

Health Care Executives be Physician or Non-physician: Qualification in Health Care Management is Crucial

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Primarily, how well organization performs and handles the tough challenges does depend on how well the health care manager is educated and trained. The managers are expected to integrate modern business management practices with clinical and healthcare knowledge in hospital and health care institutions. All managers, irrespective of what they manage, perform four generic tasks (planning, organizing, leading and controlling). Planning involves defining goals and mapping out ways to reach them; organizing entails arranging and coordinating human, material and information resources aimed at achieving desired goals; leading involves motivating others to achieve organizational goals and controlling involves measuring performance and monitoring progress relative to objectives.¹ Efficiency of health care managers can be greatly increased through education in management studies e.g. public health, health care, hospital management, health administration and many more in health care management science discipline.

Health care organization, particularly the hospital consists of typically different manpower (e.g. clinical doctors, nurses), machines and medicine that require specialized knowledge to manage the organizations effectively. A manager with specific academic qualification and professional experiences in health science management would consider the structure, policies and corporate culture of a health care organization and execute accordingly. Education augments management principles with special component tailored to specific fields as mentioned above. Thus, the field has been gaining wider acceptance world-wide.

A manager or chief executive officer (CEO) of a health care institute should be a visionary, teacher, leader, mentor, and role model for health care, where a very successful CEO of Toyota company, Nasdaq Company or bank could be failure in hospital management since their competencies and components of hospital are typically different although the core principles of management are comparable. At the same time, a manager in any health care institution without a qualification of management could lead to corrosion of performance of organization even with increased resource inputs. It's not solely an individual who should be blamed but a system of education, placing right people with specific qualification in a position with specific job description are the issues that need to be addressed optimally.

Let's sense whether an orthopaedic surgeon is eligible to operate on someone's brain, a hand surgeon to replace heart-valve and a plastic surgeon to place a grommet in your ear? Probability of failure is tremendously high if any unprofessional practice is done, which, in fact, is prohibited by law and professional councils. The right way is: to assign a qualified neuro-surgeon for brain surgery, a cardio-thoracic surgeon for valve replacement and an ear, nose and throat (ENT) surgeon to place a grommet. Since a surgeon has to know not only the anatomy and physiology, but, also a total functions, nature of organ and its probable illness, primary prevention, secondary prevention and tertiary prevention of health and illness. In the same way, a health care manager must be capable of managing and maintaining the total operations of health care organization or hospital, identify and analyse data and effects of changes, organizational development and prevention of emergence of risk factors.

The doctors use a tool or sets of tools to diagnose the disease; and proven treatment is prescribed based on the parameters. Similarly, "organizational diagnosis tools" are used by the health care management consultants to diagnose the problem and the problem is treated based on the facts but not on the feelings.

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Could a maxillofacial surgeon lead a health care organization or hospital successfully in the capacity of CEO or Director even without academic qualification or training in health care management? Those with adequate technical expertise could be uneven in management decision making due to ignorance. Schooling of health care management is typically a separate field.

A clinician with an adequate technical preparation may lack the training in management, internal operation, environment surveillance and external relations.² In fact, leadership roles demands political skill, community and organizational diagnosis that is appropriate for complex and multifaceted social service activities.³ Moreover, the health care sector is gradually shifting from an “absolute social service concept to a market driven industry” that requires individuals with specific qualification and skills. The graduates in relevant fields e.g. Public Health or Health Care Management or Hospital Management or allied discipline could be assets for the entrepreneurship drive.

In Nepal, too often, individual’s age, years of clinical experience and level in current job is valued (in the government) as qualification for executive posts though that person does not understand every respect health care organizations and the total management. Administrative competencies of a clinician have never been questioned nor performance is evaluated by professionals like in other industrialized countries.³ If there would have been a provision of evaluation of performance, nearly no clinician would have fascinated for a management positions without Public Health or Health Care Management or Hospital Management or allied degrees. Nevertheless, some had crash course or training of 1 to 3 months, which probably is better than nothing as performance of providers is determined primarily by their qualifications, deployment and their working conditions and appropriately allocated across different occupations and geographical regions can attain the health objectives.⁴

Prevalence of mismatched qualification and portfolio is a chronic and unsolved problem in health care organizations especially in senior executive positions. It is recognized that overall performance does highly dependent on qualification and skill of its employees. Thus, the government must be proactive in producing next generation human resource for future health governance as stated in legislation⁵ and in recruiting those who already have relevant Bachelor’s Degree in Public Health or Health Care Management or allied field for junior management positions by coordinating with Public Service Commission.

Those individuals with formal qualification with experience in the respective fields should be given priority while fulfilling the executive posts as qualified executives can better analyse the principles, structure and functions of health systems including their financial, organisational, policy-making processes and systems critically. They can apply a range of key management concepts and functions in a range of health care settings. The actual performance of hospitals would surface if scientifically scrutinized and the government of Nepal should consider it. Therefore, tomorrow’s health care executive must have qualification in specific fields e.g. Public Health or Health Care Management or Hospital Management or allied field if we want to improve our systems and health status of Nepalese people.

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