

## A Review: Role of Health Administrator in Efficient Working of Hospital

Shipra Kumari\*

Tutor & PhD Scholar, Dept. of Health Administration, Faculty of Commerce and Management SGT University, Gurugram, Haryana, India

Received: April 06, 2021, Accepted: April 12, 2021, Published: May 15, 2021

**Keywords:** Healthcare Organization; Health Administrator; Health Management; Patient Safety; Health Quality

### Introduction

Health administrators have an important role to play in a healthcare organizations. Patient satisfaction and loyalty, profitability and productivity of an organization are associated with healthcare service quality. As a consequence, around the world, healthcare organizations cogitate service quality as a strategic differentiator for sustaining against the competition. Hence it is a prerequisite to define, measure and improve the quality of health care services [1].

The main priority of the society has always been to increase and maintain a high standard of healthcare system which in turn improves the health status of the people which is essential for the sustainable development of the society. The ultimate motive of healthcare system is to maintain, promote and offer high quality services which can be done through improving its management, availability and accountability [2].

Healthcare organizations are a complex bodies with several departments corroborating with each other like clinical, diagnostic and supportive service departments. Administrative issues between departments and within the department are a common hindrance in the flow of work. These administrative responsibility is conventionally managed by the medical superintendent who has, in majority of the cases, no managerial qualifications but is usually from a clinical background. Health administrators who are qualified and trained at this particular aspect are hence critical in efficaciously managing the hospital [3].

Total quality management can be hindered by ineffective leadership as stated by the quality experts, but they rarely enumerate the specific actions that should be taken while implementing quality management by these leaders and administrators [4].

As an answer to these ever growing managerial needs of healthcare providers and organizations in India, health management has evolved into multifarious specialty. This new branch is even expanding into many other areas of healthcare like health care executives, healthcare administrators, health managers and public health manager. But this remains a hidden

**\*Corresponding author:**  
Shipra Kumari

✉ ritukyam@gmail.com

**Tel:** 08700798079

Tutor & PhD Scholar, Dept. of Health Administration, Faculty of Commerce and Management SGT University, Gurugram, Haryana, India

**Citation:** Shipra Kumari (2021) A Review: Role of Health Administrator in Efficient Working of Hospital. J Hosp Med Manage Vol.7 No.5:272.

career and is not an obvious career choice when people think of healthcare services [5].

Hence, there is a need to evaluate the role of these health administrators, what they are doing in practice to ensure and improve the quality of care and patient safety. Many studies have been conducted in the economically advanced western countries where the use of these health administrators is at a large scale to indicate their significance and role in patient satisfaction and healthy outcome. These types of studies are more of a methodological challenge and were not being conducted in growing country like India and data is not available in this regard. This article is an attempt to review the studies conducted in the aspect of role of health administrators, to view the benefits and flaws and understand the need of introduction of these administrators to improve patient safety, quality of health care services, patient satisfaction and overall healthy outcome.

### Background

#### History of Hospital Administration

Healthcare management field was born as a response to

advances in medical sciences, like a shift from home based care to institutional care in the early times. In 1922, Marquette University started the first hospital administration degree program which failed due to lack of registrations. The formal education in hospital administration was started only after the publication of Michael Davis's book "Hospital administration, a career"[5].

In mid-1930 there was the development of first formal university course for hospital administration and was mainly advanced and influenced by The American College of Hospital Administration (ACHA) as it designed the code of ethics for hospitals and healthcare executives. This code has undergone several revisions in order to keep pace with the ever changing profession [6].

In India, hospitals began to exist at the time of Buddha and Ashoka during 6th century BC. Over the centuries and invasions by foreigners has metamorphosed the health care system. Introduction of hakims, European missionaries lead to the introduction of allopathic system of medicine. Many of the hospitals, medical colleges and dispensaries were established during the British rule in India. There were 7,400 hospitals with a bed population ratio of 0.24 per 1,000 population by the time of independence in 1947. This model framework of healthcare system which was left by the British has become the basis for the development of healthcare structure in the country [7].

In 1946 a committee was formed to evaluate the need and future development of health care system, the Bhole committee. In its report the committee recommended upgrading the health services at all levels and evaluated that the bed population may rise to 1.3 per 1,000 population in 10 years and to 5.6 in 25 years [8].

According to health information India (1995-96) there were 15,097 hospitals with 6,23,819 beds admitting 30 million inpatients per year. Another committee called the Mudaliar committee suggested that the patient bed ratio should be 1 per 1,000 population but it was 0.67, well below the required. This lead to overcrowding and mismanagement in hospitals. To represent this mismanagement there was the introduction of hospital administrators who were at the beginning the hospital nursing staff itself. Later there was the introduction of special health care managers and administrators with specific roles.

The original role of a health administrator was resource management but over time they evolved, adopted and redefined to include other responsibilities also [6].

## Role and Duties of Healthcare Administrators

Health care administrators deal with everything which is related to operating and delivering an efficient health care in a healthcare organization whether they are nursing homes, private medical facilities or state run emergency centers. Hence a multi-disciplinary approach is essential. These are some of their duties as healthcare administrators:

- Improving efficiency and quality of healthcare services delivered.
- Developing goals and objectives for each department.
- Ensuring the compliance of facilities in regards to regulations

and law.

- Resource management.
- Supervising staff and providing with efficient work schedules.
- Representing the organization in investor meetings or governing boards.
- Maintain and organize records of the organization.
- Communicating between departments [9].

## Skills of the Ideal Healthcare Administrators

Healthcare administrators are the professionals who should have absolute grip in various disciplines which help them in running healthcare organization or institution. They should have and develop specific skills like

- Analytical skills: analyzing legal documents, performance reports, audits or guidelines.
- Communication skills: introduction and implementing of new policies and making the healthcare providers and other staff to understand these policies. Acting as communication channels between various departments.
- Leadership skills: Pushing and managing changes in a positive way that helps in engaging personnel to different tasks.
- Policy making skills: Understanding the guidelines and making strategies and policies to reach these guidelines.
- Negotiation skills: resolving conflicts and ensuring compliance.
- Knowledge of healthcare: To ensure smooth operations.
- Technical skills: technological innovations and their adoption in health care organizations.
- Decision makers: reviewing all the details before making decisions and taking responsibility for the consequences [10].

Duty towards hospital staff: Health care administrators aren't that different from administrators of other institutions or systems when it comes to providing a healthy environment for their employees. Healthcare administrators are responsible for safety and healthful working conditions and are accountable for occupational health performance of different units [11].

Duty towards patients: healthcare administrators also have a moral and legal obligation towards patients. They are responsible for providing high quality of patient care and always strive to improve the quality of care. All the policies, systems, organization and procedures followed in the organization should focus on improving patient satisfaction, care and reduce the amount of time a patient is spending in the institution [12].

Many studies were conducted in the developed countries to actually quantify the role and importance of healthcare administrators [13] conducted a study on Hospital manager's responsibility in Canada and concluded that administrators should

address quality and patient safety in board meetings and spend more time in the area of educating and training on responsibility for quality and safety [14] in USA did a study managers on their role in quality and safety and concluded that administrators spent time on quality and safety had a positive effect on patient outcome by setting quality and safety oversight to a standing board committee and regularly received formal written reports on quality targets [15] in USA conducted quantitative surveys on Managers (Board and senior management) to observe the role of managers in quality index and concluded that there was better quality index is associated with hospitals where the boards spent more than 25% of their time on quality issues and engaged in a great amount of interaction with the medical staff on quality strategy [16] in USA did a study on manager's practices in quality and safety and stated that creation of board committee with explicit responsibility of patient safety has positively affected the organization's patient safety mission.

## Conclusion

Hospital administrators have a key role in administrative works, maintaining the standards of work area and as well as improving

the quality of health care the patients get. According to the studies, strategic implementation, establishing goals, formation of broad quality committees, frequent board meetings are essential for improving the quality index and patient satisfaction. This can be achieved only by trained personal in management who should also have a knowledge regarding the running of a hospital and brief idea about medicine in general. Corporate hospitals are gaining a lot of patients mainly in regards to the care taken by the hospital in their wellbeing. Health administrators in the western countries help the organization in improving the outcome of the services provided and help in reducing the amount of time a patient is spending in a hospital, which are the major criteria for patient inflow. In India, health administrators are only being used in the private sector, who have a competitive goals and a high quality of services. Not much studies have been conducted in India about the role of health administrators to quantify the actual affect and outcome of their implementation. It is high time to introduce health administrators in the government sector who can help alleviate the hesitant nature of the patients towards government hospitals.

## References

1. Ali Mohammad MOSADEGHRAD (2014) Factors Affecting Medical Service Quality. *Iranian J Publ Health* 43:210-220.
2. Gholami S, Oveisi S, Ghamari F (2015) Study of Educational Hospital Employees' Satisfaction with the Administration of the Health Reform Plan in Ghazvin. *Electron Physician* 7:1500-1504.
3. Mohammad Kausar (2018) Hospital Administration Control Room: An Effective Concept for Managing Hospital Operation Issues: A Study in Tertiary Care Public Sector Hospital. *Int J Res Foundation Hosp Healthc Adm* 6:82-90.
4. Gaucher E, Kratochwill EW (1993) The leader's role in implementing total quality management. *Qual Manag Health Care* 1:10-18.
5. Kalangi S, Thakur H (2019) Status of Health Management Education in India: Past, Present, and Future. *Front. Pub Health* 6:375.
6. Khan N (2013) Evolution of hospitals and its management. *Asian J Manage Sci* 01:12-21.
7. Tabish S. Health planning: past, present & future. In: *Hospital & Health Services Administration: Principles & Practice*. New Delhi: Oxford University Press (2000).
8. Bangdiwala S, Tucker J, Zodpey S, Griffiths SM, Li LM, et al. (2011) Public health education in India and China: history, opportunities, and challenges. *Public Health Rev* 33:204-224.
9. Bureau of Labor Statistics (2019) U.S. Department of Labor, Occupational Handbook, Med. *Health Serv Manag*.
10. Stefl ME (2008) Common competencies for all healthcare managers: the Healthcare Leadership Alliance model. *J Health c Manag* 53:360-73.
11. Guidotti TL (2010) How can managers visibly promote safety and health protection? *J Occup Environ Med* 52:1141-2.
12. Parand A, Dopson S, Renz A (2014) The role of hospital managers in quality and patient safety: a systematic review. *BMJ Open* 4:005055.
13. Baker GR, Denis JL, Pomey MP (2010) Effective governance for quality and patient safety in Canadian Healthcare organizations: a report to the Canadian Health Services Research Foundation and the Canadian Patient Safety Institute. Ottawa: Canadian health Serv Res Found. Canadian Pat Safety Inst.
14. Prybil LD, Peterson R, Brezinski P (2010) Board oversight of patient care quality in community health systems. *Am J Med Qual* 25:34-41.
15. Vaughn T, Koepke M, Kroch E (2006) Engagement of leadership in quality improvement initiatives: executive quality improvement survey results. *J Patient Saf* 2:2-9.
16. Weingart SN, Page D (2004) Implications for practice: challenges for healthcare leaders in fostering patient safety. *Qual Saf Health Care* 13:52-56.