



Developing health managers for effective health services delivery

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Health management- Overview

- Challenges and health system environments
- Research perspectives
- Learning to be a health services manager
- Valuing health managers
- Capacity and capability
- Central importance of workplace experiential learning-linking in formal education
- Commitment to advancing health management as a profession

Challenges facing health systems and health managers in the Asia Pacific

- Unstable and changing conditions
- Impact of decentralisation on roles and responsibilities in Asia Pacific. Centralisation in Australia
- New approaches-contracting out, local government, accreditation/standards
- Capacity, effectiveness and numbers of managers
- Balancing clinical and managerial roles
- Constant reform through organisational restructure

(Briggs2008;WHO 2005:1; 2007)

What conditions facilitate good management

- Sufficient managers properly deployed
- Managers with the necessary competencies
- Well functioning management support systems
- An enabling work environment (WHO 2005:3, 2007)

Valuing and developing health managers

- Approaches often time limited and not sustainable
- Need to provide continuing professional development
- Adequacy and robustness of management support systems
- Enabling the environment through supportive incentives, regulations and guidelines
- Coordinated programs with a diversity of approaches
 - Work based and experiential, conferences seminars and training (CPD) and formal tertiary programs
- The utility of existing tools, techniques in resource poor environments (WHO 2005,2007)

Limitations of current approaches

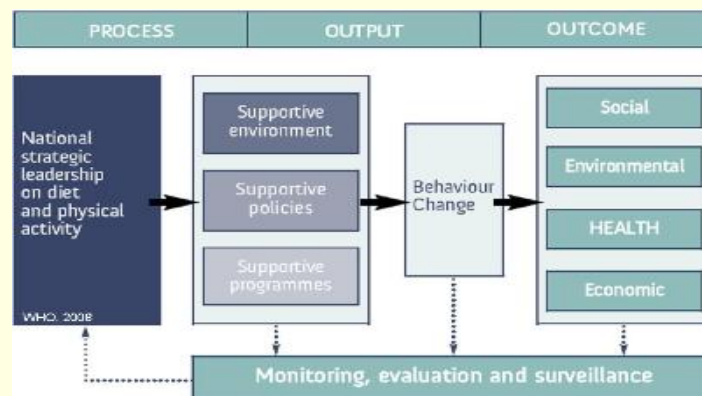
- Access to key information not adequate
- Dissemination of successful approaches limited
- Multiple, fragmented interventions into a geographic or service area
- Inadequate emphasis on management competencies in curricula of health professional training
- The ability of managers to manage themselves
- Efforts in systems strengthening not documented (WHO 2005, 2007)
- Inadequate attention to structural interests and the archetypes of health systems- balancing the interests
- Appreciating the contributions and limitations different health professions bring to management (Briggs 2008)

Research required to address these challenges

- Improve knowledge base on effective approaches to building management capacity
- Improve managers access to knowledge, guidance and tools etc.
 - Develop country specific management development strategies
 - Clarify roles, rules, responsibilities, delegations and operational support systems (WHO 2005,2007)
 - Develop health professionals capacity to be trainers, managers and researchers as well as practitioners (Briggs, Fraser & Taytiwat et. al 2008)
- **Developing and valuing health management as a profession**
 - **Developing local academic and training capacity**
 - **Partnering with established programs**
 - **Researching local needs and required approaches**
 - **Building a professional cadre of health service managers (WHO 2005, 2007)**

Outputs require management to achieve outcomes- an example

(HPSR-WHO2008)



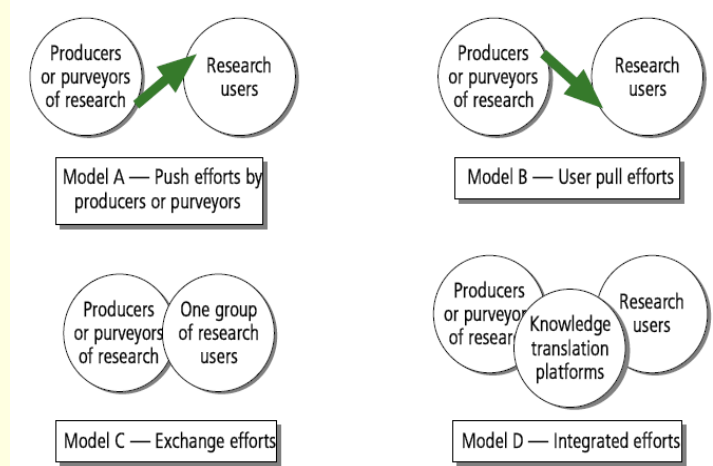
The Australian-Thai alliance: research outcomes

- Thai-Australian Health Alliance: A case study of inter-organisational collaboration. 2005
- Research Workshop in Nakhon Ratchasima Provincial Health Office: To deliver curricula for Primary Care Health Professionals in Health Management and Nursing. 2006.
- A Thai-Australian rural health service management and medical education study tour: workplace changes after a year. 2008
- Supporting NU Thai academics and Thai doctoral students to develop their research capacity-MDGs-UN Maternal and Infant mortality targets- a systems approach. 2009

What is it that health managers do? (The evolution of health management roles)

1980s (Liang Short & Brown 2006)	1990s-2000s	Role perceived by respondents (Briggs 2008)
Organising	Leader	Leadership
Planning	Financial management	Financial management
Directing	Managing Change	Making sense
Controlling	Coaching and mentoring	Managing people, managing self
Staffing	Motivating others	Communicating, motivating
	Liaising and networking	Decision making
	Strategic decision making and planning	Strategic and business planning
		Clinical governance, quality service

Models for linking research to action (Lavis et al 2006, HPSR/WHO 2008)



The Career Journey-Learning to be a health manager

- Experiential and work based learning
- Informal learning
- Broad health context
- Understand 'the big picture'
- Formal learning – credibility and confidence
- The influence of other managers
- Mentors and role models
- Motivation
 - - altruism and values based
 - - Challenging role (Briggs 2008, Eraut)

Learning and working

- Situate the learning in the workplace and align with organisational strategy and reform
- Ensure external networks and continuing professional development
- Need to ensure broad contextual knowledge through a range of experiences and the use of multiple lenses
 - Economic, technical, socio-cultural and political
 - Draw from public health, health promotion, curative and rehabilitation perspectives
 - Value and ensure the contribution from the range of health professions

Learning: global, regional and local perspectives

- health care is now a global industry and there are lessons for all of us to learn from differing national approaches to health care delivery
- Our experience suggests that the value of learning through international experiences is improved when:
 - Participants are given training and knowledge prior to study tours and exchanges
 - The process includes regular comparative analysis, reflection and feedback
 - On return study participants have a locus of control to disseminate the learning and effect change
 - There is higher level policy support and resources to consolidate and extend the learning and implement change (Fraser, Briggs & Taytiwat 2008)

Where to from here? Our Challenge

- 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)

Health managers capacity and capability

- Be trained and experienced to lead and manage in a range of differing health system and organisational arrangements
- Posses a deep contextual understanding of health systems, public policy, professional cultures and politics (Briggs 2008a)
- Have competency in organisational sensemaking as negotiators of meaning, active participants, constructors, organisers and persuaders within health systems (Elliot & Reynolds 2002)
- Be drawn from a range of backgrounds including those with clinical and non-clinical experience and qualifications who can demonstrate broad contextual health knowledge that demonstrates more than one logic (Ford & Ford 1994)
- 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)

Commitment to education and development of health service managers

- requires
 - a commitment from government, health departments, providers, colleges and educational institutions to invest in and value education, experiential and work-based training and continuing development of the health management workforce
 - a collaborative effort on the part of these stakeholders to develop cadres of well-qualified and experienced health managers who should be equipped and restored to a more central role in health system reform (Briggs 2008a)
- This will not occur without significant and sustained effort on the part of all of us at this conference.

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**Khobkhun Krab
Thank You**

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