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## Revisit the Curriculum Components for the Preparation of Health Services Managers

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### Abstract

This paper is to revisit a curriculum component of health services management (HSM) at universities in Australia that can be used as reference for working with universities to develop their curriculum. The peer reviewed publications, with an emphasis on articles reporting research were identified. The findings set out exactly the most curriculums offered. Further research need to be conducted in other countries offered the similar program and the correlation will be reported on at a later date. The findings can be used to explain the concept of health services management to those new to the subject, and particularly to universities and health services managers to be. This paper seeks to fill the gap between in-depth, scholarly and complex articles about HSM and very simple descriptive articles.

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### 1. Introduction

Since the introduction of education programs for health service managers in 1920s, there has been continuous debate on curriculum development. Education programs have significantly impacted on the

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health care organization but some of the components also challenge the health service management academics. Universities worldwide are still struggling to design a specific curriculum since the academic preparation must derive value from current realities, as they exist in health service organizations and incorporate them into the curriculum. There are many factors to be considered before designing the program, including the setting for the presentation and the curriculum content. This paper aims to review the most offered curriculum content by universities for the HSM students. Feedbacks from existed interview by stakeholders and experts from the field were reviewed. To ensure whether curriculum offered match to the industrial needs, universities in Australia offered HSM program were selected and results will indicates the important curriculum component for the preparation of health services managers.

## **2. Practice of health services management**

Levey (1999) noted that, health service management is a relatively new profession; although some argued that management is not a profession. To further justify the rational of the above statement, the similar argument on management is not a profession also made by Glouberman and Mintzberg - 'management is not a profession and never has been; pretending it is only trivialises (play down) its practice'. However, the actual reason of the expression is obviously not to denial the management as a profession, but rather to refer to never ending question on who should manage the health industry; physicians, professional managers or nurse. Having raised doubts about all the obvious candidates, they have proposed a more simple solution: hospitals and the health system in general need leaders, but they do not need categories. To clarify the extent management is a profession and a degree it may effects the education, the substantive content of health administration education should also be consider. Substantive content refers to the body of knowledge that makes up the field and that defines the boundaries of the profession (Davidson, 2000). Unlike most other professional education program such as law, accounting, medicine or nursing, there is no consensus on what constitutes this core, which obviously reflects the design and content of health administration program. To add to this complexity, there is no formal registration or licensing obligation for management in general, and health service management in particular.

### *2.1 Changes in Health Industry*

Since late 1980s, most of the health industries in any countries have been in the process of health reform (Hunt & Backman, 2008). The concentration to improve operations, to achieve overall cost effectiveness, growing public concern on quality of care, patient satisfaction, aging population and technological change are among the factors that caused changes (Jolt, 1999). Apart from that, the government policies such as an economic restriction and the focus to the healthy population had as well contributed to the overall complexity of the problem (Jan, 2005, Rhydderch et al, 2004). Other issues arise pertaining to the community needs such as health care workforce, financial matters, synergy and information system; that caused it needs to be changed. As health care organisation is constantly change, the need for strategic management is increased. Organisation survival is highly depending on managers possessing with new management skills, ability and knowledge to operate within challenging environment.

### *2.2 Is Health Services Management Different to General Management?*

In relation to how changes within the health industry affect the need for management and its factors, it is also important to note the ideals that differentiate health industry with other industries. This is significant in relation to what distinguish health service management as a field of study. Furthermore, it may clarify how it is different from general business management and what value is placed on this difference.

Over the years, there has been a debate whether health industry is identical with the other industries; that is either the manager in health industry is possess a similar skills, knowledge and ability like other managers in other industries. While the health industry may share many identical management features with other industries, however the health industry has argued that it is not same like others and it is unique. According to Clements, Dault and Priest (2007) health industry is ‘unique’ service-oriented industry and not identical to any other service industry, such as computer support service. To further describing the ‘unique’ characteristics, they had identified the following factors:

- The most highly professionalized industry;
- The service areas are not homogeneous,
- Physicians while working as independent entrepreneurs prescribe what resources are to be used;
- Users, providers and services interact in a myriad of complex ways
- The service must be available twenty-four hours, seven days a week; and
- The customer has difficulty evaluating the quality of service.

The unique characteristic defined above has distinguished health service management as a field of study. It assumed to be different from general business management and from other health profession. The health customers are in a state of vulnerable and illness. They are subject to variety of diagnostic and treatment that prescribed for an individual state of physical condition. Then, they will leave the health care facility either expecting ongoing services or to await a future need for care. Health service managers manage such unpredictable environment through professional and support staff to administer the constantly change service needs of ill people and this make the health service environment are different compared to other industries.

The unique role of health industry as well supported by the words of Kenny who states:

*There is something about the health care system that carries with it a part of the moral and ethical fibre of a nation. We recognize the health care customer as a place of moral meaning at a time when there are few places where we can address these questions of illness, dependence and morality (cited in Robertson 2006:48).*

The above mentioned in regards to service delivery of health care and their customers clearly gives it a ‘unique’ identity.

#### *2.4 The Role of Education in the Preparation of Manager*

University-based HSM education program is developing specifically to educate and develop the skills of management in the students for the role of health services manager. The call for higher education plus with the major changes impacting the health care industry has lead to obvious and striking pressure on the university-based HSM education program to be more workplace oriented and foster capabilities for lifelong learning and professional effectiveness. This condition agreed by Williams (1999) and asserts that preparation of students to capably manage the ever challenging or complex health care environment is a constant challenge for the education provider for over a decade. To add to the challenges, the external environment forces, and driven by a complex combination of government, medical, technological and management innovations, coupled with the industry restructuring has shape the program structure and to constantly require new educational technologies so the preparation of future health service manager is achievable.

While the alteration of HSM education has been a continual process for more than decades, the most current restructuring is heading to a greater emphasis on the outcomes of education. According to Carraccio et. al (2002) the progress towards outcome-based education is seeing as extensively different as

opposed to preceding innovation that centre on the learning method rather than disciplinary content. This situation has made every university need to alter the program's process and content accordingly within the context of industry's changes. It assumed that 21<sup>st</sup> century content must move beyond traditional teaching and learning method, disciplinary knowledge and limitations to a wider perspective. This is important so the universities is able to prepare the graduate students who can 'do' as well as 'know', who are able to think critically, analyse and solving problem as well good communication skills (Edwards & King, 2002).

### 2.5 Curriculum Content

Clements, Dault, Priest (2007) and Maureen (2003) suggest that the foremost overwhelming force of changes in the health care field are now shapes the curriculum content. Despite to complete the courses, the relevant curriculum is needed to be planned so that knowledge gained by students is applicable to the current health environment. In collaboration with the health care organisation, management educators are to develop effective educational programs designed to prepare future leaders and manager to broaden their exposure to the health care organisations.

Based on the data reported from the 1998 National Survey of Program Directors, the major changes occurred in the industry are finance and reimbursement; focus on populations, advances in information systems and information technology, quality improvement, consumer satisfaction, and market and regulatory environment. Thus, how might the HSM education programs respond to this new transformation? To effectively accomplish this task, the recommendations from multiple perspectives on the core curriculum for the programs have been considered and perhaps may direct the future strategies for improving health services management curriculum.

#### 2.5.1 Finance

During the last 50 years, health care systems in all countries have undergone major reforms as government experiment and struggle to advance the health and welfare of their people within available resources. It signify the needs to control the cost within the limited resources however to maintain the quality of care as to meet with the community needs. Consequently, the content in health economics was strengthening in the 1960s and financial management in the 1970s. According to Solovy (1999), at the macro level, DRGs, risk contracting and capitation are among the indication in a new future for health care finance and delivery. This industry changes suggest that, apart from the basic education in accounting, finance, budgeting, planning and analysis, the students should able to gain knowledge and develop skills in other investment areas. In instance: 1) resource allocation techniques and their connection to the budgeting process (McClean, 2003), 2) risk-contracting financing methodology and commercial business (Gruen & Howarth, 2005), and 3) understanding managed care contracting from the perspective of the purchaser and provider (Scot II, Solomon, & Mc Gowan, 2001).

#### 2.5.2 Information System

Based on interviews conducted with 12 chairpersons of top health services management department around the country by Wan (2000) on the evolving health services management program at Virginia Commonwealth University, the most frequently cited the major health care trends that affect their organisational design and operations are certainly technology. They assert that technology has changed every aspect of the health care system, clinical test are growing faster and more wide-ranging (Krause, Roulette, Papp, & Kaelber, 2006), communication is more enhance (Imhoff, Webb, & Goldschmidt,

2001), and more care provided efficiently (Halamka, 2007). Certainly, the advances in technology that drives change in the practice of medicine, it also have influenced the change in the practice of management. Thus, it highlights that technology curriculum- for example, an information system class is essential to health services manager's education. Described as "important to accommodate the effective

patient care”, Simpson (1999) assert that advanced information technology knowledge required by students in HSM program, thus it enables them to integrate major clinical and administrative databases, in order to generate the report needed for effective outcomes systems. Additionally, Paul Ginsburg, president of the Center for Studying Health System Change, writes, “There is real potential that advance in science and information technology will dramatically change the nature of care and how that care is delivered” (Ginsburg, 1999). However, although advances in information and medical technology are creating greater efficiencies in the health care organization, Andersen et al. (2000) argued that the HSM education programs lag far behind in their capacity to effectively teaching leading technologies.

### 2.5.3 Quality

Underpinning the traditional principal of quality, it is often relates with ability of individual who able to provide with high skills and knowledge in providing quality services or products for customers. Thus, skills enrichment and knowledge enhancement for the future health leader and manager often become a priority with an intention to achieve greater improvement in health care delivery (Sheldon, 1998). Higher life expectancy, technological changes, aging population, as well as the higher expectation of patients from the care provided has led to the significant restructuring in order to reduce health care cost and improve the efficiency of the system (Bourbonnais, Brisson, Malenfant, & Vezina, 2005; Zabada, Rivers, & Munchus, 1998).

When discussing the matter of quality, it is “defined as the absence of defects and external assessors or inspectors are appointed to check and remove any defects or problems that might be occurring” (Harvey, 1996). And, quality is said will be met when service rendered is affordable, accessible and meets with the customer’s requirement (Campbell, Roland, & Buetow, 2000). Since the attention to maximise the level of quality is increasing, it is as well maximising the effort to requiring students to complete an applied course in health services quality improvement. The quality content is fundamental to develop a sense of strategic planning within students knowledge which could facilitate them to analyse the benchmarking for better quality management (Braithwaite, 2000; DeSilets, 2008).

Furthermore, it may educate students that the effectiveness of health services can be measure from the comprehensive framework, principal and theory for quality improvement (Cooper, 2004; Harvey, 1996; McConnell, 2005; Rhydderch, et al., 2004). Student’s knowledge of quality of process could be determine by assessing the level of understanding of how the subsystem within a system works, perhaps a major defect which caused waste in production could be eliminated and maximizing the level of quality for end product. In addition, the educational outcomes might reflects the understanding of few approaches in instance, total quality management; quality assurance and continuous quality improvement (Department of Health Government of Western Australia, 2003; Locock, 2003).

### 2.5.4 Consumer Satisfaction

Consumer satisfaction has become increasingly significant in the competitive health care environment. Equipped with the comprehensive information obtained from World Wide Web and various media, many customers are now becoming more aware and educate about the medical issues. The challenge for the industry today is to not merely to attract customers, but also to retain their visit by maximizing their level of satisfaction through quality care delivery. The curriculum preparation for the above needs is crucial for students to learn to assess and evaluate methods for understanding customer expectations, satisfactions, and loyalty, planning for a continuous quality improvement initiatives for improving customer’s satisfaction, to align organisation incentives with the satisfaction goal and the most significant to develop communication and interpersonal skills (Rhydderch, et al., 2004). Pierskalla (1997) mentioned, “We must educate these managers and leaders in the same skills and knowledge bases as the managers and leaders of other major industries.” Comparable to Pointer et. al (1999), they mentioned that

the fundamental core of professional management education in health services must be management. Perhaps, we should under business in general and health care specifically.

### 2.5.5 *Economic*

The government's involvement in health care policy and regulation is competing strongly with market-based reform efforts, both of which add to industry complexity (Bridgman & Davis, 2003). According to both Koch (1999), Barr and Breindel (1999), legislative reform to manage and control health care costs were started since the 1970s. To add to this complexity, 1990s market-based reform efforts have directed to major industry consolidation in all areas, in instance maximized penetration of managed-care, lift up the for-profit health care delivery, risk-based fixed priced financing and great employer negotiation to minimize contract premium (Jan, 2005 ).

Graduates were need to understand the market and legislative forces operating in the external environment including regional differences in the health care market (Althaus, Bridgman, & Davis, 2007). Economic content is described as the most important knowledge need to be learned by the future health service manager. This reality comes given the scarce resource within industry is demand for manager to strategically plan their budget in order to survive in the competitive market. The objective of the curriculum content is clear.

However to ensure a dynamic and social dedication is maintain until the future, education in health care management is suggested to continuously reassess its markets because the health industry is assumed to keep changing. Thus it is important for university to design a specific curriculum since it is vital to ensure the academic preparation is to derive value from current realities, as they exist in health industries and incorporate them into the curriculum (Seidel, Benassi, & Lewis, 2008).

## 3. Findings

There are only 6 contents proposed by the ACHSM for the universities that to offer HSM program. These 6 contents were represent five (5) type of skills; problem solving skill, analytical skills, people skills, strategic thinking skills and continuous learning as the author found in the Framework of an Academic Program in Health Services Management, ACHSM. There are currently 11 universities have courses in health services management (HSM) that have been accredited by ACHSM. To name here, Charles Sturt University, University of New South Wales, Uni. of Technology Sydney, La Trobe University, Monash University, Griffith University, Flinders University, University of South Australia and University of Tasmania.

Unfortunately, this paper unable to analyze four (4) universities (University of New England, University of Western Sydney, University of South Australia and University of Tasmania) given there are no or less curriculum content's description is available.

The revisit lead to the findings that curriculum content of Healthcare System/Policy; Health Services Management; Research Methods are the most rated and offered as a core subjects. Finance and Ethics meanwhile, rated as second most offered under elective subjects. Not limited to that, author found that, most of the universities does offered Aged Care subject although this content is not proposed by ACHSM. Perhaps, many universities are aware that Australia is currently experiencing an increasing of aged care population, therefore future HSM need to be familiar with Australian government's effort in order to cater the need of the said community. This content may become the strength of many universities in Australia therefore can direct the others to plan the same.

Although those universities were accredited by ACHSE, they do not necessarily offer the entire listed curriculum content as recommended by the professional body. In fact, the institutions are encouraged to apply any of the curriculum content that is relevant to the current needs and they may offer other that may seem relevant for the future preparation of HSM. Overall, most of the curriculum content offered reflects

the current changes and needs of the health industry and this proof that skills of health services managers as well need to parallel to the needs.

#### 4. Conclusion

This article has presented the “Preparation of Health Services Management by assessing the curriculum offered in universities in Australia. Preparation of HSM and its curriculum is a lifelong issue and universities are still struggling to draw out the best. There will always be a new issue of HSM curriculum affected from the continuous changes in health care industry. This paper does not make a comparison with other countries offered HSM program. In future, comparison should be made to ensure flexibility to the current demands of a changing health industry and a better chance of HSM occupational satisfaction and success.

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