

# Management of the Independent Hospital, Obstacles and Challenges and Solutions: A Qualitative Research

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**Abstract- Background:** According to the plan of the new system of hospital administration, the hospital as a health center should provide services for a fee. Despite the approval of the independent hospitals, this plan has not been implemented so far. This research aimed to clarify the obstacles and challenges in the way of establishing independent hospitals.

**Methods:** This research was qualitative research carried out on 20 managers and experts in the field of hospital management. The method of data collection was in-depth semi-structured interview. After defining the interview questions, the interviews were conducted, and the qualitative content analysis method with a contractual approach was used to analyze the data.

**Results:** After analyzing the data, seven principal codes, 18 accessory codes and 85 categories were obtained. The principal codes included the executive committee, educational activities, plan implementation method, human resources, level of authority, structure and infrastructure, and financial affairs of hospitals.

**Conclusion:** Changing the composition of hospital decision-makers, a delegation of authority, executive guarantee to carry out educational programs, fundamental changes in the organizational chart, independence of hospitals in terms of financial balance and granting of all income can be the basic steps in the success of the plan of independent hospitals.

**Keywords-** Hospital, independent hospital, self-governing, qualitative research

## Introduction

The hospital is considered one of the important institutions that provide healthcare and sometimes educational services and allocates most of the resources of the health system. The government, people and insurance organizations bear a lot of expenses in the health and treatment sector of society and expect that the efficiency of hospital services and activities be favorable and effective following such a huge investment (1). Therefore, correct and a scientific management practice to improve the effectiveness and efficiency of hospital performance is an important step in achieving the goals of the health system (2). According to the plan of the new system of the hospital administration, the hospital as a health, treatment, educational and research center must provide medical services at the level of quantitative and qualitative standards to earn income from the client or the insurance company according to the approved fees by the Ministry of Health and spend this income for the purchase of medical and non-medical consumables (3). In 1995, the guidelines for the administration of the new system of hospitals were

compiled, approved and announced by the Ministry of Health with three objectives, including increasing the motivation of physicians and medical staff, increasing

the financial capacity of hospitals, and increasing the powers of hospitals to manage executive affairs as optimally as possible to generate income from cash payments and insurances (4). The implementation of hospitals plan has been implemented independently in the hospitals so far, but after some time, due to problems and challenges, this plan was canceled. Hospital independence is one of the important concepts in hospital management. The purpose of the autonomy and independence of the hospital is to increase the quality of services provided, reduce corruption, develop management resources, and increase accountability and transparency in proper planning and budgeting (5). Currently, the existing system in the administration of hospitals appears to be inefficient due to the low level of justice index and inappropriate use of resources, inadequate response to people, failure to achieve predetermined goals, etc. For this reason, serious changes in the dimension of organization and structure, financial resources and their circulation, health programs and management software are necessary to provide the desired changes (6). The purpose of reforms is not separate from the goals of the health system because health systems have deficiencies in achieving their goals, so the goal of reforming the health system should be to eliminate those deficiencies and help the system achieve its

goals (7). According to the studies conducted and the review of previous studies in the field of hospital management in Iran, it indicates that no study has seriously investigated the independent hospital management model. It is because the plan of the independent hospital has always faced problems and challenges, and for this reason, those involved in this field have not been willing to implement the plan of the independent hospital. This research aimed to examine the challenges and obstacles in the implementation of the plan of an independent hospital from the viewpoint of experts and managers of the health sector.

## **Methods**

### ***Design and settings***

This qualitative research was a part of comprehensive research (8). The research was conducted after obtaining the ethics code from the ethics committee of the Iran University of Medical Sciences (#IR.IUMS.REC 1397.1129). The research population included experts and university faculty members who were active in the field of hospital management. Inclusion criteria were having managerial experience in a hospital, having specialized knowledge in the field of hospitals, having decision-making and policy-making experience in the field of hospital management, and having a willingness to participate in the study. The method of data collection was in-depth semi-structured interview. After determining the interview questions, the interviews were conducted and continued until the data saturation and the codes were a repetition of the previously recorded codes and no new subclasses and classes appeared. To analyze the data, the method of qualitative content analysis with a conventional approach was used.

### ***Interview implementation***

At the beginning of each interview, the purpose of conducting the interview was repeated, and the satisfaction of the participants participating in the interview, answering the questions and recording the voice was considered. They were also assured about the confidentiality of the information and the preservation of the recorded voice. The questions asked were included in the form of an interview guide. The guide of interest was developed by the research team using texts and expanded with several preliminary interviews. The sequence of questions was not the same for all participants and depended on the interview process. On the other hand, the researcher did not limit the participants to answering these questions. The coordinator kept the time in mind and tried to return the discussion to the main

way if the participants deviated from the main topic. The duration of the interviews was according to the time available to the participants and the expansion of the topic by them. The next questions were asked based on the initial answers of the participants and the interview guide. Also, based on the need, exploratory questions such as "what do you mean" or "explain more about this issue" were used in the interviews. In any case, the interview guide made the interviewer sure that the same information was obtained from all the interviewees. The interview guide was examined in two individual interviews as a pre-test regarding the reliability of the questions and the time required to raise the questions and discuss them. Most of the participants chose their place of work as the place of interview and the interview was conducted according to the participant's preferred time. If, for any reason, the researcher did not succeed in conducting the interview, another appointment was made, or the participant was asked to set another time.

### ***Reliability and credibility***

In this research, Lincoln and Guba (9) recommended measures have been used to ensure the accuracy of the findings of the qualitative section. Sampling with maximum diversity was one of the methods to establish acceptability. In this way, the researcher tried to collect different experiences by choosing participants who have diverse regarding hospital type, geographical environment, age, management experience, educational qualifications, and work experience. The continuous process with data is another measure taken to increase acceptability. Another measure to increase the acceptability of the data was to check the findings with the participants. For this, the text of the interviews of 4 of the participants in the interview was returned to them after coding in order to determine whether the codes given by the researcher matched what the participant intended. In some cases, the participants stated that what they meant was different from what the researcher understood, so the codes were modified. Seeking the agreement of the research team was one of the other methods of obtaining data acceptability.

### ***Data analysis***

The conventional qualitative content analysis method was used to analyze qualitative data. At this stage, the recorded interviews were converted into text format. All the interviews were transcribed verbatim by the researcher so that a clear model of the thoughts, behaviors, ideas and experiences of the participants was obtained. The unit of analysis in this study was

the entire interview. Each interview text was analyzed as a unit of analysis. Before starting the coding, the interviews listened to several times in a row, and then the text of the interview was read several times so that the researcher was thoroughly familiar with the data; then they were coded by identifying the semantic units. Also, the materials that came to the researcher's mind were attached to each interview as a reminder. In order to categorize the codes, the continuous comparison method was used, the extracted codes were revised several times and then the codes were

categorized by comparing with each other. They went to the sub-categories of the text related to these categories and compared them together and checked what the input and output of these data are and based on the environment of each data.

**Results**

This research was conducted from March 2018 to July 2019 on 20 managers and policy makers and experts in hospital management. Table 1 shows the characteristics of the interviewees.

**Table 1: Demographic information of the interviewees**

No	Age	Job title	Major	Work experience
1	34	Director of support	Doctorate in management of health and medical services	10-20 years
2	51	Vice president of education and research	Anesthesiologist	10-30 years
3	48	Director of treatment	General practitioner	10-30 years
4	50	Executive vice president	Doctorate in management of health and medical services	10-30 years
5	52	Director of support	Master of nutrition	10-30 years
6	48	Director of treatment	General practitioner	10-20 years
7	41	Head of finance	Master of financial management	10-20 years
8	46	Human resources manager	PhD in educational management	10-30 years
9	48	Executive vice president	Doctorate in management of health and medical services	10-30 years
10	41	Head of administrative affairs	Bachelor of public administration	10-30 years
11	42	Head of finance	Bachelor of accounting	10-20 years
12	47	Executive vice president	Bachelor of in management of health and medical services	10-30 years
13	45	Director of support	Bachelor of business administration	10-30 years
14	36	Head of finance	Master of public administration	10-20 years
15	43	Vice president of treatment	Emergency medicine specialist	10-30 years
16	53	Executive vice president	Master of business administration	10-30 years
17	35	Head of finance	Master of financial management	10-20 years
18	45	Director of board	Emergency medicine specialist	10-20 years
19	50	Nursing manager	Master of nursing	10-30 years
20	36	Head of administrative affairs	Master of political science	10-20 years

The analysis of the interviews to achieve the goal of determining the challenges and obstacles to the implementation of the plan led to the extraction of 7

principal codes, 18 sub-codes and 85 categories, which are shown in Table 2.

**Table 2: Main codes, sub-codes and categories related to challenges**

Principal codes	Sub-codes
Board of directors	Powers of the board of directors
	Composition of the board of directors

<b>Principal codes</b>	<b>Sub-codes</b>
Educational activities	Remove training
	Degradation of education
Method of implementing the plan	Pilot
	Monitoring the implementation of the plan
	Compliance with design and implementation instructions
	Project implementation problems
	Organizational chart problems
Human resources	Lack of trained personnel
	Recruitment and fir of
Amount of authority	Delegated authority
	Outsourcing
Structure and infrastructures	Limited resources
	Acceptability of the plan
Financial affairs of hospitals	University's share of the hospitals' income
	Financial balance of the hospital
	Demands of hospitals

**Board of directors**

According to some interviewees, one of the challenges of implementing this plan is related to the scope of the hospital's executive board; the hospital's board of directors is actually the guiding and decision-making team regarding the performance of the hospital. Although the nature of the plan of independent hospitals is to delegate authority to the hospitals under the group to carry out affairs, on the other hand, if the authority is fully delegated, more training should be given to the hospitals regarding the legal framework and laws, and continuous monitoring should be done in order to the possibility of the slightest violation of the rules and regulations by the members of the board of directors will be prevented. The authority to change the board of directors of the hospital by the head of the university is an issue that can disrupt the entire system plans and prevent the achievement of the organization's long-term goals, so it is better to be more confident in the implementation of the plan.

**Educational activities**

According to some of the interviewees, considering that in teaching hospitals, the topic of education is one of the important and basic topics of those centers, and sometimes it is even more prominent than the topic of treatment, but the big challenge that will arise after the implementation of the hospital independence plan is the issue of education has been neglected and with the reduction of the rank of the vice-chancellor of these centers, a great blow has been inflicted on the education of hospitals. The simultaneous implementation of the plan of independent hospitals in all university hospitals, on the one hand, and on the

other hand, the performance of the plan and the hospitals, on the other hand, face a fundamental challenge, and therefore, piloting a number of hospitals and then implementing the plan, and after evaluating and checking and solving possible problems, generalizing the plan to Other centers are an implementation plan. The successful implementation of the plan of independent hospitals requires proper and continuous monitoring of its implementation, with periodic and continuous monitoring by the university; it is possible to provide them with the necessary training if the needs of the units are determined. According to some interviewees, it is not possible to apply an organizational chart for different types of hospitals because the conditions of the hospitals, the number of their beds, and the specialties of the hospital determine the extent of the hospital and the needs of the hospital for the many forces and management needed to exercise supervision in the hospital. Therefore, a special organizational chart should be designed by examining the conditions of each hospital and in agreement with the hospital officials.

**Method of implementing the plan**

According to the interviewees, the most important part of the plan for independent hospitals is the manner and form of its implementation, including how and in which units the plan will be implemented and not be implemented simultaneously and nationwide in all units, and after implementation, careful monitoring and continuously monitor how units operate and comply with rules and instructions. The simultaneous implementation of the plan of independent hospitals in all university hospitals, the

performance of the plan and the hospitals, on the other hand, faces a fundamental challenge, and therefore, piloting several hospitals and then implementing the plan, and after evaluating, checking and solving possible problems, generalizing the plan to other centers is an implementation plan. The successful implementation of the plan of independent hospitals requires proper and continuous monitoring of its implementation, with periodic and constant monitoring by the university; it is possible to provide them with the necessary training if the needs of the units are determined. According to some interviewees, it is not possible to apply an organizational chart for different types of hospitals because the conditions of the hospitals, the number of their beds, and the specialties of the hospital determine the extent of the hospital and the needs of the hospital for the many forces and management needed to exercise supervision in the hospital. Besides, a special organizational chart should be designed by examining the conditions of each hospital and in agreement with the hospital officials.

#### ***Human resources***

According to the interviewees, since human resources are the most important element of any organization, therefore, two important challenges for the organization are raised in relation to human resources. One issue is the lack of trained manpower, and the next issue is the issue of hospitals' authority in recruiting and firing employees.

#### ***Amount of authority***

According to the interviewees, the independence of the hospitals should be accompanied by full delegation of authority to the centers to carry out their affairs, but after the notification of instructions and informing the hospitals, some powers were taken away from the centers, and on the other hand, during the implementation of the plan, other powers were taken away from the centers. Also, the instructions of the plan have not been fully implemented and this has led to the dissatisfaction of the hospitals that pioneered the implementation of the plan. According to the interviewees, this is an important issue that has been delegated to the centers after the implementation of the plan of independent hospitals. The issue of outsourcing and conducting tenders is one of the important challenges that, despite the independence of hospitals, in many cases they must be affiliated to the university and the relevant case should be assigned in the university, which causes a lot of dissatisfaction and on the other hand slows down the performance.

#### ***Structure and infrastructure***

According to some interviewees, in most hospitals, there is no suitable infrastructure for the implementation of this plan, the limitation of financial and human resources and the lack of suitable infrastructure, facilities and equipment are among the most important of them because hospitals often do not have a good economic situation and professional manpower to do the work. Therefore, the need to carry out investigations before implementing the plan and provide the necessary training and make necessary reforms in the hospitals in order to facilitate their conditions for the implementation of the plan is brought up more and more. According to some interviewees, the important issue in implementing independent hospitals is the upstream support at the university level and other regulatory organizations. All-round support of the headquarters in terms of personnel training and financial support of the centers for the successful implementation of the plan in all hospitals is necessary. Also, the support of regulatory organizations regarding cooperation with centers and the announcement of frameworks, etc., plays an important role.

#### ***Financial affairs of hospitals***

According to some of the interviewees, due to the financial dependence of many centers on the university headquarters after independence, and if the financial support to the centers is cut off, the hospitals will certainly face many problems. On the other hand, the issue of deducting the percentage of the university's share from the hospitals' income is an issue. First of all, it is not possible to determine a certain percentage and share for all hospitals, and it should be done at least at the beginning of the financial support plan by the university, and a share of the hospitals' income should not be deducted by the university. According to some of the interviewees, the one-sided view of deducting a high percentage of the income of all hospitals by the university is not only not a suitable solution, but also causes many financial problems for hospitals, and hospitals that normally have a negative financial balance and with financial support Universities more or less go through problems after becoming independent and they face many financial problems due to the cutoff of financial aid, and on the other hand, becoming independent will intensify these problems. According to the interviewees, after the independence of the hospitals, all insurance and non-insurance claims should be collected on time and the authorities of the hospitals should be given the authority to do so because due to the many financial problems of the centers, in case of

delay in collecting the claims or deducting the share from them, the problems of the hospitals will be exacerbated and the hospitals will not be able to implement the plan properly despite the financial problem.

### **Discussion**

This qualitative research was done independently in the hospitals of the Iran University of Medical Sciences to investigate the challenges in hospital administration. The interviewees believed that one of the challenges of running hospitals independently at the hospitals of Iran University of Medical Sciences is related to the power and composition of the executive board. The management of hospitals by the "board of trustees" method will be successful if it is done with the help of the government, currently, in all the countries of the world, even the countries that are governed by a free economy, the field of health and treatment is managed by the government, so it depends on the government paying the expenses of the hospitals. Slow payment of the independent administration of hospitals will be an act of great importance.

A study by De Geyndt's (2017) showed that the policies of granting independence to public hospitals had had limited success. In all cases, the board of directors has been established. However, the management of self-governing hospitals by the board of directors prevents the resistance of central-level institutions to reducing their power (10). In a study by Merazi et al. (2014), it was also found that "the composition of the hospital's board of directors" is one of the serious obstacles to the implementation of independent hospitals. The ministry of health is still trying to exert its influence and policies on independent hospitals, despite the fact that independent and self-governing hospitals, regarding management, should be able to make decisions freely (11). In two separate studies, Allen et al. (2012) have considered the problems related to the composition of the board of directors as a result of a lack of complete trust in the plan of independent hospitals, and therefore the governance system and the government are indirectly trying to control the hospital and the board of directors in making decisions (12, 13).

According to some interviewees, the removal of the educational department and the downgrading of hospital education may become an important challenge. In order to implement the guidelines for independent hospitals, it has been proposed to include all the stakeholders in training (14). Treatment is the main priority of hospital heads, and education and research are among their next priorities. Also, the

disproportion of the educational field with the number of students, these problems should be solved by revising and implementing the regulations for independent hospitals. Revision of the instructions of independent hospitals from the perspective of the heads of faculties and their educational assistants due to their educational perspective can be a solution in this direction. The establishment of academic staff by the faculty in hospitals will maintain the independence of the clinical education of students in the implementation of this instruction. The interviewees have stated that one of the most important issues in the field of independent hospitals is the manner and form of its implementation. In this context, challenges such as carrying out the plan as a pilot, monitoring the implementation of the plan, compliance with the plan and implementation instructions, examining the implementation problems of the plan, and the problems of the organizational chart of the plan have been raised.

The results obtained in implementing the plan and its subsets are consistent with the results of a study by Markazi-Moghaddam et al (2014). In their study, they concluded that the lack of external supervision and lack of sufficient supervision over the implementation of the plan is one of the challenges of implementing the self-management plan of hospitals. Also, in a study by Rawaghi et al (2018), it was found that weak control in the implementation of programs is one of the challenges in most health systems for the independent management of hospitals caused by other background issues resulting in the weakness and inefficiency in the implementation and follow-up of the plan of independent hospitals (11).

The interviewees believed that the lack of trained manpower and the authority of hospitals to recruit personnel is an important challenge. In a study by Markazi-Moghaddam et al (2014), it was found that one of the underlying factors influencing the inappropriate implementation of the plan of independent hospitals is the lack of full-time physicians in these hospitals. Suhail et al in Pakistan reported that the lack of human resources is one of the main obstacles to the development of independent hospitals (15). The interviewees stated that the independence of hospitals would be accompanied by challenges such as delegating comprehensive authority to the centers to carry out affairs and the issue of outsourcing. Also, before starting the project, the appropriate infrastructure for the implementation of this project in the centers should be discussed. It seems that the limitation of financial and human resources and the lack of suitable infrastructure and equipment as well as the acceptability of the project in

the form of upstream support at the university level and other regulatory organization are among the most important challenges of this project. Another issue that seems important at the time of publishing the article is the management of the independent hospital during epidemics to cooperate more with other hospitals and even between provinces, which is important to improve the level of health. During the COVID-19 pandemic, this importance became more apparent because with the rapid emergence of new cases, this possibility for more cooperation was jeopardized, and it is necessary to consider a special section for crises, outbreaks and epidemics in the new administrations (16-22). By the way, Ravaghi et al (2018) showed that one of the challenging factors in the implementation of the independent hospital plan in countries is the lack of proper infrastructure. In this research, factors such as the inability of hospital management and staff to regulate bed costs, weakness in human and financial resource management, and untrained employees have been pointed out. Also, weak laws and regulations that are practically impossible to implement and other background factors such as cultural, legal and information support factors, lack of insurance and budget problems are also among the other things that are mentioned in the topic of infrastructure in the research conducted by Ravaghi et al (23). The financial issue, the economic situation and the level of revenue generation of the hospitals were undeniable challenges in the way of making the hospitals independent from the viewpoints of the participants. The obtained results are consistent with the results of studies conducted by Maharani et al (24), Markazi-Moghaddam (11) and Barasa et al in Kenya (25).

### **Conclusion**

One of the important pillars of improving the quality of services is the development of independent hospitals (26). According to the analysis of the interviews conducted in this issue, it seems that the composition of hospital decision-makers, a delegation of authority, executive guarantee for carrying out educational programs, fundamental changes in the organizational chart, independence of hospitals regarding financial balance and granting of all income can be the basic steps in the success of the plan of independent hospitals. This research is qualitative research, and like all qualitative research, its results should be generalized with caution.

### **Conflict of interest**

None

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