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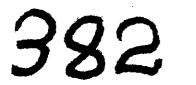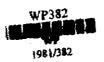
Working Paper

LEARNING ABOUT THE TASK: FIRST STEPS
IN RELATING THE ORGANISATION AND
ENVIRONMENT IN COMMUNITY SERVICE
ORGANISATIONS

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LEARNING ABOUT THE TASK: FIRST STEPS IN RELATING THE ORGANISATION AND ENVIRONMENT IN COMMUNITY SERVICE ORGANISATIONS

The management of any organisation is concerned with managing the operating system which transforms resources into outputs and relating this system to its environment. Inappropriate responses to the environment could lead to a dysfunctional operating system and its management. Such inappropriate responses could arise due to many reasons. For instance, a preoccupation with the internal operations or a sheltered existence due to subsidies, grants and donations could cloud the management's vision from reading and interpreting the environment. Factors like these which inhibit the management from relating the organisation to its environments are of particular relevance to community service organisations (CSO) some of which at the same time also do not feel the impact of external forces such as market mechanisms as corporate enterprises do (Cyert, 1975).

It is necessary that the managements of the CSO's perform this strategic function if they are to influence and respond to events and processes around them. However, to the extent that there is (1) organisational introversion and (2) absence of demanding and crisis-creating forces in the environment, a CSO may continue to accord a low priority to such a function. Changes in the situation which directly impinge on the organisation can move the CSO towards the new function. At the same time, changes in the CSO's own learning about its operations may enable it to make the move. As Leavitt et al (1977) suggest, reviewing the organisation's perception of the environment could help in arriving at different perceptions leading to a different mode of relating the organisation and its environment.

This paper presents a possible approach of helping managements to look at the organisation and its interface with the environment through an understanding of its task. The experience of two CSO's, a 250-bed hospital and a handicraft centre, - in such an exercise is discussed. An attempt is also made to explore the role of interventions that could initiate the exercise in similar organisations.

Task as a starting point for analysis has been elaborated by Rice and Miller (1967). Operationally, however, understanding of tasks implies deriving them since (1) these are not usually written down explicitly anywhere and (2) perceptions of the task will vary between different perceivers. Thus, in an actual organisational setting, the seemingly prescriptive approach of defining the primary task needs to be modified by a derivative, learning approach. On-going operations and possible expectations will suggest the primary task crucial for the existence of the organisation. Actually Miller (1976) clarifies this when he suggests the use of primary task as a heuristic device to analyse the functioning of an organisation.

The exercise attempted involves four steps: (1) Identifying the present task called the 'current task' (2) Identifying the groups associated with the system under analysis (3) Exchanging expectations of the system and (4) Arriving at a sharper understanding of the task called the could-be task

The following passages explain the steps with reference to the hospital
and the Centre.

The Hospital:

In the case of the hospital, the management was facing difficulties with
the pharmacy department. The problem was that it was not able to syste-
matically formulate plans related to drugs. Ad hoc decisions made finan-
cial planning very difficult. Discussions by the administrator who was
the Chief Executive of the hospital and the head of the pharmacy depart-
ment, helped by an external facilitator suggested that the current task
as seen from the on-going operations could be viewed as <u>dispensing drugs</u>
<u>to hospital patients or servicing the prescriptions of the hospital's</u>
<u>doctors</u>.

The next step was to identify the groups relevant to the pharmacy. These
were to be groups whose association with the pharmacy was significant for
the latter's task performance. The groups identifiable by the administra-
tor and the pharmacy head with the help of the facilitator were: doctors,
nurses, patients, and their relatives, the management, the office admini-
stration, the pharmaceutical agents and dealers, the drug inspectorate
and the pharmacy departmental staff. Identifying the groups involved
the implicit identification of boundaries between the pharmacy system
(or a hospital subsystem) and the relevant groups.

The exchange of expectations of the pharmacy raised some critical questions.
For instance, the doctor group felt that the prescriptions had to be
executed without fail. The management and office group desired that the

materials planning and control function needed to be done. Without such
an exercise, cash and inventory management was going to be impossible.
This required certain regulatory functions such as policies for inflow
of drugs. At a different level, the departmental staff felt that the
current task was very passive and 'reactive'. They thought that there
was also the important task of educating the patient and persuading the
medical staff to avoid medical consumerism and adopt low cost therapies.
For instance, the group pointed out that 6 brands of a tonic type were
stocked due to doctors' requests and the patients' demand since tonics
were expected to provide energy. A proactive role for the pharmacy was
called for. This could be carried out as part of a strategy for standardi-
sation of branded drugs. The present list of 1050 items would be considerably
reduced in number.

The could-be tasks that emerged from the discussions were: (1) to service
prescriptions given financial constraints (2) to educate concerned groups
on the cost and efficacy of drugs.

In the same hospital, the Food Services Department (FSD)'s task as apparent
from operations was : to cater to in-patients and their relatives. Apart
from the FSD Staff, the relevant groups were the ward nursing staff,
patients and relatives, management and office administration and suppliers.
A number of procedural complaints were raised in discussions in connection
with the performance of the current task. The nursing staff who were
from the ward, however gave the feedback that while procedures for order-
taking and delivery had to be improved, more important was the fact that
relatives much more than patients formed a large body of customers due to

inexpensive dishes and variety of items. The nurses also doubted the wisdom of offering a range of oily snacks at all times of the day. The FSD staff felt that a continual hotel-like production schedule diverted attention from provision of good dietary services. The management and office group shared the growing disproportionate demands on their time by the FSD operations. The conclusion was that the FSD was playing the role of a restaurant when many eating facilities had sprung up in the neighbourhood. In the past, the hospital itself was located/the edge at of the town, but now the town had grown past and around the hospital. Moreover, the limited managerial capabilities of a voluntary hospital had to be conserved for best use. It would be inappropriate to attempt to run a restaurant in the circumstances.

The could-be task for the FSD was understood as preparing and supplying prescribed diet for patients. The redefinition of the task as the could-be task by associating the relevant groups in the environment with the system also highlighted certain functions such as better quality control of all incoming food supplies and outgoing diet trays. The need to reconcile orders, cash collected and deposited, requiring a control function to be carried out in the boundary between the FSD system and the office administration system was underscored in the exchange of expectations.

The significant learning from the Pharmacy and FSD reviews for the administrator and two members of his management committee was that environmental changes necessitated a review of tasks of each system of the organisation. They were struck by what might be a parallel for the total hospital system.

For some years now, there was a feeling that the kinds of patients coming to the hospital had changed. For instance, there seemed to be many more referral cases as compared to 'first visit' ones. Some of the staff were also saying that the hospital was no longer serving the poor as it used to. It was felt that an exercise as in the case of FSD could help.

The Centre

In the Handicrafts Centre, the general task as visible from operations was <u>to operate a commercial enterprise.</u> More specifically, the current task could be stated as: <u>to produce and market handicrafts made by poor village women.</u> The Centre was training g rls in weaving cactus fibre into utility or decorative products. A wide range of these products was being marketed through metropolitan agencies. Neither the organiser of the Centre nor the sponsoring agency desired that the Centre's task be limited to commercial services. As a voluntary developmental agency, they were not primarily concerned with running business enterprises. The current task thus needed a second look. Relevant groups identified for deriving the could-be task were (1) the Centre's sponsors (2) the organiser and her team (3) the girls (4) their parents, and (5) the marketing agencies.

One of the expectations of the parents was a secure place for their girls during the day when they (the parents) were out at work. They considered their own homes unsafe due to disorderly drunken behaviour of some of the young men. Some of the girls also explicitly expressed

this desire. The parents also hoped that the flow of earnings, however small, would start soon after the girls' entry in the Centre. Some of the girls felt that apart from training in handicraft and earning from their production, some preparations for their future would be useful. The sponsors felt that the girls should understand their own village and their own communities better through their stay at the Centre. The Marketing agencies wanted well-finished fibre products with changing designs.

Shared expectations led to the delination of three services: custodial, educational and commercial. The tasks related to these were - to provide shelter (custodial); to provide skill training and social awareness (educational); to produce and market handicraft items (commercial).

A second level analysis (King and Cleland, 1978, p. 152-55) of the relevant groups made it possible to stratify the girls into 3 age groups and identify different tasks under the 3 services. Table 1 shows the matrix of age group, services and appropriate tasks.

Service Age Group	Custodial	Educational	Commercial
Under 14 years (drop out children)	To	To develop literacy/ numeracy	
14-18 years	provide	To develop skill/ To develop lite- racy/numeracy	
Above 18	shelter	To develop social awareness	To make pro- ducts of good quality & design

Table 1: Tasks relevant to participant age groups

capabilities on an on-going basis. For instance, in the case of the
hospital, the governing body had started meeting regularly only in the
recent past and there was still a search for the right mix of members. In the
Centre's case, the government body was passive and dormant. Thus, the
administrator and the organiser - the two Chief Executives - were faced
with the responsibility of initiating and monitoring review exercises such
as the one outlined in this paper. Action was taken at two levels: at the
level of the operating system, an annual services/departmental review
and planning exercise was thought of; at the more organisational and
strategic level, it was decided to energise the governing bodies. For
these two action steps, the administrator and the organiser decided to
seek the help of any resource persons in the area and also find some
material by way of books and papers on organisational planning.

The move from the current to the could-be task might provide the first
steps in initiating a strategic management process within the organisation.
If strategic management is seen not as the use of a battery of techniques,
but as a way of aligning the organisational system to its environment
(Paul, 1980), then perhaps a climate for a formal rigorous exercise in
evolving strategies needs to be created before the exercise itself is
undertaken. King and Cleland (1978, p. 273) refer to this as the creation
of an organisational strategic planning culture. In creating this
culture, it is useful to remember the doubt regarding interventions
leading to managements' facing a large mass of aggregated data obtained
through surveys and analyses for planning. It is not at all clear whether
such efforts would enable those preoccupied with operations to shift to a
different level of strategic management in the early stages. Nadler (1980)

suggests that data overload is likely to provoke defensive behaviour and conservatism and feels that digging deep into causes and the situation, shifts the emphasis away from the future and hence away from change.

It is to be noted that this approach is to be distinguished from prescriptive modes where experts or top management alone decide on tasks. Hence the avoidance of the term 'should-be' or 'ought-to-be' task. It is suggested that in a changing environment, a continuing evolution of a set of tasks that is tentative and perhaps temporary, infuses a dynamism which formally specified tasks with a hint of permanence may miss. Moreover, as indicated earlier, adequate emphasis is given to the process of all the key interactive participants evolving what they want to do.

Conclusion

Like other organisations, those offering community services need to relate to the environment in a manner that they can influence it or respond adequately to it. Some of them may not be exposed to or endowed with sophisticated planning capabilities. They would still need to learn to perform the planning function at a strategic level in the organisation. A way of initiating such a function would be to undertake the exercise of learning about the tasks, they are involved in. The experience of two CSOs which reviewed its tasks along the lines of the reports presented here suggests that exercises like that of deriving the task could form the initial thrusts in introducing a strategic management function.

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