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The Necessary Multidisciplinarity for Common Health Achievements

Health institutions are knowledge organisations whose *raison d'être* is patient care, i.e. prevention, diagnosis, treatment and rehabilitation. Scientific advances, epidemiological changes and social demand require a new way of doing things in healthcare organisations. Therefore, we need to move towards transformational, empathetic, forward-looking, communicative, reliable leadership capable of generating multidisciplinary and collaborative teams.

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key points

- Strong primary care is associated with better population health, lower rates of unnecessary hospitalisations and relatively less socio-economic inequality.
- Good hospitals are effective, efficient, equitable, of high quality and have to be well managed.
- Healthcare organisations must guarantee continuity of care, introduce management and governance models that rationalise resources, simplify processes, carry out integrated management of clinical information and strive for efficiency.

Multidisciplinarity Improves Health Organisations

Many of us believe that managing a healthcare centre, particularly a hospital, is the most complex organisation and, therefore, not an easy task. One of the reasons, perhaps the main one that justifies this statement, is that the staff working in healthcare centres are made up of professionals who continually make decisions without the need for supervision.

They are highly trained professionals in their various disciplines whose decisions are complex because of their impact on others. I am referring to healthcare professionals, especially physicians, whose actions are made on others. For this reason, many of us would argue that there is nothing more difficult than leading

people who make their own decisions, decisions that are the very reason for the organisation itself.

The mission of healthcare organisations is to meet the health needs of the population, which means preventing, diagnosing, treating and rehabilitating the patients who need it. From the 1970s onwards, when the so-called “oil crisis” occurred, different countries analysed their health systems and came to the conclusion that they absorbed a large number of economic resources and that there was no linear relationship between health indicators, especially life expectancy at birth and infant mortality, and health expenditure. Until then, 80-90% of health resources were concentrated in hospitals, but only 5% of the population’s health problems were absorbed by hospitals.

WHO recommendations at the Alma-Ata Congress in 1978 suggested changing this hospital centralism and moving towards simpler formulas, such as primary care centres. In this sense, strong primary care is associated with better population health, lower rates of unnecessary hospitalisations and relatively less socio-economic inequality in health perception (Kringos et al. 2013).

On the other hand, up to that time, hospitals were run by people who lacked management training, although in the case of Spain, they were supported by the so-called “Junta Facultativa”, composed of doctors who were heads of clinical services. This crisis led to the need to professionalise the management teams since hospitals

levels of healthcare, the difficulties in accessing healthcare services, the high social demand in a population with longer life expectancy and life expectancy, more ageing and more chronic pathology. And none of these problems is easy to solve. Precisely for all these reasons, it is necessary to professionalise healthcare management.

Hospitals are necessary, but good hospitals are effective, efficient, equitable, of high quality and have to be well managed. To manage is to decide and to achieve objectives, which must be calculated, planned, quantified and have a responsible person in charge. It is not an easy task, and for this reason, I highlight the disciplines necessary for good management:

The hospital's activities are fully decentralised and must therefore be planned by objectives, audited by results, and management delegated

have workforces of thousands of employees and very high budgets. Thus, multidisciplinary teams, including non-medical and non-nursing professionals, began to be formed for decision-making in the hospital organisation. Management teams began to include economists, lawyers, engineers, and computer scientists. But this is not enough, and we must move forward by including other professions, such as psychologists, pedagogues, documentalists, and sociologists, in order to improve the difficult task of managing a large company of extraordinary complexity and multiple tasks, such as a hospital.

Despite the incorporation of these new professionals, several problems remain common in many countries. These include the rapid and continuous increase in healthcare spending due to the introduction of increasingly sophisticated new technology and unstoppable advances in new treatments, the unnecessary or inappropriate use of healthcare services, the lack of personalised treatment, long waiting lists and delays in accessing healthcare services, the high variability in clinical activity, the lack of coordination within the hospital itself and also between different levels of healthcare, the lack of coordination within the hospital itself and also between different levels of healthcare, the high variability in clinical activity, the lack of coordination within the hospital itself and also between the different

1. Knowledge of the facts (for which adequate information is required).
2. Determination of objectives.
3. Provision of means (personal, material, architectural, economic...).
4. Establishment of a functional structure through the implementation of an organisational chart that contemplates the relationships and responsibilities between people.
5. Selection and motivation of staff (we cannot ignore the fact that the satisfaction of patients and their relatives is closely related to the satisfaction of the professionals).
6. Evaluation to be aware of deviations and not lose sight of the main objective, which is to care for patients in the best conditions, with the best resources, at the right time, by the right professional, all while maintaining quality, safety, effectiveness and efficiency for the sustainability of the organisation.

As a result, the hospital's activities are fully decentralised and must therefore be planned by objectives, audited by results, and management delegated. Thus, heads of department, whether clinical or not, must act as true managers of their department, as they are able to recognise the work done by their staff,

provide them with opportunities for professional development, coordinate horizontally, ensure the minimum essential training in management, and frame the particular activity of the department within the general activity of the hospital, with common objectives.

However, we should not forget some of the characteristics of hospitals that can lead to poor management: exhaustion of middle management, lack of clear objectives, lack of diligence in problem-solving, little or no reaction to deviations or excessive need for coordination, dilution of responsibilities, self-defence, so-called “no-man’s zones”, power struggles or insecurities.

To avoid these problems, we can recall the four actions proposed by Peter Drucker (The Practice of Management 1954):

1. Decentralisation: Drucker was a pioneer when he spoke of the need to decentralise decision-making in companies. In his opinion, this issue is fundamental for the growth and strengthening of companies because it is easier for small groups to be aware of their importance and their contribution to the overall objectives of an organisation.

the organisation. I am referring to all those professionals who guarantee the appropriate structure of the hospital, the maintenance of the healthcare facilities and equipment, its energy sustainability, its environmental commitment and its commitment to reducing the carbon footprint, the supply chain of healthcare material, the hotel services such as catering, cleaning and laundry. It will also be necessary to include professionals in economic management and public procurement in decision-making because their activity and decisions condition the sustainability of the centre.

2. Incorporate professionals whose activity directly impacts patients and their families, such as mental health professionals (including psychologists), palliative care professionals, social workers, physiotherapists, and occupational therapists, among others, whose demand from patients is increasing.
3. To facilitate the participation of professionals in the management of the health centre by informing them of the centre’s plans and objectives, integrating them as key people in the smooth running of the centre, whose activity, responsibility and professionalism

Transformation is not possible without the professionals who are the main asset of healthcare organisations

2. Establishing objectives: This is based on the need for the management of any organisation to set out a series of global goals or objectives as well as the determination of the “guidelines” and the “breakdown” and general planning of the “path” necessary to achieve them.
3. Self-governance of the company: Drucker believed that employees should take responsibility for the management of the organisation.
4. Focus on opportunities: Drucker stated that it is necessary to focus on opportunities because they allow organisations to grow and develop.

To make further progress in improving hospital operations, the healthcare model must be opened up along the following lines:

1. Include in the decision-making process those other professionals who usually lead activities of a non-healthcare nature but who are essential for the proper functioning of

have a direct impact on achieving effective, efficient, equitable and quality care, which is the ultimate objective of any health centre.

4. The patient must have a voice, and in this respect, they are beginning to be experienced, and not only in the field of clinical research. While the patient is the “centre” of the healthcare system, they must also be able to be the “manager” of his or her illness.
5. Encourage the clinician to participate more and more in management and ensure that all the agents involved, both health and non-health, are aware of the hospital, which facilitates the adoption of shared decision-making and co-responsibility in the use of resources.
6. Communication and the creation of trust must be fostered by healthcare leaders, which, together with interprofessional training and the creation of common spaces, will make appropriate and sustainable care possible over time.

7. Progress in improving information to patients is fundamental in training through health education programmes, especially for patients with chronic pathologies.
8. Provide development opportunities for workers, either through formal or informal training, to learn new tools and develop skills. In this sense, the advance of digital technologies applied to healthcare is unstoppable. The British National Institute for Health and Clinical Excellence (NICE) categorises them into [three main groups](#)
 - a. Those that facilitate the management of a health system or service, such as digital medical records, electronic prescriptions or computerised hospital management systems;
 - b. Those designed to transmit information and facilitate communication;
 - c. Those that act on a person's health.
9. Occupying good positions in the rankings that order countries by the efficiency of their healthcare system, whether in the classic annual Bloomberg report or more academic research (Gavurova et al. 2021), should not relax us. There is always room for improvement.

10. Develop transformational leadership that is empathetic, forward-looking, communicative, reliable, and capable of generating multidisciplinary and collaborative teams. Transformation is not possible without the professionals who are the main asset of healthcare organisations. It is essential to advance in new roles, competencies and responsibilities.

Conclusion

Healthcare organisations must guarantee continuity of care, introduce management and governance models that rationalise resources, simplify processes, carry out integrated management of clinical information and strive for efficiency, all adapted to the new epidemiological paradigm and technological progress, which requires new professional roles, and adaptation to social demand in terms of health.

We cannot forget that hospitals are organisations capable of creating, acquiring, interpreting, transferring, retaining knowledge, and intentionally modifying their behaviour so that the new knowledge acquired and new reflections are reflected in practice.

Those of us in healthcare have one constant: to do what is best for patients, and to do this, we must encourage multidisciplinary and collaborative work. We are committed to quality, safety, effectiveness, efficiency and relevance of care for patients.

Conflict of Interest

None. ■

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