

## ORIGINAL RESEARCH

---

**ID Couper<sup>1</sup>, JFM Hugo<sup>2</sup>**

<sup>1</sup>*University of the Witwatersrand, Department of Family Medicine, Parktown, South Africa*

<sup>2</sup>*University of Pretoria, Department of Family Medicine, Pretoria, South Africa*

---

**Submitted:** 2 May 2005; **Revised:** 31 August 2005; **Published:** 5 October 2005

**Couper ID, Hugo JFM**

**Management of district hospitals - exploring success**

*Rural and Remote Health* 5: 433. (Online), 2005

**Available from:** <http://rrh.deakin.edu.au>

**Introduction:**

**Method:**

**Results:**



**Conclusion:**

**Key words:**

---

# Rural and Remote Health

The International Electronic Journal of Rural and Remote Health Research, Education Practice and Policy







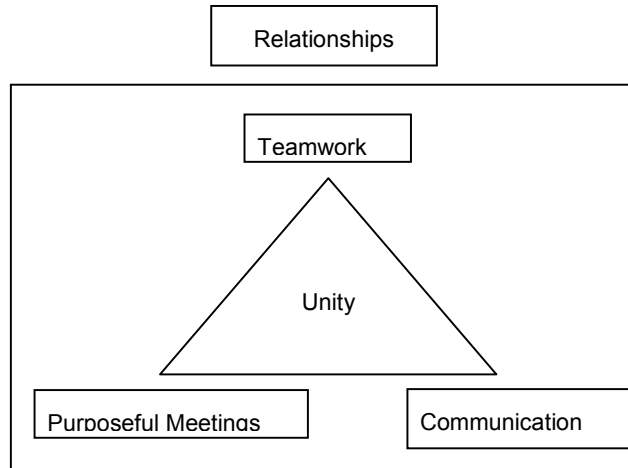
## *Teams Working Together for a Purpose*

### *Teamwork*

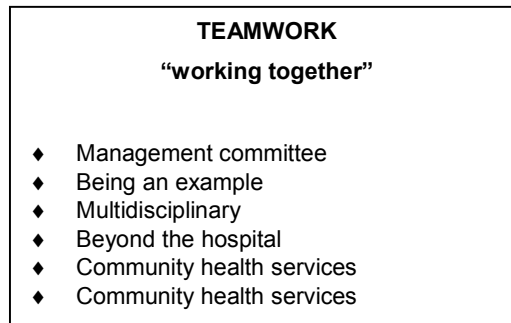
### *Relationships*

### *Purposeful meetings*

*It is that relationship side of things that is the cement that holds the management together and the model for the rest of the hospital - the relationships between us were right and were solid and we liked each other.... I think perhaps that is observed subconsciously by the rest of the hospital.*

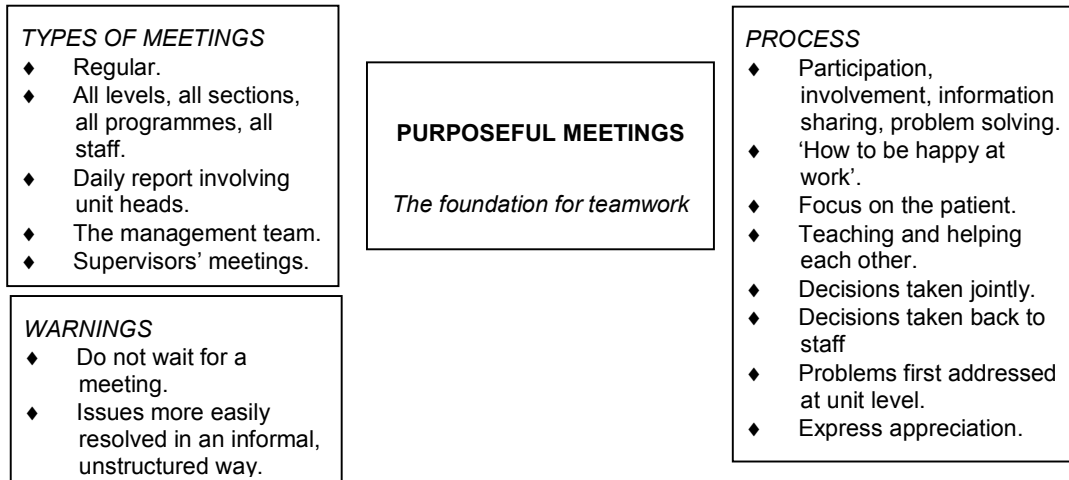


**Figure 1: Teams working together for a purpose.**



**Figure 2: Teamwork.**

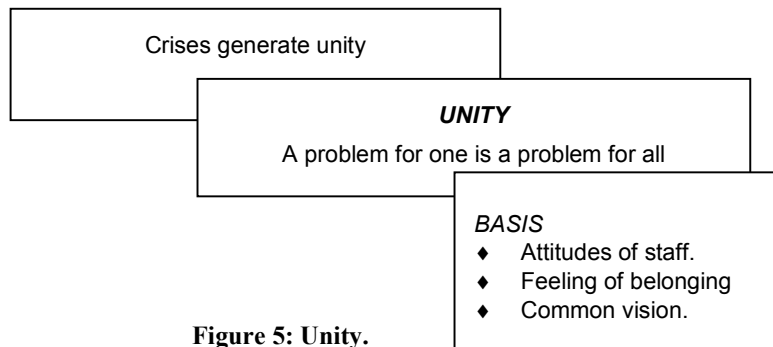
---



**Figure 3: Purposeful meetings.**

<p><b>THE MEANING</b></p> <ul style="list-style-type: none"> <li>◆ Friendship.</li> <li>◆ Flexibility.</li> <li>◆ Willingness to extend oneself for others.</li> <li>◆ Share skills.</li> <li>◆ Build capacity.</li> <li>◆ Respect</li> <li>◆ Personal value.</li> </ul>	<p><b>RELATIONSHIPS</b></p> <p><i>Needing each other, with respect</i></p>	<p><b>HOW</b></p> <ul style="list-style-type: none"> <li>◆ Cement.</li> <li>◆ Solid.</li> <li>◆ Observed subconsciously.</li> <li>◆ Leadership example.</li> <li>◆ Many levels.</li> <li>◆ Hospital and beyond.</li> <li>◆ Direct effect on performance.</li> <li>◆ Forged through meetings.</li> </ul>
	<p><b>THE OUTCOME</b></p> <ul style="list-style-type: none"> <li>◆ Patients are not objects.</li> <li>◆ People are happy.</li> </ul>	

**Figure 4: Relationships.**



**Figure 5: Unity.**



*There is an understanding from the team that you're working together for the good of the patient and improving patient care and because of that people are willing to be flexible and to get out of their roles and willing to work together in new ways.*

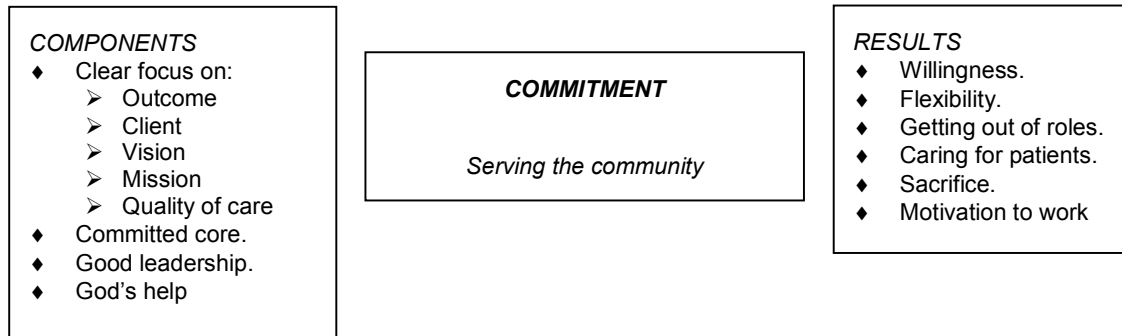
*Unity*

*Communication*

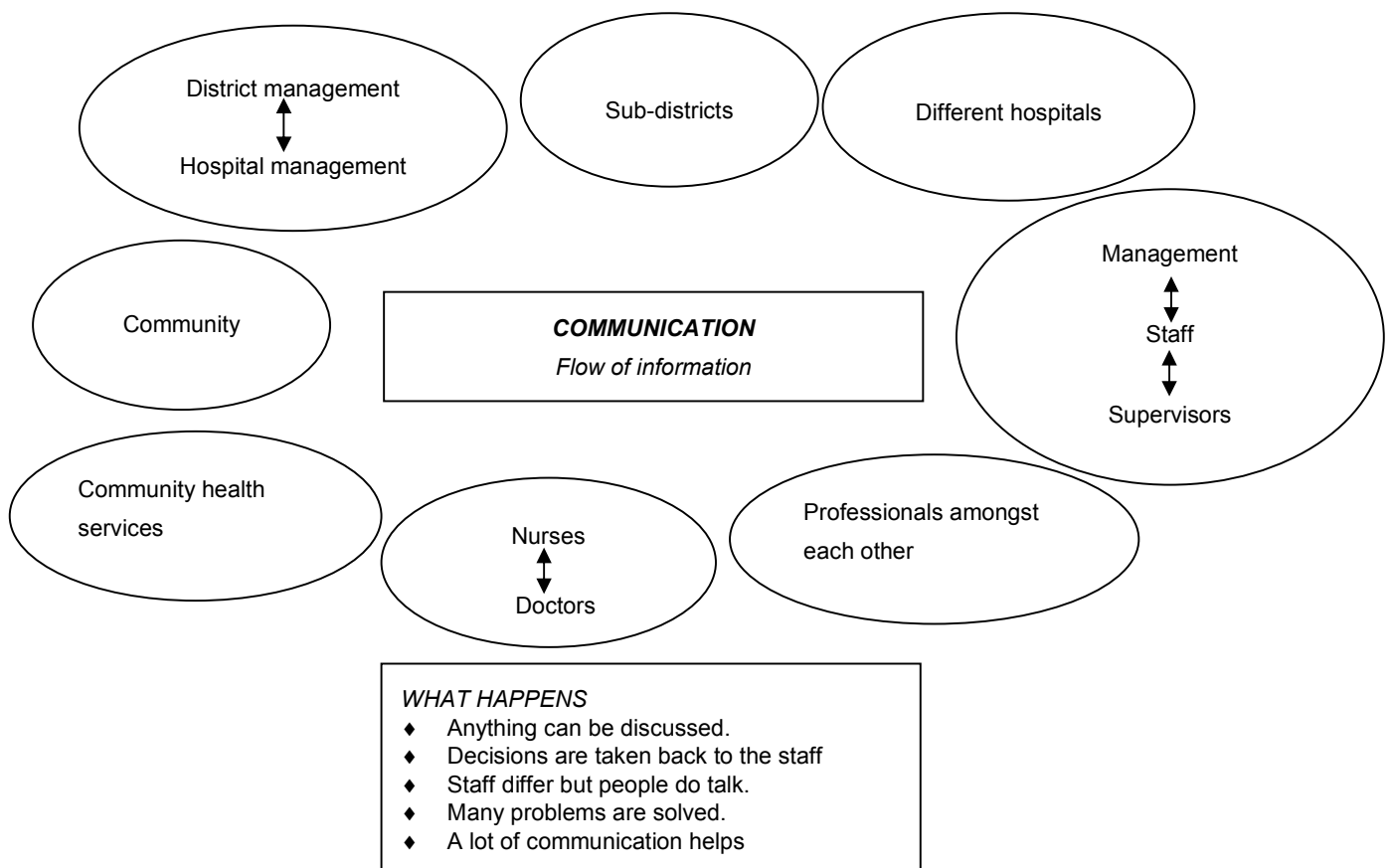
*Commitment*

*Foundational Framework and Values*

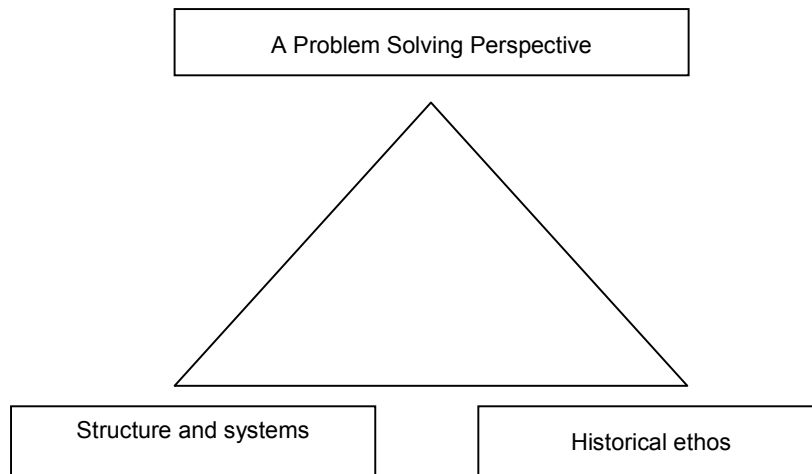




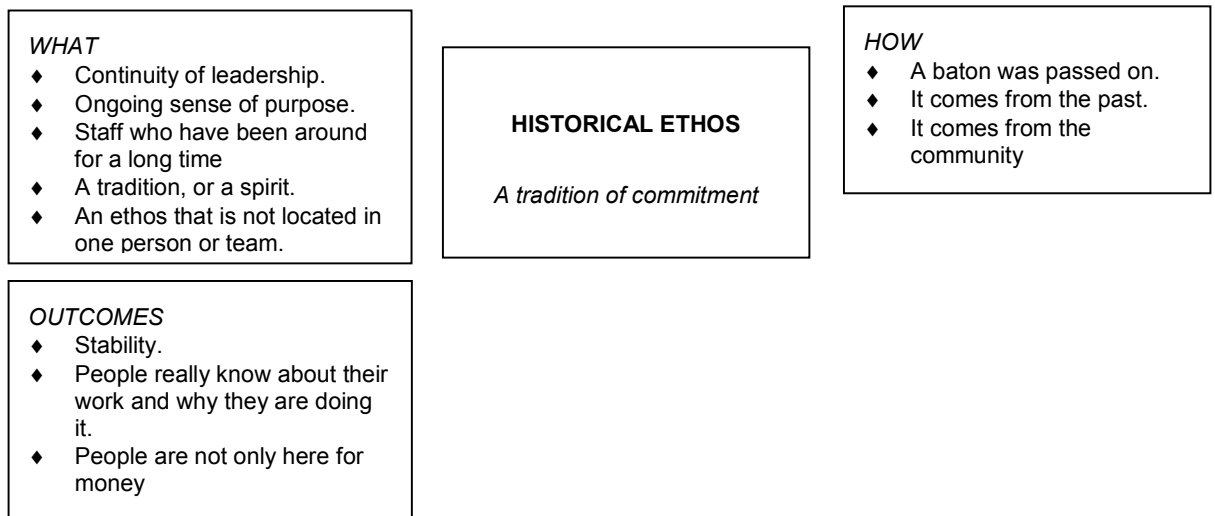
**Figure 6: Commitment.**



**Figure 7: Communication.**



**Figure 8: Foundational framework and values.**



**Figure 9: Historical ethos.**



*There's often a tradition, or a spirit, that comes in my experience from the mission times, that has been carried through. There's the tradition of hard work, of dedication, of commitment, and excellence in the way that people do things, and of accountability, that might have been started by a few pioneers many years ago.*

*People really know about their work and why. ... They do remember that they are not only here for money, but also the main reason is to help the sick people.*

*I would say that one of the important things is the history of the hospital - it has a history of being well managed and a history of excellence and a caring attitude, which stems from the mission ethos of the '70s. And the concept that in each change of, especially, management the baton was passed on to the next person and it was done prayerfully in the old days and in the new days with lots of thought so, in a way that the history was a process of building the hospital that was continued... If you're looking at it from the management perspective, certainly with superintendents you see the pictures on the wall, the galleries of those who have actually been there before you ... you realise that you are actually just another stepping stone... personally it gives you the incentive to do your best and to continue in the same line as your forefathers had done.*

## *A problem solving perspective*

*can*

*If we were to take resources as we have them, human and material, we would not make a move in any way. But on a daily basis we look to put that aside and perhaps see what do we do with what we have. ...There are problems. ...because we want to get the service accessible to most people we actually force our way to say we may do this here and there. ...It's actually something that keeps us going... we turn our problems to challenges ... We just keep going to say we want to achieve something.*

*...that's fine, let's just do it our own way, let's see if we can do it, just to prove to people it can be done without electricity, telephones, water, anything. We*



*can work. It's almost a challenge against the managers in far off white cities or far off ivory towers of administration, of learning.*

*The isolation ...<sup>is</sup> almost a challenge ... you try to solve your problems alone as a challenge, I suppose. We didn't see eye to eye on many issues with the head office, especially related to community health issues, and it was nice to know that you are not observed. You could do what you felt in your heart to do and there weren't going to be many problems coming from it. So there was kind of a cheeky side: let's just do it regardless of what the administrators would say at head office.*

*health care system without all this paper work, while people are in the right attitude. So it's better if you've got to choose where you're going to invest your time, it's certainly better if you have more time with the people than time with the paper.*

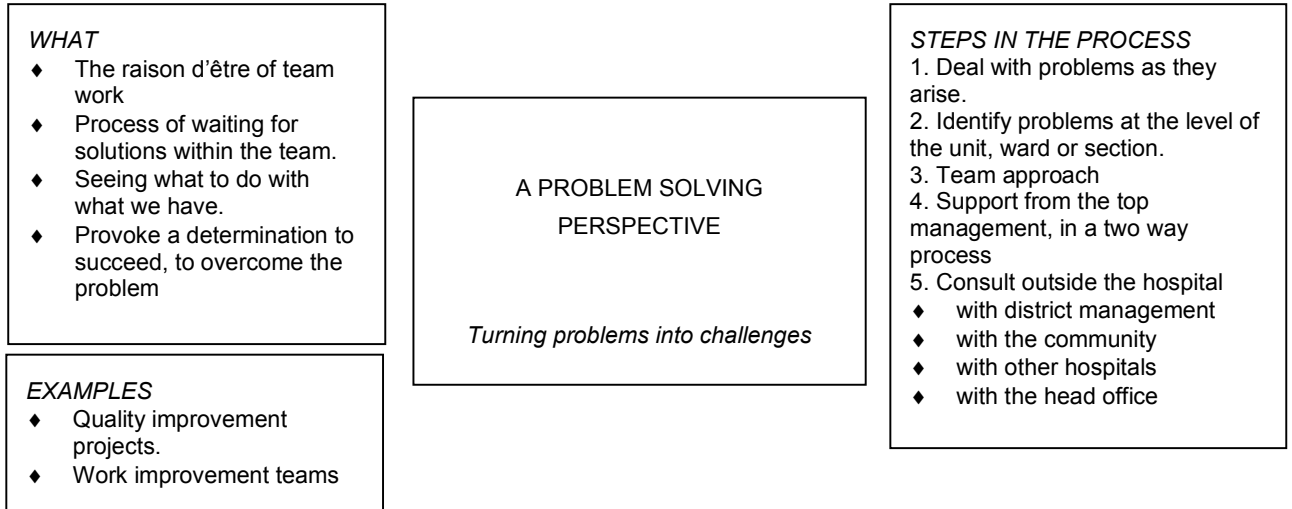
*This infrastructure also serves as a monitoring body to make sure that things are developing and that needs are being met, by services, and by evaluating structures as well.*

*needs to sift information, take what is practical from their side... what the Government has said must be done is done only if it's practical and relevant to us down here at the hospital.*

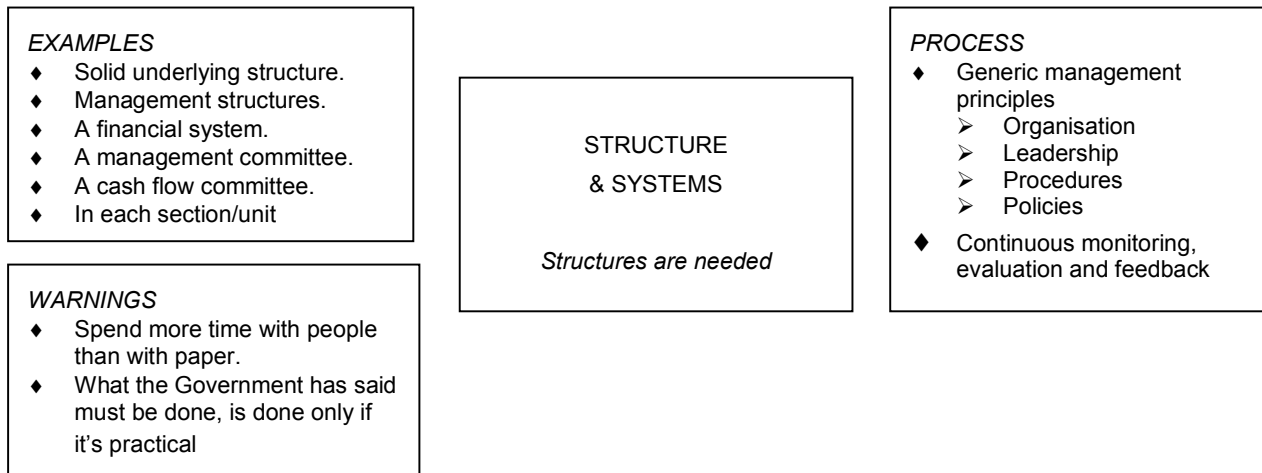
## ***The Health Service and the Community***

### ***Integration in the district***

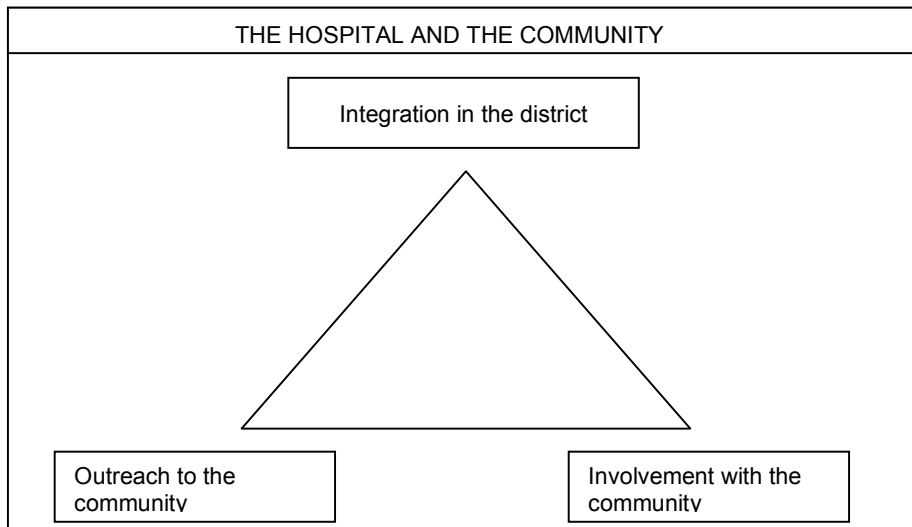
*You can put all the other bits of paper together, but if you don't have the spirit of it, then you don't end up with the health care system. Whereas you can have a*



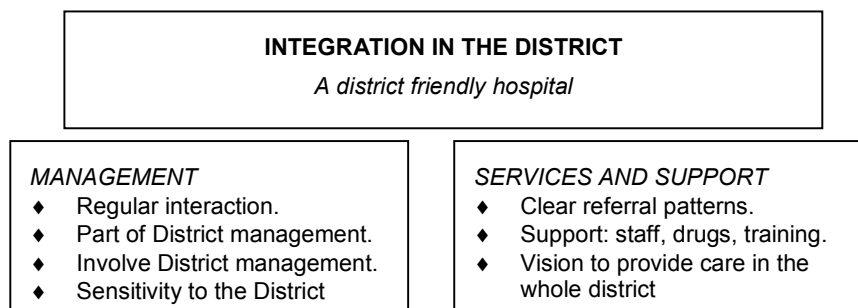
**Figure 10: A problem solving perspective.**



**Figure 11: Structure and systems.**



**Figure 12: The health service and the community.**



**Figure 13: Integration in the district.**

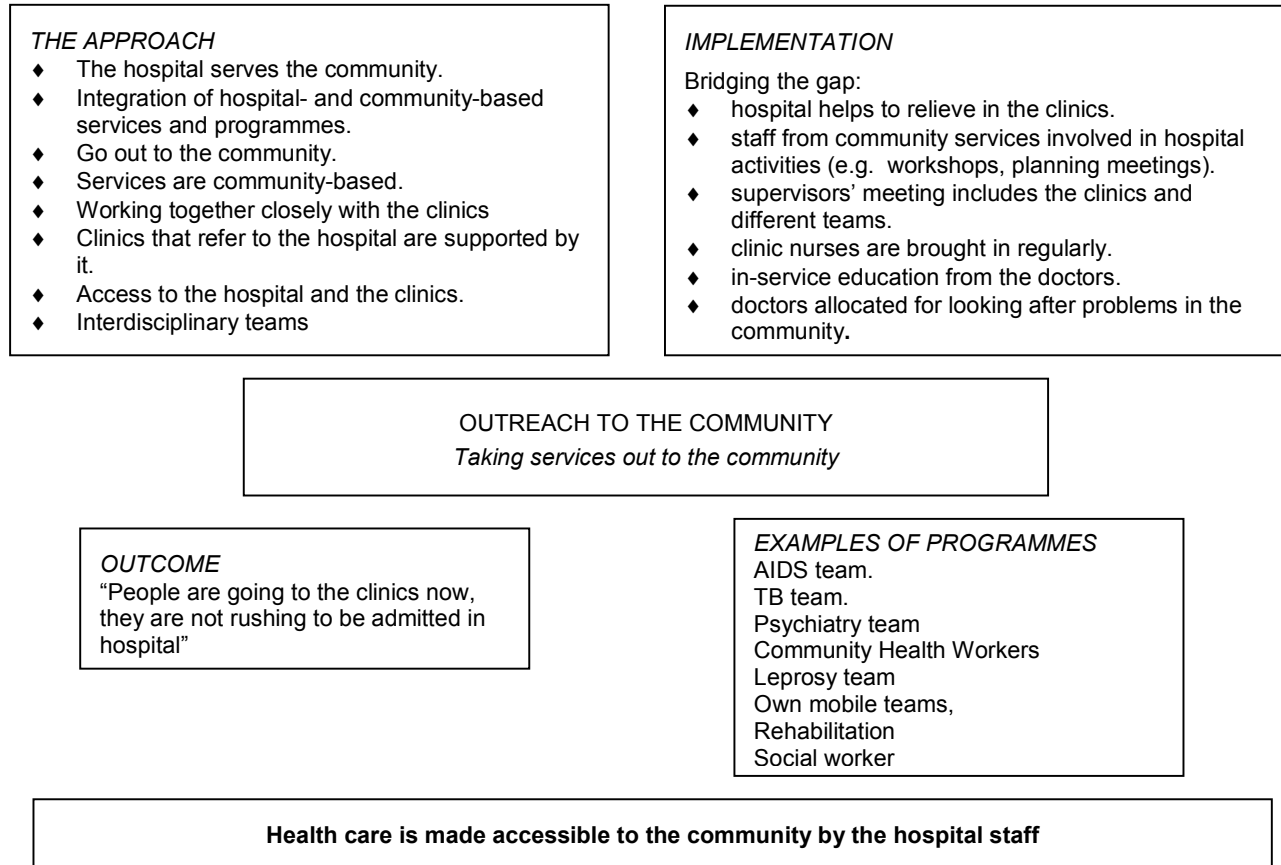
*I have a concept ... of a district friendly hospital, in other words, the facts that make a hospital friendly as it were, to the district that it serves, the population, that its placed within, so for example that there are clear referral patterns and the clinics are visited regularly and supported with staff or drugs or training or whatever.*



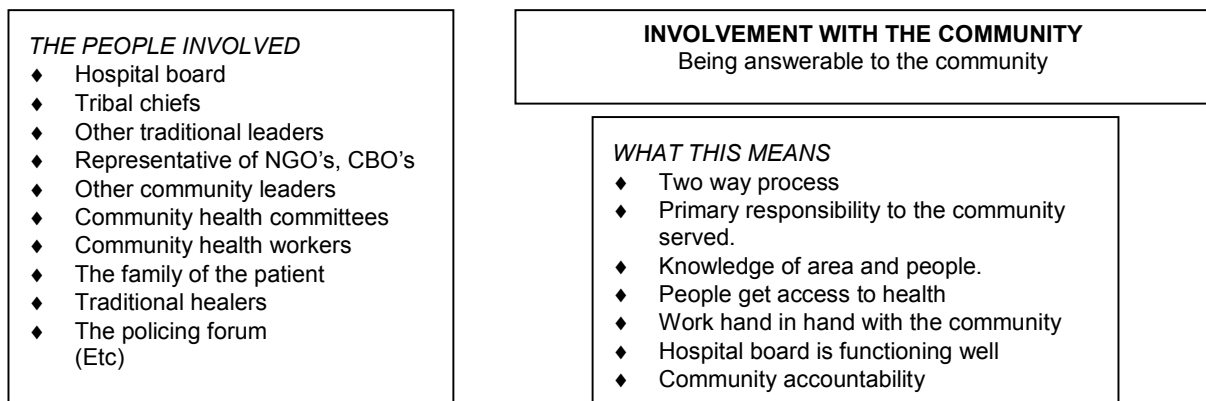
## ***Involvement with the community***

*Now we are involving the family in the rehabilitation and the same with HIV patients and the same with TB. We are getting traditional healers involved. ... There is quite a number of them who work at TB care ... we work hand in hand with them.*

## ***Capacity building***



**Figure 14: Outreach to the community.**



**Figure 15: Involvement with the community.**





<b>CAPACITY BUILDING</b> <i>involving and developing people</i>
<ul style="list-style-type: none"><li>◆ In-service education programmes:<ul style="list-style-type: none"><li>➤ directed to all staff</li><li>➤ outside of the hospital</li></ul></li><li>◆ Continuous education within the district.</li><li>◆ Attitude of commitment.</li><li>◆ Desire to develop and learn.</li><li>◆ Community involvement.</li></ul>

**Figure 16: Capacity building.**

---

*ubuntu*



*You have to start by identifying core groups of people you can work with, and understand why they're struggling ... and to try to help them to see ways in which they can be a positive influence on daily basis.*

*I want to emphasise the role of leadership and the role of the community above the others... I think in terms of what we can do to stimulate district hospitals, I would put my money into those areas, developing leadership and developing community accountability. Some kind of leadership development programme is absolutely crucial.*

*A National Health Plan for South Africa*

*White Paper on the Transformation of the Health Sector*

*Cape Town: Government Gazette 469:*

*A District Hospital Service Package for South Africa: A set of norms and standards*

*Social Science & Medicine 54:*

*BMJ 312:*

*Health Policy Plan 16 :*



			<i>A guide to health facilities: personnel and management</i>
<i>Health Services</i>	<b>24:</b>	<i>International Journal of</i>	<i>Organizational issues in health care management</i>
		<i>Tropical Medicine and</i>	
<i>Internal Health</i>	<b>2:</b>		<i>The wisdom of teams: creating the high-performance organization</i>
		<i>Health Policy</i>	<b>35:</b>
			<i>The African way: the power of interactive leadership</i>
			<i>A place to shine: emerging from the shadows at work</i>
<b>14</b>	:	<i>International Journal of Quality Health Care</i>	<i>The fifth discipline</i>
		<i>Health Policy</i>	<b>64:</b>
			<i>Servant leadership</i>
			<i>Synchronicity: the inner path of leadership</i>
<i>Social Science Medicine</i>	<b>40</b>	:	
		<i>Management of District Hospitals: Suggested Elements for Improvement</i>	
			<i>Health Policy Plan</i>
			<b>16</b> :
		<i>Managing change in the NHS: Organisational change. A review for health care managers, professionals and researchers</i>	<i>How to Spread Good Ideas: A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation. Report for the National Coordinating Centre for NHS Service Delivery and Organisation (NCCSDO)</i>
		<i>Management of hospitals</i>	
<i>The different drum</i>			<i>Health Policy</i>
		<i>Plan</i>	<b>16</b> :

---