

The Impact of Managerial 5C's on Efficient Hospital Administration (EHA) in Providing quality care to patients

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Abstract: Administration on a planned and scientific basis is necessary for the smooth running of every institution. A hospital is no exception which requires a much better fundamental rule. Administration plays a vital role in the functioning of a hospital, perhaps more than it does in any other institution. Today hospitals must be organized and administered in a scientific manner for efficient functioning. For efficient functioning it requires that every staff should be adequately trained. The need for effective hospital administrators has tremendously increased; because the number of people who use hospital services has also increased. Whereas the pecuniary and other important resources available to hospitals in India do not match up with the growth of the number of users. With competent and efficient administration can make optimum use of resources. In this research, both primary and secondary data collection tools were used. The study focused on to examine the awareness of Managerial 5C's among hospital administrators and to identify the challenges of managing a hospital. It was found out that Communicating the hospital's philosophy and vision to the patients, employees, government agencies and community at large was not easy by hospital administrators and most of the hospital administrations are not aware of the Managerial 5C's. It was also suggested that, Hospital administrators should apply the five C's managerial tips and also focus on environmental friendliness and waste management. Positive thinking the best form of managing hospital, inviting thoughts, ideas, images and words which are beneficial for development, increase and accomplishment was recommended.

Keywords: Hospital Administration, Quality care, Patients, Efficient, Managerial Five C's

INTRODUCTION

Managerial polices, techniques and industrial development has lagged behind due ineffective administrative functions of hospital. The hospital administration continue to make ad hoc arrangements rather than having a carefully planned administrative policy. There are no proper cost accounting policies and haphazard policies are adopted in matter of credit and collections. There are certain parameters which cause changes in hospital administration, these include, increase in hospital size and complexity, changing socio-economic conditions and organizational partnerships. It's no longer the question of the needs and conveniences of the trustees, administrator and medical staff alone but organized customers (patients), have to be satisfied first and foremost. Rendering services on a larger scale organization as a hospital requires a more explicit organizational division of labor and more efficient and responsible management.

According to Kizer KW [1], said managers in healthcare have a legal and moral obligation to ensure a high quality of patient care and to strive to improve care. These managers are in a prime position to mandate

policy, systems, procedures and organizational climates. Accordingly, many have argued that it is evident that healthcare managers possess an important and obvious role in quality of care and patient safety and that it is one of the highest priorities of healthcare managers. Berwick D [2]. In line with this, there have been calls for Boards to take responsibility for quality and safety outcomes. The need for social scientist is on the rise in the hospital for advice on vital issues like, how the hospitals can have more cooperation with the public? (Problem of marketing) Why do patients leave medical advice? (Problem of psychology) why is there such a high staff turnover? (Problem of HRM) and Why do patients seems to be unhappy on one floor and so satisfied on another? (Problem of CRM)

There should be a possible integration of hospital personnel, medical staff, para-medical staff or general employees with one goal to provide the best possible patients care. Administration in most instance lost sight of the fact that patients care is dependent upon the skills and attitudes not only on the hospital personnel with whom the patients is in direct contact but also upon the skills and attitudes of the many

employees whom the patient may never get to see. To improve the quality of patient care individual employees should be encouraged through the HR policies that patients care is the ultimate. Internal and external sources of increased competition are the greater challenges of hospital administrators. Due to the growing awareness about health amongst the masses, hospitals all over the world are therefore under tremendous pressure to improve their services and administration for survival and growth. Well trained and adequately motivated employees operates on sophisticated equipment in medical laboratory, X-ray department, operation theatre, accounts department, admission office etc. can improve on the entire working of the hospital when all these engaged employees are qualified.

Objectives

- To examine the awareness of managerial five C's among hospital administrators
- To identify the challenges of managing a hospital among hospital administrators Hypothesis
- H1 There is an association between managerial Five C's and hospital administrators' awareness"
- H2 There is association between challenges in managing hospital among hospital administrators"

LITERATURE REVIEW

Concepts and definitions

Quality of care and patient safety were defined on the basis of widely accepted definitions from the Institute of Medicine (IOM) and the Agency for Healthcare Research and Quality Patient Safety Network (AHRQ PSN) [1]. IOM define quality in healthcare as possessing the following dimensions: safe, effective, patient-centered, timely, efficient and equitable. Institute of Medicine [3]. Aspden P, Corrigan JM, Wolcott J, *et al* [4] they claim that patient safety simply define as "the prevention of harm to patients", when there is effective administration and AHRQ define it as "freedom from accidental or preventable injuries produced by medical care." Several literature were reviewed for all key terms associated with quality and patient safety to produce an all-encompassing approach to efficient administration. A manager according to this research, defined as an employee who has subordinates, oversees staff, responsible for staff recruitment and training, and holds budgetary accountabilities.

Merali F [5] said a clear distinction between senior, middle and frontline management are as follows: senior management holds trust-wide responsibilities; middle managers are in the middle of the organizational hierarchy chart and have one or more managers reporting to them; frontline managers are defined as managers at the first level of the organizational hierarchy chart who have frontline employees reporting to them. Mintzberg H. [6] explained that, board

managers include all members of the board. Although there are overlaps between senior managers and boards (e.g. chief executive officers (CEOs) may sit on hospital Boards).

According to Sharma D. K. Goyal, R.C. [7] defined efficient hospital administration (EHA) as *means of applying all the techniques of modern management such as planning, organizing, staffing, controlling and evaluating, as well as newer techniques such as operational research, and behavioral science, to optimize the resources available in the hospital, clinics, and diagnostic centers.* It also involves instilling efficiency and effectiveness into the existing system.

Tam [8] explained that; Quality in healthcare may comprise of newer technology, newer and effective medication, and higher staff to patient ratios, affordability, efficiency and effectiveness of healthcare delivery. Effective and efficient hospital administrators are into this. Quality as defined by the Institute of Medicine, USA, as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.' Conceptually, Quality refers to any intervention made to improve the health outcome in totality.

Challenges in Healthcare industry in India

According to **Paras K. Pokharel, JN Pande and LM Nath** [9]

The challenge of caring for a billion

India is the second most populous country in the world. The death rate has declined but birth rates continue to be high in most of the states. Health care structure in the country is over-burdened by increasing population. Family planning programs need to be (re)activated.

Challenge: Burden of Disease in the new millennium

India faces the twin epidemic of continuing/emerging infectious diseases as well as chronic degenerative diseases. The former is related to poor implementation of the public health programs, and the latter to demographic transition with increase in life expectancy.

Economic development, Education and Health

Economic deprivation in a large segment of population results in poor access to health care. Poor educational status leads to non-utilization of scanty health services and increase in avoidable risk factors. Both are closely related to life expectancy and IMR. Advances in medicine are responsible for no more than half of the observed improvement in health indices.

Human Development Indicators: A challenge for all

Longevity, literacy and *GDP per capita* are the main indicators of human development. Longevity is a measure of state of health, and is linked to income and education. Weakness in health sector has an adverse effect on longevity. India ranks low (130th) amongst world nations judged by HDI. *timesofindia.indiatimes.com/India/India(Dec 4, 2015)*

High Burden of Disease

India faces high burden of disease because of lack of environmental sanitation and safe drinking water, under-nutrition, poor living conditions, and limited access to preventive and curative health services. Lack of education, gender inequality and explosive growth of population contribute to increasing burden of disease. Full impact of the HIV epidemic and tobacco related diseases is yet to be felt.

Inequality in Health Care

Ethnicity, race, personality characteristics and digital disparity have given rise to inequality in healthcare. Almost everywhere, the poor suffer poor health and the very poor suffer appallingly. In addition the gap in health between rich and poor remains very wide. Addressing this problem, both between countries and within countries, constitutes one of the greatest challenges of the new century. Failure to do so properly will have dire consequences for the global economy, for social order and justice, and for the civilization as a whole.

Hospital waste management challenge

Indian healthcare establishments have pitiable operational strategies, absence of documented waste management and disposal policy, very poor budgetary support in the government run hospitals, private hospitals ignore the rules for monetary consideration, untrained ward attendants, and other supporting staff. For proper monitoring and evaluation of waste management the head of the establishment, all the departmental heads, hospital superintendents, nursing superintendents, hospital engineers with a waste management officer along with an environmental control advisor and an infection control advisor should be considered. It is ethical, social responsibility, and duty of state, legislators, hospitals, healthcare professionals, and the general public to make sure that environmentally acceptable waste disposal techniques are introduced and implemented effectively.

Challenges to Hospital Administration

According to Sharma D.K. and Goyal, R.C. [7] pointed out some challenges. They said challenges to administrative abilities have come from within the health field as well as from the public. The Trust Hospitals, members of Registered Society Hospitals, shareholders of Corporate Hospitals, and others who have to face increasing professionalism threatening

their power and existence. The following are the challenges of hospital administration.

Professionalism

Professionalism in running a hospitals, means decentralizing in decision making and strategic management to survive in the society. One of the challenges of a hospital is power sharing and decision making process. No CEO of any hospitals will be able to run his hospital without collecting sufficient funds from his patients rather than from trustees, society members, shareholders, philanthropist, etc. Running a hospital is expensive, therefore decision making becomes difficult when the aforementioned partners are involved. Of late a new challenge is that of being environment friendly which adds up to professionalism. When the international focus is on safe environment, hospitals which do not pay enough attention to this sensitive issues will be eliminated from the community either through enforcement of legal regulations or consumer's boycott.

Mutually dependent variables

Matching the ethical views and philosophical views of healthcare are very important. It should be remembered that credibility and effectiveness are mutually dependent and proportional. The Chief Executive Officer of a hospital must guard his credibility at all cost and is not easy. He must be able to provide latest technology and vision. He should push for change when it is required in the interest of the patients, employees and the community at large.

Collaboration

The Chief Executive Officer of a hospital have to serve as a catalyst for relationship building between patients and employees, government agencies and between hospitals and his own hospitals; it is important for the hospitals CEO to be a business practitioner first and then a technologist. His responsibilities include executive communication, budgeting, building relationships, management, problem solving etc. in order to take care of these responsibilities, a successful CEO must develop sharp business acumen; when all these essential traits are absent, and it becomes difficult to run the hospital.

Integration of hospital philosophy to interested parties

Above all, as a Chief Executive Officer of a hospital, he is primarily responsible to facilitate and communicate the hospital's philosophy and vision. This means that he is the key provider of the hospitals philosophy and vision to the patients, employees, government agencies and community at large. The administrators of earlier hospitals usually were nurse who combined their nursing task with the performance of supervision of supply of linen, feeding of patients and housekeeping. As the medical aspects of the hospital service became more complex, physicians became administrators. Some Christian's hospitals

placed priests, ministers and particularly sisters in administrative position which is not proper without managerial knowledge.

The complications

However, as hospital affairs grew more complicated, some boards of trustees chose men and women from other related fields as administrators. Gradually, skilled administration has come to be recognized as a vital for the effective functioning of a hospital in its efforts to fulfill its greater responsibilities to the community, to the health field and in its need to adjust to varying social and economic changes. A hospital should be governing by people with required knowledge of management and management science not different fields of discipline.

Hospital administration as a profession

With a ballooning population and more and more people becoming health conscious, a great many hospitals, clinics and diagnostic centers are coming up in voluntary, government and corporate sectors in India. Thus, a new and interesting career of hospital administration has come into existence.

Sharma D.K. and Goyal, R.C. [7]. In their book said, Hospital administration, in simple words, means applying all the techniques of modern management such as planning, organizing, staffing, controlling and evaluating, as well as newer techniques such as operational research, and behavioral science, to optimize the resources available in the hospital, clinics, and diagnostic centers. It also involves instilling efficiency and effectiveness into the existing system.

Hospital administration as a profession has great scope in India today as hospitals are growing by leaps and bounds. It equips an individual with the attributes required to run a hospital smoothly. One never heard of hospital administration a few years ago, but now it is considered a top-notch career option. It demands professionalism like any other profession. Hospital administration as a profession is on the fast track.

The growth prospects are phenomenal. Non-medicos, after diploma or degree in hospital administration, join in a junior management position, after 5-10 years become middle management managers, after another 5-10 years become administrator and, finally, CEO of a hospital at the age of 40 years or so. Similarly, medicos, after diploma or degree in hospital administration, join as deputy medical superintendents after 5-10 years of experience become medical superintendents, and finally, director medical services or CEO of a hospital like non-medicos diploma/degree holders in the field of hospital administration. One can even venture into consultancy and other sectors like insurance. The growth is as good as anywhere else, especially with corporate hospitals coming up fast in the

metropolitan cities like Bombay, Calcutta, Madras and Delhi.

A word of caution to non-medico candidates also who want to choose hospital administration as their profession? They should have an exposure to the health care delivery system before they choose it as a profession.

Managerial tips for hospitals administrators

Positive thinking is very essential for hospital administrators. It has become the buzzword today. It is perhaps one of the most spoken one lines for almost every popular or unpopular management. After all, what is positive thinking? ***Positive thinking means admitting thoughts, words and images into the mind that are conducive to growth, expansion and success.*** It is the expectation of good and favorable results. A positive mind looks for happiness, joy and successful outcome of every action and situation. All of our feelings and beliefs are on our internal thought, both conscious and subconscious. Therefore, one should think, feel, plan and act positively. An approach to make positive thinking your habit includes the five C'S- commitment, control, challenge confidence and connection.

Commitment

Make a positive commitment to yourself. Express gratitude to almighty God and look for a chance to appreciate others. Be passionate about your will to convert your dreams of success into reality. Hospital administrator, should commit all to the Almighty before they start their work.

Control

It's required of hospital administrator to keep your mind focused on your goals. They should visualize their success. Develop a strategy to deal with potential problems because they are bound to appear at any point in time. Take difficulties as part and parcel of life, both personal and professional. Learn to relax. Remain cool even in the most hostile environment. Be honest with yourself, as well as with your strength and weakness

Challenge

Hospital administrators should admit their shortcomings and be ethical. They should look forward to what the future has in store rather than brooding over unpleasant past. They should do their best not to look back. Learning and changes are opportunities for improvement. They should try new things and be innovative. Considering different options are required. Ask as many questions as you feel to satiate your queries. Take care of your mental and physical health. Always be optimistic.

Confidence

Efficient professionals require a good amount of confidence in themselves. Hospital administrators

should be confident. It helps them to overcome challenges professionally as well as personal obstacles. Lack of confidence give rise to strain and stress, which ultimately hampers the progress of the hospital. Self-assurance breeds professionalism. Fortune favors the bold

Connection

Connection is creating rules for engagement. Connection is collaborating, and is the best way to build trust between administrators and providers be it through joint decision making, problem solving and strategic planning. To get physician buy-in, as well as to help administration fulfill their strategic

goals, execs may want to include physicians in their succession planning. In order to improve operations as a team, make sure you and your physicians are using the same measures to gauge success. Hospital administrators have a greater task to connect physicians and management.

Commitment, control, challenge, confidence and connection help build self-esteem and promote optimism. Midst of all these hospital administrations should keep a list of goals, positive thoughts and actions. Studies have showed that people with these characteristics are always winners in good times and survivors in the hard circumstances.

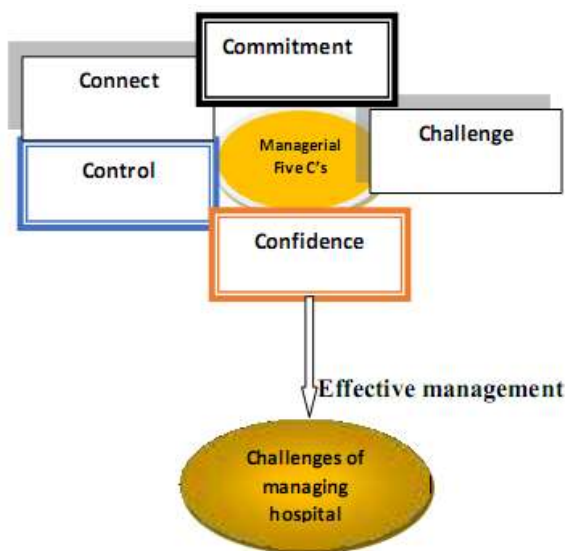


Fig-1: Model for the study

When all these 5C's are well knitted together, it ensures efficiency and effectiveness, in managing the challenges of a hospital.

METHODOLOGY

This shows how the survey was conducted. Both quantitative and qualitative approaches were

employed for relevant inferences. The sample size of 20 respondents was used. The sampling technique used for the study was purposive sampling. Where respondents with relevant knowledge about hospital administration were selected. In all four hospitals were surveyed and out of the four hospitals clinico-administrator and hospital administrators were interviewed.

Clinico-administrators	Hospital Administrators	Four Hospitals	Total
Nursing Superintendent	Directors	2@4	8
Deputy Nursing Superintendent	Hospital administrators	2@4	8
	Human Resource Management	1@4	4=20

DATA ANALYSIS

Table 1 : Are you aware of the managerial five C's

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	25.0	25.0	25.0
	No	15	75.0	75.0	100.0
	Total	20	100.0	100.0	

(Source: Field data, 2016)

From the table above it can be said 5 hospital administrators representing 25% are aware of the

managerial five C's whilst 15 hospital administrators representing 75% are not aware of managerial five C's.

Table 2:

Items	Chi-square	df	Asymp. Sig.
Commitment	7.200 ^a	1	.007
Challenge	6.700 ^b	2	.035
Confidence	10.000 ^a	3	.019
Connection	9.100 ^a	2	.011
Control	5.000 ^a	1	.025
Challenges			
Communicating hospital philosophy as challenge	7.200 ^a	1	.007
Different fields of study managing a hospital	9.700 ^a	2	.008
Credibility and effectiveness are essential in managing hospital	5.000 ^a	1	.025
Hospital administrators serve as a catalyst for relationship building between patients, employees other interested parties	.000 ^a	1	1.000
Hospital administration focus on environmental friendliness and waste management	9.800 ^a	1	.002

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 10.0.

b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 6.7.

From the above table, it is clear that association between commitment (.007), challenge (.035), confidence (.019), connection (.011) and control (.025), are significant at the significant level of 5%. However, the *p* values of the associated Chi-square are less than .05 ($p < 0.05$). Management implication, the null hypothesis which states “there is no association between managerial five C’s and hospital administrators awareness” from the above information the null hypothesis stands to be rejected hence the alternative hypothesis has to be accepted. Which states “there is an association between managerial Five C’s and hospital administrators’ awareness” Further, there is an association between communications (.007), different

fields (.008), credibility and effective (.025), and waste management (.002) are significant at the significant level of 5%. However, the *p* values of the associated Chi-square are less than .05 ($p < 0.05$). Management implication, the null hypothesis which states “there is no association between challenges in managing hospital among hospital administrators” from the above information the null hypothesis stands to be rejected hence the alternative hypothesis has to be accepted. Which states “there is association between challenges in managing hospital among hospital administrators” only relationship building (1.000) failed to reject the null hypothesis.

Table 3: Correlations

		Managerial Five C's	Challenges of Managing Hospital
Pearson Correlation	Managerial Five C's	1.000	.685
	Challenges of Managing Hospital	.685	1.000
Sig. (2-tailed)	Managerial Five C's	.	.000
	Challenges of Managing Hospital	.000	.
N	Managerial Five C's	20	20
	Challenges of Managing Hospital	20	20

** . Correlation is significant at the 0.01 level (2-tailed).

This output shows that there is a strong perfectly (1.000) positive relationship between managerial Five C’s and Challenges of managing a hospital ($r = .685, p < .05$), this stands to reason that, the researchers have 95% confident that the relationship between these two variables is not due to chance.

Table 4: Regression Analysis (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. Change
1	.685 ^a	.470	.440	3.04633	.470	15.943	1	18	.001

a. Predictors: (Constant), Challenges of Managing Hospital

This output also shows that R-value (.685) indicates a very strong relationship between the two variables and R² value of .470 indicates that 47% of the variance in Managerial Five C's is accounted for by

challenges of managing hospital. The F and associated p-values reflect the strength of the overall relationship of the variables.

Table 5: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.809	1.580		3.678	.002
	Challenges of Managing Hospital	.759	.190	.685	3.993	.001
a. Dependent Variable: Managerial Five C's						

It can be perceived that, challenges of managing a hospital (.001) has a positive impact on Managerial 5C's.

Equation: $Y=a + bx$

Where **Y**=Managerial Five C's **X**=Challenges of Managing Hospital
 $Y= 5.809 + .759x$

From the table above managerial Five C's has a higher positive relationship with the challenges of managing hospital as R is equal to .685(65.8%) which is close to "1=strong relationship".

FINDING AND CONCLUSION

It was basically observed that, the managerial Five C's, some of the hospital administrators are not aware of it; but they practice the managerial five C's effectively unknowingly. They are not aware of Commitment, Connect, Control, Confidence, and challenge but they practiced it daily and it needs improvement. It can also be concluded that, hospital administrators should apply the managerial Five C's for efficiency and effectiveness. A special inference can be made that, communicating the hospitals philosophy to patients and interested parties was a great challenge. **Managerial poison** arises when organizations allow the management to be managed by an employee with zero knowledge of management. It was observed that most hospital administrators have zero knowledge of **management science**. Different fields of study, managing hospital without managerial background was a major challenge to hospital administration. Credibility and effectiveness are essential management tools and a great challenge to hospital administration. Providing latest technology, vision for the hospital and guarding integrity of the administrators was also a challenge. Hospital administrators found it so easy serving as, a catalyst for relationship building between patients, employees and other interested. Waste management and environmental friendliness was a challenge to hospital administrators to manage. Some hospitals don't have dust bins, even if they have only few, some too no

quaternary ammonium compound such as mectronium sulfate, methylated spirit (denatured spirit) and improper CSSD department. Lastly hospital administrators should be committed to the Managerial Five C's which ensures prosper system of monitoring and managing the hospital effectively. The higher the commitment to the **Managerial 5C's** the higher the **challenges** of the hospital is effectively and efficiently managed. **Managerial 5C's** should be pasted on walls of the hospital and notices for reminder. Effective monitoring and evaluating team from different departments of the hospital should be considered to form committee for waste management program. The researchers recommend that, *positive thinking is the best form of managing a hospital, inviting thoughts, ideas, images and words which are beneficial for development, increase and accomplishment.*

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