

Attitudes & Beliefs of Health Care Staff

Importance given to resource allocation and improvement of services performance – are there differences between

managers and clinicians?
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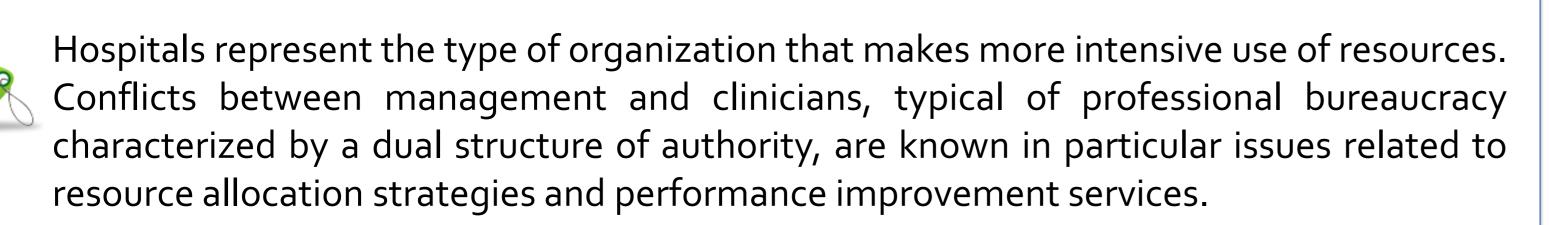
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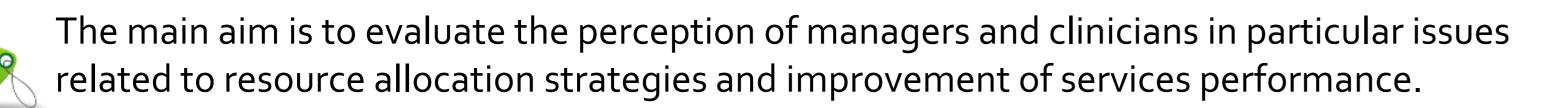


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OBJECTIVES







METHODS



Exploratory study, at service level, in three large hospitals with different forms of internal organization, using a questionnaire with statements about resource allocation strategies and performance improvement services.



Target: hospital managers (administrators, service directors and head-nurse) and hospital clinicians (doctors and nurses without executive functions). Professionals specify their level of agreement using Likert items (strongly agree, agree, neutral, disagree, and strongly disagree). Number of questionnaires: 435 (231 managers; 204 clinicians).



Response rates: global (42,5%), managers (48,5%), clinicians (35,8%). Number os responses: 112 managers (61%) — adminstrators, 16; service directors, 35; headnurses, 61—and 73 clinicians (39%)—physicians, 23; nurses, 50.



CONCLUSIONS



Resource allocation

Professionals agree that the economic assessment and demonstration of efficacy should be behind decisions, disagreeing with the prevalence of concerns about cost and efficiency over equity and access. It is recognized that the problems with resources take place in clinical decisions and that some clinical decisions are not based on resources decisions.



Managers disagree more than clinicians that allocation resource decisions should be based on patient needs, as determined by health professionals directly involved. In turn, clinicians disagree more than the managers regarding clinical interventions and/or health should be open to economic assessment.



Improve service performance

The performance improvement is related with evaluating, improving and disseminating relevant good work practices, systems for monitoring performance and strengthening the team spirit/personal development; to a lesser extent by strengthening clinical authority as experts in the field and emphasizing the financial dimension of the service/unit.



There is a higher agreement from managers in place systems to monitor closely the performance of each health professional in their service/unit. In turn, clinicians have a higher agreement that it is necessary to obtain more resources for the department or unit from the corporate level.



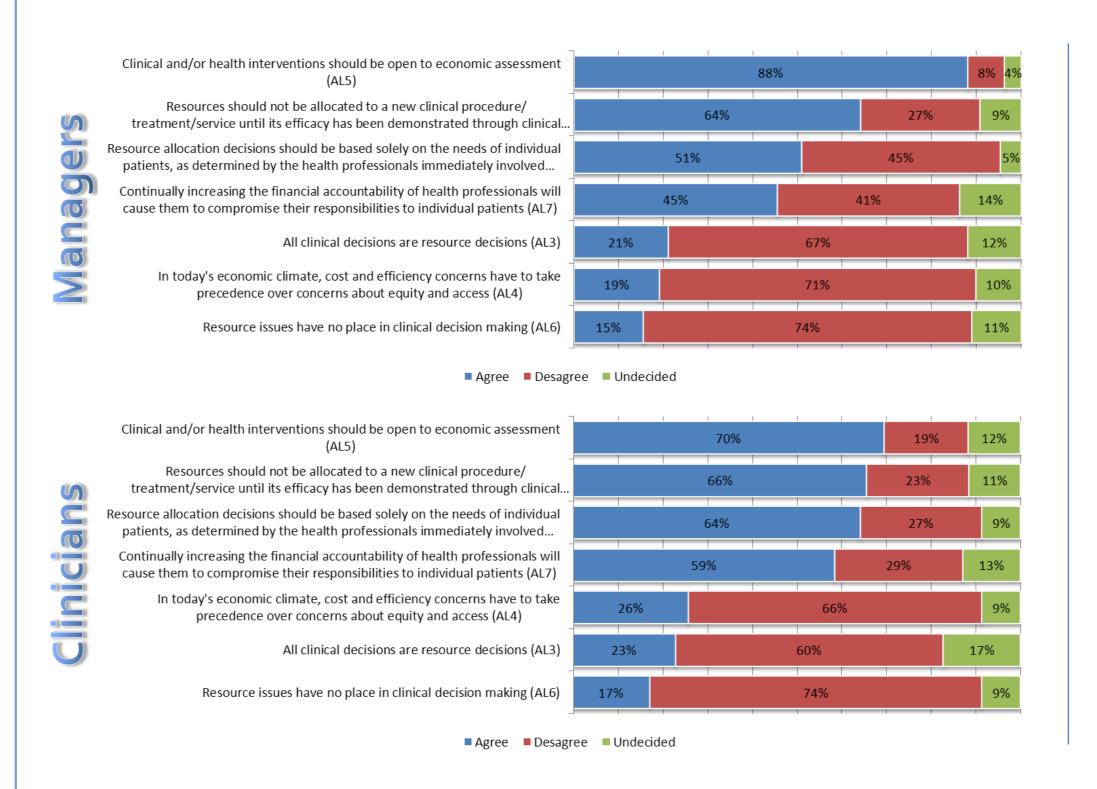
El reto de la gestión eficiente de la cronicidad Bilbao, del 15 al 18 de mayo de 2012



RESULTS

Resource allocation There is a common

- There is a common response pattern between managers and clinicians, ie, both groups tend to agree or disagree in the same points.
- Statistically significant differences were found (*p* < 0,05) for items "resource allocation decisions should be based solely on the needs of individual patients, as determined by the health professionals immediately involved" (managers disagree more than the clinicians) and "clinical and/or health interventions should be open to economic assessment" (clinicians disagree more than themanagers).

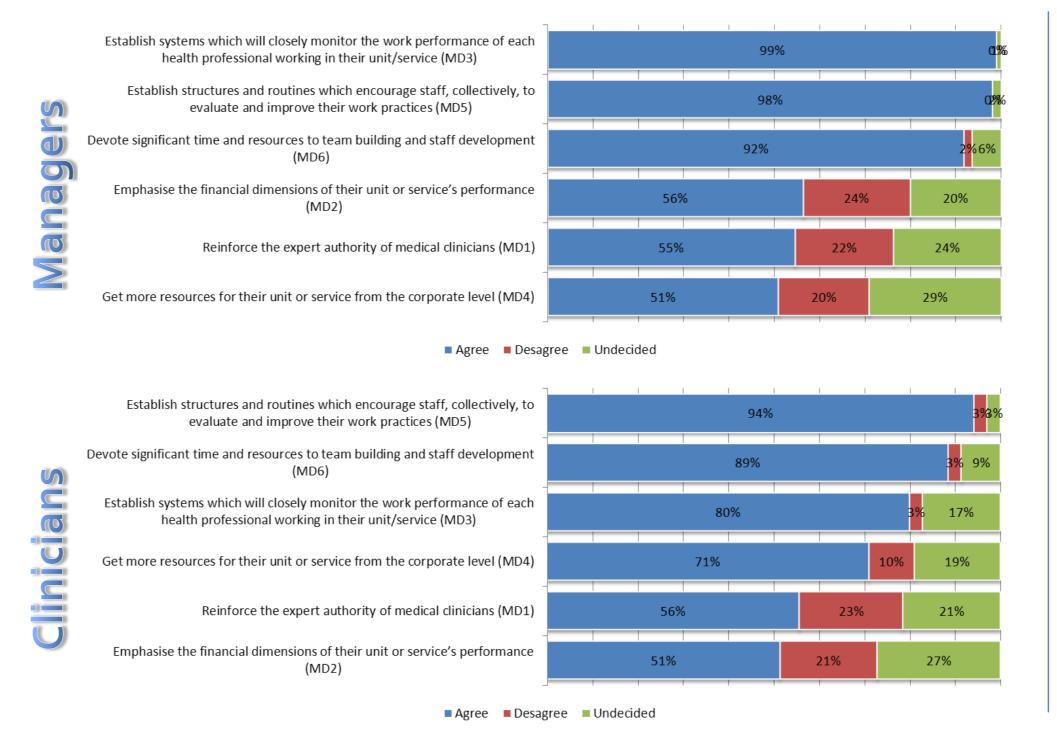


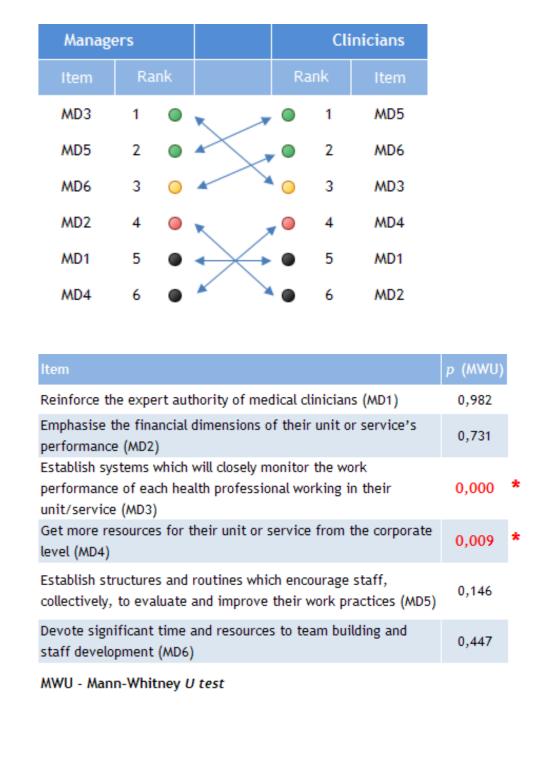
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Improve service performance

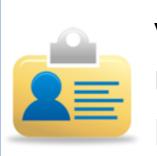
- Similar agreement pattern related with establish systems to monitor individual performance in their unit/service, structures and routines that encourage staff to evaluate and improve work practices, and devote significant time and resources to team building and staff development.
- Emphasise financial dimensions, reinforce the expert authority of clinicians or get more resources from corporate level have lowest agreement values.
- Statistically significant differences were found (*p* < 0,05) for items "establish systems which will closely monitor the work performance of each health professional working in their unit/service" (higher agreement in managers) and "get more resources for their unit or service from the corporate level" (higher agreement in clinicians).







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