School of Public Health and Community Medicine

Qualities required for globally-relevant health service managers?

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Context

Health systems are complex and continually changing across a variety of contexts and health service levels.
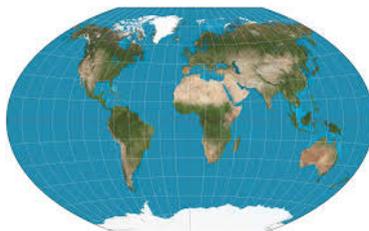
The capacities needed by health managers to respond to current and emerging health issues across different health care organisations are not yet well understood.

Studies to date have been country-specific and have not integrated different international and multi-level insights.

Health managers and leaders have a critical role in strengthening health systems internationally (e.g. WHO, 2006, 2016)

Pressure for enhanced and new health management capacities (West, Ramirez and Filerman, 2012)

Global Consortium for Healthcare Management Professionalization: call for a global and context sensitive perspective (International Hospital Federation, 2015)
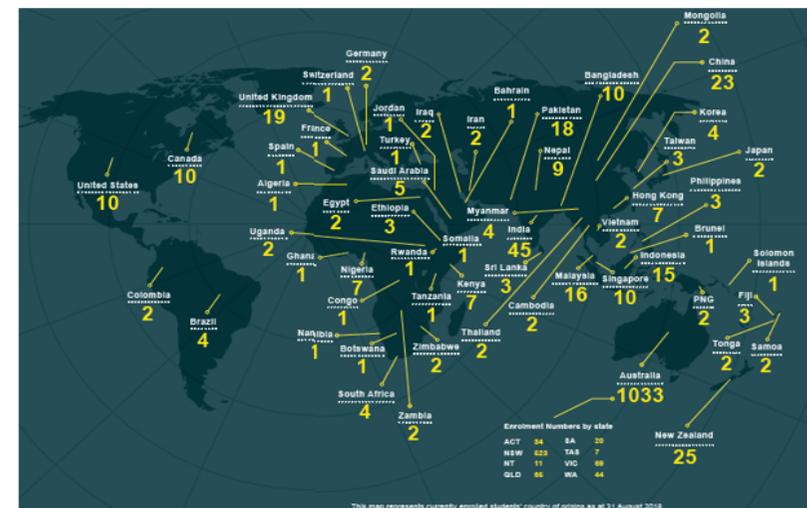

Health service management

- Rapidly evolving national and transnational healthcare systems
- Increasing global health activity and increasing migration of health workforce
- Culturally, ethnically and socially discordant clinical encounters
- Limited adoption and use of competency frameworks in many low-income countries
- Limited evidence on international health partnerships for capacity building
- Increasing internationalisation of our student profile

Program/Student snapshot

This map represents currently enrolled students' country of origins as at 31 August 2018

Project aims and objectives:

Aim: To capture the priority areas for health service management globally and the capabilities required of the health management workforce to address these.

Objectives	Methods
• To identify current challenges and priorities for health leadership and workforce management globally at macro (international/national), meso (organisational) and micro (individual) levels	Phase 1: Rapid Review
• To identify perceived critical capabilities needed as a health service manager across across different health service contexts	Phase 2: In-depth Interviews
• To synthesise the evidence to determine key qualities required of health managers to meet global health service management priorities and	Phase 3: Thematic analysis and synthesis

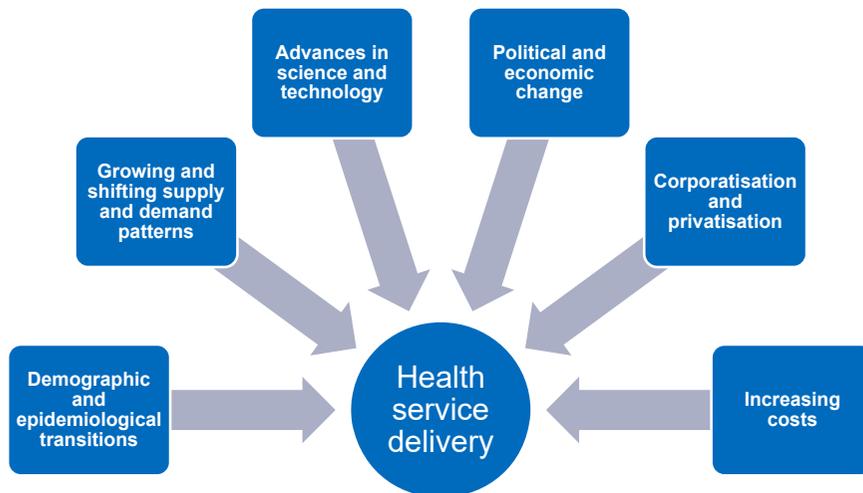UNSW SYDNEY

Phase 1: Rapid evidence review

62 articles included: 28 review articles; 18 qualitative studies; 11 quantitative studies were identified, 5 mixed-methods studies.

19 from Europe (7 from Northern Europe and 4 from the UK), 16 from North America, and 1 from Australia, fewer studies from Asia, the Middle East, and small island developing countries. 12 studies analysed more than one country.
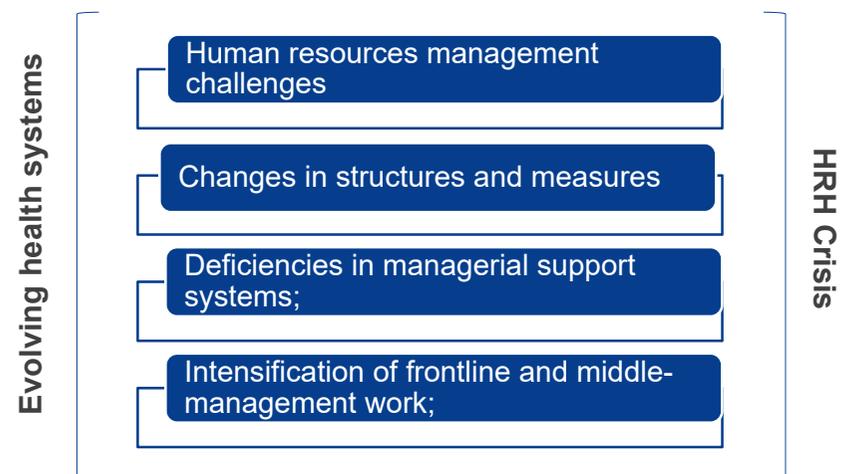
A set of challenges and emerging trends identified internationally and grouped at three levels:

1) Macro (Societal and system wide)

2) Meso (Organisational context)

3) Micro (Individual health care manager)

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Review findings: *Societal and system-wide (macro)*

- Advances in science and technology
- Political and economic change
- Growing and shifting supply and demand patterns
- Corporatisation and privatisation
- Demographic and epidemiological transitions
- Increasing costs
- Health service delivery

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Organisational level (meso)

Evolving health systems

- Human resources management challenges
- Changes in structures and measures
- Deficiencies in managerial support systems;
- Intensification of frontline and middle-management work;

HRH Crisis

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Slide 1

Organisational (meso)	Human resource management challenges	Inefficiency and insufficiencies in provision of health services and use of resources; increased demands for efficiency and cost-cutting	(Akbulut et al., 2010; Carney, 2010; Chreim et al., 2012; Gantz et al., 2012; Kim & Kang, 2016; Kirkpatrick et al., 2016; Moghadam et al., 2012; Naranjo-Gil, 2015; Reijula et al., 2016)
		Barriers to implementing lean healthcare: outsourcing hospital activities, limited knowledge of lean	(Costa et al., 2017; Reijula et al., 2016)
		Inadequate planning and performance evaluation systems; poor talent identification; poor deployment and underutilization of staff	(Afzali et al., 2011; Jha et al., 2016; Lapão & Dussault, 2012; Longenecker & Longenecker, 2014; Moghadam et al., 2012; Powell, 2014; Rodriguez, 2016; Seitio-Kgokgwe et al., 2016; Taytiwat et al., 2011)
		Lack of support and opportunities in management training and leadership development within organisations	(Adindu, 2013; Andreasson et al., 2016; Greaves, 2016; Hopkins et al., 2017; Ireri et al., 2011; Leggat & Balding, 2013; Nelson et al., 2013; Reyes et al., 2014; Srinivasan & Chandwani, 2014; Taytiwat et al., 2011)
		Shortage of trained health personnel, out-migration of skilled health workers	(Adindu, 2013; Afzali et al., 2011; Gantz et al., 2012; Greaves, 2016; Jooste & Jasper, 2012; Lapão & Dussault, 2012; Nelson et al., 2013; Taylor, 2016)
		Lack of effective retention strategies and poor working conditions	(Adindu, 2013; Seitio-Kgokgwe et al., 2016)
		Challenge to maintain health services with appropriate skill mixes	(Adindu, 2013; Diana et al., 2015; Gantz et al., 2012; Greaves, 2016; Jooste & Jasper, 2012)
		Poor quality of services or concerns of declining quality; poor culture regarding patient safety	(Adindu, 2013; Chreim et al., 2012; Diana et al., 2015; Gantz et al., 2012; Jha et al., 2016)
		Limited resources and health infrastructure and their maintenance	(Adindu, 2013; Greaves, 2016; Rodriguez, 2016; Taylor, 2016)
		Deficiencies in health information systems	(Afzali et al., 2011; Lapão & Dussault, 2012; Moghadam et al., 2012)

Slide 2

Individual level (micro)

System change

Shifting Health Manager Role

Service change

Slide 3
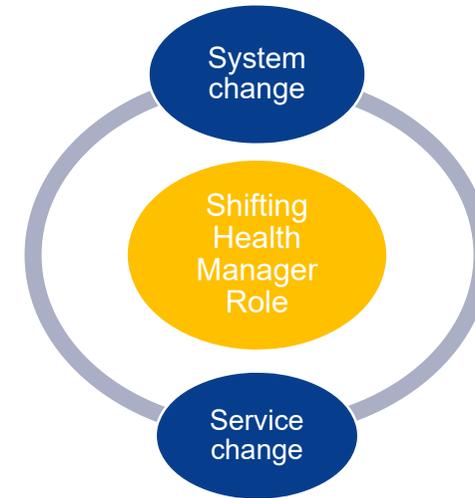
Phase 2: Semi-structured interviews

Purposive Sampling -

» hold a health management related postgraduate degree;

» middle or senior level health managers and/or leader OR recent MHM graduate;

» experience of more than one health system

1) Priorities for global healthcare practice;

2) Challenges within healthcare systems and facing the health leaders;

3) Skills and requirements of MHM graduates and capabilities required of global healthcare leaders and managers

Slide 4

Phase 2: Findings

o 20 invitations sent, 15 participants agreed; 6 male/ 9 female
o 7 Countries

Country	No.	Role
Australia	5	Senior hospital manager (2) Middle health manager (1) Health leader (1) New Graduate (1)
Indonesia	3	New graduate (3)
China	2	Senior hospital manager (1) Middle hospital manager (1)
US	2	New graduate/junior health manager (2)
PNG	1	Middle health manager (1)
Oman	1	Senior hospital manager (1)
UK	1	Senior hospital manager (1)

Phase 2: Findings

1. **Learning leaders:** learning from other countries/health systems and adopting reflective practice

"…Health care is global …(we) need to be globally knowledgeable on what's going on in health care systems…"

" *...to keep an open mind and draw on the examples from other countries. We are so well connected as a planet now, why would we just choose to speak to our local hospital or neighbours on what was good practice, or how to make improvements?"*

" *Having some focus on what things are like in different contexts gives you an opportunity to be able to reflect on whether there might be better ways of structuring the way that you allocate resources or organise your healthcare system."*

Findings

2. **Innovative change agents:** keeping one step ahead and being creative

"Change management is a reality for health care managers."

'"I think that the overall management of health or health services has .. changed very slowly … there's a lot of inertia."

"The most important is to have an open mind …..because the healthcare environment changes very fast…. to be open mind to encourage the creative thinking in your team".

" If you can get ….hearts and minds and focus the patient in the centre of it…that makes change…more easy"

Findings

3. **Collaborative stewards:** leading and bringing people together

"I think it's important ..to be interdisciplinary and then to be able to work effectively with a lot of stakeholders. I think that's a mentality that has to shift for the healthcare system …..to be effective."

"You may know the facts and know what to do and how to do it but - not the resilience and emotional intelligence ..to be able to fulfil the role"

"It's not only about being professional, but it's about being dedicated and obligated to - I believe that part of that is the transparency.. it's about understanding just culture and fairness and equality and all of that. It's something that I think should be incorporated into how to be a health manager."

"We …want compassionate leaders…"

Findings

4. **Evidence-informed practitioners:** translating knowledge into practice

"I'm using the knowledge and understandings from the courses in practice…. "

"…the program does help but …being on the ground and then working with people …shapes you a lot. ….you become more effective working on several projects and figuring out how to deliver those expectations on time, on budget and ensuring things happen quickly."

"..the application comes with being sensitive to your circumstances and your context. That includes culture, it includes leadership…

Phase 3: Initial Synthesis - Implications

- Health systems and services continually evolving and highly dynamic and challenging contexts

- Change making and management

- Collaborative stewards within and across systems – Boundary crossing and transnational competence (Koehn and Rosenau 2010)

- Health management program:

  Affirming the fostering of:
  - Emotional intelligence and resilience
  - Managing change (and boundary crossing)
  - Professional identity formation
  - Lifelong learning

Acknowledgments

Project team:

Dr Reema Harrison, Senior Lecturer, Co-Director Health Management Program, SPHCM

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