

HOSPITAL MANAGERS AND QUALITY OF HEALTH CARE: INTEGRATIVE LITERATURE REVIEW

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Abstract: Hospital managers face numerous daily challenges in the provision of health services, constantly seeking to improve the quality of patient care. To analyse the role of hospital managers in promoting quality in healthcare, a review of the literature produced was carried out to compile the scientific production available to ascertain the role of hospital managers in promoting quality in healthcare. The review of the literature revealed that to promote quality in healthcare, the role of the manager must encompass areas such as resource management, financial impacts, day-to-day technical procedures and care routines, and support for healthcare professionals.

Keywords: Case Managers; Quality of Health Care; Quality, Access and Evaluation of Health Care.

Gestores Hospitalares e Qualidade dos Cuidados de Saúde: Revisão Integrativa da Literatura

Resumo: Os gestores hospitalares enfrentam inúmeros desafios diários na prestação de serviços de saúde, procurando constantemente a melhoria da qualidade do atendimento aos pacientes. Com o objetivo de analisar o papel dos gestores hospitalares na promoção da qualidade dos cuidados de saúde, foi realizada uma revisão da literatura produzida para compilar a produção científica disponível para averiguar o papel *dos gestores hospitalares na promoção da qualidade em saúde*. A revisão da literatura produzida revelou que, para promover a qualidade nos cuidados de saúde, o papel do gestor deve englobar áreas como a gestão de recursos, os impactos financeiros, os procedimentos técnicos quotidianos e as rotinas de cuidados e o apoio aos profissionais de saúde.

Palavras-chave: Gestores de Caso; Qualidade dos Cuidados de Saúde; Qualidade, Acesso e Avaliação dos Cuidados de Saúde.

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Introduction

To analyse the role of hospital managers in promoting healthcare quality, a literature review was carried out to compile the scientific production available to investigate the role of hospital managers in promoting healthcare quality. This work was carried out in March and April 2023. The Scopus, Web of Science and PubMed databases were searched, using the keywords “Case Managers”, “Quality of Health Care” and “Health Care Quality, Access, and Evaluation”.

Initially, 1,827 articles were found on the subject in question, which were then reduced to 14 after applying inclusion and exclusion criteria. These 14 articles were then read in full, resulting in seven articles that were included in the review. One of the conclusions is that to promote quality in healthcare, the role of the manager must encompass areas such as resource management, financial impacts, day-to-day technical procedures and care routines, and support for healthcare professionals.

Background

Over the past few years, the field of hospital management has undergone various transformations that require managers to adopt resolute and well-informed positions to enhance the healthcare process, enhance the quality of services provided, and cultivate leadership models that address service demands (FARIAS; ARAÚJO, 2017).

It is noticed that, in recent decades, there has been a significant shift in the demographics of healthcare service users, particularly with the rise in the number of elderly individuals and those with chronic illnesses. This phenomenon has resulted in hospitals facing an increased burden of activities, both financially and in terms of patient care (CHEN *et al.*, 2015). The World Health Organization (WHO) estimates an increase in the number of deaths from chronic diseases from 38 million in 2012 to 52 million in 2030 (WHO, 2016).

Apart from what was mentioned before, the literature highlights that hospital managers face other challenges such as the absence of effective mechanisms to evaluate management processes within the hospital setting (SCHIESARI, 2014; SANTOS *et al.*, 2020).

Furthermore, it is worth noting the interpersonal discrepancies that exist within healthcare settings. Mismanagement of interpersonal conflicts by hospital managers can significantly impede the prompt delivery of services, as well as compromise the quality and effectiveness of services provided (LORENZETTI *et al.*, 2014).

Based on the aforementioned points, it is evident that hospital managers should adopt a critical and thoughtful approach to their management style. They should prioritize open communication, and transparency, and focus on the axis of service-user-safety-quality to enhance the quality of healthcare services in the hospital setting. The ultimate goal should be to promote improvements and advance the qualification of healthcare in hospitals.

Therefore, this study aims to conduct an integrative literature review to survey the scientific research on the role of hospital managers in enhancing the quality of healthcare services.

Method

The current study is a descriptive and integrative review of the literature on the topic. This type of review involves gathering and synthesizing the results of various studies on a specific subject, allowing the integration of research findings and the formation of conclusions based on those findings (SOARES *et al.*, 2014).

To conduct this integrative review, the following steps were taken: development of a guiding question; literature search; data collection; critical analysis of the studies included; discussion of the findings; and presentation of the review (SOUSA; SILVA; CARVALHO, 2010).

The research question was formulated following the PVO strategy, where “P” represents the population, “V” refers to the variables, and “O” denotes the outcome. Based on this strategy, this review considered “P” hospital managers, “V” referred to quality health care, and “O” was associated with evidence in the literature of the role of hospital managers in the quality of health care. Thus, the following guiding question was formulated: What is the role of hospital managers in promoting quality in health care?

A researcher conducted the search and analysis of the studies during the months of March and April of 2023. For this purpose, the controlled descriptors were “*Case Managers*”, “*Quality of Health Care*” and “*Health Care Quality, Access, and Evaluation*” indexed in the *Medical Subject Headings* (MeSH). The Boolean operators “AND” and “OR” were utilized to link these descriptors.

The selection of the scientific productions was carried out by consulting the following databases: Scopus, *Web of Science*, and *National Library of Medicine National Institutes of Health* (PubMed).

As part of the inclusion criteria, the study focused on articles that were available in full and free of charge and had been published within the last 10 years. These articles specifically dealt with the topic of the hospital manager’s role in promoting the quality of health care (2013 to 2023). The inclusion criteria adopted allowed for articles in any language to be considered. However, certain types of articles, such as duplicates, editorials, letters to the editor, theses, dissertations, review articles, reports, and those that were not deemed relevant to the review were excluded.

For data organization, an adaptation of the instrument validated by Ursi (2005) was used. The adaptation used for data organization is a Checklist that has been divided into nine domains. Its purpose is to help describe the primary data found in the articles (FERREIRA *et al.*, 2013).

Once the articles were collected, they were organized according to various criteria, such as their title, the country where the study was conducted, the year of publication, the type of publication, the study objectives, primary findings, levels of evidence, and the assessment of the methodological rigour.

The evaluation of the studies regarding the levels of evidence followed the literature (STILLWELL, 2010), as shown in Table 1.

Type of Evidence	Level of evidence	Description
Systematic Review or Meta-analysis	I	To put it differently, the evidence considered in this context is either derived from a systematic review or meta-analysis that includes all randomized controlled trials or from guidelines that are based on systematic reviews of controlled trials.
Randomized Controlled Trial	II	In other words, the evidence in question is obtained from a well-designed clinical trial that is randomized and controlled.
Controlled Study with Randomization	III	The evidence comes from a well-designed and controlled study that did not include randomization.
Case-control Study or Cohort Study	IV	Evidence obtained from a study with a cohort or case-control design.
Systematic Review of Qualitative or Descriptive Studies	V	Evidence derived from a systematic review of descriptive and qualitative studies.
Qualitative or Descriptive Study	VI	Evidence obtained from a single descriptive or qualitative study.
Opinion or Consensus	VII	Evidence based on expert opinions and/or reports from expert committees or authorities.

Table 1 *Level of evidence by type of study.*

Results

Figure 1 shows the flowchart containing the identification and selection steps of articles. Based on the search strategy, 1,827 publications were found, of which 1,792 had been published in the last 10 years. Of these, 924 publications were available in full. Excluding reviews and letters to the editor, 138 publications remained, of which, after reading the title and abstract, 124 were excluded because they did not fit the purpose of the review. The remaining 14 publications were read in full, and seven were excluded because they did not fit the starting question. Thus, seven articles remained and that became part of the corpus of analysis of the integrative review.

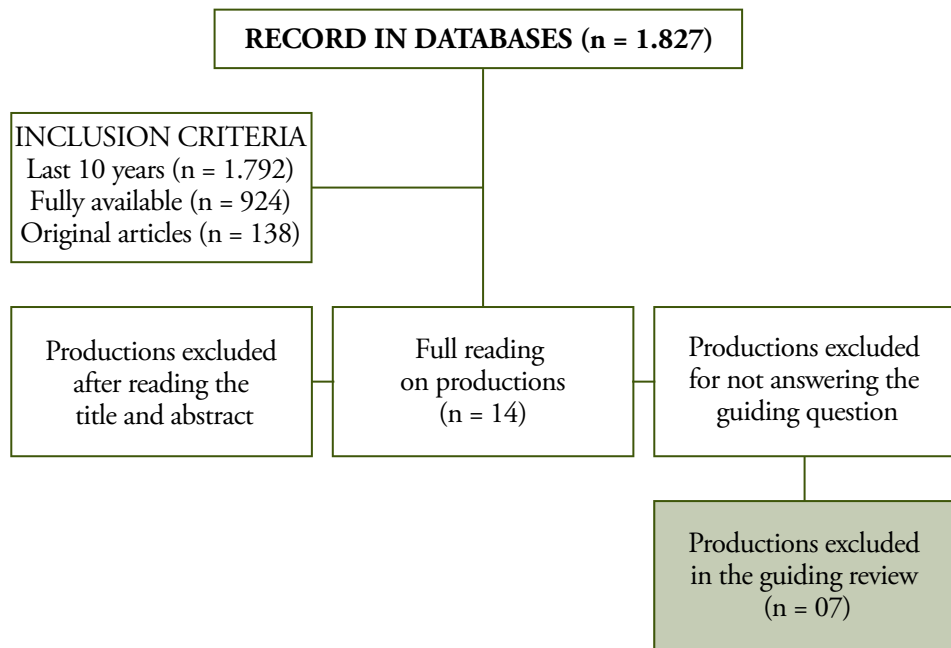


Figure 1

The publications were categorized into two sections. The first section included the article number, title, year of publication, journal, and database (Table 2). The second included the article number, objective, study site, type of publication and level of evidence (Chart 3). According to Table 2, the years 2010, 2016, 2017, 2018, 2019, 2021 and 2022 each had one publication, with a predominance of publications in the Scopus database (n=05).

No.	Title	Year	Journal	Data Base
01	A realist evaluation of the management of a well-performing regional hospital in Ghana	2010	BMC Health Services Research	Scopus
02	The use of a policy dialogue to facilitate evidence-informed policy development for improved access to care: the case of the Winnipeg Central Intake Service (WCIS)	2016	Health Research Policy and Systems	Scopus
03	Translating concerns into action: a detailed qualitative evaluation of an interdisciplinary intervention on medical wards	2017	BMJ Open	Scopus
04	Evaluation of the district health management fellowship training programmer: a case study in Iran	2018	BMJ Open	Scopus
05	Impact of psychologically tailored hand hygiene interventions on nosocomial infections with multidrug-resistant organisms: results of the cluster-randomized controlled trial PSYGIENE	2019	Antimicrobial Resistance and Infection Control	PubMed
06	Effects of Activity-Based Hospital Payments in Israel: A Qualitative Evaluation Focusing on the Perspectives of Hospital Managers and Physicians	2021	Int J Health Policy Manage	Web of Science
07	Response of UK community hospitals to the COVID-19 pandemic: an appreciative inquiry	2022	BMJ Open Quality	Scopus

Table 2

As shown in Table 3, concerning the country in which the study was conducted, this review presented 2 articles published in the United Kingdom, 1 in Ghana, 1 in Germany, 1 in Canada, 1 in Israel and 1 in Iran. Regarding the type of study and level of evidence, 3 were qualitative, 3 were descriptive and 1 was a randomized clinical trial. Regarding the level of evidence, 6 were level VI and 1 was level II.

No.	Goal	Study location	Type of publication	Level of evidence
01	We present a case study of a high-performing hospital in Ghana and demonstrate how a realistic evaluation approach can address the limited external validity of traditional case studies.	Ghana	Descriptive	VI
02	Our team, consisting of professionals from various fields such as research, medicine, and senior management, conducted a thorough assessment of The Winnipeg Central Intake Service. The service is a single-entry model located in Winnipeg, Manitoba, and aims to enhance patient access to hip and knee replacement surgeries.	Canada	Descriptive	VI
03	I understand how translating frontline reports of daily care shortcomings can lead to better improvements.	UK	Qualitative	VI
04	To evaluate the district health management Fellowship training programmer in the northwest of Iran.	Iran	Descriptive	VI

05	This research examines the information from the PSYGIENE trial (Psychological Optimized Hand Hygiene Promotion), which demonstrated an increase in compliance with interventions customized according to the Health Action Process Approach (HAPA). The study analyzed the impact of these interventions on the incidence of nosocomial infections (NIs) caused by multidrug-resistant organisms (MDROs).	Germany	Randomized clinical trial	II
06	This study explores the viewpoints of hospital staff at different levels regarding the increase in PRG (Performance-Related Grants) payments in Israel from 2010 to 2014.	Israel	Qualitative	VI
07	This study aims to present a summary of the innovations, quality enhancements, and best practices implemented in community hospitals in response to the pandemic.	UK	Qualitative	VI

Table 3

Discussion

This integrative review addressed a significant topic for the healthcare sector, particularly for hospital managers who face the daily challenge of promoting quality healthcare. This study's significance lies in the fact that, by emphasizing the hospital manager's role in healthcare quality, it can provide a basis for decision-making for managers already working in the field, as well as those undergoing training.

The findings in the literature showed that the actions of hospital managers, directly and indirectly, impact the quality of health care provided to the population, from economic issues to techniques and procedures that are adopted in the daily lives of health professionals (PANNICK *et al.*, 2017; LENGERKE *et al.*; 2019; WAITZBERG *et al.*, 2021).

A study conducted in Israel investigated the effects of implementing a payment program based on groups of procedures. The study showed that this strategy increased transparency in health expenditures and the availability of information. The quality of medical documentation also improved, resulting in increased transparency and data on activities and finances. These results enabled hospital managers to better calculate their financial balance, increase efficiency, and plan activities in advance, ultimately improving the quality of healthcare provided to the population (WAITZBERG *et al.*, 2021).

To improve resource allocation, hospital managers, ward directors and physicians can use standardized charging systems for clinical procedures, which enable the analysis of costs and profitability of different activities. This information can then be used to redirect resources towards areas with greater need (WAITZBERG *et al.*, 2021).

A study was conducted to identify care failures based on management reports, highlighting the importance for hospital managers to be involved in the daily operations of health services. In many cases, management reports do not accurately reflect what occurs at the front line, and delays in the preparation and evaluation of these reports can result in the non-resolution of simple demands. Therefore, hospital managers must have a hands-on approach to ensure effective and efficient care delivery (PANNICK *et al.*, 2017).

The hospital manager's proximity to the daily demands of healthcare production is crucial for understanding the service's dynamics, prioritizing needs, and comprehending the challenges faced by the team. This knowledge helps the manager to make necessary adjustments that streamline the work process in hospital units (PANNICK *et al.*, 2017).

When it comes to the intervention of hospital managers directly in health care, it was found that their looks and performance are essential for obtaining satisfactory care. Lengerke's study (2019), a study conducted in Germany regarding educational interventions with healthcare professionals in ten intensive care units focusing on hand hygiene, revealed a substantial decrease in the number of infections.

In the study mentioned above, the managers chose to implement educational interventions for health professionals individually and in groups. It is noted in the literature that group-level activities with personalized approaches increase the likelihood of the intended practice being adopted (BAKER *et al.*, 2015).

The responsibility of ensuring that health professionals provide quality care lies with the hospital manager, who must provide them with adequate support. In this context, the study by Marchal, Dedzo and Kegels (2010) enhances the importance of the manager's role in promoting training and personal development, effective communication, and information sharing, as well as decentralized decision-making. The manager should also ensure good physical working conditions, provide access to senior managers, and involve managers in the workplace. The promotion of teamwork, recognition, and trust are also emphasized as key factors in establishing a positive organizational environment.

A qualitative study conducted in the United Kingdom highlighted the significance of hospital managers during global crises such as the COVID-19 pandemic. The study revealed that hospital managers played an important role in managing bed allocation, improving patient flow, standardizing processes, sharing resources, providing emotional support to health professionals, encouraging multidisciplinary work, promoting autonomy, and fostering creativity (SEAMARK *et al.*, 2022).

From this point of view, the study conducted in Iran by Gholipour *et al.* (2018) showed that hospital managers recognize the importance of continuous improvement and reported that they achieve it mainly through practice, access to publications, workshops, meetings, and conferences. This study showed that managers point out areas for improvement in their performance, namely: planning and evaluation; epidemiology; and community participation.

A study conducted in Canada emphasized the significance of hospital managers engaging in active and competent listening to both service users and healthcare professionals to promote community participation. Effective communication with various stakeholders of the healthcare

production process can be achieved through competent listening, and it can greatly benefit the practice of hospital managers (DAMANI *et al.*, 2016).

Conclusion

This review found that there is a limited number of published articles available in major databases that specifically discuss the hospital manager's role in promoting healthcare quality. Although the publications reviewed in this study covered various countries, most of them were limited in their approach, either being numerical and descriptive or qualitative or had a low level of evidence.

Nevertheless, they highlighted the crucial role of hospital managers in achieving, promoting, and enhancing healthcare quality, encompassing aspects such as resource management, financial impacts, procedures and technical routines, and support to healthcare professionals.

Therefore, it is necessary to conduct further research that explores and expands on the role of hospital managers in promoting healthcare quality, even if it involves studies with higher levels of evidence.

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