abstract and objective rules, and relationships with their subordinates - as well as those subordinate to each other - are not based on persons but on of ICUs).

The obedience of subsistent present to the body of hierarchical authority therefore does not acquire a value or emotional character, but is based on the rules established by rational calculation as a means to the success of the ICU's aims.

Creating more detailed regulations to ensure the lawful exercise of control and strict demarcation of responsibilities increases standardization, which protects physicians and rest employees of ICU from hierarchical arbitrariness.

However, the increase in regulations and the misunderstanding of the concept of legality on the one hand cannot completely limit the director to exercise control, on the other hand they create a suffocating barrier that prevents both the doctor or paramedic staff and the director from developing positive aspects. . Hierarchical gradation of power is not conducive to promoting creativity and enhancing participation, as it is based on lowering the initiative of the lower levels and submitting to the hierarch.

In some cases, the centralization of power can lead to its abuse and become a cause of authoritarianism, arrogance and oppression of the existing. This conclusion contradicts the modern needs and operating conditions of the administration, in which the role of the director emerges, as we have seen, as complex and multilevel.

On the other hand, the indiscriminate reduction and weakening of the administrative hierarchy creates problems of coordination, conducting control, communication and information, evaluation of medical and nursing

work and acceptance of superiors by subordinates. The need for a strong and, in essence, legitimized administrative leadership and power is undeniable.

The question is how to combine the fundamental function of hierarchical control with a "democratic" type of leadership, which will incorporate the characteristics of the modern medical staff as described above and will encourage the encouragement and development of the initiative, the development of the initiative. positive working climate in the ICU. The hierarchical control in the Greek reality and not only, is a self-evident consequence of the hierarchical relationship under which the organs of each public hospital and private ones that are part of the same organizational unit (eg ministry), for the purpose of its unity and coherence administrative and medical action.

The exercise of hierarchical control in the Greek medical system consists on the one hand in the competence of the hierarchically superior body (hierarchical head) to give instructions and orders to the hierarchical lower bodies (hierarchical subordinate) who have the obligation to follow their responsibilities. Hierarchical control is divided into a) preventive and b) repressive. A) The preventive control is exercised before the issuance of the act and either has the form of instructions - specific or general, such as orders, circulars - which determine the mode of action of the existing bodies or gives a certain interpretation to the applicable provisions and situations.

This is a mainly informative or consultative audit, during which directions and explanations are given for the actions of the existing body, as well as the approval of the head - where this is provided - for relevant actions. The suppressive control is exercised by the hierarchical director body after the issuance of the act either ex officio or after a relevant hierarchical appeal of an employee who has a meaningful interest. The aforementioned types of control are subject to further discrimination, as the control may be a verification test or a feasibility test.

A) The control of legality aims at the correct interpretation and application of the legislation. Unless explicitly stated otherwise or as a result of the relevant provisions, any act of the existing hierarchical bodies shall be subject to a review of legal capacity, which, when suppressed, shall lead to the annulment of the act of the existing body. B) The feasibility test (or substantive) refers to the ability of the controlling director to investigate whether the act (whether medical or professional, in his judgment, is appropriate to achieve the result for which it is intended.

The primary social function that runs through the entire hierarchy is to achieve the official goals of the ICU. It is still practically impossible for the director to engage in the specialization and implementation of all ICU objectives. The specialization of the objectives therefore increases as the hierarchical levels of the ICU go down. Each supervisor is obliged to specify and give more detailed instructions to his immediate subordinates, who in turn will pass them on to their subordinates. Therefore, the ICU's objectives are in fact defined at every level, and not just at the top.

In every bureaucratic organization there is a gap between successive levels, to cover which the choices of the head of each level are crucial, as the director must make use of the discretion given to him to interpret and transfer the orders of the top.

The flow of orders from top to bottom remains, but the mediation of supervisors of every level in their specialization and transfer to a wider scale - as the scope of supervision increases as they go down the hierarchy - leaves them a field of personal choice and free action. The flow of mandates is disrupted and disoriented by the goals of the summit when intermediate-level bosses - willingly or unwillingly - propose personal goals or perceptions incompatible with the ICU goals.

When a multitude of personal - and perhaps conflicting - goals is interfered with in the transfer of orders from one hierarchical level to the next, the mind is distorted and the implementation deviates from the goals, creating a kind of "leakage of authority". This situation is not due to the assignment of a field of freedom to the interpretation and transfer of mandates per se, but to the fact that the objectives of the supervisors do not align with the objectives of the ICU - although they accept that the objectives of the ICU are clearly and precisely stated, with the ultimate goal of optimal rehabilitation and development of patients outcome and safety.

The effects of this "leak of power" are cumulative and it is difficult to reverse the lower levels in the desired direction. The magnitude of the loss of meaning of the original command is difficult to calculate before the effects of the "leak" become apparent. In this case, the head of the hierarchy is obliged to carry out a repressive check, boarding the outflows of administrative and medical procedures.

In order for the preventive control function to function constructively, one of the unconditional conditions is the commitment of the supervisors themselves to the patient's interest, their belief in the purpose set by the leadership and the alignment

of the control process with the patient, for this purpose.

THE ACCEPTANCE OF THE HIERARCHICAL AUDIT

The effectiveness of the control in the administration of the ICU depends to a large extent on its acceptance by its subordinates, as it is one of the forms of exercise of legal power provided by its position. The purpose of exercising control is compliance as the attainment of a change in attitudes, perceptions, values and behaviors, which takes place in the person involuntarily, under an influential influence or pressure that is not perceived as such. Acceptance of control in ICU management can be divided into formal acceptance and substantive acceptance.

Formal acceptance indicates the legal obligation of the respective doctor or nurse to accept the hierarchical control and to follow the orders or instructions of his superior, if he is exercised according to the current system of the administrative hierarchy and within the authority. Refusal to accept the control would entail a disciplinary penalty or even a waiver of the employee.

In this case, the behavior of the manager leads to obedience, which refers to changes that occur under direct pressure exerted by punishment or reward or resulting from the prestige of the person who has the power to exert such influence. Compliance, however, is achieved through the effective acceptance of control, according to which the existing bodies not only consent to the exercise of control but assist the audit body, because on the one hand they accept their hierarchical authority and themselves from its conduct

REFERENCES:

- [1]. Evangelia Michail Michailidou. Successful and Effective Administration in ICU, Jun 19, 2020, SURGERY & CASE STUDIES: OPEN ACCESS JOURNAL
- [2]. Evangelia Michail Michailidou. Change Management in ICU, May 18, 2020. American Journal of Biomedical Science & Research
- [3]. Evangelia Michail Michailidou. "Organizational Structure and Planning in ICU". EC Emergency Medicine and Critical Care 5.4 (2021): 14-19