Chapter 12

Roles of Interpersonal Relationships in Improving Organizational Performances in the Case of Hospital Nurses

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ABSTRACT

In this chapter, a comparison of organizational performances representing team reciprocity, communication accuracy, and performance reliability was made with participants’ competence of emotional regulation, communication type, and also with the appreciation level of professional work based on our empirical studies on healthcare organization. The results in case study 1 suggest that team reciprocity is significantly influenced by the type of communication, face-to-face (FTF) and computer mediating communication (CMC). The results in case study 2 suggest that interpersonal relationship management played important roles in giving critical effects on organizational performance of team reciprocity, communication accuracy, and performance reliability. The results in case study 3 suggest that appreciation degree of team and organization goals gave significant effects on team reciprocity and performance reliability. Causal relationships among structural variables on work environment, communication, and organizational performances in case study 1, and causal relationships among work demand, organizational environment, and fairness in case study 3, were discussed. Quality of healthcare evaluated by organizational performance is influenced by the condition of how interpersonal relationship plays

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In their role in managing emotional regulation, communication, and appreciation of the work environment. Most of the organizational issues are related with loss of confidence and trust among the participants of the organization, which stems largely from inappropriate alignment of interpersonal relationships.

**INTRODUCTION**

Improvement of quality of care (QOC) has been the major goal in healthcare system redesign. The participants of healthcare organizations; care-providers, care-receivers and their families are also the evaluators of the healthcare system at each point. Hence, there are various interpretations of the information presented and of the events interfaced by these participants. Serious misunderstanding of concepts or terms occurs among people. It is very difficult to adjust the occurrence of cognitive misfits among the participants of the organization. The decrement of the QOC is mainly induced by inadequacy of organizational alignment, by misalignment of organizational work condition, inappropriate application of knowledge, skills and attitudes of the participants (Saito, Ikeda, Seki, 2000, Saito, Inoue, Seki, 2004). Interpersonal relationship in the organizational environment of the workplace gives critical effects on human action.

Human performance is an outcome of the controlled use of human competence adapted to the requirement of the situation (Hollnagel, 1993, 1998, Rasmussen, 1994, Reason, 1997). The binary classification as to whether the task will succeed or fail by measuring erroneous action, therefore, is too simple for identifying the occurrence of incidental action influenced by a changing work environment. Most of the inappropriate and erroneous actions causing decrement of organizational performance are, however, due to misalignment of interpersonal relationship. Redesigning organization in parallel with technological development is needed for improving the QOC in a healthcare organization. Organizational transformation needs to be redesigned into the organization in which the atmosphere becomes a vivid and vigorous climate, and interpersonal relationship turns out to be more transparent and trustworthy.

The QOC, both in appropriateness of caring and in security for patients depends on the level of healthcare staff’s cognition or appreciation of the work environment. It is of importance, therefore, to align an appropriate organizational environment, its climate or culture, providing a life long learning atmosphere to inspire individual awareness and also to create organizational knowledge. Redesigning of a work organization is required to provide an appropriate and reliable climate in which accurate information on patient care and security can be shared among heteroge-
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