

## **Developing health managers for effective health care delivery**

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Health systems are facing challenges from the impact of changing demographics, high cost technology, global economic uncertainty, workforce globalisation and shortages, consumer expectations and pandemics (Sax 1984; Decter 2000; Duckett 2000; Palmer & Short 2000; Walsh 2002). The World Health Report (WHO) (2000:231) suggested that the evolution of healthcare has been affected by political and economic changes with transformation from centrally planned economies to market economies with reduced state intervention, less government controls, and greater decentralisation. The calls for reform across healthcare systems have also

challenged hospitals and health services to restructure and adopt more commercial business practices. These strategies are adopted and regularly called upon to achieve significant efficiencies (Rathwell & Persuad 2002) but the success of these approaches has been questioned (McConnell 2000; Ferlie & Shortell 2001; Rathwell & Persuad 2002). Restructuring across national health systems is the universal response to these forces and is both continuous and pervasive (Braithwaite 2005, Braithwaite, Westbrook & Iedema 2005).

In these contexts health managers face unique challenges (Mintzberg 1979, 1997; McKenna & Richardson 2003). These include achieving dual goals in sustaining financial viability, while delivering high quality care (Schulz 2004), in a context that is different from other industries (McConnell 2000). Second, in the research literature on managers, it is claimed that the 'voice of the manager has been relatively ignored' (Preston & Loan-Clarke 2000:101), suggesting that a greater understanding of the managers' emotional response to change is required. According to McKenna and Richardson (2003:85), much of the literature fails to represent the 'complexity and difficulty of the managerial experience'. The response to the corporatisation of health structures and the introduction of performance management, such as that of the UK NHS, has led to several authors questioning the priority, relevance and effectiveness of approaches to management and the role of managers and their education in that context (Fournier & Grey 2000; Elliott & Reynolds 2001; Cunliffe Forray & Knights 2002; Hewison 2003).

In these contexts we need to ensure that the central importance of sufficient numbers of high quality health managers is recognised as a prerequisite to both effective health reform and health service delivery. The WHO (2005:3, 2007) suggests that sufficient managers properly deployed, equipped with the necessary competencies, in an enabling work environment and, with supportive management systems is required. The WHO also indicates that existing approaches are not adequate, often being time limited and not sustainable, lacking adequate and robust management support systems and questioning

the utility of existing tools and techniques in resource poor environments. The WHO proposes that a variety of approaches with some focus on experiential work based learning is required (WHO 2005, 2007).

The limitations of existing approaches are said to be a lack of access to adequate key information, inadequate dissemination of knowledge about successful approaches and the use of multiple fragmented interventions. It is also considered that there is inadequate emphasis on management education in the curricula of health professionals training and that managers need to also be capable of managing themselves (WHO 2005, 2007). An enabling environment also requires greater attention to ensuring a proper balance between government, bureaucratic interests and those of the health professionals and industry stakeholders with that of the communities, patients and clients. There also needs to be greater recognition and valuing of the contribution and the limitations that each of health professions brings to the health management role (Briggs 2008).

The research perspectives of those of us involved in the collaborative research in Thailand proposes that health professionals need to have multiple dimensions in their role of care provider, teacher, researcher and manager (Briggs, Fraser & Taytiwat et. al 2008). Therefore, all health professionals have an aspect of health management in their professional role. Equally to be effective in addressing the challenges outlined earlier, health managers need to work closely with health professionals at the service delivery level (Briggs 2008a). The management of significant resources with complex and often competing organisational objectives is a serious obligation that should not be seen as an 'add on' to an existing clinical role.

Our research interest is to work to improve the knowledge base on effective approaches to building management capacity and to improve managers access to knowledge, guidance and tools. According to the WHO this requires clarification of roles, rules, responsibilities, delegations and operational support systems. While country specific solutions need to be developed we believe this might best be achieved collaboratively in partnerships that can work together to research local needs and required solutions; to develop local academic research and training capacity with an objective to start building a professional cadre of health service managers (WHO 2005, 2007).

This collaboration has involved three research projects. The first evaluated the learning benefits of an international study tour of Thai community hospital directors to Australia, making published recommendations to increase benefits from that worthwhile learning approach. The second utilised the expertise of the Thai Ministry of Health policy makers, senior provincial health officials from Korat province, health professionals from primary health care and public health offices as well as local government officials and village health volunteers. This group focused on developing health management competencies to develop local curriculum. That published research has led to the recommended curriculum being incorporated into the new Masters of Public Health program being established here at the Faculty of Public Health Naresuan University.

Our current research was described yesterday in the paper presented by Dr. Mary Cruickshank. This project, yet to be completed and evaluated attempts to develop local academic and doctoral student capacity around an important health issue, with the support of an international faculty, through intensive face to face workshops, video

conferencing and email communication. In addition, four Thai doctoral students are working with us at UNE undertaking their Doctor of Health Service Management.

These successful initiatives are based on an approach that examines what health managers do within health systems and through those processes how they might more effectively work towards improved outcomes.

This places the research in an experiential work based context that emphasises the alignment of researchers with research users that is health managers and health professionals, to make more effective the transfer and translation of knowledge into practice (*Lavis et al 2006, HPSR/WHO 2008*).

For this research approach to be effective it requires an understanding of what managers think about the health system, what motivates them in the health management role and importantly how best they learnt to be health managers. Health managers' emphasise and value the importance of experiential work based learning. They emphasise the importance of informal learning and how important it is to gain broad contextual knowledge of the health system described as 'The big picture'. Formal learning reinforces the contextual knowledge and provides confidence and credibility.

Health managers are influenced to enter that role from their experience of other health managers, both good and bad, who are seen mostly as informal mentors and role models. They are also motivated to enter the role because of highly held personal and professional values to serve others and to have a greater influence to achieve improvement for patients, communities and their professional colleagues. They are attracted to the role because they see it as unique and challenging (Briggs 2008, Eraut 2000).

To respond to these perspectives of health service managers we need multiple, connected approaches. We need to situate the learning in the workplace and align with organisational strategy around reform. We need to ensure that they have external networks, continuing professional development and ensure broad contextual knowledge through a range of experiences. This broad contextual knowledge requires a range of work placements and experience and the use of multiple lenses by managers to gain economic, technical, socio-cultural and political perspectives. They need to draw on and work across a range of health paradigms such as those that provide primary health care, public health, health promotion, curative and rehabilitation perspectives. They need to operate in multi-disciplinary teams and to value and ensure the contribution from the range of health professions.

While we may work locally, regionally or globally we need to learn from each other and from other health systems comparatively. Experience gained in working within different health contexts within a health system and internationally needs to be informed by training prior to and during those experiences for it to be effective. The process includes regular comparative analysis, reflection and feedback. Study participants need to have a locus of control to disseminate the learning and effect change in the workplace and there needs to be higher level policy support and resources to consolidate and extend the learning and implement change (Fraser, Briggs & Taytiwat 2008).

Healthcare is a significant industry and employer in most national economies and as such deserves an investment in good quality management. Health services need to have the

capacity to achieve inter-sectoral collaboration and have adequate levels of accountability, trust and stewardship. To be effective, managers need to be situated close to those who deliver care and be able to manage out and down to staff and communities and other stakeholders as well as up to central authorities (Briggs 2008a).

This means that health managers must be capable of managing in different contexts, understand public policy, professional cultures and politics. They must be capable of a sense making role, as active participants, negotiators of meaning, constructors, organisers and persuaders within health systems (Elliot & Reynolds 2002). Ideally, they will be drawn from a range of backgrounds including those with clinical and non-clinical experience and qualifications, but should be capable of demonstrating more than one logic (Ford & Ford 1994). Health managers need to understand how clinical work should be structured and managed and work actively with clinicians and others to deliver coherent, well-managed health services (Sorenson & Iedema 2008).

To respond to these challenges and to make progress towards development of a cadre of capable professional health managers requires commitment from government, health providers, health professionals and health management researchers and education providers. Ideally it would be motivated and led by health managers working together in a collegiate framework and it should be supported by a collaborative network representative of all these key groups.

The research, initiatives and challenges described in this presentation reflect five years of collaboration and successful outcomes essentially between two universities and their local and national health organisations. Where do we go in the next five years? Is there interest and opportunity to build on this success and extend and sustain this collaboration into a wider network of people and organisations present at this conference? I would ask that you reflect on these issues and consider your response to these questions.

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