

## HOSPITAL ADMINISTRATION IN A PERIPHERAL REMOTE LOCATION HOSPITAL: A EVIDENCE BASED STUDY

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### ABSTRACT

**Objective:** The organisation of the human society has undergone a unique transition throughout the last decades. With the rise of ever growing technologization and disruptive innovations, populations also demand more social and environmental initiatives from firms and governments. In 2015, the United Nations (UN) member states agreed upon a 2030 Agenda for Sustainable Development. Developing a sustainable UHC is decisive to ensure better economic prospects and social equality across socioeconomic classes. This can be achieved by lowering the barriers to access health services to the most vulnerable groups and improve mortality and disability rates in the potential workforce.

**Methods:** The present study was conducted in a remote location defence hospital catering to the health care needs of serving personnel of Indian armed forces and civilians residing in this peripheral area. The basic specialties including Obstetrics, paediatrics, medicine and general surgery are provided at this centre 24\*7 by the dedicated medical officers of Indian Armed forces.

**Results:** Sustainability of care continuously evolves towards becoming a major factor for public healthcare organisations, and more accountability will likely be demanded of managers to deliver on each aspect of its triple bottom line. This study shows that prevention and patient empowerment both carry great potential to attain this objective.

**Conclusion:** It is necessary to set priorities and act according to available resources and organisational vision. The central threats to sustainability of public health care welfare systems in peripheral hospitals identified, namely the ageing population and rise in chronic diseases. UHC at a meso and micro level, could provide a much better rationale for scholars to evaluate the need for change, and contribute to draft more inclusive sustainable strategies.

**Keywords:** Universal, Health, AAAQ, Sustainable, Remote

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### INTRODUCTION

The organisation of the human society has undergone a unique transition throughout the last decades. With the rise of ever growing technologization and disruptive innovations, populations also demand more social and environmental initiatives from firms and governments [1]. With our countries population explosion providing free government-based essential health services is a global challenge as on date [2]. In comparison with other parts of the world, especially in low and middle-income countries (LMICs), the defence Hospitals are leading in providing free comprehensive health care to the citizens generally benefitting their strong and committed health care systems [3].

Hospital administration, management skills, and leadership all this have pivotal role in achieving such value based health care in such institutions. Studies have shown that welfare systems need to be more flexible and develop faster, to mitigate international and private sector competition and maintain a high quality of service to face tomorrow's challenges [4, 5].

In 2015, the United Nations (UN) member states agreed upon a 2030 Agenda for Sustainable Development, which includes 17 goals (SDGs) and 169 targets. Under goal number 3, "Ensure healthy lives and promote well-being for all at all ages", is mentioned the attainment of a global universal health coverage (UHC) [6]. This

notion implies that every human being must be offered free access to essential health services and that health should not constitute a burden as a household expenditure (WHO, 2019) [7]. Effective UHC must also fulfil four essential elements: availability, accessibility, acceptability and quality (AAAQ). Supported by the UN, this analytical framework can be used to inform compromises towards better health coverage (UN Office of the High Commissioner for Human Rights [8]). Developing a sustainable UHC is decisive to ensure better economic prospects and social equality across socioeconomic classes. This can be achieved by lowering the barriers to access health services to the most vulnerable groups and improve mortality and disability rates in the potential workforce [9].

### Aims

A gap exists in the literature, about how managers in public healthcare institutions contribute to preserve the efficacy of healthcare, which is strongly associated with a sustainable UHC [10]. Implementation of UHC with health care management can contribute to the realization of six goals among all SDGs [11].

### AAAQ framework

UHC has been proclaimed as an essential factor of development, and this concept is at the heart of the SDGs and can influence a wealth of fields like education, gender equality and economic growth [11].

Table 1: AAAQ framework

Availability	The capacity of existing resources (material, institutional, workforce) to satisfy healthcare in a given area
Accessibility	The capability of a service to be physically reached and utilized by a population
Acceptability	This criterion displays how much can a community consent to use the service available.
Quality	The capacity a service to provide satisfactory solutions to healthcare problems



Fig. 1: UHC based on the AAAQ+S framework

## MATERIALS AND METHODS

The present study was conducted in a remote location defence hospital catering to the health care needs of serving personnel of Indian armed forces and civilians residing in this peripheral area. The basic specialties including Obstetrics, paediatrics, medicine and general surgery are provided at this centre 24\*7 by the dedicated medical officers of Indian Armed forces.

The design of research highly depends on the research question and the resources available. Concretely, it refers to the type and number

of methods chosen for data collection [12]. This study follows a mono-qualitative research design, since previous studies on similar topics have been analyzed based on open-ended questions in structured interviews. Advantages of such design include the freedom given to participants to address new themes that might have been overlooked by previous studies and authors. However, because this model does not involve quantitative or statistical tools, it would require enough participants and the reaching of data saturation to allow generalisation. It is dependent on several environmental factors such as interviewing experience, the capacity of the interview to address the most relevant themes that can help answering the research question, and the subjective extraction of information that can lead to the misrepresentation of participants' point of views.

## Data analysis

The information derived from the studies based on roles of health care management in public health care institutions as in present study was analysed.

Following the example of Homer *et al.* [8], the four elements of the AAAQ framework were used as general categories, or parent nodes, along with sustainability (+S) as a complimentary factor. Once information was identified suitable for a specific category, it either ended up in a parent node, an existing child node or a new one. By doing so, themes like efficiency; culture, values and sensemaking and change management emerged immediately as redundant key elements, and different levels of abstraction were applied to address best the research question. All categories and themes can be found in table 2.

Table 2: Categories and themes

Categories	Themes			
Availability	Efficiency	Workforce disparity	Competition	
Accessibility	Affordability	Impact of geography	Cognitive accessibility	
Acceptability	Culture, Values and sensemaking	The production of care	Legitimacy	Institutional law
Quality	Communication and collaboration	Training	Incentives	Patient participation
Sustainability	Change management	Investment capacity	Threats	Strategies implemented

## RESULTS

### Availability and accessibility of healthcare

Studies showed health care managers were concerned on allocating the available financial and material resources to produce the best outcomes for their institution. Regardless of their educational background, they all agreed that this was necessary to properly conduct their missions, and to provide their teams with realistic projections. It is important to note here that occupying a middle management role in public health institutions can be very demanding, notably due to their direct interaction with healthcare professionals who might have a rather negative opinion of efficiency processes [13]. Hospitals at peripheral regions suffer from an increasing number of patients visiting hospitals and clinics for chronic diseases, which threatens the capacity to maintain all services available especially due to the increase of specialist needs [14].

**Affordability**-The present study explores the continuous challenges posed by financial vulnerability in accessing healthcare treatments. In public institutions like defence hospitals as in present study the existence of a complementary fund allows citizens to be fully reimbursed by the state body. However, some patients do not use it when they seek treatments, and institutions end up with outstanding bills.

### Acceptability and quality of healthcare

The present study stresses upon the necessity to get patients actively involved with it. For instance, managers can allocate resources to gather patient feedback, or for the generation of comprehensive information mediums regarding potential hazards and pricey interventions. There is a growing pressure for healthcare professionals to display patient-centred initiatives [15]. The empowerment of patients can lead healthcare organisation to many

benefits linked to quality such as increased satisfaction, but also other aspects of UHC such as accessibility [16].

### Sustainability

Studies explored activities in the future that could threaten a sustainable UHC. Apart from changing demographics, some displayed scepticism regarding the capacity of healthcare model to sustainably absorb costs. To control costs, we need to implement budgeting mechanisms to accurately assess the needs of their public health expenditures. Although this appeared to be functional to reduce cost, the fast pace changing in healthcare demand and socio-economic disparities among patients might put a serious pressure on fieldworkers to deliver according to the determined budget [17].

It is always necessary to consider what could represent the collateral costs that could undermine the future generation, an unpredictable vehicle for policymaking, potentially harming their capacity to implement change.

## DISCUSSION

It is necessary to set priorities and act according to available resources and organisational vision. The central threats to sustainability of public health care welfare systems in peripheral hospitals identified, namely the ageing population and rise in chronic diseases, were consistent with the findings of Borgonovi *et al.* [17]. UHC at a meso and micro level, could provide a much better rationale for scholars to evaluate the need for change, and contribute to draft more inclusive sustainable strategies.

According to UHC principles, patients need to be treated equitably but every problem ideally requires special attention. It is not impossible for large healthcare institutions to show some flexibility to provide access to the least privileged. In this context, the creation of temporary

care dispensaries might have delivered better for the specific needs of this population, while maintaining access for locals, a greater share of healthcare managers might reconsider allocating resources.

Getting large, bureaucratic and old-fashioned public healthcare organisations to change is not easy but is essential to ensure UHC sustainability [18]. The development of a clear investment strategy was key to maintaining a good running of services most relevant to their own environment. Among the various strategies discussed, prevention appeared like a critical priority. Chronic conditions are on the rise, and through information digitalisation, there has never been such an opportunity for people to access the best healthcare knowledge and practice. The development of such platforms and appliances, leveraging notably on the power of data, is increasing and healthcare managers can play a major role to play in identifying the best approaches to integrate the appropriate IT capacities in their system [19].

## CONCLUSION

This study is the product of a systematic approach to qualitative research. By analyzing the studies on similar topics the disadvantages of conducting qualitative research have been acknowledged and addressed whenever necessary. As mentioned, healthcare organisations are highly segmented, and their rigidity may partially justify such a disconnect between theory and practice. Nevertheless, the recognition that change management and specific strategies can initiate clever adjustments at the organisational and regional levels, is a crucial step for willing managers to reconsider how organisations can achieve their mission in long-term. The ageing population coupled with general changes in the demographics of the European population, through migration and a falling birth rate, were frequently identified as general problems that required local solutions from participants. Thus, managers do not have hands and feet tied up and occupy a central part in tackling numerous internal and external threats to UHC.

Sustainability of care continuously evolves towards becoming a major factor for public healthcare organisations, and more accountability will likely be demanded of managers to deliver on each aspect of its triple bottom line. This study shows that prevention and patient empowerment both carry great potential to attain this objective. First, implementing preventive strategies to address local and specific needs could reduce the overall demand for primary care, which could later encourage health care policymakers in reassessing the need for rigid UHC guidelines. Second, patient empowerment can promote a more flexible and customized approach to healthcare, hence promoting a favourable environment for change management. Although they are progressively reaching a greater audience, environmental issues were rarely discussed by participants, and seemed to remain remote concepts for them. Notwithstanding, sustainability seems to have made its way onto healthcare managers' radar, and some practical strategies have been outlined in this paper. Due to the relative novel popularity of this topic, future research could adopt a more flexible qualitative methodology such as unstructured or semi-structured interviews, to explore it in more depth.

In the future, scholars with greater resources and experience could dig deeper based on these findings and unravel new determinants of UHC that can be triggered by healthcare managers. More specifically, it would be interesting to fig. out whether the definitions provided to the participants were enough for them to clearly evaluate their connection to UHC and address the most critical aspects of it. As this could have presented a significant bias in the quantity and quality of data extracted, we could be standing at the tip of an iceberg, with a wealth of information lying underneath. The healthcare managers will likely have to show genuine entrepreneurship to make our welfare systems sustainable for the future generations.

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## AUTHORS CONTRIBUTIONS

All the authors have contributed equally

## CONFLICT OF INTERESTS

Declared none

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