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Leadership and Management Practices in Health Care Delivery

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Abstract
In recent years the perspective and training in the management of health care has changed dramatically. In many countries, due to instances of inefficiency in their health care delivery, healthcare providers are adopting transformational change not only in their leadership but also management practices which are crucial in overall organizational performance. The Institute of Medicine in US (IOM) in 2008 has defined quality of care as ‘the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Providing high quality of health care delivery is important to the stakeholders. The delivery of health care must be managed in order to sustain the quality of care given to patients. Every care giver must be able to portray a “clinician role model”, be compassionate towards patients and take responsibility in the management of treatment. The primary goals of this paper are to present insights from the views of patients and doctors on the leadership and management practices in the health care delivery at the hospital wards. The data was explored from two tertiary hospitals in Malaysia. Qualitative field research that focused on triangulation methods was used in this study. Data collection strategies included in-depth interviews with patients and doctors, observation, field notes and records of episodes at research sites. Purposive sampling method based on patient’s medical condition was carefully considered in this research. The results show that hospitals have excellent training
plans and management practices. Patients are generally satisfied with the overall care and services given to them by the hospital team. The findings also reveal that majority of the care givers have shown good leadership skills and management skills. However, some patients have reported dissatisfaction in not being given autonomy in making decisions. On the other hand, some doctors face problems in patient compliance because of cultural and religious beliefs. There are also reports on lack of resources and insufficient equipment. As a result, these situational factors faced by the doctors have influenced their leadership styles and decision making. The in-depth exploration from the findings may form as a conceptual framework to evaluate quality care and productivity in a healthcare setting. Future studies at a broader range may allow the inclusion of new variables and outcomes.

Field of research: MAN XI: Other Issues in Management

Keywords: health care delivery, leadership skills, management practices, decision making and quality care.
**Introduction**

Many countries practice traditional medicine through their traditional healers especially in rural areas. The three major ethnic groups in Malaysia such as the Indians, Chinese and the Malays were also practicing traditional medicine and treatment since before the colonial days. These traditional and complementary medicines are well accepted by both rural and urban communities in Malaysia even today. One common attribute about these traditional healers are; they are known to be trustworthy and sympathetic.

In Malaysia, the health care system has changed from traditional remedies to meeting the needs of the people (Thomas et al, 2011). There has been major reorganization of health care services in the country since the country achieved independence in 1957. In Malaysia, the government under the Ministry of Health (MOH) is the main provider of health care services. The organization structure of MOH has three levels which are Federal, State and District levels which are decentralized to ensure efficiency. The purpose is to provide a greater network of physical facilities, equity, accessibility and utilization of health care resources. MOH health care delivery system is seen in Figure 1.

![Health care delivery system diagram](image)

Figure 1: Ministry of Health: Health Care Delivery System (*Source: Juni, 1996 and Merican & Yon, 2002*)

Over the years the health care delivery in Malaysia is changing towards ‘wellness’ services as opposed to ‘illness’ services (Amar, 2004). The ‘wellness’ service includes a lifetime health plan that focuses at keeping the family well. MOH seeks to ensure the public is informed of health issues and has access to safe water, safe food and quality medicine. The Institute of Medicine in US (IOM) in 2008 has defined quality of care as “the degree to which health services for