



THE ROLE OF HEALTH ADMINISTRATORS IN HEALTHCARE WORKFORCE PLANNING AND MANAGEMENT

Hassan Fuhaid Mohammed Alotaibi, Abdullah Sogair Gazi Almutairi, Hamoud Mujari Mohammed Al. Qahtani, Mohammed Abdullah Mohammed Almutlaq, Fawziah Mansor Ali Akam, Manal Abdulrahman Alanazi, Adel Mohammad Alrasheedi, Hanan Obaid Aldawsari, Ali Jamea Almutairi, Abdulrahman, Sulaiman Alrakkb, Saad Mohammed Al-Bishi, Muteb Faleh Aldaghilbi, Mamdouh Saed Almutairi, Abduallh Obaid Alreshidi

Abstract

The field of health systems is intricate and continuously changing, and there is still little knowledge on the abilities of health administrators and leaders to effectively address present and upcoming challenges. Prior research has focused on individual countries and has not included diverse international and multi-level perspectives. This paper analyzes the present and upcoming difficulties faced by health leaders and workforce managers in various settings and healthcare systems. A comprehensive review of literature pertaining to health management and leadership was undertaken, which included identifying prominent publishing platforms and devising an effective search methodology. The findings indicated that healthcare sectors worldwide face a range of persistent challenges and emerging trends in health leadership and management. To summarize, the current issues and future requirements of the worldwide medical administration workforce revolve on improving efficiency, implementing change, and effectively managing human resources. It is crucial to ensure that existing health managers and leaders has the necessary skills to effectively react to the present situation.

Keywords: Health administrators, healthcare, workforce, planning, management.

1. Introduction

Health systems are becoming more intricate, including the delivery of both public and private healthcare services, primary healthcare, acute, chronic, and elderly care, in various settings. Health systems are constantly changing to adjust to changes in disease patterns, population characteristics, and social trends. The convergence of emerging technology and many political, economic, social, and environmental factors presents a multifaceted challenge for global health [1]. As a result, there has been a growing acknowledgment of the importance of non-state players in addressing population needs and promoting innovation. The idea of 'collaborative governance,' which involves the cooperation of non-health actors and health actors, has become fundamental to health systems and service delivery worldwide [1], in order to address evolving expectations



and emerging priorities. The pursuit of universal health coverage (UHC) and the fulfillment of the Sustainable Development Goals (SDGs), especially in low- and middle-income countries, have been crucial motivating factors [2]. The reforms aim to enhance the efficiency, accessibility, and overall quality of public services, including the desired changes for improvement [1, 3].

The World Health Organization (WHO) has recognized a significant lack of human resources for health to meet the present and future population health demands worldwide. This deficit has been highlighted in the WHO publication 'Working together for health' and is hindering progress towards the Sustainable Development Goals (SDGs). Although there have been significant gains in the total number of healthcare workers worldwide, the difficulties related to human resources for health are very complicated and diverse. These factors include not only a lack of workers in certain fields, but also disparities in the combination of skills, uneven distribution across different regions, challenges in collaborating across different professions, ineffective use of resources, and the exhaustion of individuals [2, 5, 6]. Efficient leadership in the field of health and effective management of the workforce are crucial for meeting the requirements of human resources in healthcare systems and enhancing capabilities at regional and global scales [4, 6, 7, 8].

Health leadership, while lacking a standardized definition, revolves on the capacity to define objectives, provide strategic guidance to various stakeholders within the healthcare system, and foster dedication throughout the health sector to tackle those priorities for the enhancement of healthcare services [7, 8]. Efficient management is necessary to allow change and accomplish outcomes by enabling the effective mobilization and use of the health staff and other resources [8]. Contemporary health systems function through interconnected networks that have different levels of responsibilities. To ensure the provision of high-quality care that is effective, efficient, accessible, patient-centered, equitable, and safe, effective health leadership and workforce management are necessary. Health leadership and workforce management are closely connected and have vital responsibilities in the administration of health services [7, 8].

The role of leaders and managers in the health sector is undergoing changes, in addition to health systems. Health system strengthening requires strategic management that effectively adapts to political, technical, sociological, and economic changes [10]. Although health service management plays a crucial role in the health sector, there is a lack of understanding on the priorities for health service management in the global health context. This expedited assessment was carried out to identify the present obstacles and top goals for global health leadership and workforce management.

2. Primary obstacles and developing patterns

Several difficulties and rising trends were observed in healthcare industries worldwide. The items were categorized into three levels: 1) macro, system context (including society, demography, technology, political economy, legal framework, history, and culture), 2) meso,

organisational context (including infrastructure, resources, governance, clinical processes, management processes, suppliers, and patients), and 3) micro context related to the individual healthcare manager. Previous research has used a multi-level approach to illustrate how various elements at different levels interact with one other, and how they directly and indirectly impact healthcare management policies and practices. This technique has been shown to have reciprocal effects [45].

3. Macro-level societal and systemic

Health systems worldwide are encountering similar issues such as population expansion, aging populations, and growing disease loads. Countries, both developing and developed, are experiencing changes in their population and disease patterns. People are living longer, but there is also a higher occurrence of chronic diseases. This means that healthcare managers and leaders need to adapt to the changing healthcare needs of the population. They must provide not only immediate care but also focus on prevention and long-term care. A surge in the prevalence of both non-communicable and communicable illnesses is being seen in several regions including Africa, Europe, the Pacific Islands, the Middle East, Asia, and the Caribbean [21, 46, 47, 48, 49, 50, 51, 52].

While most nations share common problems with their developing health systems, there are variations in the intricacies that each country encounters. The health systems of small countries are being impacted by outmigration, capacity building, and funding from international aid agencies. On the other hand, larger countries are experiencing influences such as funding cuts, an increase in private health insurance, innovations, and health system restructuring [21, 34, 50]. Furthermore, individuals are becoming more knowledgeable about health matters and, as consumers, have high expectations for healthcare that is of excellent quality [34]. Nevertheless, hospitals and healthcare systems are experiencing a shortage of resources to adequately address the growing demand [16, 34, 43].

Scientific advancements have led to an increase in the number of people getting healthcare services across the whole healthcare system. Establishing communication and cooperation protocols among various healthcare experts is crucial for delivering top-notch healthcare. Nevertheless, the health systems are now divided into several parts, and the growing focus on specialization is causing even more division and detachment [31]. The use of technology advancements necessitates change management, restructuring of hospitals, and capacity development.

The task encountered by healthcare administrators and leaders to providing high quality care is further complicated by changes in health laws and regulations [53]. Political changes sometimes need restructuring of the health system, which involves modifying the values, structures, procedures, and systems that may limit how health managers and executives align their organizations with new agendas [24, 28, 31]. For instance, when health services administration is distributed to local authorities via decentralization, it may have different effects

on the effectiveness and efficiency of healthcare delivery. This has been supported by studies [24, 27, 35].

4. Key global issues confronting health management

It is crucial to comprehend how the characteristics of macro, meso, and micro systems might provide difficulties for managers [19]. High-income Organisation for Economic Co-operation and Development (OECD) nations, middle-income rapidly-developing economies, and low-income, resource-limited countries are all encountering unique issues due to ongoing healthcare reform and the rising amount of health spending in relation to GDP. Reforms, particularly in OECD nations, have focused on cost reduction, hospital consolidation to improve efficiency, and restructuring primary healthcare [1, 54]. The evolving business models for healthcare delivery have broader consequences for how health managers see the delivery of healthcare and the main players involved, such as the growing influence of commercial healthcare providers and non-health entities in public health.

The modifications to the healthcare delivery business model also have ramifications for the allocation of power among the major participants in the system. This is seen in the transformed position of general practitioners (GPs) in the UK National Health Service as the heads of Clinical Commissioning Groups (CCGs). Commissioning requires a distinct set of skills compared to clinical practice, including the evaluation of financial data, understanding legislative obligations, and engaging with a broader range of stakeholders throughout an area to strategize services. In light of their increasing duties, general practitioners (GPs) have had to rapidly acquire new management skills, as shown by the several research reviewed on clinician managers and the issues they face [18, 28, 53].

An essential aspect of the healthcare manager's responsibility is the capacity to navigate and adapt to different cultures and practices in healthcare delivery, including both established and emerging ones. It is crucial to bridge this gap, especially in the context of healthcare delivery that is becoming more individualized and technology-driven [54]. The incorporation of new medical technology and knowledge advancements has enhanced the capacity to address intricate health requirements. However, effectively implementing these innovations into current healthcare management procedures necessitates robust change management. Health leaders and managers must possess the ability to promptly and consistently evaluate the necessary changes and their consequences, and convert their analysis into a feasible strategy to achieve transformation [10]. Limiting the focus of health professionals' training to clinical skills and neglecting to include training in administrative and leadership positions, particularly in change management, may hinder the speed and effectiveness of adopting innovative practices [22].

5. Consequences

The consequences of current goals within the health sector for health management practice worldwide are emphasized by our results. Key problems include efficiency savings, change

management, and human resource management. Within the framework of efficiency strategies, health system and service managers encounter situations of inadequate allocation of human and technical resources, resulting in a discrepancy between demand and supply.

At the operational level, this has increased and diversified the responsibilities of middle managers who act as intermediaries at two primary levels. The first tier of middle-management is situated between the front-line and C-suite management of an organization. The second tier of middle management consists of C-suite managers who are responsible for interpreting regional and/or national financing choices and policies inside their organizations. Given the escalating rate of change, as well as fiscal and resource limitations, middle managers at both levels are now experiencing heightened levels of stress, diminished morale, and unsustainable work schedules [29]. The focus on cost-saving has led to a greater focus on the healthcare services that can be provided in the community and the factors that influence people's health. Integrating separate services to achieve efficiency objectives has become a fundamental aspect of the job carried out by health managers who facilitate this process.

Our discoveries also have consequences for the understanding of healthcare management as a profession. The research clearly demonstrates the extensive scope and growing significance of health leaders and managers. Therefore, it is crucial to clarify the professional identity of a 'health manager' in order to establish and sustain a strong health management workforce capable of fulfilling various functions. The growing mobility of healthcare professionals and the movement of people, goods, and services across borders provide significant obstacles for the healthcare sector. Accordingly, the concept of global competence has been recognized among healthcare professionals [55].

Transnational competence enhances cultural competence by acknowledging the interpersonal abilities necessary for effectively interacting with individuals from other cultural and social backgrounds. Therefore, possessing transnational competency is crucial for health managers who operate in several countries. An essential element of professionalization is the provision of education and training for health managers. The results of our research provide an original and valuable theoretical addition that has a global perspective and addresses several levels. This contribution aims to inspire innovative ideas among health management educators, as well as present health leaders and managers. These results are very useful for managers and practitioners who are establishing graduate health management programs.

6. Conclusion

Health managers in both international and national contexts encounter intricate difficulties due to the global scarcity of healthcare personnel and the fast development of healthcare systems at both national and international levels. This review focuses on the dearth of studies that use a global perspective in examining the issues and developing requirements. The current issues faced by the global health management workforce are on demographic and epidemiological shifts, cost-saving measures, effective human resource management, evolving organizational structures,

increased managerial demands, and changing roles and expectations. By acknowledging these difficulties, researchers, management educators, and policy makers may create the most important areas of focus in global health service management. This will help improve health leadership and capabilities to effectively address these obstacles. Healthcare delivery systems rely heavily on health managers and executives who possess adaptive and relevant talents.

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