# **Rural and Remote Health**



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

### ORIGINAL RESEARCH

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

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Management of district hospitals - exploring success

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

Available from: http://rrh.deakin.edu.au

Int	roduction:			
Me	thod:			
Res	sults:			



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Key words:			

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**Table 1: Characteristics of respondents** 

Respondent	Profession	Position	Sex
no.			

### **Table 2: List of themes and theme clusters**

Major themes	Theme cluster



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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.



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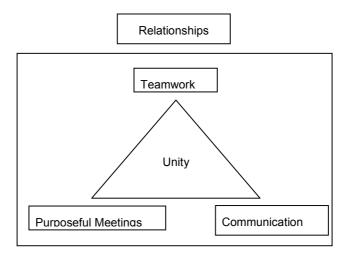


Figure 1: Teams working together for a purpose.

# TEAMWORK "working together" Management committee Being an example Multidisciplinary Beyond the hospital Community health services

Figure 2: Teamwork.

Community health services



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### TYPES OF MEETINGS

- Regular.
- All levels, all sections, all programmes, all staff.
- Daily report involving unit heads.
- The management team.
- ♦ Supervisors' meetings.

### **WARNINGS**

- Do not wait for a meeting.
- Issues more easily resolved in an informal, unstructured way.

### **PURPOSEFUL MEETINGS**

The foundation for teamwork

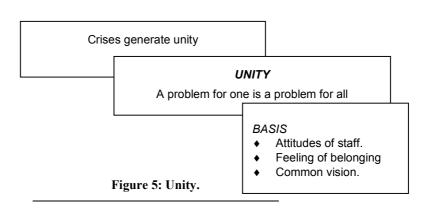
### **PROCESS**

- Participation, involvement, information sharing, problem solving.
- 'How to be happy at work'.
- Focus on the patient.
- Teaching and helping each other.
- Decisions taken jointly.
- Decisions taken back to staff
- Problems first addressed at unit level.
- Express appreciation.

Figure 3: Purposeful meetings.

THE MEANING	RELATIONSHIPS	HOW	
<ul> <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>	Needing each other, with respect	<ul> <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>	
	THE OUTCOME  ◆ Patients are not objects.  ◆ People are happy.		

Figure 4: Relationships.





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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

Foundational Framework and Values

Commitment



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### **COMPONENTS**

- ♦ Clear focus on:
  - Outcome
  - Client
  - Vision
  - > Mission
  - Quality of care
- Committed core.
- ♦ Good leadership.
- ♦ God's help

### COMMITMENT

Serving the community

### RESULTS

- Willingness.
- Flexibility.
- Getting out of roles.
- Caring for patients.
- ♦ Sacrifice.
- Motivation to work

Figure 6: Commitment.

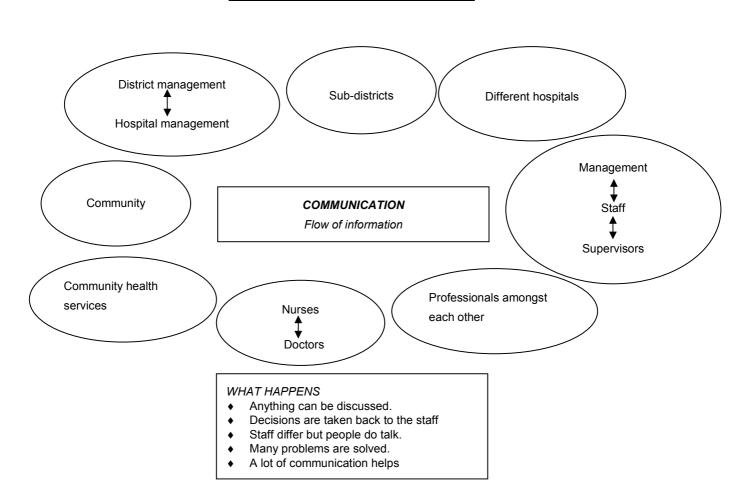


Figure 7: Communication.



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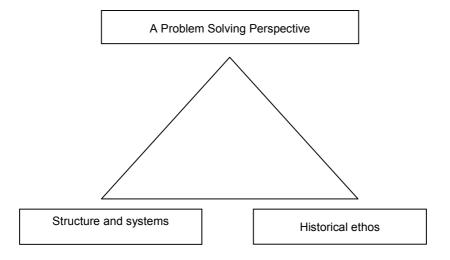


Figure 8: Foundational framework and values.

### WHAT

- Continuity of leadership.
- Ongoing sense of purpose.
- Staff who have been around for a long time
- ♦ A tradition, or a spirit.
- An ethos that is not located in one person or team.

### **OUTCOMES**

- Stability.
- People really know about their work and why they are doing it.
- People are not only here for money

### **HISTORICAL ETHOS**

A tradition of commitment

### HOW

- A baton was passed on.
- It comes from the past.
- It comes from the community

Figure 9: Historical ethos.



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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

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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



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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 ... is 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



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### WHAT

- The raison d'être of team work
- Process of waiting for solutions within the team.
- Seeing what to do with what we have.
- Provoke a determination to succeed, to overcome the problem

### **EXAMPLES**

- Quality improvement projects.
- Work improvement teams

# A PROBLEM SOLVING PERSPECTIVE

Turning problems into challenges

### STEPS IN THE PROCESS

- 1. Deal with problems as they arise.
- 2. Identify problems at the level of the unit, ward or section.
- 3. Team approach
- 4. Support from the top management, in a two way process
- 5. Consult outside the hospital
- with district management
- with the community
- with other hospitals
- with the head office

### Figure 10: A problem solving perspective.

### **EXAMPLES**

- Solid underlying structure.
- Management structures.
- A financial system.
- A management committee.
- A cash flow committee.
- In each section/unit

### WARNINGS

- Spend more time with people than with paper.
- What the Government has said must be done, is done only if it's practical

# STRUCTURE & SYSTEMS

Structures are needed

### **PROCESS**

- Generic management principles
  - Organisation
  - Leadership
  - Procedures
  - Policies
- Continuous monitoring, evaluation and feedback

Figure 11: Structure and systems.



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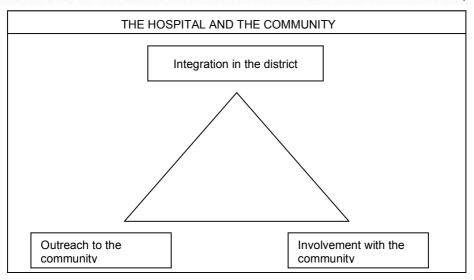


Figure 12: The health service and the community.

### INTEGRATION IN THE DISTRICT

A district friendly hospital

### MANAGEMENT

- Regular interaction.
- Part of District management.
- Involve District management.
- ♦ Sensitivity to the District

### SERVICES AND SUPPORT

- Clear referral patterns.
- Support: staff, drugs, training.
- Vision to provide care in the whole district

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.



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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



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### THE APPROACH

- The hospital serves the community.
- Integration of hospital- and community-based services and programmes.
- Go out to the community.
- Services are community-based.
- Working together closely with the clinics
- Clinics that refer to the hospital are supported by
- Access to the hospital and the clinics.
- Interdisciplinary teams

#### **IMPLEMENTATION**

### Bridging the gap:

- hospital helps to relieve in the clinics.
- staff from community services involved in hospital activities (e.g. workshops, planning meetings).
- supervisors' meeting includes the clinics and different teams.
- clinic nurses are brought in regularly.
- in-service education from the doctors.
- doctors allocated for looking after problems in the community.

### **OUTREACH TO THE COMMUNITY**

Taking services out to the community

### **OUTCOME**

"People are going to the clinics now, they are not rushing to be admitted in hospital"

#### **EXAMPLES OF PROGRAMMES**

AIDS team.

TB team.

Psychiatry team

Community Health Workers

Leprosy team

Own mobile teams.

Rehabilitation

Social worker

Health care is made accessible to the community by the hospital staff

Figure 14: Outreach to the community.

### THE PEOPLE INVOLVED

- Hospital board
- Tribal chiefs
- Other traditional leaders
- Representative of NGO's, CBO's
- Other community leaders
- Community health committees
- Community health workers
- The family of the patient
- Traditional healers
- The policing forum (Etc)

### INVOLVEMENT WITH THE COMMUNITY

Being answerable to the community

### WHAT THIS MEANS

- Two way process
- Primary responsibility to the community served.
- Knowledge of area and people.
- People get access to health
- Work hand in hand with the community
- Hospital board is functioning well
- Community accountability

Figure 15: Involvement with the community.



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### **CAPACITY BUILDING**

involving and developing people

- In-service education programmes:
  - directed to all staff
  - > outside of the hospital
- Continuous education within the district.
- Attitude of commitment.
- Desire to develop and learn.
- Community involvement.

Figure 16: Capacity building.

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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:

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