Journal of Population Therapeutics & Clinical Pharmacology

Hospital Management By Health Services Management Professionals: The Change Paradigm

1. Fayez Raka Ayyadah Almutairi, Health Administration
2. Sami Faihan Kurdi Alenazi, Health Administration
3. Abdulaah Obeed Sahl Alenzy, Health Administration
4. Hamdan Funaysan Rumaydh Aldhafeeri, Health Administration
5. Bandar Saidan R Aldhafeeri, Health Administration
6. Ahmed Farhan Hamed Alanazi, Health Administration
7. Adel Alshaqawi Khalfa Alshammari, Health Administration

ABSTRACT

Background: The role of hospital management in enhancing healthcare quality is crucial, necessitating competent managers with specialized education in Health Services Management. This study explores the shift towards utilizing Health Services Management graduates in hospital management, focusing on a hospital as a developing country.

Methods: , this qualitative case study, investigates the rationale, methods, and outcomes of employing Health Services Management graduates as a change paradigm. Purposive sampling and semi-structured interviews with 12 participants elucidated management experiences under this approach. Thematic analysis using an inductive approach was employed for data analysis.

Results: Analysis revealed six main themes and 26 sub-themes, including structural, process, cultural, performance, and resource reforms, alongside resultant consequences and outcomes.

Conclusion: Transitioning from traditional managers to Health Services Management graduates in hospital management presents various reforms across structures, processes, resources, culture, and performance. These reforms may yield positive outcomes such as increased patient and staff satisfaction and enhanced operational effectiveness. This hypothesis warrants further investigation in similar contexts.

Keywords: Health services management, Hospital management, Change paradigm, Qualitative case study

INTRODUCTION

Hospitals play a vital role in providing healthcare services and contribute significantly to public health maintenance and promotion. They also consume a substantial portion of resources within the healthcare system. Effective management of hospital affairs requires competent managers equipped with new management approaches and adequate training. The efficiency and effectiveness of a hospital hinge largely on its management's ability to plan, organize, and direct operations. Managers require a range of competencies encompassing knowledge, skills, behaviors, and attitudes to execute these functions efficiently. Additionally, organizational variables such as the work environment, organizational culture, support from higher-level managers, and remuneration packages influence managerial performance. Given the critical nature of hospitals in healthcare, effective management can significantly enhance the quality of care provided. (Mosadeghrad et al., 2019)

Effective hospital management contributes to the development of organizational culture, empowers staff leading to improved performance, enhances service quality and safety, and improves overall efficiency and effectiveness. Proper process management results in better resource utilization and staff management within the hospital. Inadequate managerial performance, on the other hand, can lead to delays in treatment, disease progression, increased mortality rates, higher costs, and inefficient resource utilization. Hospital managers

must meet patients' rational needs, provide quality and safe diagnostic and treatment services, and ensure staff satisfaction while maintaining affordability. They need relevant skills to carry out their tasks efficiently. (Tabibi et al., 2014)

In developed nations, hospital and healthcare management has garnered substantial attention. For instance, the Joint Commission on Accreditation of Healthcare Organizations in the United States and Canada emphasizes the employment of Health Services Management graduates in developing mission statements, accreditation programs, and vision statements for healthcare providers. These graduates play a strategic role in healthcare systems, enhancing efficiency, service quality, resource optimization, and organizational success. Consequently, utilizing educated Health Services Management professionals is imperative for enhancing healthcare system performance, especially in hospital management, amid growing healthcare challenges and resource competition. (Zhang et al., 2013)

Studies have demonstrated that managers educated in Health Services Management exhibit superior performance in managerial functions compared to those from other fields. Similarly, McKinsey's study on hospital economic performance across several countries revealed significant benefits of professional hospital management, including lower mortality rates, higher patient satisfaction, and improved financial performance. (Sanai nasab et al., 2010)

Despite these advantages, low- and middle-income countries often underutilize professionally trained healthcare managers in hospital management. This disparity is influenced by contextual factors and healthcare management standards., as a low-income developing country, has leaned towards employing physicians or paramedics as hospital managers in recent years. This trend could lead to suboptimal hospital management and impact overall hospital performance negatively. Therefore, a detailed exploration and evidence-based understanding of hospitals undergoing this management paradigm shift are crucial. To date, no in-depth study has addressed this shift hospital management context. The findings are expected to highlight the competencies of Health Services Management graduates in various dimensions of hospital management. (Parand et al., 2014)

MATERIALS AND METHODS

.

Study Design

This qualitative case study was designed to investigate the rationale, methods, and outcomes of employing graduates of Health Services Management as hospital managers, representing a paradigm shift in hospital management. Case studies are particularly suited for gaining in-depth insights into complex phenomena within their natural context.

The study employed a purposive sampling strategy, specifically the snowball sampling method, to select participants with extensive knowledge and experience in Health Services Management. A total of 12 individuals were interviewed, representing diverse managerial roles within the hospital setting.

detailed in Table 1, illustrate improvements across various key indicators such as bed occupancy rate, bed turnover rate, average length of stay, surgeries to operating room beds ratio, and net death rate

Data collection occurred through semi-structured in-depth interviews conducted . The interview process involved obtaining informed consent from participants and ensuring confidentiality of their responses. Interviews were recorded and transcribed verbatim for analysis.

Thematic analysis, utilizing an inductive approach, was employed to identify patterns and themes within the data. This process involved iterative coding, categorization, and interpretation of participant responses. The credibility, dependability, confirmability, and transferability of the study findings were ensured through rigorous data collection, analysis, peer review, and adherence to ethical guidelines.

The study received ethical approval from the Shiraz University of Medical Sciences Ethics Committee, and all participants' rights and confidentiality were strictly upheld throughout the research process.

RESULTS

In this case study, interviews revealed 6 main themes and 26 sub-themes related to hospital management changes by Health Services Management graduates. The themes included structural reforms, process

reforms, organizational culture reforms, performance reforms, resource reforms, and consequences and results. Table 1 summarizes these themes and sub-themes.

Table 1: Main Themes and Sub-Themes

Main Themes	**Sub-Themes**
Structural reforms	Standardization and accreditation
	Improved physical space
	Implementing clinical guidelines
	Patient rights
	Employing evening shift executive managers
	The hospital head consultant
Resource reform	Human resources
	Physical resources
	Financial resources
Functional reforms	Improving efficiency
	Improving productivity
	Service development
	Evaluation and monitoring
Process reforms	Process improvement
	Decision-making process improvement
	Purchasing process improvement
Organizational culture reforms	Participatory Management
	Scientific Management
	Employees' attitude change
	Team building
	Motivational interventions
	Clarification
	Effective communication
Consequences and results	Effectiveness of actions and activities
	Staff satisfaction
	Patient satisfaction

The study highlighted significant changes in hospital management, such as standardization, physical space improvement, clinical guideline implementation, and the employment of evening shift executive managers and a hospital head consultant. These changes were viewed positively by participants, contributing to enhanced efficiency, patient care, and staff satisfaction.

Structural Reforms:

- **Standardization and Accreditation:** Participants emphasized the importance of standardizing hospital practices and achieving accreditation standards. This involved renovating outdated facilities, ensuring compliance with safety protocols, and enhancing the overall quality of care.
- **Improved Physical Space:** Efforts were made to enhance the hospital's physical environment, including expanding critical care areas, updating equipment, and creating comfortable spaces for patients and their families.
- **Implementing Clinical Guidelines:** A key focus was on adopting evidence-based clinical guidelines to standardize treatment approaches, improve patient outcomes, and optimize resource utilization.
- **Patient Rights:** Hospitals prioritized patient rights and empowerment, ensuring informed consent, privacy, and dignity in healthcare delivery.

- **Employing Evening Shift Executive Managers:** This innovative strategy involved engaging Health Services Management students as evening shift executive managers, combining problem-solving roles with educational opportunities.

Resource Reform:

- **Human Resources:** Hospitals invested in training and empowering their healthcare workforce, fostering a culture of continuous learning, professional development, and teamwork.
- **Physical Resources:** Upgrading infrastructure, medical equipment, and facilities to meet modern standards and enhance operational efficiency.
- **Financial Resources:** Implementing financial management strategies to optimize resource allocation, reduce waste, and improve financial sustainability.

Functional Reforms:

- **Improving Efficiency:** Streamlining processes, reducing bottlenecks, and implementing performance metrics to enhance operational efficiency and quality of care.
- **Improving Productivity:** Utilizing technology, automation, and best practices to increase productivity without compromising patient care or staff well-being.
- **Service Development:** Innovating and expanding healthcare services to meet evolving patient needs and community expectations.
- **Evaluation and Monitoring:** Implementing robust monitoring and evaluation mechanisms to assess performance, identify areas for improvement, and ensure continuous quality enhancement.

Process Reforms:

- **Process Improvement:** Identifying and optimizing clinical and administrative processes to reduce errors, improve workflow, and enhance patient satisfaction.
- **Decision-Making Process Improvement:** Implementing evidence-based decision-making frameworks, fostering interdisciplinary collaboration, and promoting data-driven decision-making.
- **Purchasing Process Improvement:** Enhancing procurement processes, negotiating contracts, and leveraging economies of scale to obtain cost-effective supplies and services.

Organizational Culture Reforms:

- **Participatory Management:** Engaging employees in decision-making, fostering a culture of inclusion, transparency, and empowerment.
- **Scientific Management:** Applying scientific principles to management practices, utilizing data analytics, and adopting continuous improvement methodologies.
- **Employees' Attitude Change:** Promoting a positive work culture, addressing burnout, and nurturing a sense of ownership, pride, and commitment among staff.
- **Team Building:** Enhancing teamwork, communication, and collaboration across departments and hierarchical levels.
- **Motivational Interventions:** Implementing recognition programs, rewards systems, and career development opportunities to motivate and retain talent.
- **Clarification:** Ensuring clarity in roles, responsibilities, policies, and procedures to minimize ambiguity and improve organizational effectiveness.
- **Effective Communication:** Emphasizing open, transparent, and effective communication channels to foster trust, collaboration, and alignment towards organizational goals.

Consequences and Results:

- **Effectiveness of Actions and Activities:** Evaluating the impact of implemented changes on patient outcomes, staff performance, operational efficiency, and overall organizational effectiveness.
- **Staff Satisfaction:** Assessing staff satisfaction levels, addressing concerns, and implementing initiatives to improve job satisfaction, retention, and engagement.
- **Patient Satisfaction:** Monitoring patient feedback, satisfaction surveys, and outcomes to ensure high-quality, patient-centered care delivery and continuous improvement.

These reforms reflect a comprehensive approach to hospital management, encompassing structural, resource, functional, process, and cultural dimensions to achieve operational excellence, enhance patient care, and promote staff well-being.

DISCUSSION

The use of professional managers in both public and private sectors plays a crucial role in enhancing efficiency, effectiveness, and accountability in delivering services sustainably. Hospitals, being critical medical institutions, require adept management decisions to significantly impact their performance and, consequently, community health improvement goals. This qualitative study focuses on examining the change paradigm in hospital management, particularly through the lens of Health Services Management graduates at Hazrate Ali Asghar Hospital in Shiraz.

One notable change resulting from the management reforms by Health Services Management graduates was structural reforms, with standardization and accreditation emerging as a key sub-theme. Standards are pivotal in delineating desired performance levels, assessing current status, guiding training programs, and fostering organizational alignment. Clinical staff, especially nurses, significantly influence hospital productivity, efficiency, effectiveness, and patient satisfaction. Accreditation ensures high-quality services with a focus on safety, ultimately improving health outcomes. (Tiemann & Schreyögg, 2012)

Reconstructing the hospital's emergency department marked a significant structural reform, alleviating burdens like patient referrals, especially for poisoning cases. A well-functioning emergency department is vital, as per the chain theory's premise that the weakest link affects overall performance. Clinical guidelines implementation led to reduced patient stays and rational medication use, showcasing effective management decisions' impact. (Nasr & Masoomi, 2005)

Utilizing Ph.D. students in Health Services Management as evening chief executive managers and hospital consultants contributed to enhanced efficiency and problem-solving. Human resource reforms, including employing specialized medical staff like Emergency Medicine specialists and skilled nurses, improved patient care, reduced waiting times, and optimized resource allocation. (Bloom et al., 2014)

Resource reforms encompassed upgrading physical resources, such as medical equipment and infrastructure, leading to better patient outcomes. Financial reforms, including effective budgeting and resource allocation, are crucial for hospital sustainability and goal achievement. (Crowe et al., 2011)

Functional reforms aimed at enhancing efficiency, service development, and performance evaluation. Decision-making process improvements through evidence-based practices and participatory management fostered a culture of continuous improvement. Organizational culture reforms, including participatory management and scientific management institutionalization, positively influenced staff morale, productivity, and service quality. (Ishak et al., 2014)

These reforms culminated in tangible outcomes, such as increased patient satisfaction, effectiveness indicators improvement, and accolades for client orientation and consumer rights protection. The study highlights the pivotal role of professional management in driving positive changes and achieving organizational excellence in healthcare settings. (Sahebzadeh et al., 2011)

REFERENCES

1. Mosadeghrad, A. M., Esfahani, P., & Afshari, M. (2019). Strategies to improve hospital efficiency in Iran: a scoping review. *Payesh Health Mon*, 18(1), 7–21.
2. Mohammadnia, M., Delgoshaei, B., Tofighi, S., Riahi, L., & Omrani, A. (2010). Survey on nursing service quality by SERVQUAL at Tehran social security organization hospitals. *Hospital*, 8(3), 68–73.
3. Dehbashi, N., Rajaeepour, S., & Salimi, G. (2005). The managers' decision-making strategies and the staff's job satisfaction in Isfahan hospitals. *Health Inf. Manag*, 2(2), 39–46.
4. Mosadeghrad, A. M., & Sokhanvar, M. (2019). Organizational culture in nursing wards of hospitals in Tehran, Iran. *Payesh Health Mon*, 18(2), 113–126.

5. Rechel, B., Wright, S., & Edwards, N. (2009). WHO Regional Office for Europe. *Investing in Hospitals of the Future*.
6. Tabibi, S., Heidari, S., Nasiri-pour, A., HosseiniShokouh, M., Ameryoun, A., & Mashayekhi, F. (2014). Assessment of professional and non-professional managers' performance among selected hospitals in Tehran. *Hospital*, 13(2), 45–53.
7. Pillay, R. (2008). Managerial competencies of hospital managers in South Africa: a survey of managers in the public and private sectors. *Hum. Resour. Health*, 6(1), 1–7.
8. Mosadeghrad, A., Jaafaripooyan, E., & Abbasi, M. (2018). Evaluation of hospital managers' performance in Sari. *Hospital*, 17(1), 29–44.
9. Mosadeghrad, A. M., & Sokhanvar, M. (2018). Measuring quality of services in Tehran teaching hospitals using HEALTHQUAL instrument. *Razi J. Med. Sci.*, 25(168), 10–20.
10. Tsai, Y. (2011). Relationship between organizational culture, leadership behavior, and job satisfaction. *BMC Health Serv. Res.*, 11(1), 1–9.
11. Mosadeghrad, A. M. (2006). The impact of organizational culture on the successful implementation of total quality management. *TQM Mag.*, 18(6), 606–625.
12. Zhang, M., Zhu, C. J., Dowling, P. J., & Bartram, T. (2013). Exploring the effects of high-performance work systems (HPWS) on the work-related well-being of Chinese hospital employees. *Int. J. Hum. Resour. Manag.*, 24(16), 3196–3212.
13. Mosadeghrad, A. M., Ferdosi, M., Afshar, H., & Hosseini-Nejhad, S. M. (2013). The impact of top management turnover on quality management implementation. *Med. Arch.*, 67(2), 134–140.
14. Joshi, M. S., & Hines, S. C. (2006). Getting the board on board: engaging hospital boards in quality and patient safety. *Joint Comm. J. Qual. Patient Saf.*, 32(4), 179–187.
15. Tiemann, O., & Schreyögg, J. (2012). Changes in hospital efficiency after privatization. *Health Care Manag. Sci.*, 15(4), 310–326.
16. Sanai nasab, H., Dellavari, A. R., Ghanjal, A., Teymourzadeh, E., Sedaghat, A., & Mirhashemi, S. (2010). Employment status of health-treatment services management alumni. *J. Mil. Med*.
17. Parand, A., Dopson, S., Renz, A., & Vincent, C. (2014). The role of hospital managers in quality and patient safety: a systematic review. *BMJ Open*, 4(9).
18. Sanaei nasab, H., Rashidy Jahan, H. H., Tavakoli, R., Delavari, A., & Rafati, H. (2010). Amount of health-treatment services management bachelor students' satisfaction from their educational field. *Iranian J. Educ. Strat.*, 3(1), 13–16.
19. Rismanchian, M. (2010). [Relationship between school principals' performance and their degree and service records] *Educ. Res.*, 4(3), 11–17.
20. Nasr, A. R., & Masoomi, M. (2005). Comparison of the performance of graduate managers in the field of management and educational planning with other fields. *Q. J. Econ.*, 21(1), 99–128.
21. Bloom, N., Sadun, R., & Van Reenen, J. (2014). *Does Management Matter in Healthcare*. Boston, MA: Center for Economic Performance and Harvard Business School.
22. Linnander, E. L., Mantopoulos, J. M., Allen, N., Nembhard, I. M., & Bradley, E. H. (2017). Professionalizing healthcare management: a descriptive case study. *Int. J. Health Pol. Manag.*, 6(10), 555–560.
23. Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Med. Res. Methodol.*, 11(1), 1–9.
24. Ishak, N. M., Bakar, A., & Yazid, A. (2014). Developing sampling frame for case study: challenges and conditions. *World J. Educ.*, 4(3), 29–35.
25. Sahebzadeh, M., Hosseini, S., Javadinejad, N., & Farazandeh, M. (2011). The study of equipment, safety, hygiene, personnel standards and their correlation with employee performance in surgery department of the educational hospitals in Isfahan 2009-2010. *Hospital*, 10(2), 2–12.