Clinicians' contributions to healthcare management

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Abstract

Primary tasks for clinical directors are to disseminate information to colleagues, provide feedback to senior professional managers, and to play key roles in strategic planning and resource allocation in health services. These tasks are seen to reduce barriers between clinicians and management. The application of clinical directorates across healthcare organisations is inconsistent and ambiguous. When set clear guidelines, clinical directors can impact on the decision-making process within senior management. As further applications of clinical directors in management occur, development of the role is required to realise the potential.

Introduction

Clinicians have always had a certain degree of influence in health management, although the incorporation of clinicians in decision-making differs widely across healthcare organisations. Organisational structure, position descriptions, type and size of the facility are some of the factors that dictate the clinical input into management.

The production of objectives that meet business plans constrained by budgets and services contracts has fuelled the contradicting viewpoints between professional managers and clinicians. This has had an impact on the practice styles of clinicians and the clinical freedom they have in their clinical practice.

The role of the clinical director has been used to reduce the many difficulties encountered in health management. The issue of how clinical directorates work within management structures has yet to be resolved. In the NHS where clinical directors are required under government regulations, there has been little guidance on the duties or position descriptions for the role (Baker 1992).

Clinician involvement in senior management has assisted in bridging issues such as resource allocation, service planning and communication. By communicating the clinical requirements and implications following strategic planning, clinicians have had a fundamental impact on health management. This paper will discuss the issues related to the conflict between clinicians and management, describe the roles of the clinical director and summarise the effect clinicians have within health care management.

Conflict between clinicians and management

When considering the individual cultures of clinicians and professional managers, divergent views in the health sector are inevitable (Hornblow 1997). Clinicians have completed specialised training to provide healthcare to patients. Their purpose is to provide the best care their knowledge allows.

In contrast, professional managers are employed to serve companies that fund particular health services. To succeed, they must develop rational budgets, monitor and control resource use, and manage risk. Having an

individual with no clinical credentials making decisions impacting on patient care is poorly received by clinicians (Buchanan et al 1997). The implication of such changes generally has not been communicated well between management and clinical staff. This has led to a gradual decline in trust and an increase in friction (Corbridge 1995).

Interaction during policy development is influenced by organisational structures. During the episode of care, clinicians are making decisions on what interventions are being accessed and when patients are discharged, and thus directly affecting the performance of the hospital. This clinical freedom is being restricted by the budget and resource constraints formulated by management following the escalating cost of health. This is the result of management trying to ensure that there is appropriate allocation of financial and clinical resources across all service units (Scrivens 1998).

The restricted access to treatment options has impacted on the earning potential of clinicians and their clinical freedom (Fairfield et al 1997). Clinicians see this as prejudicing the overall quality of clinical services provided by medical staff (Fairfield et al 1997; Scrivens 1998). Clinical practice styles, which have taken decades to establish, have now altered with contractual and business information influencing clinical decisions. This is proving to be a significant challenge to a profession that is familiar with unlimited clinical freedom (Shortell & Kaluzny 2000).

Political involvement has had a consistent influence in the development of the health sector. Senior management is charged with the responsibility of disseminating government policies into clinical practice. The health system in New Zealand has been turbulent over the past two decades with changes initiated by different governments (Creech 2000). The lack of consistency in health policy has reduced the opportunities for management to reliably approach service strategies (Kerridge 1983). This has resulted in poor communication and leadership when implementing objectives, and failed to win the support of clinicians (Succi and Alexander 1999).

With the increased dissatisfaction regarding inconsistent policy implementation, the gap between clinicians and management has only widened. Without the support from crucial staff, the strategic plans have less chance of being successful. This compounds the issues surrounding communication, as management becomes disillusioned by the lack of commitment by clinical staff.

Clinical directorates

The implementation of the clinical director is seen as a prominent part of the reorganisation in health management (Bernstein 1993). The role has been developed considerably over the past decade and there is a continuing expectation of further expansion (Kocher et al 1998; Smith et al 1989).

Previous applications of the clinical director focused on using the knowledge of the doctor in policy development without reducing his or her responsibility of governance issues (Willcocks 1994; Shortell 1986). Integrating doctors in broader management tasks in hospitals has moved the responsibility closer to those who make decisions about patient treatment care (Buchanan et al 1997). Since clinicians have been involved in management, priorities of health facilities have altered (Casebeer 1993).

The success of integrating clinicians has not been automatic (Sang 1993). The lack of interest and understanding of tasks, particularly of aspects such as finance, has restricted progression. These tasks are perceived to be irrelevant to their roles and careers. The eminence that is normally accorded to clinicians is usually reached through traditional means of research and clinical practice, not management achievements (Sang 1993).

Not having been subjected to the responsibility or accountability for management decision-making (Willcocks 1994), clinicians have lacked a full appreciation for the role of managers (Fitzgerald 1994). More success has been achieved in situations where medical staff have had advanced training in management. A developed appreciation and interest for clinicians, who previously saw such tasks as management unnecessary, occurred following their involvement in management and was enhanced by further training or education (Kerridge 1983; Fitzgerald 1994).

Because of this, doctors may be poorly equipped to take on clinical directorate roles (Buchanan et al 1997). However, this is not always perceived to be the case for doctors who are moving into management roles. Smith et al (1989) and Kenargy (2001) identified doctors would be particularly suited to health management due to their clinical grounding and senior positions held in healthcare facilities.

With the contribution of clinicians, an improvement in collaborative decision-making has been achieved (Coluccio & Havlick 1998). In particular, clinicians have been able to forward issues regarding patient care to management, and raise issues related to business planning with clinical staff (Alexander et al, 1986).

Clinical directors have the demanding responsibility to manage the role of liaison between other clinicians and management (Johnson 1990). To retain the respect of clinical colleagues, it is important to perform the role of liaison effectively. This is achieved by retaining some involvement in clinical work. Therefore, it is recommended that the position have only a part-time management component. This creates extra demands to integrate the requirements of clinical work and meetings to fulfil the requirements of the job.

Additional roles of the clinical director vary considerably depending on the requirements of the service and the skills of the individual. Lando (1999) describes functions of the clinical director as recruiting, credentialing, and training as well as review of resource utilisation, outcomes measurement and work redesign. Willcocks and Conway (1998) see the role of clinical directors as ambiguous, but do highlight three parts of the role as leadership, marketing, and providing strategic contributions. Further tasks for the development clinical directorates are the responsibility for informing senior management on specific resource, training and clinical requirements needed for effective practice (Johnston 1991).

The involvement of clinicians in management is intended to provide positive influences on strategic planning for health services (Casebeer 1993). This is expected to rationalise administration and decrease the conflict between management and clinicians (Kocher et al 1998).

The strategy to increase the role of clinicians in decision-making processes within health facilities has had a significant impact. To develop previous informal involvement to a more formal process was to influence clinical staff in adopting more awareness and therefore incorporating cost awareness clinical decision-making {?} (Succi and Alexander 1999).

Conclusion

The involvement of the clinician in health care management is not a new phenomenon. Clinicians were accessed for their clinical knowledge when changes to medical services occurred.

With the separation of administration and clinical work, doctors retained a degree of clinical freedom that may not have been consistent with management objectives. For the most part, management made their decisions and clinicians were left to make theirs. The lack of established links led to a lack of understanding and trust of each other's objectives.

With the cost of health care escalating and the scarcity of resources, it became evident clinicians were required to become more involved in senior management. This was intended to improve the awareness of cost implications when providing treatment. Primary objectives for clinical directorates are to disseminate information to clinical colleagues and provide feedback to management, as well as having key roles in strategic planning and resource allocation. These tasks are seen to reduce any impediments between clinicians and management. It is agreed that the role of the clinical director is vital to service planning, but it has not been a position that immediately attracts clinicians with appropriate experience, as it does not have the eminence of traditional clinical or research work. This is compounded by the extra demands of meetings and working groups.

The application of clinical directorates is inconsistent and ambiguous. When set clear guidelines, this position has impacted on the decision-making process. As further application of clinical directorates in management occurs, further development of the role is required. This will provide more consistency, assist those moving into these positions, and improve their effectiveness.

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