MANAGEMENT OF DISTRICT HOSPITALS

- Teamwork
- Relationships
- Capacity Building
- Purposeful Meetings
- Community Involvement
- Unity
- Community Outreach
- Commitment
- Integration in Districts
- Communication
- Structure & Systems
- Historical Ethos
- Problem Solving

MANAGEMENT

OF

DISTRICT HOSPITALS

SUGGESTED ELEMENTS FOR IMPROVEMENT

This Publication is
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Executive summary

Interviews were conducted with senior hospital and district management teams of 4 hospitals in 2 rural districts, in KwaZulu-Natal and North West Province. These hospitals were chosen because they were thought to be functioning relatively well. The purpose was to understand some of the factors contributing to their relative success, and share these with other similar institutions.

A number of key factors were identified through this process, which appear to be important in effective functioning of district hospitals. The first group of factors centre on the basic essential component of **teamwork**, which were seen to be vital. These include the importance of **regular meetings**, **inter-personal relationships** based on respect and mutual co-operation, a sense of **unity** built on a common vision, **commitment** to this vision and to the team, and **continuous communication** at all levels of the hospital.

A second group of factors provide the **framework** for the functioning of the team, i.e. an **ethos** derived from an historical tradition, a particular approach to **problem solving**, and a solid **underlying structure** which provides the **systems** to implement this approach.

A third group of factors relate to the **position of the hospital in the community and the district**. These hospitals were clearly positioned within, and **integrated into** districts. They express a sense of dedicated **service to the community** involving reaching out beyond the "gates", and believe they are **answerable to the community** with full mutual involvement.

Finally, **capacity building**, to assist and encourage staff in the process, underpins all these factors.

Examples of these factors are provided throughout the report, using the words of the respondents. The report provides the district hospital management teams with ideas and resources for improving hospital management.

How this report can be used

This report can be used at different levels.

◆ At hospital level, management teams may elect to study the report together, involving key leaders within the hospital, in order to review their own situation and to develop their own strategy for improving the functioning of the hospital, in a quality improvement process.

◆ At district level, district management teams may wish to initiate a similar exercise together with the hospital management. Where the hospital management is not effective, this may require selecting individuals with leadership potential to begin such a process.

◆ At provincial level, pilot projects could be developed in a few district hospitals with the aim of:

- Sharing the information in this report
- Developing core teams
- Seeking to implement changes on the basis of these findings
- Evaluating the impact.

Contents

Introduction

It is not difficult to find examples of district hospitals that are not functioning well. Health workers and administrators are quick to point out faults and failures. The media takes delight in highlighting them. How, though, can the management of district hospitals be improved? Many solutions have been offered to address this problem. However, programmes undertaken in different provinces and regions have not made much difference.

One question that might be asked is

> "What are the ingredients in the management of a well-functioning district hospital"?

Perhaps if we can understand that, we will be closer to helping hospitals that are not functioning well.

> How does one measure function?

This presents a problem. Patients, various health workers, administrators, economists and politicians will all have different definitions. Subjectively though, there is a sense of what this "function" is about and some agreement that certain hospitals are functioning better than others.

On the basis of this understanding, it was decided that a few relatively well functioning hospitals should be reviewed and taken as examples from which lessons can be learnt.

Process

Hospitals in two districts, which were described by various health workers and administrators to be functioning well, were chosen i.e. Taung district in Northwest province and Jozini district in northern KwaZulu-Natal province (Manguzi, Mseleni, and Bethesda hospitals). Members of the hospital management teams, the district managers, other staff and former medical superintendents were interviewed during July to October 2000. Qualitative interview techniques were used with each interviewee being asked a single question, i.e. "What are the things that you think make this hospital function relatively well?" The purpose was to gain deeper insight into the factors that contribute to the functioning of these hospitals rather than to try to measure "functioning" or to measure the achievements of the hospitals.

A list of the interviewees is presented in Appendix I. It was agreed that interviews remain anonymous and are represented only by initials assigned to them by the interviewer. As can be seen, a range of similar staff in the districts was interviewed, with a spread of professional backgrounds.

Each interview was recorded on audio-tape, with field notes being made at the time, and some were also video-taped where this was logistically feasible. The audio-tapes were then transcribed and themes in each interview were identified and then all the interviews were analysed and summarised. There was a remarkable degree of agreement amongst the interviewees. The themes emerging in the interviews are presented in Appendix II.

A draft of the report was sent to all the respondents in order to validate the findings, and feedback was incorporated into the report.

The themes are presented and discussed in three groups. Firstly, those issues which the majority of interviewees mentioned. These represent the core findings. Secondly, are issues, which were only mentioned by a few or one of the respondents. Thirdly are some questions or problems raised by respondents, which though not directly answering the question posed, add to our understanding. Finally, some examples that were mentioned are given.

Each section of the findings presented is structured as follows:

1. A key quote is used with the heading.
2. A diagrammatic presentation of the theme.
3. A summary.
4. Details of the theme are presented using quotes from the respondents.
5. A Memo highlighting these issues for busy managers.

Readers who wish to peruse the report quickly would benefit from the diagrams, summaries and the memos to managers.

Major themes

Identified key themes

1. Teamwork

2. Purposeful Meetings

3. Relationships

4. Unity

5. Commitment

6. Communication

7. Historical Ethos

8. Problem Solving

9. Structure and Systems

10. Integration in the District

11. Community Outreach

12. Community Involvement

13. Capacity Building

Figure 1:   District hospital management - ingredients for improvement

Personal factors
- ◆ Commitment
- ◆ Communication
- ◆ Building relationships

The Framework
- ◆ Historical ethos
- ◆ Systems that are supportive
- ◆ Problem solving

Teams Working Together
- ◆ United
- ◆ Committed
- ◆ Meeting purposefully
- ◆ Communicating
- ◆ Relating
- ◆ Solving problems
- ◆ Building capacity
- ◆ Reaching out to the community

The hospital in the community
- ◆ Integration
- ◆ Outreach
- ◆ Involvement
- ◆ Team process

Influences
- ◆ Leadership by example
- ◆ The caring leader
- ◆ The hospital as patient
- ◆ The physical and emotional environment
- ◆ Resources
- ◆ Patient rights

Linking Themes 1-6

Figure 2:   Supportive elements for teams working together
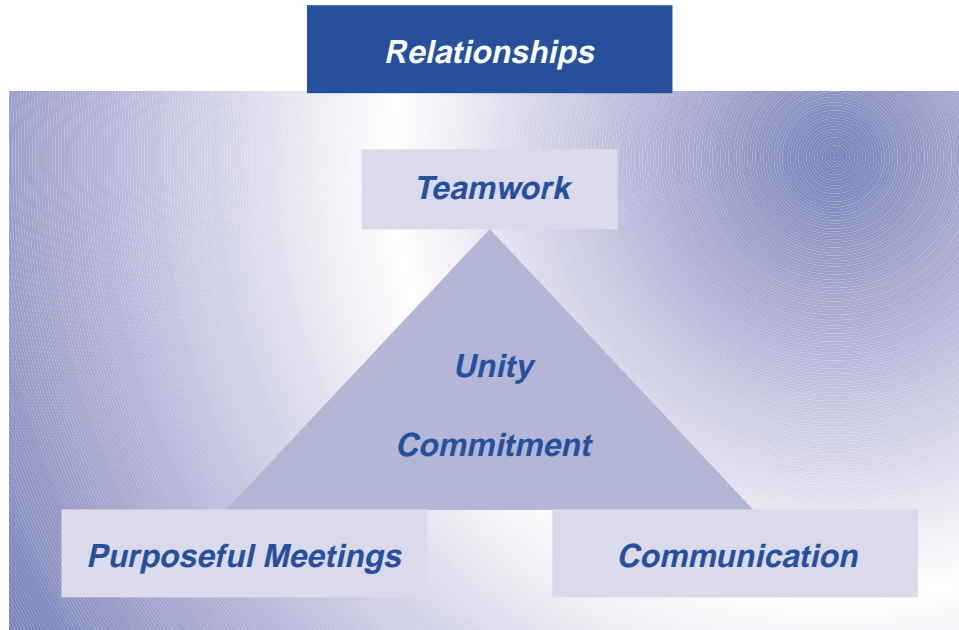
Unity and commitment are the core factors, which allow hospital staff at all levels to work together in teams, facilitated by regular meetings and enhanced by good communication. The solid cement of right relationships holds all this together.

5.1   Teamwork: Supportive elements for teamwork

"People are working together"

Ingredients that foster teamwork

◆   Relationships

◆   Individuals who set good examples

◆   Communication

◆   Unity

◆   Structure and Systems

◆   Commitment

◆   Timeous problem solving

◆   Leaders who are team players

Summary

Teamwork, defined best as 'working together to maintain standards', is the central focus in effective management. Other themes build into this. Teamwork involves all levels of staff, starting with the management, which sets an example, and all disciplines. It expands beyond the hospital to the district, the community health services and the community itself.

Details

Almost every respondent mentioned the word 'team'. Those who did not, spoke of 'co-operation' and 'working together'.

"I think one of the strong points is the team work … the team work is a base line for a hospital."

"We actually work as a team, the doctors, the nurses, everybody works as a team, even the district."

This teamwork is seen to occur at a number of levels. The **management committee** must function as a team first. That is where it is seen to start. The management sets an **example**; in the way they function, to the rest of the hospital. The management works together with all staff members as a team, seeing staff not as subordinates but as fellow members of a team. The team is also **multi–disciplinary** with different sections and units working together.

"There is a team spirit between the doctors, between the nurses, between the paramedics and all the hospital staff members."

Teamwork between doctors and nurses is particularly singled out as important.

This teamwork is seen to extend **beyond the hospital** to the district.

"We have a district management team that is functioning very well and we have meetings every month where we talk and solve the problems that we are having in the district."

"We encourage team building to the other members in hospitals in the district."

Teamwork also extends to the **community health services** and indeed to the community served as well.

"We co-ordinate that [TB treatment] between the hospital and the community … the psychiatry ward is trying to get the community involved in care."

"[It] is a hospital for the community … so that is why now we are working very well in the community. It is not separated from the clinics and if perhaps there are any shortages, any problems cropping up from the community, [it's] there to give the hand most of the time."

What makes the hospital function is:

*"The collaboration of services and people working in it, and **community participation** in what we are doing…"*

What then are the ingredients of teamwork? Most of the themes that follow relate to teamwork, especially **relationships**, **communication**, **unity**, **structure and systems**, **commitment** and **problem solving**. These will be explored further.

Many specific examples were given of teamwork, some of which will be touched on below. RD discussed the cash flow meeting as a key area where the team together decides on how money is best utilised given service needs and priorities. MM described work and quality of service improvement teams in different units within the hospital. Similarly, LD singled out quality improvement projects within sections of the hospital as vital.

Some respondents described how hospitals could start working towards better functioning. In terms of building a team, LD responded like this:

"It is a matter of having people who believe in that first of all."

VF expanded on this:

"I think 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."

Memo to Managers:

Teamwork

◆ The Management Committee sets an example to the rest of the hospital by working effectively as a team.
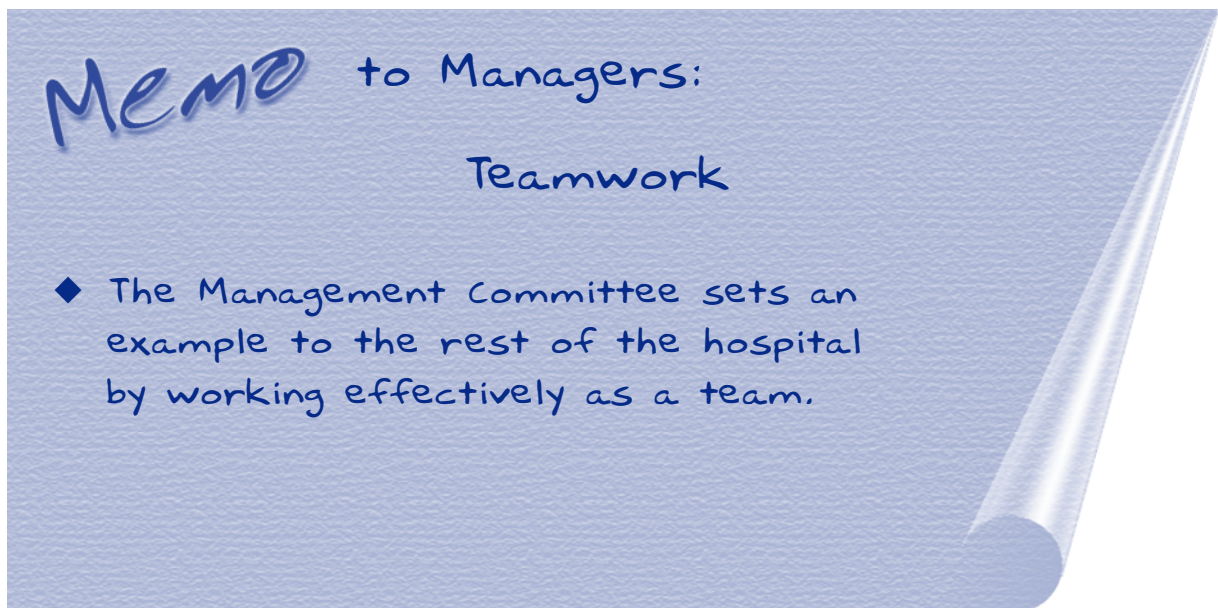
5.2 Purposeful Meetings

"No-one can run a hospital alone"

Types of meetings
◆ Regular

◆ Inclusive/general meetings

◆ Daily report involving unit heads

◆ The management team meetings

◆ Supervisors' meetings

Pre-requests for purposeful meetings
◆ Try to solve problems informally (outside regular meetings)

◆ Communicate continuously

◆ Make decisions timeously

◆ Have individual/manager informal dialogue

Purposeful Meetings

The foundation for teamwork

Ingredients for purposeful meetings
◆ Participation

◆ Involvement

◆ Problem solving

◆ Sharing relevant information

◆ Focus on issues they can influence

◆ Motivating

◆ Effective communication

◆ Compliment/praise good work/action

Summary

Regular meetings with a clear purpose are the foundation for effective teamwork. All levels in the hospital and all sections meet together to ensure continuous communication and decision-making. The process focuses on motivating and developing staff in order to help patients. All staff feels part of the process and problems are dealt with at the appropriate level. By not waiting for meetings and by using informal processes as well, the trap of meetings for the sake of meetings is avoided.

Details

Among the district hospitals participating in the study, meetings were identified as a key element for teamwork. It was very clear in all interviews that **regular meetings** are the **foundation** on which teamwork − and everything else that goes with it − is built. Regular meetings, at **all levels**, between **all sections**, between all professional categories and programme and indeed with **all staff**, are seen as a key ingredient in functioning well.

"We have weekly executive management meetings, monthly district management meetings. Then we have also weekly hospital management meetings and ... the district manager attends that hospital management meeting."

"Every morning we gather to give reports to each other."
"There's also a hospital staff meeting where people are addressed by the head of the hospital, it can be the medical superintendent or administrator or the manager of the nursing section."
"We are encouraging everybody to be involved in the system and having meetings with staff."

Thus meetings are seen to be about **participation, involvement**, **problem solving** and **information sharing**.

Specific examples of useful types of meetings were cited at different hospitals. LD describes meeting with:

*"The laboratory staff, pharmacy, x-rays, physiotherapy, speech therapy, and when we meet we talk about anything, the title of our meetings is always **'how to be happy at work'**. The origin of the meetings was at a time of crisis, when there were lots of changes and many workers were not happy about many issues such as salary and promotions.*
"I could see that they were not really coming to work happily and performing nicely … then I called them one day. I said 'look here, there is nothing that we can do about those things, we cannot allow these things to interfere with our peace, with our inner peace, with our being happy at work'."

LD persuaded staff to **focus on the patient** and to benefit the patient first.

"That's why I say 'look, let's start now coming together on a regular basis and each time we come together with the title of this meeting being how to be happy at work'."

Teaching each other became an important element. In fact, over time the original problems were still addressed.

"Also we went into issues like promotions, notches or posts, because in quite a number of things we could do something."

This concept of focusing on **helping each other** in the team to find new motivations in order to be happy at work is a radical departure in terms of an approach to meetings.

Another exciting approach is the monthly **supervisors' meetings** at another hospital, mentioned by all respondents in that institution. GN describes it:

*"We've got a special meeting which is called the supervisors' meeting which represents supervisors of all sections, starting from the doctor down to the maintenance officer. Sections are represented so that when problems have been discussed at the ward level, and then the people cannot solve them, they are brought up to the supervisors meeting where **decisions are taken jointly**. Decisions that are taken at management and decisions that are taken at supervisors meetings are **taken back to the staff in the different sections."***

The rules of this meeting are that any **problems raised must have been addressed at a unit level and through regular channels of communication first**, that anyone can offer ideas and solutions to problems, and that each supervisor gets a turn to mention

positive developments and share information from their section before raising difficulties encountered. Often a department or person will **express** its **appreciation** to another department or person for services rendered, equipment received, etc. What is also significant is that clinic supervisors are also included in these meetings.

One hospital has also expanded on the morning nursing report to have a **daily report involving unit heads**.

"We come together every morning to hear what was the report of the previous day and see how we can utilise human resources as well as whatever resources."
*"Team spirit is very strong. We have a clinical head, a nursing service manager that's heading nursing services and ... we form the hospital management ... the three plus the hospital manager also becomes a team, **the management team.** Whichever team members are available sit in on the daily report and immediately deal with issues that arise - there is thus continuous communication."*

In the context of these meetings, two warnings are sounded. Firstly, problems **do not need to wait for a meeting** to be dealt with.

"Every Monday we come together as the management team and the clinical heads for their reports, to review our progress. We don't wait for a meeting that we've held once a month or whatever."

Thus the accompaniment to continuous communication is continuous decision making. Secondly, often issues are **more easily resolved in an informal, unstructured way** rather than in meetings.

"When we come together we discuss about anything and I spend a lot of time also with the individual, you know... I mean it is not a structured thing ... so when I feel that there is something coming up ... we come together and we talk. Actually, the officially structured issues like the management meetings or District Management Team is not the way to make sure that you understand and address what is there ... and matron does the same and the hospital manager does the same."

This approach is based on sound relationships, which is the next theme.

Memo to Managers:

Meetings

◆ Meetings are important and must be held regularly at all levels within the hospital.

◆ Meetings must have a clear focus and purpose, with active participation, involvement, information sharing and problem solving by members.

◆ Deal with issues informally first, wherever possible instead of waiting for formal meetings.

5.3   Relationships

"Know each other and respect each other"

The meaning of relationship

- Friendship
- Flexibility
- Willingness to extend oneself for others
- Share skills
- Build capacity
- Respect
- Respect each others values
- Cement which holds people together
- Sharing in each others jobs

Relationships

Needing each other, with respect

Key ingredients for building relationships

- Mutual understanding
- Respect
- Meetings where a sense of belonging is created
- Acknowledging/recognising role and status
- Sharing in times or difficulties/happiness

Outcome

- Good performance
- Patients are not seen as objects
- People are happy
- Staff satisfaction
- Patient satisfaction
- Striving to do better

Summary

Relationships based on mutual understanding, respect for each other, do bind the team together. These enhance performance, encourage people to extend themselves, build capacity and ensure both staff and patients are happy. The leadership sets an example in this, and others subconsciously observe the relationships amongst the management. Meetings allowing focused sharing of problems help to develop good relationships. The hospital's relationship with the community and the district is also important. This is helped where staff members come from the local community and their role and status with respect to that is recognised.

Details

Relationships were continually emphasised as being vital to effective functioning and the basis of teamwork. JP describes them as follows:

*"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 … It was a **solid, friendship** relationship in the working environment and I think perhaps that is **observed subconsciously** by the rest of the hospital and the institution know that at least the **leadership are in agreement** with each other and, therefore, tensions further down the line in the management structure are diminished."*

"We kind of know each other and respect each other and the problems that other district hospitals have where you would probably find the clinic is not yet talking to the district manager, those are unknown."

The relationships are at **many levels**, just as there are many teams. Responding directly to the question, "what makes the hospital function relatively well," JP is clear:

*"I know, it is the relationships that are developed in a hospital and that, that interpersonal dynamic amongst the peers, colleagues and medical personnel and amongst the management team and amongst the hospital community as a whole and the extended community around the hospital. In a small hospital, **one needs each other more and more** or more than one would in a bigger community and the number of choices for friends and relationships are so much smaller and the resources are stretched, so you rely on each other heavily, so relationships run deep."*

These relationships are often **forged through meetings**:

"When we meet there [in supervisors' meetings] we have the feeling of belonging to one person or one institution and even if we don't know each other we learn to know each other's difficulties." This is the application of *ubuntu*. It is not just difficulties though that develops relationships: *"If there is a birthday or a celebration, everything is an excuse to come together."*

Relationships are not just a hidden part of the work – they can be seen and directly **affect performance**.

"If we work harmoniously among us, then patients … feel that."

Arising from this there is flexibility, a **willingness to extend** themselves amongst staff, and a sense of 'family' or 'community', with 'staff caring for one another.' Yet they also have a functional component that is important:

"We … get to know what everybody is doing in the hospital, starting from the watchman at the gate, right up to the superintendent."

Relationships also allow for openness to **share skills** in order to **develop capacity**.

"In the very sharing people are doing around, they realise lack of capacity amongst different levels, and those that are there with capacity are open to sharing that … From the district level, I know exactly that, if I want to be talking about something like finance you know, I must touch [a particular person] because he is good at that. If it's something about the planning aspects, I must go to [another person]. … You stay with people until it's such that you know who is good at what … The same for nursing staff."

Relationships go **beyond individual people and the individual hospital**.

"So a well-functioning district hospital has to be a part of a system that takes care of the clinics that refers to it, and on the other side has good relationships with the regional and tertiary hospitals that it refers to.... It should receive regular visits and updates from regional specialists from outside of the district for updating, for keeping in touch, for getting feedback on their referrals up the chain to the referral hospitals."

Relationships are based on **respect**, which is seen throughout the hospital and between the different professions.

"We kind of know each other and respect each other. This attitude extends to the patients."

An explanation given for this at all sites is the fact that hospital **staff is part of the community they serve**. This has two implications. Firstly the **patients are not objects**.

"Those people are part of the community, from the community, the same community they're serving. They don't feel dissociated from that. They recognise that the patients that come in are their uncles, aunts and cousins and so it impacts directly on their own families what they're doing."

While this is something difficult to create if it is not there, it certainly highlights the value of the district hospital being in and part of a community who make up the bulk of the staff. Secondly, the staff have relationships and 'a strong sense of **personal value**' outside of their hospital roles and functions, i.e.

"People are not labelled by their job... it's not a rank conscious feeling.... People socialise across professions and thus listen respectfully to the general assistant or cleaner's opinion on some issue ... " Whatever their rank in the hospital people who are leaders in the community *"often are key leaders on the site anyway"* because of the respect in which they are held.

As a result of this **"people are happy** *and satisfied with the way things are", and "patients are satisfied". "Because when you have a nice team and a nice atmosphere you feel like doing always something better."*

Memo to Managers:

Relationships

◆ It is worthwhile spending time on developing relationships, for the sake of staff and patients.

◆ Relationships directly affect performance.

◆ If staff are treated with respect by management, and management shows respect to each other, this will set the tone for the entire hospital.

◆ Recognise staff members as significant people with gifts, skills and even status unrelated to their position in the hospital.

5.4   Unity

"If there's a problem, it's not a problem for one person"

Crises generate unity

Unity

A problem for one is a problem for all

Basis

◆ Attitudes of staff

◆ Feeling of belonging

◆ Common vision

Summary

Unity arises from good relationships. It is expressed in an understanding that any problem for one person becomes a problem for everyone. Crises help to create this unity. The basis of it is seeing staff as people, a feeling of belonging to the hospital community, and a common vision for what the hospital is doing.

Details

Unity is another expression of relationships and of working together. It was specifically mentioned at each hospital site. SM mentions it as his first response to the exploratory question:

*"I would say it's because of the unity, especially in the management ... **if there's a problem, it's not a problem for one person, but is the problem for the whole management."***

But unity is not just something that is restricted to management.

"Another fact of unity is that the unity goes beyond management in that there is regular meetings with the staff and in that problems are brought up and information that is serious for staff, because that helps to create the unity within the hospital."

The **attitudes of staff**, respect for each other and for the patients is the basis for unity.

"Even amongst the maintenance staff, from the cleaners and so on we have observed this sort of attitude, and I think that also unites... when there's a crisis, when there are

problems, you find they all come together. They are people, it's not 'oh, you're only a cleaner' or 'you're only a this', you know, 'it's none of your business'. Everybody concerned makes things happen for the hospital."

JP also mentions **crises** as being **important in generating unity**. Part of this is the response of the individual to the crisis. He describes his own feelings after dealing with a disaster.

"I think perhaps it gives you a feeling that people did need you and that you were able to make contribution in the time of crisis, ... not that it has to have you, but you have got a place in that hospital."

This '**feeling of belonging**' is perhaps a key to unity.

Another key factor is a **common vision**.

"The question is whether management has a unified vision."
"I think the first thing that makes the hospital function well is the people have a common vision for what they're wanting to achieve and, I think, throughout the years the management have seen that the vision was to deliver health care in the whole district and not just an institutional hospital service ... it justifies a lot of things, it helps people to feel united in their tasks. I think the vision is possibly the most important thing, that people actually share their ideas, what this is all about."

Memo to Managers:

Unity

◆ Structure activities to develop a sense of belonging together amongst staff.

◆ Involve all staff in developing a common vision for the hospital that everyone can support.

◆ Take an opportunity to use every crisis to build unity.

5.5   Commitment

"We want to serve the community"

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

Summary

Commitment of staff, especially the core staff, is seen in the service of the community. It arises from good leadership with a focus on outcomes, quality of care, a common vision and putting patients first. It results in motivated staff, with a willingness to extend themselves in their work and to make sacrifices for the sake of their patients.

Details

Commitment, motivation and dedication of staff arise directly out of the unity and the common vision described above, and is fostered by teamwork. It was striking how often this was raised as being important in effective functioning.

*"I think one of the things is the **commitment of the staff** and **love to their patients**."*
*"The majority of people who come here are really committed people, **who want to serve the community**."*
*"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."*
"The nurses also are keen ...it is encouraging to hear people saying that they feel at [the hospital] people are still being cared for."
*"[The hospital] does seem to have had a **committed core of people**."*

This commitment is not something nebulous but is related to the core business of the hospital, thus there is:

*"A **clear focus on the outcome**, what it is about, a **clear vision** and **mission**, a clear focus on the client, and on the **quality of care** that is offered, so things are geared around that.... If it isn't that, then it can't be a well-functioning hospital."*

JM provides a specific example of this commitment.

"I will just make an example of the one section – the x-ray department. We are struggling to have the qualified radiographers, but most of the time we find that we have got one person who is [a darkroom] attendant by rank, who is not allowed to practice taking of the x-rays, but because he has exposure, he is the one that is doing the x-ray … and there is no off, he works twenty-four hours. When there are emergencies, he's the one to be called, but he hasn't been escaping from the call."

The commitment must, above all, be **evident at the top**. There is:

*"The need for **good leadership**, and basically it's the triad that runs the hospital. You need people who are prepared to stand up and be accountable, take responsibility, manage times of crisis, also think strategically and plan ahead."*

This commitment arises from:

*"**Motivation to actually do the work**, as opposed to earn a salary … they see the **care of their patient** as being something they're really proud of."*
*The basis for this is, "Often a Christian commitment; even patients get proper care because they started with **asking God to help** you in everything that you are going to do."*

Memo to Managers:

Commitment

◆ A clear vision and mission, and a clear focus on outcomes, on the patient, and on quality of care, enhance commitment.

◆ This should be core business of the hospital.

5.6   Communication

"Flow of information"

A lot of communication helps • Anything can be discussed • Decisions are taken back to staff • Staff differs, but people do talk • Many problems are solve

District Management
Hospital management
Sub-districts
Community
Different hospitals
Communication
Management
Staff
Supervisors
Community health services
Nurses
Doctors
Professionals amongst each other

Summary

Continuous communication ensures that information flows freely, between all sectors in the hospital, amongst different disciplines, and to the community health services and district. Communication is enhanced when there is freedom to discuss any issue without fear, so that differences and problems can be addressed, and decisions taken at any level are shared with all those affected.

Details

The basis for teamwork, relationships and unity is communication. It can be summarised as:

"Sharing of information generally between different hospitals, within the different programmes and services, within the hospital."

Once again this occurs through meetings but also is much broader, and was singled out by almost every respondent.

*"Although the district office is situated away from the hospital, we have continuous communication ... I think this contributes to a **flow of information** within the district and from the district to the hospital because in the executive management there are also ... **community health services** and the people heading administration for the district. There is also very **good communication between the nurses, the doctors, and the clinical heads.**"*

*"Whatever takes place in the hospital, it is discussed **among all the staff members**. **Decisions** that are taken at management and decision that are taken at supervisors' meetings **are taken back to the staff** in the different sections. **Staff may differ** 'a lot' **but** 'they are happy because **people do talk** about it'."*

RM believes the district management team made a big difference in this regard:

"It made the district to function much better, particularly in terms of communication, because it was no longer difficult to communicate with other people that are in the top management."

In describing the effect of communication, SM explains that there is regular information sharing with all staff and:

*"Through that relationship between the head of the hospital [any of the top management] and the staff you find that ... **many problems are solved** quite easily."*

Communication **with the community** is also important:

"The line of communication is open now to the community."

VF explains how this functions in one medical team.

*"In the medical staff **a lot of communication helps** ... I think for more than ten years, we've been having a regular ward round together as staff, four times a week. We go to different wards and go through patients and from the medical staff point of view that has been a very good management too and very useful. It's built a lot of common understanding between the different medical practitioners and yet we all come from different countries and backgrounds and we have a constant turnover. You rapidly get to know people's strengths and weaknesses and are able to help each other."*

Similarly, LD describes working with doctors:

"... from eleven different countries. We have different religions, different cultures, and different medical backgrounds. It's so difficult sometimes to come up with anything on which we all believe or agree on because each one will come with his own idea."

... yet there is teamwork, partly because:

*"... we **discuss about anything**. We say **we are here for the patient**, but for us to be able to be for the patient, we have to be able to be for each other."*

Another example is **how information is collected and used**. Where there is co-operation and communication:

"Between staff and management, between doctors and nurses, between the heads of units and the management", then information is accurate, and feedback is given, and new ideas can be introduced, and "that has helped the hospital functioning."

Memo to Managers:

Communication

◆ Communicate constantly and continuously with staff. The more staff are kept informed about and are involved in what is going on in the hospital, the more teamwork will happen.

◆ Give staff the freedom to raise any issues that concern them.

◆ Regular activities such as joint ward rounds or section meetings promote communication.

Linking themes 7 - 9

Figure 3:   Teams in context
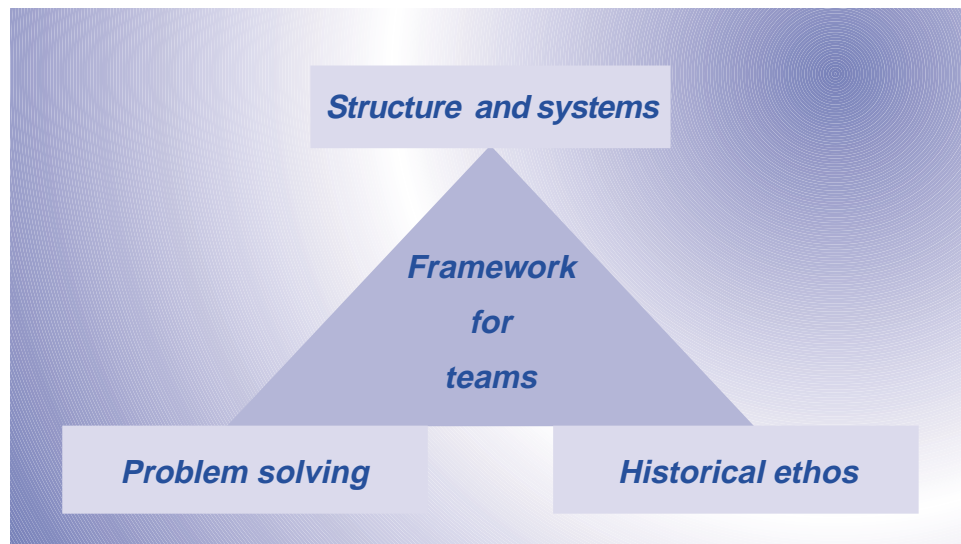
The framework in which teams can operate and function effectively is an historical tradition which provides the ethos within which staff function. An approach to problem solving which is proactive, strengthened by a structure and systems will allow various teams to interact effectively.

6.1   Historical Ethos

"A tradition of commitment"

What it is

- ◆ 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

Historical ethos

A tradition of commitment

How it was achieved

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

Outcomes

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

Summary

An historical ethos develops over time. It is encapsulated in a tradition of commitment, associated with continuity of leadership at all levels and long-serving staff who together maintain a heritage often preserved from the mission era. This ethos also derives from a close relationship with the community. The result is that staff is often working for reasons that go beyond the financial reward.

Details

What is the origin of the commitment and motivation described? A concept that can be labelled history comes through clearly in many different ways, described in terms such as **continuity**, tradition, stability, heritage, an **ongoing sense of purpose**.

*("I suppose the better word is **heritage**, something that like history has ups and downs.")*
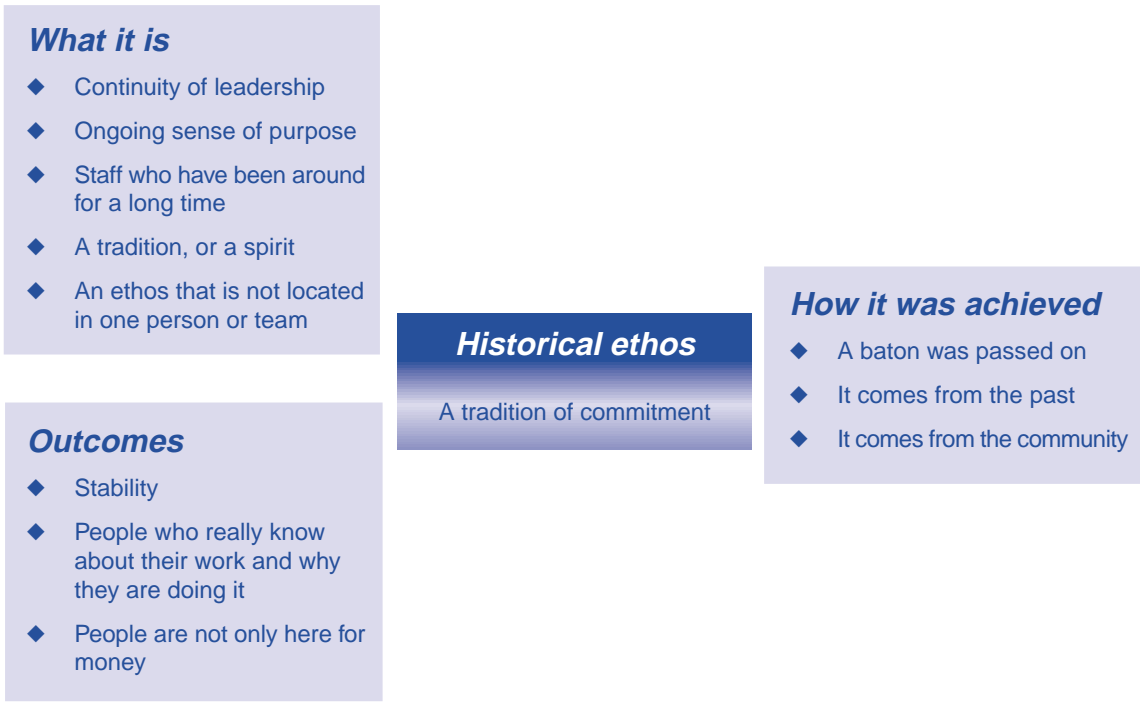*"There are **a lot of staff who have been around a long time**. From the many of different ranks, there's a core of staff, … who have grown up with the hospital to a large extent… I feel that makes a difference."*
*"The only people that I would say are not from [the district] are the medical team and some of the paramedical staff and even if they are not from [the district] they've been here for too long. The superintendent has been here for more than twelve years. The youngest person has been here for five years and there's **the stability** to carry on even in this time of changes, which is very important."*

*"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."*

JP describes this **ethos** as **not being located in one person or team** but as **a baton that is passed on** through the years.

"… 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 … 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."

LD similarly sees himself as building on something:

*"… that came **from the past**… the nuns that were here before, but it's also something that came **from the community**."*

This ethos related to leadership is not limited to any rank or position.

*"Probably the biggest factor is leadership and ethos, above all, and **continuity of leadership** over some years… Good people get attracted to good leadership, and an ethos is built up over time. … When I talk about leadership, not just the matron, superintendent and administrator, but the heads of each unit, ward, section, to be regarded as leaders and therefore good managers."*

SM spells out the direct relationship of this history to the commitment and attitude of staff.

*"Lastly, if I look back, I remember that [the hospital] was the mission hospital, … **people really know about their work and** the reason why they're here is not only the issue of getting a living, but they remember that it was a mission hospital, the main reason for them is to help the sick… They do remember that **they are not only here for money**."*

The history impacts as well on the district:

"The fact [is] that, historically, these hospitals have always had a feeling of togetherness, which was actually influenced by a variety of factors."

Memo to Managers:

Historical ethos

◆ An ethos of leadership needs to be developed at all levels of the hospital - in each unit, section or ward.

◆ Develop close links with the local community to build into the ethos.

6.2   Problem Solving

"We turn our problems to challenges"

What it is

- ◆ The raison d'être of teamwork
- ◆ 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

Problem solving

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. Use a team approach to find solutions
4. Seek 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

Examples

- ◆ Quality improvement projects
- ◆ Work improvement teams

Summary

Problems are turned into challenges by an attitude of determination to solve problems and to succeed, through meeting together in teams and using whatever resources are available. Quality improvement projects at unit level facilitate this. Steps in the process of problem solving are clearly described.

Details

Part of the culture – whether inherited or acquired – in the various hospitals appears to be a way of dealing with problems. Once again, although difficult to define specifically, it was mentioned repeatedly, and can almost be described as **the raison d'être of teamwork**, the process of finding, or:

"Waiting for solutions within the team."
When "… different people who stand for different sections … come with the problems from their sections … the problems are solved."

There appears to be an underlying understanding amongst respondents that problems can be solved, so that staff do have a sense of:

"Working to try and make things better in different ways."

CD expands on this.

*"If we were to take resources as we have … 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**. … we may do this here and there and we use whoever is capable of doing that. …It's actually something that keeps us going… **we turn our problems to challenges** rather than them being problems. If we say they are problems, they will move us back. We just keep going and say we want to achieve something."*

Certain ingredients in the approach to problem solving are common. Firstly, problems are dealt with **as they arise**. The team (at whatever level) works together:

"In trying to address problems immediately rather than waiting for some other meeting."

Secondly, problems **are identified at the level of the unit, ward or section** and dealt with at that level as far as possible.

"You have a way of working that people identify their problems at unit level and try and solve the problems there in the unit."
Once that fails it is reported higher up: "When problems have been discussed at the ward level then the people cannot solve them, they are brought up at the supervisor's meeting."

Thirdly, when a problem is raised, in whichever forum, there is a **team approach** to dealing with it and finding a solution.

"… the management and the whole staff, all sections, work hand in hand… If there's a problem that cannot be solved by the management, it's taken to the supervisor's meeting or vice versa."

Fourthly, as part of this there is **support from the top management** for solving problems **in a two way process**. Top management:

"Are able to work with each and every unit and if there are problems they try to help the management to solve the problem. They don't solve the problems for them, but they are always there as a support system, even guiding them in solving their problems."

Fifthly, there is a **willingness to consult outside** of the hospital, most importantly **with district management**, but also **with the community**, **with other hospitals** and **with the head office**.

"We've got the district office, which is really our support system, if we've got any problems and we need them, we do ask for help and then they give direction."
"We… have the district management team where the four hospitals meet together, the four teams from each sub-district meet together and share ideas, so that we are not doing things different from one area to another, … we discuss the issue and come up with common ideas."

JP provides an interesting perspective on the issue of dealing with problems. He describes in detail many of the **problems** experienced in an isolated, rural hospital e.g.

"Landslides and floods and trees over the road, gangsters at night."
"… electricity was very unreliable",
"… no vehicles",
"… telephone" etc.

He feels that, in the right context and with the right people, these **can provoke a determination to succeed, to overcome the problem**:

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

All the respondents at one hospital noted a particular approach to problem solving, i.e. **quality improvement projects**, which have been facilitated with the assistance of Initiative for Sub-District Support.

"It is a project particularly based on what is the present situation that we have, what we would like and then where you would like to find yourself and how do you arrive at that goal that we set ourselves."
*There are quality improvement teams or "… **work improvement teams** for the different units … [They] identify which areas they should be working at and help in improving on that, so that our services can be of good quality."*

The success of these projects encourage staff and build them up, because they own them – they are not imposed from outside. Examples provided included improvements in record keeping and patient statistics, revenue collection, HIV, TB and mental health programmes, drug management, laboratory turnaround times, etc. This quality improvement takes place less formally at other sites.

"If you hear a complaint about what the hospital is doing, these are discussed within the nursing staff and different categories, so that we need to improve where there are problems. If it's the nursing care, then it must be improved through the information that we have received and we try and solve those problems."

Memo to Managers:

Problem solving

◆ Keys to problem solving

1. Deal with problems immediately.

2. Identify problems at the functional unit level.

3. Use a team approach.

4. Give/get support from top management.

5. Consult outside of the hospital when necessary.

◆ Start quality improvement projects at unit level develop teamwork and facilitate problem solving.

◆ Use the process of problem solving to develop the hospital.

6.3   Structure and Systems

"You need structures"

Examples

- ◆ Management structures
- ◆ A financial system
- ◆ A management committee
- ◆ A cash flow committee
- ◆ A structure in each section/unit

Structure and Systems

Structures are needed

Process

- ◆ Generic management principles
  - • Organisation
  - • Leadership
  - • Procedures
  - • Policies
- ◆ Continuous monitoring
- ◆ Evaluation
- ◆ Feedback

Tips

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

Summary

Structures and systems are needed within which teamwork can happen and thrive. An orderly system, based on generic management principles, must be functioning at all levels, with continuous monitoring, feedback and evaluation. Good administration is essential, but people are developed rather than piles of paper. Head office directives are applied only when they are relevant and practical.

Details

It became clear through the interviews that, as much as relationships, unity, commitment, etc., are important, a **solid underlying structure** is needed, to allow for this kind of problem solving and quality improvement to happen. Structure is partly related to meetings as discussed earlier, but even more is the framework on which everything else hangs.

*"You need **management structures,** top management, middle management structures that are able to carry out their tasks. You need **a financial system**... These are all generic management principles."*

*"There are a number of structures. For example **the management committee, the cash flow committee**, all those who attend the broad committees."*

"We've got our budget meeting and our cash flow meetings, which are held often. In these meetings we come up with solution such as, how to get equipment and other things that are needed for the hospital. It is at the budget meeting where we can see where we are overspending and where we are running short, then we are able to

move and direct our funds to the things that we need urgently rather than things which will be kept in stores for along time. That way we are able to manage the hospital."

This provides a picture of an orderly, logical, structured process underlying decision-making.

This structure requires good administration:

"We have a good administration. [That is] efficient and seems to know the structures and the hospital functions."

This emphasises, however, that the structures cannot be separated from people.

"No hospital functions in isolation from its people."

VF puts administration into context, by stating:

*"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 health care system without all this paper work. So, 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.**"*
*"**Each section, each unit** of the hospital needs to have some degree of **organisation**, some **leadership**, some ways of doing things, **procedures and policies**."*

An important function of structures is to ensure that there is **continuous monitoring**, **evaluation** and **feedback**.

*"There is an infrastructure created to make sure that needs are dealt with and they are taken forward. 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." "[The hospital] needs to sift information, take what is practical from their side... So we've been doing that through the infrastructure that has been approved, such as transport meetings, ambulatory team, and teamwork of health service providers made sure that **what the Government has said must be done, is done only if it's practical** and relevant to us down here at the hospital."*

Memo to Managers:

Structure and Systems

◆ An orderly logical and structured process of decision-making is needed.

◆ To develop an effective administration, spend more time with people than with paper.

◆ Apply what is practical and relevant.

Linking
themes 10-12

Figure 4:

The hospital and the community

Integration in the district

Community outreach   **Community involvement**

The hospital is there because of the community
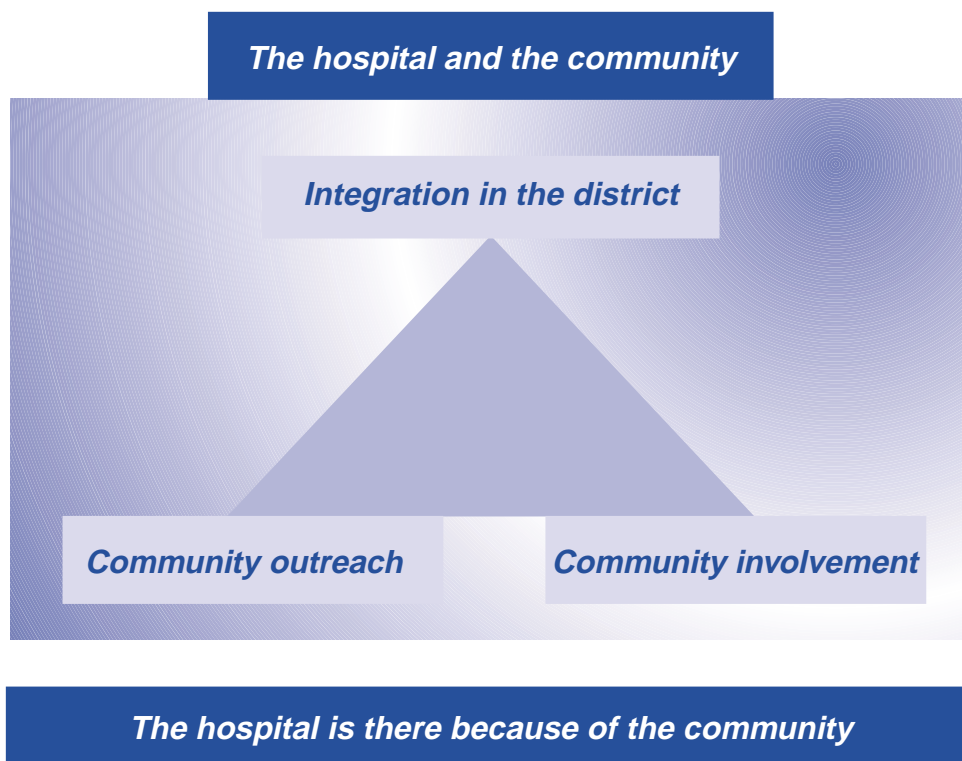
The following themes relate to the position of the hospital in the community and its relationship to the sub-district/district and the community. The different aspects are clearly interrelated, but have been separated into 3 themes, which are:

◆ Integration in the District
◆ Community Outreach
◆ Community Involvement

7.1   Integration into the District

"A district friendly hospital"

Integration into the district

A district friendly hospital

Management
- Regular interaction
- Part of District management
- Involve District management
- Sensitivity to the District

Improve efficiency

Service and support
- Clear referral patterns
- Support: staff, drugs, training
- Vision to provide care in the whole district
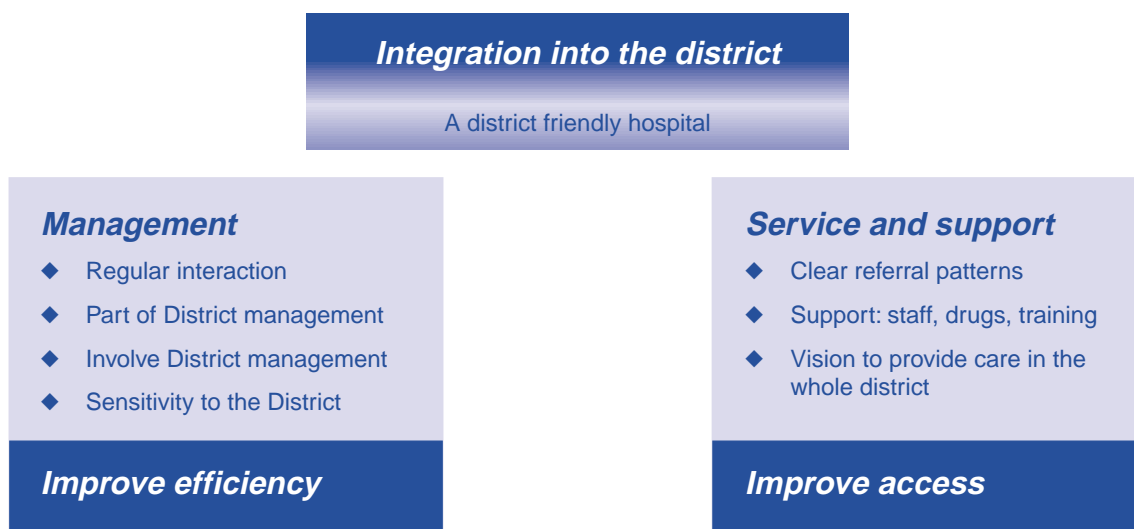
Improve access

Summary

Integration of the hospital in the district involves management processes to improve efficiency, such as regular interaction and supportive involvement in each other's functions, and support of clinics to improve access and provide care to a whole district. This is the model of a district friendly hospital.

Details

An important aspect of structure is the hospital's place within the district. A clear theme of respondents was that their hospitals are well integrated into the districts.

*"The hospital is actually **integrated into the district's function**."*
The hospital management team "… actually are involved in planning, implementation, evaluation of the entire district, so are the other members of the district management team that are not working at the hospital involved in the functioning of the hospital." Just as the hospital needs the district office as its "support system" so the district management "cannot function in the district without the support [they] get [from the hospital]."

This function is supported by a structure; for example:

"We have weekly district executive management meetings [attended by the hospital general manager]… [and] also weekly hospital management meetings."
*Through **regular interaction**, there is "team building" with others in the district.*
"So the development process is happening at sub-district level and is also happening at

the district level, where the sub-district is inputting at the district level, so it's not just a body that gives instructions, but it helps the sub-district to monitor what is happening and evaluate it."

SR gives an indication of what this means in practice.

*"I have a concept ... of **a district friendly hospital**, in other words, the facts that make a hospital friendly, 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** ..."*

Changes are on the way, but these will not alter the integration.

*"The **district hospitals are sensitive to what is happening around them** ... Sometimes the primary health care services become too dependent on the mother hospital... There is concern whether the capacity will be there... But there will always be a pathway between district hospitals and PHC services. At the moment there is no way that the separation will mean even physical separation to some outside institution, it's only that people are now more focused, on primary health care."*

The integration described above arises out of a broader understanding on the part of hospital management, a **vision** to provide:

"Health care in the whole district."
The hospital acts as a "base hospital, which is working with the community. It is not separated from the clinics." Put another way, "the focus for the district hospital is not concentrating on the boundaries of your vicinity, of your hospital, you go beyond the gate, and you need to go beyond the gate."

Memo to Managers:

Integration in the District

◆ The district and hospital management teams should be structured to support each other and interact regularly.

◆ A district friendly hospital has a vision to provide health care in the district, not just within its walls, and will ensure there are clear referral patterns, and that clinics are visited regularly and supported appropriately.

7.2   Community Outreach

"Taking the services out to the community"

The hospital is there because of the community

The approach

◆ The hospital serves the community

◆ Hospital and community-based services and programmes are integrated

◆ Staff go out to the community

◆ Services are community-based

◆ Hospitals are working together closely with the clinics

◆ Clinics that refer to the hospital are supported by it

◆ Community as access to the hospital and the clinics

◆ Interdisciplinary teams provide services

Implementation

Bridging the gap:

◆ Hospital helps to relieve the clinics

◆ Staff from community services is 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 are allocated for looking after problems in the community

Community Outreach

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

Mobile teams

Rehabilitation

Social work

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

Summary

The hospital reaches out, taking services to the community, in the knowledge that it exists because of the community. Examples of outreach programmes are given. Integration of hospital and community based services, support of clinics and interdisciplinary outreach ensure that health care is accessible and decreases the pressure on the hospital. To implement these, the gap must be narrowed between the hospital and the clinics, as well as hospital and community staff.

Directly as a result of this approach of going:

"... beyond the gate",

Almost all respondents mentioned **integration with the community**. This has two components: community outreach, which we will discuss first, and the relationship between the hospital and the community, which we will discuss below under community involvement.

The underlying principle here is clearly that:

"The hospital serves the community. The hospital came into being because the community is there."

This understanding of the position and role of the hospital is manifested in **integration of hospital and community programmes, of hospital- and community-based services**.

"We go out to the community and we have got some services that run at a community level."

The hospital is involved in "community based care ... the community health workers, together with community health facilitators, are doing the job very well, going from home to home, doing the nursing, referring most of the patients. With this HIV/AIDS problem now, they are actually there ... Now we are giving them gloves and everything they need to be equipped with to support outside there."

GN says:

"We've got a TB team, AIDS team, psychiatry team, leprosy team, on top of that we've got our own mobile teams, the social worker for the community. ... So things are working well because there is an interdisciplinary team."

The example of one programme demonstrates an unequivocal understanding of the relationship:

"The very patient that we deal with in the hospital will be discharged and needs to be followed up in the community and once you separate the service... we'll end up having this person in the community coming back again and again to the hospital, if you are separating the service, whereas if we see the idea as working together concurrently, then we bridge the gap. You can't say 'these are now community services' and 'these are hospital services'. The hospital is there because of the community, so there is no need to talk about hospital related rehabilitation and community related rehabilitation costs. These are one and the same thing."

It is not only the programmes that are involved. The hospital works closely with the clinics.

"So most of the time we find that we have shortages in the different clinics and we do help from the hospital to relieve in the clinics"

This approach has borne fruit:

"I feel as a person who has long been in this place ... **Most people are coming to the clinics now, they are not rushing to be admitted to the hospital."**

Part of this support for clinics is that the staff is from **community services and are involved in activities in the hospital** such as workshops and planning meetings. The senior clinic nurses and other community outreach programme leaders participate in the supervisors' meeting described earlier.

"We've got **the supervisors' meeting** *that is held once a month* **including the clinics, different teams and all the sections in the hospital."**
"For the clinics to run properly and the nurses to be able to do their primary health care, the **clinic nurses are brought in every month or every second week***, they get their* **in-service education from the doctors."**
"On the clinic side, it's not just the in-services education, but it is also the support, which is given by regular visits to clinics and also that there are **doctors who are specifically allocated for looking after problems in the community."**

SR summarises this succinctly:

"The first thing must be clarity on the boundaries within which the hospital is supposed to operate, and that's not always clear ... and I think it needs to have **very close relationships to the clinics that it receives referrals from***, and although those clinics might fall under completely different authorities... but still it is possible to have* **good relationships with them***, and to* **work out procedures** *through which those clinics can be* **supported** *by the hospital. So the usual things: regular visits by supervisors, regular feedback on referrals, regular visits by doctors, training programmes, that utilise what the hospital had to offer. ... So a well-functioning district hospital has to be a* **part of a system that takes care of the clinics that refer to it."**

Respondents understood that access to the health service is vital in providing an effective service, which is part of this broader understanding.

"[The hospital] functions well because of **access***, both* **to the hospital and the clinics** *that fall under the hospital."*
"The community ...were annoyed, they waited in OPD for such a long time, but now since there are more mobile points and more special clinics they're able to get help in the areas they're living."
The hospital has a commitment to *"... the process of making sure that its* **health care is made accessible to the community by the hospital staff."**

Memo to Managers:

Community Outreach

◆ The focus of the district hospital is service to the community. This means being proactive, planning interdisciplinary outreach to the community rather than expecting them to come to the hospital.

◆ Hospital and community based services must be integrated.

◆ A well-functioning district hospital must be part of a system that looks after the clinics that refer to it. Procedures need to be worked out to support these clinics, through regular visits by supervisors and doctors, regular feedback, training, supply of drugs and equipment, staff support, etc.

7.3   Community Involvement

"Being answerable to the community."

The hospital is there because of the community

The people involved

◆ Hospital board

◆ Tribal chiefs

◆ Other traditional leaders

◆ Representative of NGOs and CBOs

◆ Other community leaders

◆ Community health committees

◆ Community Health Workers

◆ The families of the patients

◆ Traditional Healers

◆ The policing forum

Community Involvement

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 care

◆ Work hand in hand with the community

◆ Hospital board is functioning well

◆ Community accountability

Summary

Community involvement is integral to being accountable to the community that is being served. This is a primary responsibility of the hospital. It is a two-way process from which both parties can benefit. It presupposes knowledge of the community by the hospital, and full participation of community members at multiple levels within the hospital so that it is community friendly. A strong representative hospital board is essential as part of this process.

Details

Access to health care by the community can only happen if the hospital is working together with the community. This is a:

"Two way process of the community making their needs known in terms of things like clinics and access to clinics and the hospital talking to them about what things are needed in terms of being healthy and working together to try to establish better health care and better structures."
"What helps is to know what area you are serving, what people you are serving, what size, how many people you are expected to cater for."

The involvement of the hospital in the community and the community in the hospital is a rich and multifaceted relationship, which seems to be at the core of the respondents' conceptualisation of their hospital's functioning. There is a sense of **being answerable to the community**.

"The community is more so important, because the hospital serves the community. The hospital should be the community hospital."
The hospital *"... should feel a **primary responsibility to the community** it serves. What I see happening is a lot of hospitals giving their accountability to provincial head office, rather than the local community."*

The structure that makes much of this happen is the **hospital board**:

"Voicing the community in the hospital."
"A hospital needs to know its community well. It needs to be well connected, it needs to have a Board and accountable locally through a Board."
This Board is seen as a new form of an old relationship: *"... with the community involvement. It wasn't something from the hospital to the community, but it was **a two way thing** ... representatives are told what is happening at the hospital level and the community reports what is happening at the community level and how the two work together so that the **people get access to health care**."*

JM describes one process for ensuring a functional system. Monitoring:

"Services that are run at community level" (such as Community Health Workers) is a *"... reason to have the member of the community that form the hospital board, and we have got five of them, who are **representative of NGOs, CBOs and other community leaders**. We find it very difficult for those five members to give report back to the communities that are not represented to the health board. We decided that we will have meetings, on bi-monthly basis, so that we call **all the [community health] committee members**, after we have made a decision at the hospital board and then we give report back together in the hospital, rather than assigning the committee members to call meetings separately from the various areas where they operate. I think we've got **better participation of the community members**."*

Examples of specific issues tackled by hospital boards were given, such as the following:

"We, together with the hospital board and the district management team have been working very hard at the strategies to improve revenue collection for the hospital and I will say it has improved tremendously."
The community health committees tackle some issues at grassroots level. *"We've got community health workers that do all visits, to see whether health care is provided to the people, and we have **health committees that supervise these community health workers**."*

Respondents described a range of significant community people involved in the Hospital Board and at other levels in the hospital.

*"Incidentally, we have a **traditional leader**, that's also in the house of traditional leaders provincially, quite influential people."*
"One chief, for example, is a member of the hospital board and he keeps the people informed."
*"**We work hand in hand with the community** ... The community committees as well as the Indunas and tribal authority."*

"... from the beginning of 2000 we felt we need to restate our needs ... we decided we are going to embark on involving the family of the HIV patients in the care."
*"We've got about 103 **Community Health Workers** that are helping the community."*
"The psychiatry ward is trying to get community involved in [caring for] patients."
*"Now we are involving **the family** in the rehabilitation [of psychiatric patients]. We are getting **Traditional Healers** involved. Since last year we have started course with them, mainly on TB issues."*
The involvement goes beyond health care. *"When we want to call upon **the policing forum** we do have a hospital representative on the forum so are solving those community problems together."*

This can be a part of a broader approach outlined by SR:

"I think I want to emphasise the role of leadership and the role of the community above the others... I think to stimulate district hospitals, developing leadership and developing community accountability is absolutely crucial."
*"... this thing of **community accountability** will become more important ... that the quality of care and the attitudes of health workers are challenged."*

Well-functioning hospitals are ready for that.

Memo to Managers:

Community Involvement

◆ A strong and representative hospital board is a key to community involvement and accountability.

◆ Make efforts to involve the community in many levels of the hospital's functioning.

◆ Commit yourself to being answerable to the community you serve.

Capacity Building

8

"Involving and developing people"

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

Summary

Capacity building is a process of involving and developing people through a culture of learning. In-service education programmes that are continuous and are available to all staff, in and out of the hospital, facilitate this. The community is also involved in the learning process.

Details

The last of the major themes raised was staff development, which is essential for all the others. The importance of training and building capacity is not neglected.

*"Which helps us a lot is the **in-service education programmes**, which are not only directed to the nursing personnel, but **to the staff as a whole**."*

*"So we've produced quite a lot of professional nurses and other categories of nurses that are actually manning the service, and we also have a system of **continuous education within the district** … and in terms of capacity we also have developed a lot of people to support others in the different professions."*

There is an interesting parallel here between "… continuous communication" and "… continuous education." Part of what this means in practice is that "… people would feel that every day they are learning something new from a colleague, from somebody else, so that they can be more efficient in what they are doing."

One respondent notes how the **desire to develop and learn** comes out of an **attitude of commitment**:

"It is encouraging to hear people saying that they feel at [the hospital] people are still being cared for … The attitudes may be there and the new trends that are there, people are still eager to learn. Some are doing degree courses; others are doing primary health care, while others are doing bridging courses, to uplift the standards of the nurses, who give services to the patients. Patient care delivery is actually improving."

It is important that this **staff development** is not just for certain types of staff, but **for everyone** working in the hospital,

"All members of staff, right from … the cleaners, the groundsmen, the professional nurses."

JB singles out the role of the hospital head:

*"… that she's **involving and developing people** in the process and to some certain extent she is working herself out of a job."*

This capacity building occurs outside of the hospital **in the community** as well.

"People talk about empowerment … they tell people what they are supposed to do in order to be living a healthy life, and it just ends there … so they think they've empowered people, but they haven't given people tools, as to what must they have in order for their needs to be addressed … because we believe on our part as health service providers, we've done our bit, so now it's up to the community. So there must be constant guidance, it must be a continuous process."

JN cites the example of giving money to communities for clinics, that this should go along with financial management training and financial skill development and development of a monitoring process. This again affirms the involvement of the hospital in and with the community.

Memo to Managers:

Capacity Building

◆ Foster a culture of learning and developing at all levels in the hospital.

◆ Staff development programmes must cater for all staff categories.

Other themes

A number of other points were made by respondents which do not fit clearly into the above but which add to the richness of the understanding of factors in effective functioning hospitals.

9.1 Effective personnel section

Two respondents specifically mentioned the personnel section as an important ingredient of effective functioning.

"When they [the staff] are working, they have got their **job satisfaction***. Any queries regarding salaries and everything they are not happy with, they definitely are attended by the personnel section." If the staff are happy, the patients will be happy.*

9.2 A clean environment

Although a number of respondents spoke about the atmosphere in the hospital being conducive to good functioning, largely referring to relationships and unity, one particularly mentioned **the physical environment** as being important in this.

"I think when people using the environment do clean and tidy, people respect it more … when people tidy up, they help each other to do their work better … We have not always had the fanciest equipment, but, generally speaking, they [maintenance section] have kept things painted and kept doors opening and closing and so on. I've been in some places where the place looks like nobody took care of it for twenty years. It makes people feel why should I bother if it's like this. I think it's the little things that actually build up to and assist the attitude."

9.3   Doctors lead by example

The medical respondents state or imply that **doctors have a vital role as leaders** in the hospital not in the formal sense of the management committee (though that is also the case) but rather in the sense that the way they work, as professionals, is an example to the rest of the team and positively influences hospital functioning.

"I think the attitude of the medical staff actually helps a lot with the whole hospital as well, in that they are in a leadership position even when they don't want to be. A lot of the [medical] staff don't see themselves directly as leaders, but the way they behave, the way they treat patients and their attitudes to their work, does set the tone."
"If we work harmoniously among ourselves, patients, they see that the doctors are in good relationship with other staff and among themselves... And this I say, indirectly, is a guarantee of patient care, because you will never find a ward with an emergency, and their doctors not being around and the other doctors saying 'no, I'm not going, it's not my department'. I mean, they'll always go, any time, any where to assist anybody."

9.4   The leader: a caring, competent professional

One respondent felt a key issue is the person of the medical superintendent as a caring person, which relates to doctors as leaders, and their role as clinicians. JP describes being asked by his predecessor to take over.

*"My immediate thought was: I'm very happy as a doctor in the wards and looking after a clinic and doing my normal chores. And I'll never forget [his] words. He said that your success as superintendent and as a leader in a hospital like this is not measured by your qualification as an administrator, but your qualification as a clinician ... you are accepted as a good superintendent by the staff. I'd like to think that ... I was not a perfect doctor at all, but I was a solid doctor - in the hospital for the years before I would become superintendent. I didn't have any problems with being accepted as a superintendent, young as I was ... **the staff support you because of your clinical style or your clinical success, therefore they'll support you as an administrator."***

9.5   The hospital as a patient

JP develops a wonderful analogy of the **hospital as a patient who needs therapy in the form of management**, which is obviously related to his understanding of the superintendent as clinician.

"The hospital becomes a bit of a patient, she needs to see a doctor, – and it feeds your feelings of self worth as a doctor to be able to apply remedies in a situation and get that hospital going again."

9.6   Patient rights

A brief, but important point raised by MM is patient rights. She describes how the:

"Patient rights charter was launched in November 2000 and now at this place we are just making people aware of it."

She feels bringing it to people's consciousness contributes to the effective functioning of the hospital.

9.7   Resources

The relationship between resources and functioning is not a clear one. SR explains:

"The absolute amount of human or financial or whatever resources are available does not really make a huge difference, it's the way in which those resources are used … even if there is one doctor and there is a rudimentary theatre and a small outpatients, it can be a well-functioning one doctor hospital. But having said that, for a certain population size and the demands that population might make on a district hospital, there is a certain amount of resources that is needed – financial, human, etc. – in order for that hospital to function well. If you are going to provide a 24 hours service … you can't do that with less than four doctors … that's just the medical side … But then you have small units operating very well because of a positive approach."

Memo to Managers:

Other Themes

◆ Leaders are examples whether they wish to be or not. What sort of example are you?

◆ Minimal resources should be used to maximum effort. This takes a positive commitment.

◆ Effective personnel management will lead to happy staff, who make patients happy.

◆ The physical state and neatness of the hospital are pictures of the morale and attitude of the staff.

Questions and issues

10

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Other issues

1. Isolation – almost a challenge
2. Ambivalent relationship with head office
3. The National and Provincial Context: Demanding, not enabling
4. Financial management versus service needs
5. Effective discipline: Good labour practice
6. The role of management: The courage to make decisions

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There were a number of questions or negative factors raised by respondents, which contribute to the understanding of effective functioning. (This does not include specific examples, such as a shortage of transport, illustrated at length by 2 respondents)

10.1 Isolation – almost a challenge

This is an interesting issue raised by JP. He describes the difficulties experienced by working in an isolated community, and the lack of support that goes with that. Yet he actually believes there is a positive spin off to this.

" 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."
Alongside this, in such a situation, "... one needs each other more" and in "... obstacles and disaster and difficulties ... the hospital looks at the management to do something ... [and you can] make something good out of it."

10.2   Ambivalent relationship with head office

There was much ambivalence expressed about head office.

"We have no strong back up from a Provincial level, if you can call it that."

VF notes:

"... the government's not quite sure that's the way they see health anyway."

JN has specific, practical advice for dealing with head office.

"The government at provincial level is saying it must be done [referring to specific programmes and structures] but we, at [the hospital], needed to see the realities and practicalities of what needs to be done as far as health issues are concerned. So sifting and prioritising has been happening over the years."

10.3   The national and provincial context: Demanding, not enabling

Similar to this, one respondent emphasised the external factors involved in effective functioning, i.e. the context in which the hospital operates. There are:

"Internal and external factors, internal relating to leadership and management and organisation. External relating to the context in which the hospital functions – provincial or regional or district management structures, and also the community which it serves, and the clinics that it is responsible for and the population which forms its catchment area."

He expands further by elucidating on the absence of the supportive environment needed.

"There must be an enabling national, provincial, and may be regional environment, rather than what I see at the moment which is an incredibly hierarchical, inaccessible, and demanding environment."

10.4   Financial management versus service needs

One respondent raised a concern that good financial management is sometimes mistakenly interpreted as best management. RD describes how important financial management is:

"It plays a large part ...", yet "... decisions to be made in terms of finances" must be balanced "... against the needs in respect of the services which need to be financed ... the best financially managed but in fact when they inspected it, it had the poorest

equipment levels of any hospital, and expected equipment wasn't there, drugs weren't there."

10.5   Effective discipline: Good labour practice

The other side of the coin to co-operation, teamwork, relationships and unity is discipline. One respondent mentions that this is a key issue. He relates discipline problems to some staff not buying into the process.

"We are still struggling because some still see the service as being the responsibility of the supervisors, and in that way they still need to be followed on everything that they are doing. Unfortunately, the supervisors cannot cope with every situation."

SR sees this as a major stumbling block preventing effective functioning in many instances.

"The inability to discipline effectively, the inability to hire and fire, is a major issue. I think if there is going to be any significant improvement in the way that hospitals function in the public service it would need those two things, discipline and hiring and firing, and may be even overall control over salaries."

This discipline is essentially about labour relations.

"Part of good management practice is good labour practice, and the extent to which management engages labour in a constructive way."

10.6   The role of management: The courage to make decisions

RD raises an interesting question.

"Is management an advisory body or is it an actual management body?" i.e. does the power reside in the chairman or the committee. The issue comes into focus in terms of trying to reach consensus, "It happens a number of times that really there is not going to be any consensus and things will drag on and no conclusion is reached."
There is a need, thus, for the process to be clarified, at local level, and for the designated leader at times to have the courage to make decisions, "... this is the way that it has to go".

Memo to Managers:

Questions and Issues

◆ Always balance good financial management with the needs of services.

◆ Effective discipline is vital to effective management.

◆ Leaders must have the courage to make decisions.

Good practices in a district hospital

Examples
1. Regular patient review
2. Outpatients department
3. The laboratory
4. Cash flow planning meeting
5. Transport planning meeting
6. Selection of students

A number of examples of effective functioning were given during the interviews. Most have already been cited to illustrate the themes, but a few additional ones will be mentioned briefly.

11.1 Regular patient review

MM and LD mention regular patient review – usually twice daily – as important.

"Doctors are available for ward rounds twice a day, in the morning and in the afternoon, so you know there isn't a situation where patients stay in the wards and are only evaluated twenty four hours later. We get the results in the morning and diagnosis and initiation of treatment by the doctors and nurses is not delayed."

MM and LD also single out TB and mental health as examples of the hospital, district and community working together:

"Ensuring that we really have our finger on people that interrupt [treatment] … ",
with teams seeking to *"… co-ordinate that between the hospital and the community."*

11.2 Outpatients department

GN highlights the outpatient department:

"Within the hospital, I think the most important part is the out-patients department. We have no problem … in the morning, the doctors go out and see their patients and do

*their daily rounds and they are called in emergencies and they are always available ...
so that patients coming or clients coming to outpatients are tended to promptly."
At the same time, "... there are professional nurses in all the wards," resulting from the
staff development programmes, "... so that monitoring of patient care is done properly."*

11.3   The laboratory

RM describes how in the laboratory:

*"Everything that comes is being done on the same day.... We then phone to the ward to
come for results, [the doctors] instead to them having to even phone us as individuals to
ask for results."*

11.4   Cash flow planning meeting

NM, JM and RD mention the cash flow meeting as being important.

*"The fact that as you sit there and request something for purchase, you do have a
budget and you know how much is committed for that budget and you know how
much you have to work with. It's a very helpful thing."*

11.5   Transport planning meeting

NM mentions the transport planning meetings, where the different transport needs are
planned together.

*"We do have transport problems, but we have agreed at management committee that
services should be part of the transport meeting ... now they understand the condition of
each and every vehicle."*

11.6   Selection of students

CD gives an interesting example of the outcome of the hospital's involvement in the
community.

*"Even with the selection of students [for studying medicine in Cuba] ... you could see the
people who had longer relationships with the mother hospital tended to have a vision
of where they want to go. For example, there was one chap who really impressed us ...
he said I hope when I come back I will work at that clinic next door, he didn't say
hospital, he said clinic near my home."*

Conclusions

These interviews have revealed a wealth of information, experience and examples regarding what contributes to better functioning of a district hospital. We believe that any district hospital leadership would do well to study these thoughts and seek to apply whatever is appropriate. It is hoped that a training programme arising from these insights can be developed.

The key issue is obviously the development of a hospital team with a unified vision of giving patients priority, respecting each other as well as patients, and working in and with the community to achieve optimal health care. Coupled with this, are functional structures and leaders who believe in what they are doing and have a vision for it. These are useful starting points for making district hospitals function better and more effectively.

Memo to Managers:

Conclusions

◆ Keys to success are:

1. Leadership development.

2. Establishing a core team.

3. Ensuring community accountability.
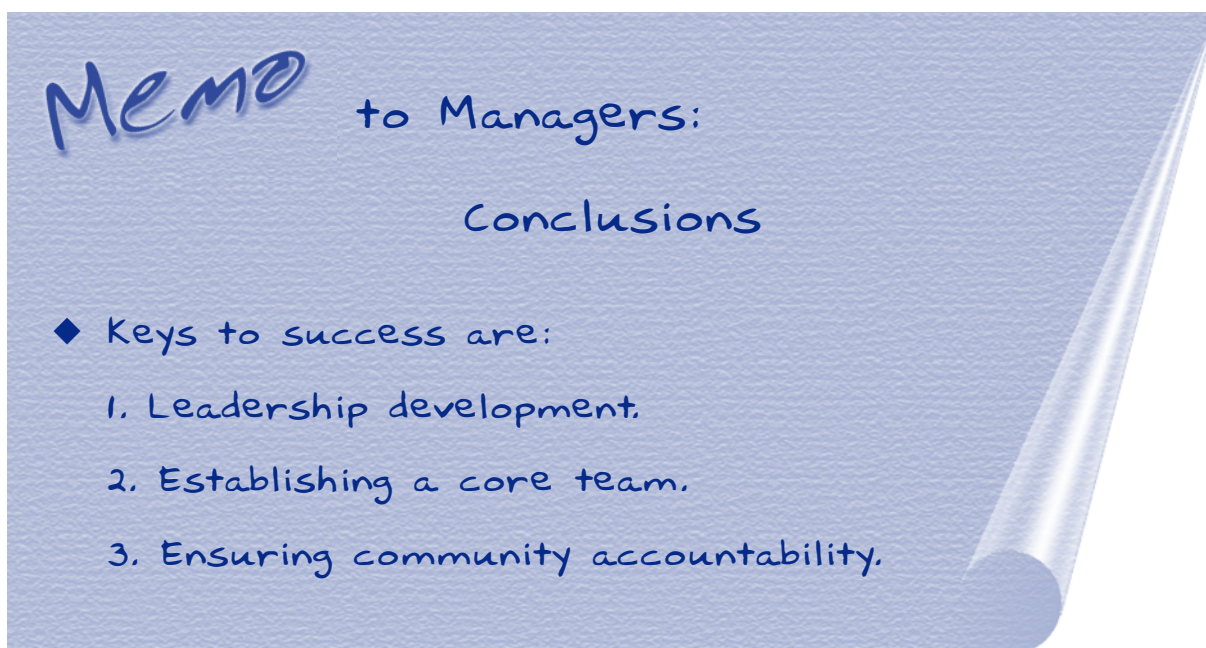
Recommendations 13

◆ The hospital management committee should set an example to the rest of the hospital staff by working effectively as a team.

◆ Purposeful and focused meetings, which encourage active participation of all staff members, should be held at all levels in the hospital for information sharing and problem solving.

◆ Relationships built on mutual respect within management and across all staff ranks and categories must be cultivated to create a team spirit, which is likely to influence quality of performance.

◆ Management should use all opportunities at their disposal such as the development of the hospital's vision and solving hospital crises to engage all staff members. These processes are fundamental in uniting staff and building a sense of belonging.

◆ Each district hospital should engage its staff in the conceptualisation, development and understanding of its vision, mission and goals in order to enhance staff commitment.

◆ A district hospital should initiate and/or maintain a leadership skills development programme for its staff and community representatives in order to grow leaders needed to improve and maintain effective and efficient hospital services.

◆ A district hospital should have a procedure for "problem solving" in place to allow staff to solve their problems timeously.

◆ Each district hospital should establish and maintain people centred structures and systems for decision – making and team building.

◆ The district, the district hospital and the clinic management teams should be structured to support each other and interact regularly on how they plan to provide adequate health care services to their communities.

◆ The district, a district hospital and the clinic management teams should be structured in a way that they support each other and interact regularly on how they plan to provide adequate health care services to the communities.

◆ The district hospital should institute activities such as joint ward rounds and appropriate channels of communication that foster continuous, constant and open communication among all staff members.

◆ A district hospital should be accountable to the community it serves, so it needs to involve the community in decision making processes through the Hospital Board and provide relevant health care outreach services.

◆ District hospital leaders/managers should be bold enough to make decisions regarding the best use of the limited human and financial resources, and disciplinary action on unruly staff for the benefit of the community.

Appendix 1: Details of the respondents

Respondent No.	Initials used in text	Profession	Position	Gender
1.	JP	Medicine	Former Medical Superintendent	M
2.	GN	Nursing	AD, Nursing	F
3.	SM	Laboratory technician	Hospital Management Committee member and section head	M
4.	RD	Medicine	Acting Medical Superintendent	M
5.	NM	Administration	Assistant Hospital Administrator	F
6.	JN	Occupational therapy	Hospital Management member	F
7.	JM	Administration	Hospital Administrator	M
8.	NS	Nursing	Deputy matron	F
9.	RM	Laboratory technologist	District Management Team member	M
10.	JB	Nursing	Information Officer	F
11.	AS	Nursing	Unit head	F
12.	MS	Nursing	Unit head	F
13.	EL	Nursing	Unit head	F
14.	GC	Nursing	District Manager	F
15.	MM	Administration	Hospital Manager	F
16.	IS	Nursing	AD, Nursing	F
17.	LD	Medicine	Clinical Manager	M
18.	VF	Medicine	Medical Superintendent	M
19.	SN	Nursing	AD, Nursing	F
20.	CD	Nursing	District Manager	F
21.	SR	Medicine	Former Medical Superintendent/ Trainer	M
22.	AD	Assistant Director		

Table 2:   Summary of themes and number of respondents

Initials of respondents	JP	GN	SM	RD	NM	JN	JM	NS	RM	JB	AS	MS	EL	GC	MM	IS	LD	VF	SN	CD	SR
Major Key themes																					
1. Teamwork	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Meetings	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	
3. Relationships	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
4. Unity	X	X	X	X	X		X			X	X			X	X		X	X			
5. Commitment	X	X	X	X	X	X	X		X			X	X	X	X		X	X	X	X	X
6. Communication	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
7. History	X		X			X								X	X		X	X	X	X	X
8. Problem solving	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X
9. Structure & Systems		X	X	X	X	X	X	X	X	X		X		X	X	X	X	X			X
10. Integration in district		X				X	X	X	X					X	X	X	X	X	X	X	X
11. Community outreach	X	X			X	X	X	X					X	X	X	X	X	X	X	X	X
12. Community involvement	X	X			X	X	X	X						X	X	X	X	X	X	X	X
13. Capacity building		X			X	X	X	X	X	X				X		X	X	X	X	X	X
Minor themes																					
1. Personnel section	X															X					
2. Clean environment																		X			
3. Doctors as leaders	X			X														X	X		X
4. Person as leader	X									X											X
5. Hospital as patient	X				X																
6. Patient rights															X		X				
7. Resources														X						X	X
Questions and issues																					
1. Isolation	X																			X	
2. Head office	X					X															X
3. The context				X																	X
4. Financial management				X	X																
5. Discipline							X													X	
6. Role of management				X																	