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# ATTITUDES TOWARDS BENEFITS AND BEHAVIORAL INTENTIONS AND THEIR RELATIONSHIP TO ABSENTEEISM, PERFORMANCE, AND TURNOVER AMONG NURSES

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## ABSTRACT

*The purpose of this study was to determine whether employees' attitudes towards benefits and behavioral intentions were related to nurse turnover, absenteeism, or on-the-job performance. Dramatic increases in the cost of benefits to employers, along with the need to attract and retain employees, have resulted in the requirement that the ramifications of employees' perceptions of benefits be better understood. Despite the fact that the literature is replete with studies involving pay equity and satisfaction, studies concerning the effects of perceived benefits are few.*

*Attitudes towards benefits, intentions to search for a new job, to quit, to be absent, ratings of performance, and actual turnover – and absenteeism - were assessed using a sample of 386 nurses from a hospital in the Southwestern portion of the United States of America. The results of this study indicate that attitudes towards benefits are not predictive of absenteeism or performance and weak predictors of turnover. These findings are not consistent with the speculations of others (Mobley, 1982); that is, benefits perceptions may be instrumental in both the retention and attraction of employees. They are, however, consistent with previous findings when it comes to other populations that have lower turnover rates and see few options for moving up. Carraher and Buckley (2005) found that the ATBS dimensions were not related to turnover among entrepreneurs in Western Europe. On the other hand, Carraher (2006b) found that Ease of Replacement of Benefits was able to predict entrepreneurial turnover in Eastern Europe when the entrepreneurs were able to find options that would increase their incomes. It was surprising that while the behavioral intentions scales were significantly related to turnover, absenteeism, and performance the relationships were not very strong. When looking at practical significance or meaningfulness rather than at statistical significance, none of the relationships, while they are statistically significant, appear to be particularly meaningful suggesting that we should look elsewhere to explain turnover, absenteeism, and performance. The implications of these findings are discussed and areas for future research are presented.*

# MANAGING STRATEGIC SUSTAINABILITY IN HEALTHCARE ENTREPRENEURSHIP: INNOVATIONS IN PHARMACEUTICAL DEVELOPMENT

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## ABSTRACT

*The most cited definition of sustainability is from the UN World Commission on Environment and Development (Brundtland Commission) that says "Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs". Our reply to issues of sustainability is critical and involves many stakeholders. We contribute by influencing legislation, voting, membership in groups, etc. We also contribute through recycling, use of reduced energy consuming transportation, lights, appliances, etc. Sociological and psychological components are also important.*

*In this paper we examine sustainability from a very different perspective looking at polymer chemistry, biochemistry, and information sciences in order to examine better methods of developing anti-cancer drugs. One of the basic tenets of sustainability is the requirement that you must continue to live. Cancer is one of the largest killers in developed countries. Researchers have sought to develop anti-cancer drugs for over six decades and yet we have learned more in the last decade than in the preceding half of a century. Bioinformatics and conceptual chemistry have worked together in order to make great strides and transforming relatively simple antibiotics such as cephalexin and semi-synthetic penicillin into antibiotics with anti-cancer properties through the polymerization process. In this paper we talk about a 40-year journey dealing with the development of anticancer drugs for use against ovarian, breast, and pancreatic cancers with special attention paid to the development of the first new pancreatic drug in over two decades. We examine the traditional drug development process and suggest new methods that are proving to be more productive with viable drugs increasing from 1 in 5000 to 1 in 5. These methods should be able to increase human survivability and sustainability.*



# **POLYCHRONICITY AND LEADERSHIP AMONG FIRST YEAR NURSES IN CENTRAL EUROPE: AN EXPLORATORY STUDY ON DIMENSIONALITY AND RELATIONSHIPS**

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## **ABSTRACT**

*This study used data from 294 English speaking entry level nurses in Central Europe in order to examine the dimensional nature of the ten-item Inventory of Polychronic Values, a purported measure of polychronicity and examine its relationship with leadership perceptions. Polychronicity refers to an individual's preference for working on many things simultaneously as opposed to one at a time. A screen test support 2 dimensional solutions and hyper plane count supporting the use of a Varimax rotation (orthogonal dimensions). The relationship between these two orthogonal dimensions and preferred leadership style, age, sex, and the number of languages spoken was examined. It was found that there were strong relationships between polychronicity and preferred leadership style and between monochronicity and the number of languages spoken. Weaker relationships were found between monochronicity and preferred leadership style, monochronicity and sex, and preferred leadership style and age. Suggestions for future research were provided.*

# LANGUAGE ABILITY, LEADERSHIP, AND POLYCHRONICITY, INFLUENCES ON PERFORMANCE AND EARNINGS AMONG CENTRAL EUROPEAN NURSES

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## ABSTRACT

*This paper examines the relationship between polychronicity, task-oriented leadership, and language abilities on the compensation, task-oriented performance, and socially oriented performance of nurses in Central Europe. The term polychronicity includes simultaneous work, such as eating, reading, and watching TV at the same time, as well as activities that may be interspersed with each other in the same time period (Bluedorn 1998). For example, a professor who is simultaneously writing five different research articles, yet only works on one of them at a time in a five hour time period could be said to exhibit polychronic behavior. Additionally a nurse who works with multiple patients during a shift could be said to be working in a polychronic fashion. Bluedorn states that polychronicity is not a single behavior, but an enduring cultural or individual preference.*

*At the University of Illinois, Fiedler (1964; 1967) began his work on a contingency theory of leadership in 1953. He believes that the organizational situation moderates the relationship between the preferred leadership style and organizational effectiveness. According to Fiedler (1978) a task oriented leader is primarily motivated by the achievement of job-related objectives and emphasizes task-oriented performance when there are tasks to be completed. Peters, Hartke, and Pohlmann (1985) reviewed thirty years of research on the LPC scale and concluded that the evidence supported the contingency model. There were major criticisms of both the scale and the theory. Therefore, we chose to use a newer scale in order to measure task-oriented leadership.*

*Strong research evidence has supported the contention that foreign language skills are necessary when conducting business globally (Swift, 1991). However, there is limited research on the importance of speaking multiple languages while working domestically (Ginsburgh, Ortuno-Ortin, and Weber, 2007). It is known that financial costs of maintaining records in several languages increase with greater number of languages used (Ginsburgh and Weber, 2005). The ability to speak more than one language has been found to increase the earnings of college graduates in the United States (Saiz and Zoido, 2005) and has been seen as a boon to accounting and business majors (Cornick and Roberts-Gassler, 1991) and in hospitality management fields (Yuan, Houston, and Cai, 2006). In a survey of 205 foreign and domestic businesses Cornick and Roberts-Gassler (1991) found that 29% of domestic firms and 37% of foreign firms reported a need*

*for business and accounting students to have foreign language skills. Only 20% of US-based organizations and 36% of foreign based organizations would offer higher starting salaries to American students with foreign language abilities. As far as we know no studies have examined the impact of foreign language abilities on earnings of individuals in the healthcare professions.*

*Utilizing a sample of 174 nurses in Europe, we examine the relationship between language ability, polychronicity, task-oriented leadership and actual wages, task-oriented performance and socially oriented performance. It is found that polychronicity is related to both task-oriented and socially oriented performance but not to wages; that task-oriented leadership is related to both wages and task-oriented leadership, but not to socially oriented leadership, and language ability is related to task-oriented performance. Females are found to score higher in socially oriented performance. Several suggestions for future research are made.*

# HOW SHOULD HEALTHCARE LEADERS BE EDUCATED? THE DESIGN OF MODEL GRADUATE PROGRAMS IN ENTREPRENEURIAL HEALTHCARE MANAGEMENT AND ORGANIZATIONAL LEADERSHIP WITH A CONCENTRATION IN HEALTHCARE MANAGEMENT

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## ABSTRACT

*With the advent of a more complex and global market, the need and demand for organizational leadership, entrepreneurial orientation, and general health care management practices are accelerating in healthcare organizations. New technological, social, and political innovations are being unleashed at blinding rates of speed. Experts agree that these advances are causing a tidal wave of change, requiring organizations to continuously update and refine their approaches, structures and technologies to achieve ever greater levels of quality, effectiveness, efficiency and flexibility. Organizations have been developing leaders since their inception but leadership development, theory and practice has changed significantly in recent years. Education needs to be connected to the goals and strategies of the organization (Zenger et al., 2000). One of the recurring ideas in the literature is that education needs to focus on identifying and connecting an organization's values, strategies and goals to the training and development of leaders (Krug, 1996; Tichy and DeRose, 1996; Zenger et al., 2000; Wellins and Patterson, 2003). In the development process, organizations need to fully identify and communicate company values and goals to the managers and employees who are being trained. This process must start at the beginning and continue throughout the employee's tenure. By connecting the organizational strategy to the training, the trainee will gain more from the process because they will be able to see its immediate application to the organization.*

*Every organization has differing norms, values and beliefs; these become integral to the organization's identity. How should future healthcare managers learn how to lead, manage, and administer their duties? In this paper we examine the research on healthcare management and healthcare education in addition to a survey of 226 local leaders in order to examine the best type of educational program for future leaders in health care – whether it be an Masters in Business Administration, Masters in Public Health, MS in Entrepreneurship, MS in Leadership, or an MS in Healthcare Management. We discuss the development of two such programs an MS in Organizational Leadership with a concentration in Healthcare and an MS in Health Care Management with an entrepreneurial focus which could be used as model programs to educate*

*future leaders in healthcare. The need for special post graduate educational programs for nurses and physicians are also discussed.*

# LEADERSHIP CHANGE DECISIONS IN A HEALTHCARE ORGANIZATION OPERATING IN 60 COUNTRIES

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## ABSTRACT

*Organizations are, by nature, fluid so constant change should be anticipated and expected by all organizational members. Change is a hard concept for organizations to implement and for organization members to grasp. Many leaders are surprised at the effect of their decisions on organizational members. Leaders are very adapt at making decisions based on profit margins and market driven environments. On the other end of the decision spectrum there are organizational members who are not privileged to the full picture of organizational strategy. Organizational members operate in a vacuum and do not adapt to change easily for many and various reasons. This paper examines the relationship between leadership decisions and organizational change initiatives within a large multinational professional services organization in the healthcare field.*

*Specifically results are examined for 951 professional employees operating in 60 countries on six continents. The employees were surveyed about their perceptions of organizational changes involving the organizational name, vision, and a merger/takeover of a smaller organization. Special attention is paid to the members of the organization coming from the organization taken over by the target organization. Three visioning seminars were held by the Chief Executive Officer with the employees of the merged organization in order to help to integrate them in to the organization. It was found that the seminars were useful at helping the new employees feel part of the new organization more than doubling (2.15 times more employees were retained) the pre-merger retention rate of key employees. On the other hand pre-existing employees from the target organization who worked in the same country regions as the new employees felt that the new employees were treated better than they were. This resulted in an 8% increase in non-retention of preexisting key employees for the two years after the merger.*

## **EMPLOYEES' PSYCHOLOGICAL EMPOWERMENT VIA INTRINSIC AND EXTRINSIC REWARDS**

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### **ABSTRACT**

*In recent years, empowerment is considered to be a panacea for many organizations in the modern competitive and turbulent business environment, especially in the service sector where employees come into contact with customers. Moreover, rewards play an important role in motivating employees and leading them to have an appropriate attitude to the customers. Although rewards are one of the most fundamental human resource policies, there is a dearth regarding the systematic study of the whole range of them and their effect on the employees' psychological empowerment. The purpose of this paper is to contribute to this gap by providing a review of the studies on the relationships between rewards and psychological empowerment and proposing a research agenda concerning the examination of the impact of four intrinsic (information, trust, skill variety, recognition) and four extrinsic rewards (financial rewards, job security, relationships with supervisor, relationships with co-workers) on employees' psychological empowerment.*

**THE ROLE OF EXPATRIATES AND INPATRIATES IN  
THE GLOBAL HEALTHCARE ENVIRONMENT:  
A COMPARISON OF LEADERSHIP, VISCIDITY, JOB  
SATISFACTION, JOB TENSION, AND COHESION  
AMONG ENTREPRENEURIAL EXPATRIATE AND  
INPATRIATE HEALTH CARE PROFESSIONALS  
WORKING IN BENIN, BOLIVIA, BURKINA FASO,  
ETHIOPIA, GHANA, NIGER, NIGERIA, PARAGUAY,  
SOUTH AFRICA, AND ZAMBIA**

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**ABSTRACT**

*The use of expatriates has been a widely used practice for MNCs. As these organizations become more globally minded, inpatriation has been on the rise. A better understanding of these workers can give insight on when and how to use expatriate or inpatriates effectively in order to gain a competitive advantage.*

*Multinational companies are slowly moving their operational procedures more in the direction of a global organization. With ever increasing technology, the business environment is constantly changing, making the world seem to be a much smaller, singular marketplace. In order to compete in such an environment, these global organizations are placing more emphasis on forming multicultural management teams, because, “developing a multicultural, international management is considered to be one of the primary requisites of competing in the global marketplace successfully” (Harvey et al., 1999). This global approach brings about an array of cross-cultural stressors but, if managed properly, these stressors can be overcome. The complexity of the global business environment calls for sharp management when selecting and training overseas personnel.*

*In the current study we compare 268 expatriates and 135 inpatriate healthcare professionals from Benin, Bolivia, Burkina Faso, Ethiopia, Ghana, Niger, Nigeria, Paraguay, South Africa, and Zambia on job satisfaction, viscosity, cohesion, job tension, and leadership. It is found that the two groups do not differ in terms of job satisfaction or viscosity but they do differ in terms of job tension, leadership, and cohesion. The most significant difference was in terms of job tension ( $t = 4.45$ ,  $sig. = .0001$ ) where the expatriates perceived much greater job tension in their positions than did the*



*inpatriates. The inpatriates believed that the medical groups had greater cohesion than did the expatriates while the expatriates believed that the quality of the leadership was better than did the inpatriates. Future directions for research on inpatriation and expatriation are provided.*

# MOTIVATIONS FOR WORKING AMONG NURSES IN CHINA, GABON, LATVIA, SUDAN, UKRAINE, AND ZAIRE: A TEST OF LEADERSHIP AND THE SELF-DETERMINATION THEORY

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## ABSTRACT

*From the perspective of the Self-Determination Theory (SDT), extrinsically motivated individuals primarily work in order to earn external indicators of worth such as social approval and external rewards such as money and, as a result, they may often neglect their personal wants and interests (Vansteenkiste, Neyrinck, Niemiec, Soenens, Witte, & Van den Broeck, 2007). SDT suggests that intrinsic motivation and internalization may work in a complementary fashion in order to encourage vitality, growth, and adaptation of intrinsically oriented workers (Burton, Lydon, D'Alessandro, & Koestner, 2006).*

*Gagne & Deci (2005) have shown that work climates that promote satisfaction of three basic psychological needs for competence, autonomy and relatedness are more likely to enhance employees' intrinsic motivation and therefore promote more full internalization of extrinsic motivation. This, in turn, can yield important work outcomes such as (1) job satisfaction, (2) persistence and maintained behavior change; (3) positive work related attitudes, (4) psychological adjustment, (5) organizational citizenship behaviors, and (6) effective performance, particularly on tasks requiring creativity, cognitive flexibility, and conceptual understanding - all of which are more likely to attract and retain employees interested in these features.*

*Using samples from China, Gabon, Latvia, Sudan, Ukraine, and Zaire in the current study we examine whether SDT theory or leadership can better explain why nurses choose to remain in the nursing field. Our findings support the underlying basis of the SDT theory in Sudan with lesser support in China, Gabon, Latvia, Ukraine, and Zaire. Leadership played a more important part than extrinsic rewards in Latvia and China suggesting that there may be cross-cultural " or environmental differences as to why nurses continue as nurses. Differences are also found between intrinsically and extrinsically oriented nurses. Suggestions for future research on environmental factors influencing nursing administration are provided.*

# **A SURVEY OF HEALTHCARE LEADERS ON ADVANCES IN MEDICAL TECHNOLOGY AND HEALTH CARE COSTS: IS THAT WHICH IS MAKING US BETTER DROWNING US IN DEBT?**

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## **ABSTRACT**

*Health care costs in the United States continue to rise at alarming rates. As many citizens, politicians, physicians, government policy makers and others speculate as to the causes, some have theorized and studied the impact advances in medical technology have had on the rising costs. According to the National Coalition on Health Care (2007), the United States as a nation spent \$2 Trillion in 2005 on health care alone, which represented a 6.9% increase over the previous year. That rate is two times the rate of inflation and that amount is 16% of the nation's Gross Domestic Product (GDP). Comparatively, health care accounts for 9.7% of GDP in Canada, 9.5% in France and 10.7% in Germany. Health insurance premiums for both employers and employees are also on the rise. In 2006, larger employers saw an increase of 7.7% in their health insurance premiums, smaller firms averaged 8.8%, and the smallest (less than 24 employees) had their premiums increase by 10.5%. Finally, while wages between 2000 and 2006 increased by approximately 20%, employment based health insurance premiums increased by 87% during the same time period. American workers, on average paid \$1,094 per year more for family coverage in 2006 than they did in 2000. Also since 2000, the average employee contribution to their employer's health insurance program has increased by over 143% between 2000 and 2006 (National Coalition on Health Care, 2007).*

*Barros (1995) wrote for the Medical Laboratory Observer she discusses laboratories across the US that she has observed stuck in wasteful practices with no regard for costs. That disregard translates into higher prices charged patients and hospitals for laboratory work. However Barros identified obsolete equipment in laboratories as one of the most common ways for waste to occur. Believing older equipment is more reliable, still functioning sufficiently and less costly than replacing it with newer technology, these laboratories waste time for patient care and money in terms of the direct and indirect costs they fail to notice associated with the outdated equipment. She also identified other sources of waste. For example, the misuse of skills when laboratories under utilize technicians and have actual scientists performing technician functions and a lack of focus on an "effective patient outcome" which she describes as laboratories doing things correct the first time, and insisting on only relevant laboratory work with the best interests of the actual patient in mind for turn around time, costs and more (Barros, 1995).*

*Chernew (1998), a public health economist summarized previous findings by saying that “The reason why health care costs are higher now than they have been in the past is because of new medical technology. It's not increased waste, it's not fraud, it's not increased law suits, it's not the fact that people on average are older---all of that may contribute, but the predominant factor relates to the development and utilization of new medical techniques, of which there are an enormous number.” This has remained true in survey after survey (University of Michigan, 1998; Bodenheimer, 2005; Harvard University, 2005). The goal of the current paper was to survey leaders in healthcare from across the U.S.A. in order to see why they believed that healthcare costs were continuing to rise. Of the 238 respondents, 64% said that the use of expensive, high-tech medical equipment and new drugs was a “very important” factor in causing higher health care costs. A majority also reported increased costs of malpractice insurance as a major contributor to rising healthcare costs. Suggestions for future research are provided.*

# ENTREPRENEURSHIP AND INTRAPRENEURSHIP IN THE HEALTHCARE FIELD: NURSES AND PHYSICIANS IN AMERICA AND CHINA

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## ABSTRACT

*In the field of Business the concept of entrepreneurship first gained notoriety in the early 1950's thanks to the work of economist Joseph Schumpeter and Austrian economists such as Ludwig von Mises and Friedrich August von Hayek. Schumpeter claimed that an entrepreneur is a person "who is willing and able to convert a new idea or invention into a successful innovation."*

*Later on in the 1960's and 1970's, economists started studying entrepreneurship and the person behind the venture: the entrepreneur. They found that the characteristics of an entrepreneur include the will to put a career and financial security on the line for their innovation or idea. Economists such as Frank H. Knight and Peter Drucker found that an entrepreneur is often willing to put as much capital into their venture as they do time, which is often very much. They also said that an entrepreneur must be unafraid of taking risks, and should be as prepared as possible for the unknown and uncertainty.*

*In the current paper we examine entrepreneurship from a little different perspective that of the entrepreneur in the healthcare field. Many individuals go to school to study medicine with the assumption that they shall be able to focus a good portion of their time on their medical practice. We compare and contrast physicians and nurses in American and China. It is found that in China both physicians and nurses spend far less time on administrative and entrepreneurial activities than their counterparts in America and were also lower on entrepreneurial orientation scales. In America it was found that to be successful physicians believed that they needed to be more entrepreneurial while nurses believed that they needed to be more intrapreneurial. In China more of the physicians felt that they were able to spend more of their time on the practice of medicine while the nurses felt that they needed to be intrapreneurial. Suggestions for future research are provided.*

# **CUSTOMER SERVICE AMONG NURSES IN CHINA, MALAYSIA, SINGAPORE, THAILAND, AND THE USA: LEADERSHIP DOES MAKE A DIFFERENCE**

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## **ABSTRACT**

*The overall theme of this empirical research paper is based on information collected for the subjects concerning customer service, customer satisfaction, and the influence that leadership may have on good customer service among nurses in SouthEast Asia and the United States of America. The intent is on trying to find the common threads across the areas.*

*Customer service can mean different things to different people because each of us has a certain level of expectations when one is pursuing a transaction in a business or a health care situation. Repeat customers are a foundation for long term success and creating long term relationships with customers is a required outcome in order to create customer loyalty. The goal of this report is for a reader to better appreciate and understand the role of customer service and leadership in healthcare.*

*The nursing profession places their focus on personal values along with patient needs in order to provide customer satisfaction. Nurses are a part of the services industry and their behavior towards patients are a key in being a successful business. The quality of patient care is measured by customer service, and contains useful strategies for nurses to follow. A starting point is for a medical worker to take a look at himself or herself for being of service requires clear and defined values that come from within. Every person wants to be treated with fairness, honesty, and respect. Other characteristics deemed just as important for a service provider are attentive listening, flexibility, support, tact, and understanding. Nurses and other employees provide superior customer service when they feel comfortable, are tangibly compensated for their work, and have excellent leadership from those above them (Mason, 1998).*

*Effective and empowering leaders are needed who can improve customer service using a multi-agency approach. A new culture of continuous improvement is the goal especially for nurse managers who desire to enhance patient care and staff morale. While good leadership may not equally influence turnover among nurses it was found to be important for good customer service from nurses in the countries sampled. We talk about a method that provides a framework to structure thought patterns of health care workers on ways to approach and implement service improvements to patient care (Janes & Mullan, 2007).*

# **JOB SATISFACTION: PSYCHOLOGICAL & LEADERSHIP INFLUENCES ON NURSE TURNOVER IN CENTRAL AFRICA, NORTH AMERICA, AND SOUTHEAST ASIA**

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## **ABSTRACT**

*Job satisfaction defines how content a person is with his or her job. It is a relatively new term going back only to the late 1800's in academic research as historically the career a person chose was often determined by the occupation chosen by that person's parents. The happier an employee is with their job, the more productive they might be within the organization and the less likely they are to leave the organization. Every year employer's endure the hardship of losing employees and having to find adequate replacements. In the USA this is especially problematic in the healthcare field with nurses. Employees quit their jobs for a variety of reasons. If an employee receives satisfaction from performing their job they are more likely to continue working there. Some of the factors that may influence a person's level of job satisfaction include the reward system, the promotion system within the organization, quality of working conditions, leadership, social relationships, and the job itself. Understanding the psychological factors that influence human behavior can provide an employer with the means to reduce employee turnover.*

*In many instances, the reason why an employee (nurse or other type) leaves an organization is due to poor leadership and management. One of the differences between Management and Leadership is the ability to inspire. In many cases - especially in the healthcare field - it is the ineffectiveness of the leadership in an organization that causes its employees to leave. In the current paper we examine the reasons that nurses leave their employer in seven countries from Central Africa (Cameroon, Central African Republic, & Uganda), North America (USA), and SouthEast Asia (Singapore, Thailand, & Malaysia). It is found that the nurses from the three locations are different in terms of why they leave their jobs. In Central Africa environmental factors such as safety were the most important while in North America leadership & management was the most important while in SouthEast Asia it was job - and especially compensation - satisfaction that was the most important. Discussions of ways to manage nurse turnover are discussed and suggestions for future research are provided.*

# **SOURCES OF FINANCIAL CAPITAL FOR NEW BUSINESS VENTURES IN HEALTHCARE: THE EXAMPLE OF SCRUBZ, INC.**

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## **ABSTRACT**

*Scrubz, Inc. was created with the intention of supplying employees in the medical field with a convenient location to selectively purchase uniform scrubs for their daily occupations. Our organization recognizes that there are no facilities in the Lawton-Ft. Sill community that provides a shop distinctively for buying and selling scrubs. Thus, many businesses and employees are affected with this lack of accommodation. For example, Comanche County Memorial Hospital alone houses over 1,500 employees that are required to wear these uniforms. In addition, Southwestern Medical Center, Reynolds's Army Hospital, numerous nursing home facilities, private doctors and specialists, pediatricians, dentists, veterinarians, etc. are all affected by this lack of accommodation. Therefore, these employees are limited to purchasing their work attire online. In turn, they run the risk of having measurement issues due to the differences in sizing from different brand names and manufacturers.*

*One of the most difficult problems that new business ventures face is the obtaining of financing. Many new businesses fail due to the inability to find adequate sources of funding to support the business. Financial support is required throughout the life of the venture and not only in its early stages of development. Businesses may also need to evaluate their future goals in order to cover the necessary expenses that come along with success. This paper discusses sources of capital provided to an entrepreneur from family and friends, individual investors, professional investors, and various lending institutions for the creation of a new business venture using Scrubz as an example. While Scrubz was started with an SBA loan other funding possibilities were also available that could have influenced the success of the business enterprise. Financial calculations show that the SBA loan was the best option given the expected growth rate as a minority owned contractor.*



## **CROSS-CULTURAL DIFFERENCES IN MEDICAL ETHICS AMONG HEALTH CARE LEADERS**

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### **ABSTRACT**

*In this paper we will explore the different factors that influence medical ethics among healthcare leaders in the USA and in China. Differences in terms of religion, social norms, culture, politics, and technology are considered. We explore unethical behavior and how it can be amended or stopped.*

*There are many factors which can influence ethics. Anything from a person's upbringing to technology can influence the decisions a person makes. Different cultures have different traditions, morals, and standards. Many employees in healthcare look to their leaders for guidance on why and how to adhere to social norms within their culture. It is up to the leaders in a business to set an example for their employees to follow (Pollitt, 2002). The formal laws and regulations of a country also affect the decisions of a leader in a healthcare organization (Frederking, 2004).*

*We find that the differences in terms of religion, social norms, culture, politics, and technology do seem to influence the ethical decisions that are made within healthcare organizations by their leaders. In the American sample of 157 Healthcare leaders it is found that they are higher than the 168 healthcare leaders from China in terms of the influence of legal issues and religious differences on their decisions while the Chinese leaders depended more on the political implications of their decisions. When faced with three life or death decisions the decisions made by the leaders from the USA and China varied significantly and meaningfully. More cross cultural research should be performed on healthcare organizations and the influence that cultural differences might have on healthcare and healthcare decisions.*

# **ENTREPRENEURSHIP REVISITED: THE SPECIAL CASE OF THE HEALTHCARE LEADER/ENTREPRENEUR**

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## **ABSTRACT**

*The entrepreneur must know their own limitations and not take on an endeavor that exceeds their capabilities. This can be accomplished through education and training or in some cases, the entrepreneur may inherently possess the skills required to create and operate their chosen venture. In business many entrepreneurs have formal business training. This is rarely true in the medical profession. The potential business venture has to fit the individual, meaning that the skills, knowledge and interest must be present within the individual or the business venture has a very slim chance of surviving, much less a chance for growth and sustainability. This paper discusses the special case of being a leader/entrepreneur within the healthcare field [note: the term leader/entrepreneur is used as many medical professionals do not like to be called entrepreneurs]. Differences and similarities between healthcare leaders/entrepreneurs and traditional entrepreneurs are discussed.*

*The average entrepreneurs are the main drivers of the entrepreneurial economy, more so than the gazelles, which make up only approximately 1% of entrepreneurial ventures. Most average entrepreneurs succeed without outside help and instead rely on their own investments into their ventures. This includes their own personal savings, loans from friends, family and business loans with 73% of traditional ventures being fully self funded and the average start up is financed with \$25,000. The success rate of new ventures is usually around 50%,  $\pm$  5%. Medical practices traditionally have a higher success rate than traditional entrepreneurs in spite of their lack of formal training. They are also more likely to borrow the majority of the money in order to start up their businesses. We suggest that future research should examine whether specialized education in areas outside of business can take the place of formal business education in increasing business success and what other factors could take the place of formal business education for those in the healthcare field.*

# **CHANGE FACTORS AFFECTING THE TRANSITION TO AN EMR SYSTEM IN A PRIVATE PHYSICIANS' PRACTICE: AN EXPLORATORY STUDY**

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## **ABSTRACT**

*This study examines key variables associated with enacting a significant organizational change and hypothesizes how these variables affect employee acceptance, or buy-in, to the change initiative. More specifically, this study focuses on the office staff of a private medical practice transitioning from paper medical records to an electronic medical records (EMR) system. Data were collected from the non-physician office staff through three questionnaires administered during different points in the implementation process. The resulting data were analyzed to test the hypotheses and to learn more about the relationships between employee buy-in and the following variables: organizational communication, participation in the change process, procedural justice, self-interests, job security, tolerance for change, understanding of the change implications.*

*A small sample limited statistical testing. The results, therefore, are interesting in pointing to patterns that should be tested in future research but do not provide statistical evidence. This study found limited support for all the above independent variables as predictors of buy-in at some point in the implementation process. However, some variables, such as understanding of the organizational-level change implications, did not become predictors until the final round of surveying. Others, like communication and both justice variables, were predictors throughout the study.*

## **INTRODUCTION**

In recent years, many healthcare organizations have undertaken the transition from a traditional paper system to an electronic medical records (EMR) system. Research in this field has shown that EMR systems can, over time, improve the quality of care provided, accuracy of patient information, and overall safety of patients through reduced medical mistakes. However, such a transition represents a significant change in business process for most organizations. This version of the study has been significantly reduced for inclusion in the conference proceedings.

## **THE IMPETUS FOR CHANGE IN HEALTHCARE**

EMR systems represent a departure from traditional paper records keeping in that they include patient demographics, medical histories, and all records of patient treatment stored in a computerized format. When coupled with networked systems and the Internet, the EMR platform

offers increased versatility in terms of transferability of information, greater communication among doctors, and improvements in quality of care, just to name a few advantages.

### **Quality Improvements**

In terms of quality, the advent of EMR promises reductions in medical mistakes, thereby improving patient safety. This technology will also assist physicians in better disease prevention and more efficient management of chronic diseases. The aforementioned improvements will also lead to an overall reduction in health care costs and just as important, more effective and efficient use of health care dollars, which could potentially drive down the cost of health care.

### **Cost Savings**

The quality improvements made possible through EMR systems will ultimately translate into cost savings. Fewer medical mistakes and improved patient safety will lead to cost savings. Better preventative care for all patients and improved maintenance of chronic conditions also translates into savings by way of fewer hospitalizations and the avoidance of more costly, “reactive” treatment. A statistical model predicting the potential savings and business efficiencies if 90% of U.S. health providers eventually adopted a nationwide EMR network yielded a conservative estimate of \$81 billion in savings per year (Swartz, 2005).

## **HYPOTHESES**

The management this practice desired to decrease employee uncertainty about the change effort by providing frequent communication throughout the implementation process. By increasing the level of information employees receive about the proposed changes, management desired to ultimately increase employee commitment, or buy-in, to the change. This leads to this study’s first hypothesis:

*H1: Higher levels of communication regarding the change will be positively related to employee buy-in to the change initiative (EMR implementation)*

A second indicator over which organizations have control is the level of employee participation. Wanberg and Banas (2000) suggest that the enlistment of employee participation and input in the change process increases performance and commitment and reduces resistance to change. The preceding supports the argument that employee participation is a central component in the buy-in process for a change initiative. The second hypothesis is:

*H2: Management-solicited employee participation will be positively related to employee buy-in to the change initiative.*

The change to an EMR system will require frequent interaction between management and employees. This direct interaction will be used by employees as the basis for their perceptions about

interactional justice. Therefore, management should pay careful attention not only to crafting fair procedures and policies, but also to the fairness with which direct employee interactions are conducted. The discussion leads to the third and fourth hypotheses in which the components of procedural justice are tested:

*H3: Fair use of formal procedures will be positively related to employee buy-in to the change initiative.*

*H4: High levels of interactional justice will be positively related to employee buy-in to the change initiative.*

Trader-Leigh (2002) argued that self interest/buy-in is comprised of several variables, one of the most prominent being “beneficial,” “rewards,” “goal agreement,” and “capacity for additional work.” Employees wanted to see at least some of their self interests being met by the change in order to buy-in to the change initiative. This self-interest factor is central to the fifth hypothesis:

*H5: The degree to which employees’ self-interests are met will be positively related to their buy-in to the change initiative.*

Job insecurity is an almost reflexive fear that arises when the topic of organizational change is brought up. In fact, Greenhalgh and Rosenblatt’s research (1984) found that the greatest threat to employees’ sense of control over their jobs is large-scale organizational change. Chawla and Kelloway’s (2004) study on openness and commitment to change found that job security was one of the direct positive predictors of overall openness and ultimate commitment to a change initiative. This research on the significance of job security results in the sixth hypothesis:

*H6: Higher levels of employees’ perceived job security will be positively related to their level of buy-in to the change initiative.*

Not understanding the implications of a change effort can also explain individual resistance to a proposed change. Trader-Leigh (2002) identified a significant components of resistance to change as “low tolerance for change” and “limited understanding of the change implications”. Hypotheses seven and eight arise due to these human characteristics:

*H7: Employees’ understanding of the change implications will be positively related to their buy-in to the change initiative.*

*H8: Employees with higher tolerance for change will also exhibit higher levels of buy-in to the change initiative.*

For this particular study, the *intended* positive implications of the EMR implementation for the organization include improved accuracy of patient records keeping, improved patient safety through more complete and better-coordinated records keeping, and overall improved quality of

patient care. Therefore, three additional hypotheses specific to the organizational-level change implications of this particular change effort are:

*H9: Employees' positive perceptions about the ability of the EMR system to improve patient safety will be positively related to their buy-in to the change initiative.*

*H10: Employees' positive perceptions about the ability of the EMR system to improve the accuracy of records keeping will be positively related to their buy-in to the change initiative.*

*H11: Employees' positive perceptions about the ability of the EMR system to improve the overall quality of patient care provided will be positively related to their buy-in to the change initiative.*

## METHODOLOGY

A privately-owned surgical clinic in a small Midwestern city was chosen as the research subject for this study. To gather primary data related to the change process, the non-physician staff of the clinic participated by completing questionnaires.

## RESULTS

Only 22 usable questionnaires were completed in the first round; 16 were gathered in the second round; and 18 were submitted in the third round. With such a small sample size, no strongly supported conclusions can be drawn about the study's hypotheses. However data analysis was conducted to discover trends and patterns.

Hypothesis 1 claims that higher levels of communication will be positively related to employee buy-in. This hypothesis was supported by all three questionnaires. Hypothesis 2, Employee Participation, was not significant for questionnaire 1 but was a significant positive factor in analysis of questionnaires 2 and 3.

Hypotheses 3 and 4 are related to the formal procedures and interactional justice dimensions of procedural justice (Bies & Moag, 1986), and both had significant positive relationships to buy-in for all three rounds of questionnaires.

Hypothesis 5 pertains to satisfying employees' self interests. This independent variable was significant and positively related to buy-in during all three rounds of questionnaires. Job security, the variable tested in Hypothesis 6, was also found to have a significant positive relationship to buy-in during all three rounds of questionnaires.

Employees' understanding of the job-specific change implications of the change initiative, Hypothesis 7, was not significantly related to buy-in during questionnaire 1. This variable was significant in questionnaires 2 and 3.

Hypothesis 8 states that employees with higher tolerances for change will also exhibit higher levels of buy-in. This hypothesis was supported in data analysis of all three questionnaires.

Hypotheses 9, 10, and 11 pertain to the organization-level implications that implementation of the EMR system was designed to bring about (increased safety, quality, and accuracy).

### **CONCLUSION**

While EMR technology has been around for several years, the majority of hospitals and private clinics have still yet to adopt such systems. Those who have navigated this transition have begun to experience some of the benefits this technology promises. This study examined a few key variables associated with the EMR implementation process and tested for relationships to employees' decision to buy-in to the change.

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## A LOOK AT ENTREPRENEURIAL OPPORTUNITIES IN THE FIELD OF HEALTHCARE

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### ABSTRACT

*In 2007 the healthcare industry in the United States took in revenues of \$2.1 trillion. That number is staggering as it relates to a per capita expense of over \$7000. Overall, healthcare expenditures in 2007 accounted for 16% of the United States' Gross Domestic Product (the total value of all goods and services produced nationwide) (The Small Business Economy for the Data Year 2006).*

*According to the American Hospital Association (www.aha.org), there were over 5,700 AHA registered hospitals in operation throughout the U.S. in 2007. Altogether, those hospitals accounted for the following treatment statistics: Over 37 million hospital admissions, over 118 million emergency room patients treated, over 481 million patients treated as outpatients, delivery of over 4 million babies*

*When looking at the healthcare industry as it impacts the national economy, we must consider that hospitals are the hub of the treatment process, but they in no way embody the entire healthcare experience. Within the service radius of any hospital, hundreds of complementary and support businesses operate. For every hospital in operation, the surrounding communities need additional infrastructure. For a hospital to operate there must be local physicians working with that hospital in order to see, admit and care for patients. Sometimes these doctors work for the hospital as employees, but often they are entrepreneurs themselves who operate independent businesses and funnel their customers to the hospital with which they are associated as part of a contracted partnership. If there are doctors writing prescriptions, then there must be a pharmacy to fill that order. Aside from the hospitals and doctors' offices, there will be other ancillary businesses in the surrounding community to assist in the providing of quality healthcare for patients. In the current paper we examine entrepreneurship in terms of the support services that are provided to hospitals throughout the country identifying under researched areas that may be exploited in the health care entrepreneurship field.*