

Addressing the Management Challenges Related to Organizational Structure of Hospital Services in St. Vincent and the Grenadines

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Abstract

This study was conducted to explore the measures that can be taken to address the management challenges that relate to the organizational structure of hospital services in St. Vincent and the Grenadines. A mixed method design was employed in which both qualitative and quantitative methods were used. A semi-structured questionnaire was used to collect data from top managers assigned to four public hospitals in St. Vincent and the Grenadines. The top managers were purposively selected because of their different roles in the management of hospital services. The thematic approach was used in the analysis of data. The study was significant in that it focused on exploring measures that could be used to address management challenges that relate to the existing organizational structure of hospital services in St. Vincent and the Grenadines. The study also contributed to a strategic approach to addressing challenges that affect the delivery of hospital services. The results of the study revealed a number of measures that were highly recommended for addressing the management challenges related to the existing organizational structure of hospital services. The measures included : (i) redesigning the organizational structure to allow a single person to head the management of the organization, (ii) clearly defining the existing reporting lines, and (iii) appointing a CEO along with a board of directors to manage the hospital Services. The study informed a model framework of an organizational structure that illustrates the changes proposed.

Keywords: *Hospitals Services, Leadership, Measures, Management, Organizational Structure.*

Introduction

In the year 2016, following a series of consultations within the Ministry of Health Wellness and the Environment, there was recognition of the need for change in a few programs, which included Secondary Health care services [1, 2].

In some developing countries, health sector reform has been utilized as an opportunity for enhancing health care [3]. In light of the Governments recognition for change, Secondary Health Care was changed to Hospital Services and evolved from a programme that included a single facility to a programme that incorporated all services offered at hospitals and the diagnostic centre on the island of St. Vincent.

The managers at the Milton Cato Memorial Hospital were henceforth charged with responsibilities for the facilities that were added to the programme, as the reform did not include a modification to the organizational structure of the programme.

The amalgamation of these facilities brought new challenges and magnified the existing issues that were related to the structure of the organization. Recognizing this, the Prime Minister of St. Vincent, and the Grenadines, in his 2018 budget presentation, announced that there would be a change in the organizational structure of Hospital services in order to address some of the challenges identified in this programme.

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Purpose and Objectives of the Study

This study aimed to explore the measures that can be taken to address the management challenges related to organizational structure of hospital services in St. Vincent and the Grenadines. The study was specifically aimed at achieving the following objectives:

1. Identify the management challenges that relate to the organizational structure of hospital services in St. Vincent and the Grenadines.
2. To explore measures that can be taken to address existing hospital management challenges that relate to organizational structure.

Literature Review

Hospitals are complex organizations by virtue of their operations and management, having multiple elements in functions, services, and leadership. According to [4], understanding the organizational structure of hospitals ensures that the employees of the hospital know their individual responsibilities. It was also stated that to accomplish precision in the execution of job responsibilities and accountability, and hospitals use the vertical organizational structure with many layers of management.

Traditionally, hospitals are seen as having dual hierarchies, comprising of a formal administrative pyramid and the professional medical system. Change in general hospital management, including developments in legislation, financing, and organizational structures, has resulted in interesting developments. With these changes resulting from increased size, mergers, and integration of specialist services, there are outcomes of change in positions of power, strategic decisions, and shifts in influences from medical professionals to middle and top managers [5].

It would be reasonable to assume that there is a relationship between the structure of an organization and how the organization is managed. According to [6], health care systems

are notoriously difficult to manage. According to [7], more complex organizational structures will result in positive performance or greater effectiveness and profitability, and certain structures are better able than others to achieve certain goals.

The management of a hospital requires the appropriate skills and knowledge in order to facilitate efficiency and effectiveness. Transformation of the health care organization requires that managers acquire not only skills but also the abilities and knowledge needed to understand processes of effective leadership and also to be able to anticipate changes that may occur in the environment [4].

The impact of the organizational structure on the performance of the organization was measured in a private hospital in Malaysia. It was found that those hospitals that utilized formalized rules and written procedures to ensure management and governance in hospitals exhibited improvement in performances in areas of internal business processes, quality of care to patients, finance as well as organizational learning and growth [8].

In some developing countries, health sector reform has been utilized as an opportunity for enhancing health care through community governance and to improve effectiveness of management in the public hospitals [3].

While there has been increased interest in the organizational contributions to healthcare delivery, the methods and means of improving healthcare services in order to improve care delivery have been a major challenge for practitioners and policy makers [9].

Health system management is a global Phenomenon that has been progressively established over the years and has become a potent force resulting in a great cultural shift in health [10]. Before 1980, doctors dominated the healthcare services in terms of decision-making, distribution of resources, and control of day to day running of health facilities. However, the concept of general management with a single person having overall

management responsibilities was introduced in 1983 and replaced the triumvirate (doctor, nurse, administrator), and managers were empowered for operational as well as strategic decision making. The health system today is typified by the emergence of the information revolution, the arrival of health managers as powerful players inter alia.

Healthcare delivery in resource-constrained environment can be challenging, as managers are expected to balance disease burden, patient load, and shrinking resources while maintaining the quality of care. Leaders in health care need a change in strategy, as the expectation of good governance and management incorporates not only the management of resources and people but also an understanding of the context of executive responsibilities, staff motivation, and consumer needs.

The Association between the leadership of hospitals and quality has not been deeply explored, and there is less known about how leadership and management – as two critical elements – influence the delivery of high-quality care [11].

According to [11], it was found that higher quality of care was delivered at hospitals with more effective management practices of frontline managers; and that hospital boards that were rated higher had a superior performance by management staff.

An understanding of the interaction of hospital boards and management as well as the ways they motivate the gains and quality of hospitals is critically important [11]. The challenges in organizational structure as posited by [12] include increasing horizontal differentiation, which may cause conflict in communication and coordination due to the existence of various professions in hospitals; insufficient authority of managers in recruitment, relocation, promotion, and dismissal of personnel; and inefficient use of time due to bureaucracy in hospitals.

The efficiency in managing hospitals requires the use of funds in a responsible and

effective way coupled with professional management and a competent governing structure, as is stated by [6]. Top-level organizational leadership, policy making, and decision making are shared processes in the governance of hospitals, and there are principles of ‘good governance that could be applied to the management of health care. While [9] identified problems with health care quality as being related to systems rather than individual competencies, and that the hierarchy of health care systems is arrayed where the levels affect each level below it. They further stated that in order to improve the quality of health care systems, there must be an overhaul of the system that exists and that the overhaul should include all levels.

It was also stated by [12], that the performance of the health care organization – which includes hospitals – depends on human resources skills and knowledge. Thus, consistent leadership is required for the achievement of high performance and improvement in quality of care and outcomes. The idea that public hospitals are known to be difficult to reform was outlined by [13], who also indicated that while hospitals remain broadly insulated from major policy-driven change, there are noticeable successful changes in medical practice in keeping with current trends and public needs. Since the early 1990s, there was the rise of the “new Public Management theory,” which called for the private sector-driven managerial strategies. More recently, the idea of complexity theory has been invoked, resulting in an explanation of why the organizational change was difficult, but providing strategies in achieving it.

A variety of regulatory solutions have been put forward in the health care sector to address the problem and turn away from public sector control by creating different management structures, including semi-autonomous public hospital management.

These have all been suggested as solutions and in some cases, have been introduced and

have had some effect on hospital behavior and institutional outcomes. Although these have been positive, they have often been less powerful than expected and not necessarily what was intended [13].

Materials and Methods

This study utilized a mixed method design in which both qualitative and quantitative methods were employed in data collection, analysis, and presentation. The study population consisted of managers assigned to four public hospitals in St. Vincent and the Grenadines. This study sample comprised of forty-five (45) top-level and senior managers in the selected hospitals who were purposively selected because of their management roles in the institutions.

A semi structures questionnaire was utilized to collect data. The questionnaire comprised open-ended and closed-ended questions which focused to identifying the management challenges that relates to organizational structure as well as exploring ways of addressing them.

The questionnaires were self-administered. To do this, the questionnaire was either hand delivered or emails to the participants of the study by the researcher, who explained the purpose if the study and provided guidance on completing and returning the questionnaire. The responses were analyzed using a thematic approach and charts and frequencies were used to present that data.

Results and Discussion

Forty top managers participated in the study, representing a response rate of 88.9%.

The study's first objective was to identify the management challenges related to the organizational structure of hospital services in St. Vincent and the Grenadines. To fulfill this objective, participants were asked, "What are the challenges faced in hospital management that are related to the structure of the organization"? According to [7], the success of an organization should be a result of the structural organization, as certain goals are better achieved with certain structural configurations. Participants of this study identified several challenges with the current organizational structure of Hospital Services in St. Vincent and the Grenadines. The responses from participants are presented in Figure 1, and include ineffective communication as stated by 48.7% of the participants, while 35.9% of participants stated that the structure prevented proper distribution and management of resources within the organization while 30.3% of participants stated that the roles of staff were poorly defined and inflexible. Conflict among managers and leadership was listed by 25.6% of the participants, and 20.5% of the participants indicated that sometimes the decisions made by the managers were contradictory. There were 17.9% of participants who stated poor accountability measures within the organization as another challenge.

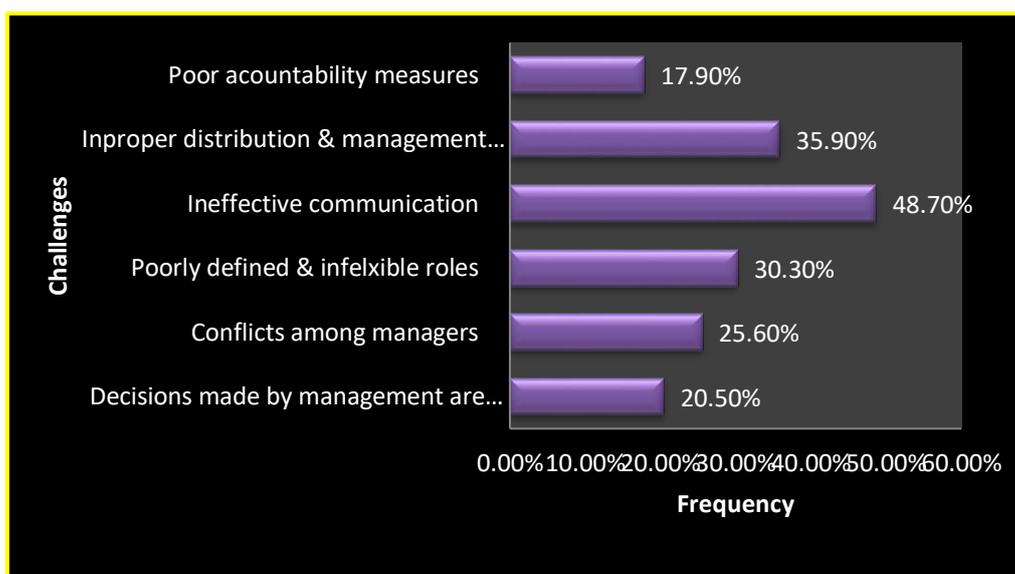


Figure 1. Challenges in Delivery of Services that Relate to Structure of the Organization

Ineffective communication was the most frequent response given by participants of this study. One participant stated that:

“Ineffective and sometimes lack of communication along the hierarchy affects the delivery of healthcare services. Communication of information is poor in certain cases”.

Another participant stated:

“Poor communication results in issues reported by staff being left unresolved for too long, and this leads to a reduction in staff performance and productivity.”

A study on management practices and performance of public hospitals in Uganda found that communication was seen as the biggest independent factor in performance in hospital management [14]. Communication was noted to be highly associated with performance and management, while decision-making was seen as the lowest associated factor. A study by [15] identified the “hierarchy” as a common barrier to inter-professional communication, further positing that hierarchical differences result in creating a situation where lower-level staff is uncomfortable to speak up about concerns or problems. Effective communication was posited by [15] as a measure that can result in positive outcomes, which include improvement in the flow of information and safe practices, increase in patient and staff

satisfaction, enhanced employee morale, and increased effectiveness of interventions.

Furthermore, [16] observed that structural issues such as decisions making being done at a number of different “centers” was seen as the factor to which most hospital management challenges are related, and most managers believed that they did not have executive authority in their roles; that they did not make decisions, but rather implemented orders based on decisions made by those in higher authority. Management skills are not utilized in management, and there was no congruence between authority, responsibility, and accountability [16].

A study by [17] looked at organizational configurations of attractive hospitals in the context of the characteristics of the low and high turnover rate of hospitals and found that employee perceptions toward organizations differed and differences observed in aspects such as role ambiguity and conflicts, as well as effort-reward imbalance, were in favor of attractive hospitals. Based on the challenges stated by the participants of the study, the factors identified can be aligned to poor productivity and reduced quality of the organizational outputs and services offered to patients.

The second objective of the study was to explore measures for addressing the identified hospital management challenges that relate to organizational structure. To ascertain these measures, participants were asked: “What

measures can be taken to address challenges that relate to organizational structure in hospital services?” The measures as suggested by participants are presented in Figure 2.

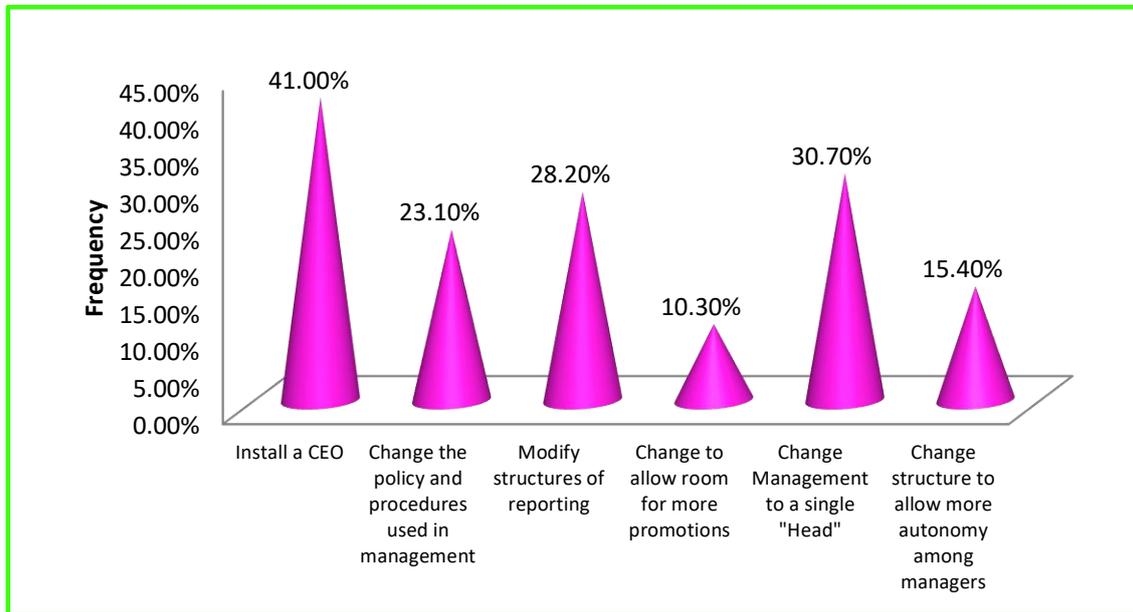


Figure 2. Measures for Addressing Challenges identified

To address the challenges of ineffective communication, conflict among managers, and contradictory decisions by managers, 30.7% stated that the structure should be changed to allow a single person to head the management of the organization, while 41% stated that a board of directors should be put in place to manage the organization and that a CEO should be appointed as head of the organization. Most organizational structures in health care, according to [18], are headed by a board of directors and typically comprise hospital professionals, with a CEO being responsible to the board with responsibilities in funding regulations and research initiatives. According to [19], a CEO has the responsibility for almost all aspects of the hospital’s operation is functioning efficiently, finding a balance between management of day-to-day operations and development of strategic initiatives.

With reference to the UK, it was further posited that while the Chief Executive is named as the individual with the responsibility for the quality, structural changes, which include new

layers of management, and the establishment of committees, are being implemented to address challenges in clinical governance [20]. Clinical governance is one of the most important “planks” of quality, and this clinical governance is used as a framework in the National Health Services in the UK, through which continuous quality improvement is used to create an environment of excellence in clinical care [20]. It was also posited that “all hospitals need so form of governing body responsible for making high decisions about the organization” [4].

To address the challenges of poor accountability measures and poorly defined roles, within the organization, 28.2% suggested that the organizational structure should be modified to allow for clear reporting lines and well-defined roles. Formal and informal methods of reporting were posited by [14] as effective means of acquiring information for deeper investigations to determine the next steps. It was surmised by [20] that clear organizational objectives and good working relationships among key actors are among the

factors that influence the performance of the organization; further stating that conflict management skills that include communication, problem-solving, and a combination of leadership and patient orientation, seemed significant in the coordination of care and positive outcomes in relation to the quality of care.

It was further suggested by 23.1% of the participants that some policies and management procedures of the organization should be changed to address the improper distribution and management of resources. It was posited by [6], that efficiency in managing hospitals requires the use of funds in a responsible and effective way, coupled with professional management and a competent governing structure. Top-level organizational leadership, policy making, and decision making are shared processes in the governance of hospitals, and there are principles of ‘good governance that could be applied to the management of health care. In their discussion of leadership in the healthcare system, [21] stated that in order to improve outcomes and reduce chaos, a new kind of leadership must be developed in the healthcare system where the workforce is understood, and teamwork is a requirement for improved performance. The impact of the organizational structure on the performance of the organization was measured in private hospitals in Malaysia [8]. It was found that those hospitals that utilized formalized rules and written procedures to ensure management and governance in hospitals exhibited improvement in performances in areas of internal business processes, quality of care to patients, finance as well as organizational learning and growth [8].

Conclusion and Recommendations

The study several management challenges that relate to the organizational structure of hospital services in St. Vincent and the Grenadines. These challenges include ineffective communication, prevention of

proper distribution and management of resources within the organization, poorly defined and inflexible roles among staff, conflict among managers and leadership, contradictory decisions by the managers, and poor accountability measures. These findings necessitate the review of the organizational structure of hospital services in St. Vincent and the Grenadines.

Therefore, the following recommendations are made to enhance the management and delivery of services in the public healthcare system of St. Vincent and the Grenadines.

1. Appoint a CEO for the management of Hospital Services.
2. Create a structure that allows for the following departments to be established:
 - (i) Human Resources Unit. This should include Grievance and disciplinary committee.
 - (ii) Procurement Unit. This should include the Accounts Department.
 - (iii) Quality and Risk Management Unit. This should include Maintenance Department.

Maintain the current managers who will be responsible for the various service areas. These managers should include the following.

- (i) The Hospital Administrator be the Director of Hospital Operations and should be responsible for the implementation of policies and coordination of functions of staff at the facilities. He/she should be the link of communication to the CEO.
- (ii) Medical Director should be maintained as such and should coordinate all Medical and allied clinical services at all facilities within Hospital Services.
- (iii) The Senior Nursing Officer should be the Director of Nursing Services and should maintain coordination of nursing personnel and nursing services at all the facilities.
- (iv) Deputy Hospital Administrators should be renamed, Facility Managers. Two

additional posts should be created at the rural facilities (namely Levi Latham Health Center and Chateaubelair Hospital. The Facility Manager at these facilities will also coordinate services offered at the polyclinics that are extensions of Hospital Services. The Facility Manager at Levi Latham Hospital should also have responsibilities for the Argyle Isolation Facility. These officers should report to the Director of Hospital Operations.

- (v) The Human Resource Manager should take charge of the recruitment of staff. This officer will also be responsible for settling disputes, conducting investigations, and recommending disciplinary actions.
- (vi) The Procurement Officer should head the Hospital Services stores and should be the officer with responsibility for procuring supplies and equipment locally and from overseas agencies. All orders for supplies should be handled by this officer/office.
- (vii) The Quality Assurance Officer will be responsible for investigating reports of incidents at the facilities and recommending measures to address (and

correct) them. This officer will also be responsible for maintaining an on-going educational training programme and would co-ordinate students, interns, and volunteers at the facilities.

- (viii) The Director of Patient Services will take charge of the activities of accounting and patient records at all facilities. The responsibility of activities of birth and death registration will also lie in this portfolio.

The organizational chart in Figure 3 is recommended for implementation and is guided by the Bureaucratic management theory. This theory was developed by Max Weber and focused on the structuring of organizations in a hierarchy to allow for clear rules of governance. It is used as a core in the establishment of standards and procedures that guides the operations of most organizations today [22]. The principles that guided the creation of this system include (1) chain of command, (2) clear division of labor, (3) separation of personal and organizational assets of the owner, (4) strict and consistent rules and regulations, (5) meticulous record keeping and documentation and (6) selection and promotion of employees based on performance and qualifications [22].

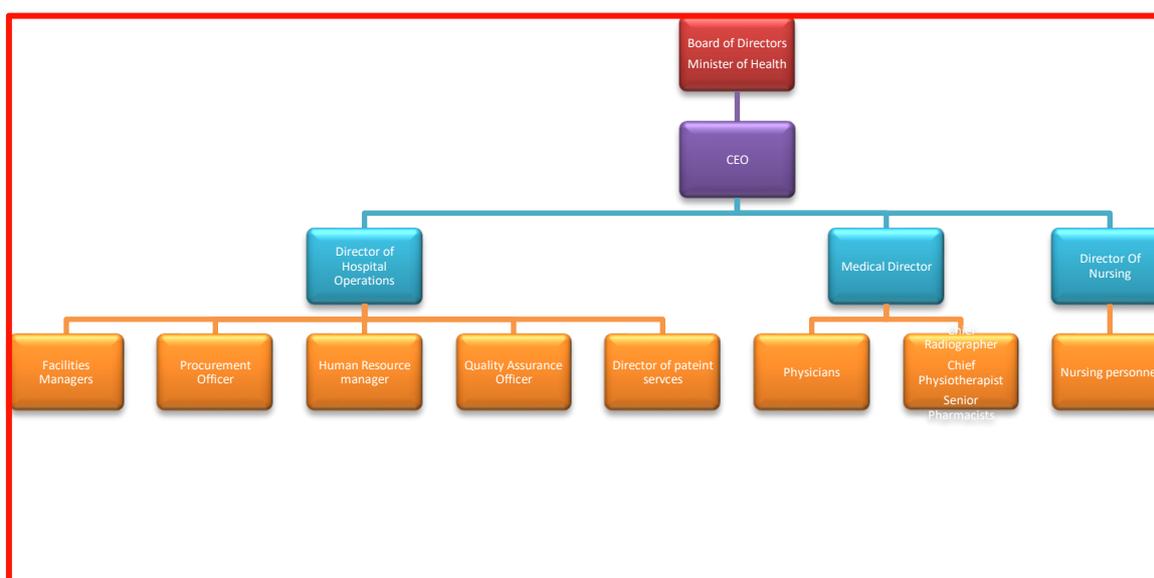


Figure 31. Recommended Top level Management organizational structure for Hospital Services

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Conflict of Interest

The author declares that there is no conflict of interest associated with this paper.

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